

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MS TEAMS** on **WEDNESDAY, 29 NOVEMBER 2023** at **1:00 PM**, which you are requested to attend.

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES** (Pages 3 - 8)
Argyll and Bute Integration Joint Board held on 27 September 2023
4. **MINUTES OF COMMITTEES**
 - (a) Argyll and Bute HSCP Finance and Policy Committee held on 29 September 2023 (Pages 9 - 16)
 - (b) Argyll and Bute HSCP Clinical and Care Governance Committee held on 5 October 2023 (Pages 17 - 22)
5. **CHIEF OFFICER REPORT** (Pages 23 - 30)
Report by Chief Officer
6. **FINANCE**
Reports by Head of Finance and Transformation
 - (a) Budget Monitoring - 7 Months to 31 October 2023 (Pages 31 - 44)
 - (b) Audited Annual Accounts 2022/23 (Pages 45 - 148)
7. **INTERNAL AUDIT CONTRACT** (Pages 149 - 152)
Presented by Chair of Audit and Risk Committee
8. **WORKFORCE REPORT QUARTER 2 (2023/24)** (Pages 153 - 174)
Report by People Partner
9. **ARGYLL AND BUTE WINTER PLAN 2022-23** (Pages 175 - 208)
Report by Head of Health and Community Care
10. **PUBLIC HEALTH HIGHLIGHTS FROM 2022-2023** (Pages 209 - 238)
Report by Associate Director of Public Health
11. **SERVICE SPOTLIGHT ACUTE AND COMPLEX CARE** (Pages 239 - 244)
Report by Head of Adult Services

(a) NEURODIVERSITY STRATEGY (Pages 245 - 258)

Presentation by Programme Manager for noting

12. IJB DATES 2024-2025 (Pages 259 - 264)

Report by Business Improvement Manager

REPORTS FOR NOTING

13. CLIMATE CHANGE REPORTING 2022-23 (Pages 265 - 286)

Report by Head of Finance and Transportation

14. SG CALL FOR EVIDENCE - REMOTE AND RURAL HEALTHCARE RESPONSE
(Pages 287 - 290)

Report by Business Improvement Manager

15. DIRECTIONS LOG UPDATE - 6 MONTHLY REPORT (Pages 291 - 292)

Report by Business Improvement Manager

16. DATE OF NEXT MEETING

31 January 2024 at 1.00 pm

Argyll and Bute HSCP Integration Joint Board (IJB)

Graham Bell
Councillor Kieron Green
Councillor Gary Mulvaney
Susan Ringwood

Sarah Compton-Bishop
Councillor Amanda Hampsey
Councillor Dougie Philand
Gaener Rodger

Contact: Hazel MacInnes Tel: 01546 604269

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held
BY MICROSOFT TEAMS
on WEDNESDAY, 27 SEPTEMBER 2023**

Present:

Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Dougie Philand, Argyll and Bute Council
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

Gareth Adkins, Director of People and Culture, NHS Highland
Evan Beswick, Head of Primary Care, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
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
Julie Hodges, Independent Sector Representative
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Councillor Kieron Green, Sarah Compton Bishop, Elizabeth Higgins and Fiona Thomson.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Integration Joint Board held on 30 August 2023 were approved as a correct record subject to amending the names of those present to remove Jean Boardman, NHS Highland Non-Executive Board Member who was not in attendance at the meeting.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Strategic Planning Group held on 7 September 2023**

The Minutes of the Meeting of the Argyll and Bute HSCP Strategic Planning Group held on 7 September 2023 were noted.

The Chair of the Strategic Planning Group, Councillor Dougie Philand, highlighted items 6 and 7 of the Minute and the opportunity for nominations to the 2 Short Term Working Groups which should be forwarded to the Business Improvement Manager.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 19 September 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 19 September 2023 were noted.

The Vice-Chair of the Committee, Susan Ringwood, highlighted that the meeting had received the financial analysis of the accounts at that time and had considered the extension of the current internal audit contract.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report from the Chief Officer which included information on the following headlines – Living Well Programme; NHS Scotland Chief Executive Visit to Argyll and Bute; Winter Summit Event; Scottish Government Nursing and Midwifery Taskforce Group; NHS Highland Whistleblowing Champion Visit; Meeting with Scottish Government; Scottish Ambulance Services on Islay; Recruitment Marketing Campaign; Slight Rise in Alcohol Specific Deaths; COVID 19 Testing Guidance Update; Record Medical Trainee Recruitment Levels; Team Spotlight – Integrated Equipment Store; Occupational Therapy Student; New Public Health Intelligence Specialist; and Programme Development Manager – Learning Disability, Autism and Neurodiversity Strategy.

Decision

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

(Reference: Report by Chief Officer dated 27 September 2023, submitted)

6. FINANCE

(a) **Budget Monitoring - 5 months to 31 August 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 five. The report also provided information in respect of the year to date position, the forecast outturn, progress with the savings plan and reserves spend.

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £900k as

at the end of month 5;

2. noted confirmation that savings of £6.3m had been delivered, 70% of target;
3. noted that earmarked reserves of £5.3m 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 27 September 2023, submitted)

(b) **Budget Outlook 2024-2027**

The Board gave consideration to a report providing an updated budget outlook and indicative medium term financial plan covering the period through to 2026/27. The report summarised the financial context facing the HSCP and aimed to assist planning to operate on a sustainable basis.

Decision

The Integration Joint Board –

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

(Reference: Report by Head of Finance and Transformation dated 27 September 2023, submitted)

7. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing 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.

Decision

The Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Audit & Risk Committee in June 2023 and the Contingency, Risk and Resilience Committee in May 2023;

2. reviewed and approved the Strategic Risk Register; and
3. noted that a Board Development session was planned for the 25 October to facilitate a more detailed review of the Risk Register and Risk Appetite.

(Reference: Report by Head of Finance and Transformation dated 27 September 2023, submitted)

At this point in proceedings, the Chair ruled and the Board agreed to re-order the items of business on the agenda and to consider item 12 of the agenda (Chief Social Work Officer Report 2022/23) before item 8 of the agenda (Health and Social Care Partnership – Performance Report FQ1 2023/24) to allow the Chief Social Work Officer to leave the meeting and attend other Business.

8. CHIEF SOCIAL WORK OFFICER REPORT 2022/23

The Board gave consideration to a report presenting the Chief Social Work Officer Report for the financial year 2022/23.

Decision

The Integration Joint Board noted the content of the Chief Social Work Officer Report for 2022/23.

(Reference: Report by Chief Social Work Officer dated 27 September 2022, submitted)

9. HEALTH & SOCIAL CARE PARTNERSHIP- PERFORMANCE REPORT- FQ1 (APRIL - JUNE 2023/24)

The Board gave consideration to a report detailing performance for FQ1 (April – June) 2023/24 with the performance outputs having been taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas. The report detailed performance against each of the service areas and the 93 supporting Key Performance Indicators.

Decision

The Integration Joint Board –

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

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 September 2023, submitted)

10. SPOTLIGHT ON PRIMARY CARE

The Board received an informative presentation from the Head of Primary Care on the Services provided under Primary Care.

The Board were given the opportunity for questions and comments on the presentation.

Decision

The Integration Joint Board noted the content of the presentation.

(Reference: Presentation by Head of Primary Care)

11. CULTURE AND WELLBEING UPDATE

The Board gave consideration to a report outlining the progress of the Culture and Wellbeing environment for Argyll and Bute Health and Social Care Partnership and providing assurance of the positive developments being made and the direction of travel for the coming year.

Decision

The Integration Joint Board –

1. noted the content of the report and the progress being made in the Culture and Wellbeing environment; and
2. took the opportunity to discuss and ask questions on any element of the paper.

(Reference: Report by People Partner dated 27 September 2023, submitted)

12. WHISTLEBLOWING

(a) Whistleblowing Annual Report 2022/23

The Board gave consideration to a report presenting the Annual Whistleblowing Report for the period April 2022 to March 2023. It was the second annual report since the launch of the Whistleblowing Standards in April 2021 and set out the mandatory information required by the Independent National Whistleblowing Officer (INWO), including the 10 mandatory KPI's, along with additional context where appropriate.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Director of People and Culture dated 26 September 2023, submitted)

(b) Q1 Whistleblowing Report

The Board gave consideration to a report presenting the Whistleblowing Standards

Report for Quarter 1 covering the period April to June 2023. The report was presenting to provide assurance of performance against the Whistleblowing Standards which had been in place since April 2021.

Decision

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

(Reference: Report by Director of People and Culture dated 26 September 2023, submitted)

13. ENGAGEMENT FRAMEWORK REFRESH

The Board gave consideration to a report outlining the steps taken to refresh and update Argyll and Bute HSCP's Engagement Framework first published in 2019.

Decision

The Integration Joint Board –

1. noted the new HSCP's Engagement Framework and strategic approach; and
2. agreed sign-off and ratification so the Framework and supporting documents could be published on-line.

(Reference: Report by Associate Director of Public Health dated 27 September 2023, submitted)

14. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 29 November 2023.



**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY MICROSOFT TEAMS
on FRIDAY, 29 SEPTEMBER 2023**

Present: Councillor Amanda Hampsey (Chair)

Kenny Mathieson
Graham Bell

Councillor Gary Mulvaney

Attending: James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Fiona Broderick, Staffside, Argyll and Bute HSCP
Kevin McIntosh, Staffside, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

Sarah Compton-Bishop
Fiona Thomson

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

(a) Argyll and Bute HSCP Finance and Policy Committee meeting held on 24 March 2023

The Minute of the meeting of the Finance and Policy Committee, held on 24 March 2023, was approved as a correct record.

(b) Report in the Absence of a Quorum for meeting held on 23 June 2023

The Report in the Absence of a Quorum for the meeting of the Argyll and Bute Finance and Policy, held on 23 June 2023 was noted.

4. UNAUDITED ANNUAL ACCOUNTS 2022/23

Having noted that the Integration Joint Board (IJB) is required to produce an audited set of annual accounts, consideration was given to a report which presented the unaudited annual accounts for approval in respect of the year ended 31 March 2023.

Decision

The Finance and Policy Committee:-

1. Reviewed and endorsed the Unaudited Annual Accounts and Report and noted that the Audit and Risk Committee has responsibility for their approval.
2. Noted that the IJB is reporting an underspend for the year totalling £9.1m carried forward in general reserves.
3. Endorsed the earmarking of reserves being carried forward, as outlined at note 7 of the Annual Accounts.
4. Noted that the accounts are prepared on a going concern basis.

(Reference: Report by Head of Finance and Transformation, dated 23 June 2023, submitted)

5. PROVISIONAL YEAR END - 12 MONTHS TO 31 MARCH 2023

The Committee gave consideration to a report which provided a provisional summary of the 31 March 2023 year end position. The report also provided a summary of the delivery of the savings programme and year end reserves which was considered by the IJB at its meeting on 31 May 2023.

Decision

The Finance and Policy Committee:-

1. Noted that the HSCP is reporting an underspend of £9.1m for 2022/23, equivalent to 2.7% of the resources allocated.
2. Noted that it is anticipated the HSCP will be able to carry this underspend forward to fund the 2023/24 budget gap and key infrastructure and transformation projects.
3. Noted confirmation that savings of £4.1m have been delivered, 68% of savings plan.
4. Noted that total reserves held have reduced from £21.2m at the start of the year to £17m at the year end.

5. Noted that all figures provided in this report are provisional and subject to external audit.

(Reference: Report by Head of Finance and Transformation, dated 23 June 2023, submitted)

6. BUDGET MONITORING - 5 MONTHS TO 31 AUGUST 2023

Consideration was given to a report which provided a summary of the financial position of the HSCP as at the end of August 2023. The report also provided information in respect of the year to date position, the forecast outturn, the progress with the savings plan and reserves spend.

Discussion was had around the severe financial pressures facing NHS Highland, specifically in relation to the expectation that NHS Highland expect the IJB to contribute to their financial deficit.

Decision

The Finance and Policy Committee:-

1. Noted that there is a relatively small forecast revenue overspend of £900k as at the end of month 5.
2. Noted confirmation that savings of £6.3m have been delivered, 70% of target.
3. Noted that earmarked reserves of £5.3m have been committed to date.
4. Noted 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).
5. Agreed that the Business Improvement Manager in correlation with the Head of Finance and Transformation seek to hold an informal session with appropriate officers from NHS Highland with a view to bringing a presentation to a future meeting of the Committee to provide further context around this request.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

7. BUDGET OUTLOOK 2024-2027

Consideration was given to a report which provided an updated budget outlook and indicative medium term financial plan covering the period through to 2026/27.

Decision

The Finance and Policy Committee:-

1. Considered the indicative financial plan for 2024-25 to 2026-27.
2. Noted the high level of risk and uncertainty at this point in the planning cycle.

3. Noted the forecast budget gap totalling £10.2m or 2.8%, and that this will form the basis for service planning.
4. Noted that the budget outlook will next be updated following the December 2023 publication of the Draft Scottish Budget.
5. Noted that the budget consultation will commence in October 2023.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

8. FINANCIAL RISKS 2023-24

The Committee gave consideration to a report which provided an update on the perceived financial risks facing the HSCP, which could have an impact upon financial performance during the remainder of 2023/24.

Decision

The Finance and Policy Committee:-

1. Considered the 2023/24 financial risks identified as at 31 August 2023 and noted the mitigations.
2. Noted that NHS Highland are seeking financial assistance from the HSCP, this represents an additional financial risk.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

9. NHS FORMULA FUNDING

Consideration was given to a report and short presentation which summarised the methodology used to allocate NHS resource to Health Boards and the Argyll and Bute HSCP.

Decision

The Finance and Policy Committee:-

1. Noted that reconsidering the NHS funding model was a value for money target and that this work had been completed.
2. Noted the conclusions of the review and the implications of demographic and population changes in Argyll and Bute.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

10. INTEGRATION JOINT BOARDS - FINANCIAL ANALYSIS 2021/22 UPDATED

Consideration was given to a report which summarised the recent Audit Scotland report on the financial position of Integration Joint Board's (IJBs) based on the

2021/22 accounts and audits. The report highlighted the operational challenges facing the sector, outlined the financial position of IJBs at the 2021/22 year end and the outlook going forward. It also provided additional data on the financial performance of all IJBs in that year.

Decision

The Finance and Policy Committee:-

1. Noted that Audit Scotland had recently published a financial analysis of Integration Joint Board's based on accounts for the year ended 31 March 2022.
2. Noted that the report also provided additional data on IJB financial performance in 2021/22.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

11. TRANSFORMATION UPDATE

Consideration was given to a report which outlined the key areas of focus for transformation work planned for 2023/24 and set out the detail of changes to the Leadership of the Transformation Board from the Head of Finance and Transformation to the Head of Strategic Planning, Performance and Technology.

Decision

The Finance and Policy Committee:-

1. Noted the status of the transformation programme.
2. Noted the changes in Leadership of the transformation portfolio.
3. Agreed the detail contained within the report.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 29 September 2023, submitted)

12. SAVINGS PROGRESS UPDATE - CORPORATE & DIGITAL TRANSFORMATION

The Committee gave consideration to a report which provided a summary of the Corporate Services savings 2022/23 year end position, and the 2023/24 position as at 1 June 2023. The report also provided the detailed Digital Transformation programme assurance reports.

Decision

The Finance and Policy Committee:-

1. Noted the year end position 2022/23 of the corporate savings programme.

2. Noted the plans and progress in respect of the 2023/24 corporate savings programme.
3. Noted the Digital Transformation Assurance reports.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 23 June 2023, submitted)

13. REVIEW OF PROPOSAL TO INTRODUCE A REDUCTION IN THE MAXIMUM LEVEL FOR CARE AT HOME PACKAGES EQUIVALENT TO THE COST OF A CARE HOME PLACEMENT.

Having noted the impact of Covid-19 on a savings proposal which had been agreed to reduce expenditure in the care at home budget and the number of very high cost care packages being provided, the Committee gave consideration to a report which provided an update on the situation along with updated advice from legal services.

Decision

The Finance and Policy Committee:-

1. Approved a change to the agreed policy following further review and legal advice.
2. Approved removal of the original savings proposed through a ceiling of care package costs.

(Reference: Report by Head of Adult Services – Health and Community Care, dated 29 September 2023, submitted)

14. STATEMENT OF HEALTH & SAFETY RESPONSIBILITIES AND MANAGEMENT ARRANGEMENTS

The Committee gave consideration to a report which presented the revised HSCP Statement of Health and Safety Policy. The revisions were to take into account changes in the management structure of the HSCP and the change of Chief Officer.

Decision

The Finance and Policy Committee ratified the revised HSCP Statement of Health and Safety Policy.

(Reference: Report by Risk/Health and Safety Manager, dated 29 September 2023, submitted)

15. COWAL COMMUNITY HOSPITAL - PROJECT UPDATE

Consideration was given to a report which provided an update on progress and anticipated timelines relating to the Cowal Community Hospital Project.

Decision

The Finance and Policy Committee:-

1. Noted the contents of the report.
2. Noted the current timelines for the three workstreams.

(Reference: Report by Head of Finance and Transformation, dated 29 September 2023, submitted)

16. DATE OF NEXT MEETING

The Finance and Policy Committee noted that their next meeting was scheduled to take place on Friday, 24 November 2023.

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MINUTES of MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on THURSDAY, 5 OCTOBER 2023

Present: Graham Bell (Chair)

Fiona Davies	Councillor Dougie Philand
Rebecca Helliwell	Alison McGrory
Elizabeth Higgins	David Gibson
Councillor Amanda Hampsey	

Attending: Jillian Torrens, Head of Adult Services – Acute and Complex Care, Argyll and Bute HSCP
 Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
 Evan Beswick, Head of Primary Care, Argyll and Bute HSCP
 Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
 Linda Currie, Lead AHP, NHS Highland
 Alyson Turnbull-Jukes, Director of Psychology, NHS Highland
 Alison Felce, Senior Business Manager, NHS Highland
 Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
 Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

Dr Gaener Rodgers, Non-Executive Board Member, NHS Highland
 Fiona Broderick, Staffside Lead, Argyll and Bute HSCP
 Kevin McIntosh, Staffside Lead, Argyll and Bute Council

2. MINUTES

The Minute of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023, was approved as a correct record.

3. ACTION LOG

Having given consideration to the Action Log, the following was agreed:-

Action 1 Having noted that the Dementia Update, at agenda item 11, included information relating to the longest wait times in Cowal and Bute and the

development of an in-patient pathway, it was agreed that this item be removed from the Action Log.

4. CLINICAL GOVERNANCE GROUP

(a) Minute of 7 September 2023

The Minute of the meeting of the Clinical Governance Group, held on 7 September 2023 was noted.

Having noted the difficulty of some officers in joining the meeting due to other commitments, the Chair advised that it was his intention to vary the order of business to take the following agenda items out of sequence. The order in which they are minuted, is the order in which discussion took place.

5. PERFORMANCE AND RISK - ACUTE AND COMPLEX CARE

Consideration was given to a report which provided an update noting moderate assurance and the structure and oversight in place for this across Acute and Complex Care services. It also noted where performance had been discussed and improvement actions already identified.

Decision

The Clinical and Care Governance Committee noted the progress in supporting clinical and care governance across Mental Health and Acute Services.

(Reference: Report by Head of Adult Services – Acute and Complex Care, dated 5 October 2023, submitted)

6. PERFORMANCE AND RISK - CHILDREN, FAMILIES AND JUSTICE

The Committee gave consideration to a report which provided an update on the work being carried out across integrated Children, Families and Justice Services. The report also included information on a number of challenges and responses already instigated.

Decision

The Clinical and Care Governance Committee noted the contents of the report.

(Reference: Report by Head of Children, Families and Justice, dated 5 October 2023, submitted)

7. PERFORMANCE AND RISK - HEALTH AND COMMUNITY CARE

Consideration was given to a report which provided an overview of key risks and issues and a level of assurance on services under Health and Community Care.

Decision

The Clinical and Care Governance Committee noted the report indicating assurance in relation to services under Health and Community Care.

(Reference: Report by Head of Adult Services – Health and Community Care, dated 5 October 2023, submitted)

8. PERFORMANCE AND RISK - PRIMARY CARE

The Committee gave consideration to a report which summarised key development and risks across the wide range of services that comprise primary care.

Decision

The Clinical and Care Governance Committee noted the information provided within the report.

(Reference: Report by Head of Primary Care, dated 5 October 2023, submitted)

9. PERFORMANCE AND RISK - STRATEGIC PLANNING, PERFORMANCE, TECHNOLOGY AND TRANSFORMATION

Consideration was given to a report which provided an update on the progress within the Strategic Planning, Performance and Technology portfolio.

Decision

The Clinical and Care Governance Committee:-

1. Noted the changes in Leadership of the transformation portfolio.
2. Noted that the first Q1 performance report will be presented to the IJB from the new Integrated Performance Management Framework.
3. Noted the update on the Eclipse implementation.
4. Noted the update on the Q1 Telecare and Digital performance.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 5 October 2023, submitted)

10. DASHBOARD REPORT

Consideration was given to the dashboard report, which provided information on stage 2 complaints; adverse events recorded in NHS Highland between June 2023 and August 2023; the total number of incidents recorded in Argyll and Bute over the last 13 months; the total number of incidents recorded by site over the last 13 months; the number of Significant Adverse Event Review (SAER) information declared in NHS Highland as compared to Argyll and Bute for same period; the total number of Argyll and Bute hospital inpatient falls and falls with harm over the last 13 months; the total number of grade 2-4 pressure ulcers within Argyll and Bute over the last 13 months; data in relation to medication errors within Argyll and Bute in the last 13 months and violence and aggression incidents by location. Information was

also provided in respect of mandatory training and the key areas of focus for the next quarter.

Decision

The Clinical and Care Governance Committee considered and noted the information provided within the dashboard report.

(Reference: Report by Lead Nurse, NHS Highland dated 5 October 2023, submitted)

11. DEMENTIA UPDATE

The Committee gave consideration to a report which outlined the delivery of dementia care services within Argyll and Bute and included information on a number of pressures and challenges faced by the service. Information was also provided in relation to the waiting times for each of the localities and the lack of agreed pathways to access inpatient care.

Decision

The Clinical and Care Governance Committee noted the current service pressures and challenges of the Dementia Service.

(Reference: Report by Head of Adult Services – Acute and Complex Care, dated 5 October 2023, submitted)

12. CLINICAL GOVERNANCE AND PERFORMANCE DATA - DUTY OF CANDOUR

Having noted that Annual Duty of Candour reporting is a legal requirement laid out in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 to ensure the requirements of communicating openly and honestly with patients and/or their families when duty of candour is declared, the Committee gave consideration to the NHS Highland Duty of Candour Annual Report for 2022/23. It was noted that the report offered a moderate level of assurance.

Decision

The Clinical and Care Governance Committee considered and noted the contents of the report.

(Reference: Report by Senior Business Manager, NHS Highland, dated 31 August 2023, submitted)

13. DATE OF NEXT MEETING

The Clinical and Care Governance Committee noted that their next meeting was scheduled to take place at 2:00pm on Wednesday 6 December 2023.

The Lead Nurse from NHS Highland took the opportunity to update the Committee in relation to the vacant Clinical Governance Manager post. She advised that the vacancy had been advertised and outlined the interim measures in place until such time as the post is filled.

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**Integration Joint Board****Agenda item:****Date of Meeting: 29 November 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 November 2023 and as usual I would be delighted to receive feedback on the report and how we can develop it further to ensure that it continues to reflect the work that is taking place across the organisation.

In this month's report I have highlighted the Cowal GP Relocation Project which will lead to two of the GP Practices in Dunoon moving to a new fit for purpose building at the Cowal Community Hospital site in the town. There will also be significant investment in the project, both from the Scottish Government and the HSCP. The Project Team have already held the first in a series of community events to provide an opportunity for the public, partners and stakeholders to have their say and find out more about our plans.

As many of you will be aware we experienced extremely challenging weather conditions in Argyll and Bute at the beginning of October and this also led to major disruptions on our road network as well. We worked effectively with our statutory and voluntary partners to deliver the overall response. I would like to also thank HSCP staff who really pulled out all the stops to support their local communities and who ensured that we continued to provide health and social care services to those individuals who needed them.

The Scottish Health Awards were held at the beginning of November and I know that there were a good number of nominations from Argyll and Bute. I was delighted to see that two of our colleagues were shortlisted for an award and my congratulations go to Fiona Cruickshanks from Easdale Medical Practice for winning the Nurse Award and to Julie Walker from Tobermory Pharmacy who was shortlisted and just missed out on winning the People's Choice Award.

Congratulations also go to the HSCP's health visiting and midwifery teams who have been recognised for the fourth time with the UNICEF (United Nations Children's Fund) UK Baby Friendly Initiative Gold Award. This award really reflects the amazing work that they do for our local communities across Argyll and Bute.

We also had the pleasure of welcoming Bert Donald, NHS Highland Non-Executive Director, and Whistleblowing Champion, to Lochgilphead and Oban earlier this month. Bert visited a number of sites across both localities and met with local teams and individual members of staff.

Finally, and as usual, I have also included some of the key updates announced by the Scottish Government, including the passing of the Patient Safety Commissioner Bill, the introduction of Naloxone kits for community pharmacies and additional measures to help address women's health inequalities.

HSCP Updates

Cowal GP Relocation Project

The Cowal GP Relocation Project will see two local GP practices move to a new, fit for purpose, shared and disability-compliant building at the Cowal Community Hospital site in Dunoon.

The Scottish Government have awarded £2.9 million for the project and the HSCP has also pledged a further £1 million for hospital and service investments. It is planned that the project will run from 2024/2025.

Due to the nature of the project there will be a need to move some of the existing services within the Community Services Building on the hospital site and the Project Team and local managers have been working with the staff who will be affected, by holding active conversations, listening to the needs of the service and clients, all of which have helped design their new bespoke, environmentally friendly, future-proofed areas.

The Project Team also held the first in a series of community events in the Burgh Hall in Dunoon on Tuesday 14 November. This provided an opportunity for the public, partners and other stakeholders to come along and have their say at an interactive drop in session. Representatives from the Project Team were also in attendance to provide more information and answer any questions.

Scottish Health Awards

The Scottish Health Awards, which are run by the Daily Record in partnership with NHS Scotland and the Scottish Government, took place in Edinburgh on Thursday 2 November.

We were delighted that the HSCP colleagues below were shortlisted as finalists for the Awards and congratulations go to Fiona Cruickshanks for winning the Nurse Award and to Julie Walker for being shortlisted for the People's Choice Award.

Nurse Award Winner

Fiona Cruickshanks, Easdale Medical Practice

People's Choice Award Finalist

Julie Walker, Pharmacist, Tobermory Pharmacy, Isle of Mull

Speak Up Week

Colleagues from across the HSCP were encouraged to get involved in Speak Up Week, which took place from 2-6 October 2023, to help promote a positive speak up culture across the organisation.

A series of drop-in events were also held across Argyll and Bute in order to raise awareness of the Whistleblowing Standards and the importance of speaking up and the Chief Officer, Heads of Service and senior managers helped support these events.

HFMA Scotland Branch Annual Conference

The Healthcare Financial Management Association (HFMA) Scotland Branch Annual Conference took place on the 26-27 October in the Beardsmore Hotel at the Golden Jubilee Hospital in Clydebank.

A number of senior representatives from the HSCP attended the event and the Chief Officer and the Business Improvement Manager also presented an workshop on the current landscape in relation to health and social care services in Argyll and Bute.

Whistleblowing Champion Visit

Albert Donald, NHS Highland Non-Executive Director, and Whistleblowing Champion visited Lochgilphead on Monday 13 November and Oban on Tuesday 14 November (the Oban visit had originally been planned for 11 October but was rescheduled due to the severe weather and challenging road conditions that were being experienced at that time).

Arrangements were put in place with managers locally in Lochgilphead and Oban for Bert to visit areas and drop-in for a chat with teams. There was also the opportunity for staff to meet with Bert on a confidential 1:1 basis.

Severe Weather

An Amber weather alert was in place from 03:00am on Saturday, 7 October 2023 until 06:00am on Sunday, 8 October 2023, this was issued by the Met Office at 10:51am on Friday 6 October 2023.

The HSCP joined with other public sector and voluntary partners in the multi-agency response. This supports the IJB in discharging the public duty as a Category 1

responder. Police Scotland were the overall response lead and the HSCP led the caring for people response.

The HSCP leadership team participated and advised over the weekend as part of the multi-agency response meetings and ensured that there was positive and effective communication across the organisation including in relation to staff safety and wellbeing. They also joined the Saturday briefing of the Council's tactical response.

We would like to thank everyone who was involved in the work that took place to help those individuals and communities who were affected by the severe weather across Argyll and Bute. We are also aware that our staff worked extra hours, stayed late on site to ensure service delivery and dealt with stranded people requiring medication and support. It really was an outstanding team effort.

Infrastructure Transformation Board

The first meeting of the Infrastructure Transformation Board was held on 1 November 2023. The Board will be chaired by the Head of Finance and Transformation, will meet quarterly and will report in to the Transformation Board and the Finance and Policy Committee of the IJB on a regular basis.

The purpose of the Infrastructure Transformation Board is to provide a multi-functional forum whereby HSCP service management can consider and oversee infrastructure development plans across the partnership. This will help ensure that there is visibility on key projects, that investment priorities are the right ones and aligned with service planning and delivery strategies.

National Care Service Annual National Forum

As part of the development of the National Care Service (NCS) the Scottish Government arranged a series of in-person and online forums during 2023. These forums were part of the Scottish Government's ongoing work to co-design the NCS. An Annual National Forum was also held and took place on 30 October in Glasgow and was attended by the Chief Officer on behalf of the HSCP.

Kintyre Recovery Walk

On the 30 September over 100 people took part in the Kintyre Recovery Walk which was organised by a range of groups including the HSCP, The Scottish Recovery Forum, the WithYou charity and a range of other local groups and individuals.

Recovery Walks take place across the country in September and provide an opportunity to bring people together locally to celebrate recovery, raise awareness of the stigma that many people with addictions are facing and to highlight the fact that these individuals are valued members of the local community who are doing the best to get on with their lives just like everyone else.

The Kintyre event started with a service on Dalintober beach in memory of those people we have lost to drug and alcohol addiction. There was also live music, open

water swimming in Campbeltown Loch for a number of brave souls and also a commemorative walk through the town.

Service Updates

Winter Planning

The HSCP's Winter Plan, which spans the period from 30 November 2023 to 1 April 2024, will be presented to the IJB this month. It highlights specific elements of planning and is intended to both guide workstreams and provide for assurance for relevant Boards. The plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population during winter months.

National Updates

Addressing Women's Health Inequalities

Measures to support women experiencing difficult menopause or menstrual health symptoms in the workplace are being introduced by NHS Scotland across their workforce.

As one of the medium term actions in the Women's Health Plan, the policy reflects recommendations from a study of NHS employees by Professor Kathleen Riach, supported by the Scottish Government. The new policy aims to create an environment where women feel confident in raising health issues so solutions can be put in place. Further information is available [here](#).

Lifesaving Overdose-Reversal Scheme

Access to potentially life-saving naloxone kits, which reverse the effects of an opioid overdose, is being expanded to community pharmacies across Scotland.

All community pharmacies will now hold at least two naloxone kits - either a nasal spray or injectable. Further information is available [here](#).

£100 Million to Reduce Waiting Times

New annual funding of £100 million to help reduce inpatient and day-case waiting lists by an estimated 100,000 patients over three years has been announced by the First Minister.

Subject to the outcome of the Scottish Budget process, the recurring annual revenue investment will run to the end of this Parliamentary session and help inform NHS Boards' multi-year planning to create capacity and accelerate treatment for patients. Further information is available [here](#).

Healthcare Awareness Campaign Launched

An awareness campaign has been launched to make sure people know the best place to go for healthcare over the winter.

Right Care Right Place has been rolled out earlier than in previous years to help Scots know which health setting is best for their medical concerns, and in turn to help alleviate pressures on the NHS and social care ahead of an expected increase in demand.

The campaign, featuring targeted advertising on television, radio and online, tells people how to access the most appropriate care for their physical or mental health needs. Further information is available [here](#).

Independent Review of Social Care Scrutiny

An independent review is recommending wider regulation of social care staff to better protect and help people receiving social care and support.

The Independent Review of Inspection, Scrutiny and Regulation in Scotland makes 38 recommendations including updating legislation, Health and Social Care Standards and the powers of intervention and enforcement that regulatory bodies have.

It also highlights a need for the system to rebalance, increasing the focus on continuous improvement and being more inclusive of the voices of those who receive social care support. Further information is available [here](#).

Good News

Argyll and Bute health visitors achieve UK Baby Friendly Gold Award

The excellent support given to children and parents across Argyll and Bute has been recognised once again, with the HSCP health visiting and midwifery services receiving a prestigious award for the fourth time.

The UNICEF (United Nations Children's Fund) UK Baby Friendly Initiative Gold Award celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships. The gold award is the highest standard for services that are accredited as Baby Friendly by UNICEF UK.

To be awarded gold status the services go through a validation process each year and they have to submit a wide range of evidence to ensure they are delivering an exemplary standard of support, guidance and services.

To receive the UNICEF UK Baby Friendly Initiative Gold Award reflects the outstanding work and commitment of our health visitors and midwives across Argyll and Bute communities.

Staffing Updates

Clinical Service Manager, Acute, Urgent & Emergency Mental Health

We would like to welcome Dev Balluck who recently joined the HSCP as Clinical Service Manager for Acute, Urgent and Emergency Mental Health & Perinatal.

Dev's background is acute inpatient, community and crisis work over a range of areas and one of his main aims in his new role is to continue to build the service by further developing the patient journey through our care system.

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Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Budget Monitoring – 7 months to 31 October 2023

Presented by: James Gow, Head of Finance

The IJB is asked to:

- Note that there is a relatively small forecast revenue overspend of £847k as at the end of month 7.
- Note that savings of £6.8m have been delivered, 76% of target.
- Note that reserves of £6m 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 seven. The HSCP is reporting a small forecast overspend of £847k against its budget of £356m. 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 from reserves. This report also updates on the delivery of the savings programme and use of reserves. It has also been considered by the Finance & Policy Committee earlier in November.

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 is now starting to impact favourably on pay rates but usage of agency staff remains high. Overspending on Older Adult services is also of concern, this is due to increasing demand and use of agency staff to cover service gaps and address increased delayed discharges. 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 relate to the impact of continued inflation, additional funding being passed through to the HSCP and pay settlement funding.

2. INTRODUCTION

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

3. DETAIL OF REPORT

3.1 7 Months to 31 October 2023

The table below provides the year to date for the first seven 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
COUNCIL SERVICES TOTAL	45,622	45,616	-6	0.0%
HEALTH SERVICES TOTAL	148,639	147,910	-729	-0.5%
GRAND TOTAL	194,261	193,526	-735	-0.4%

3.1.1 For Social Work budgets, the area of concern is pressure on older adults budgets, now £1.1m overspent. This is due to increasing demand for residential care, care at home and on-going use of agency staff. These pressures are being largely offset by savings in other services.

3.1.2 Health Service budgets continue to be under pressure and an overspend of £729k is reported. Concerns relate to:

- Medicines – national tariffs have been increased and the current overspend is estimated at £1.7m or 14% of the budget. The national systems data issue is continuing, this is making it difficult to analyse the drivers for this overspend and limits confidence in the reported spend;
- 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 per hour but utilisation of agency staff remains high due to vacancies.

3.2 Forecast Outturn

3.2.1 The forecast outturn is summarised below, a small improvement on the previous month, detail is provided in appendix 2. A deficit budget was set and the actual year end deficit will be funded by the 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 NHS Highland have been allocated £2.3m based on the Argyll & Bute NRAC formula allocation. 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. For the purposes of managing the revenue budget, it is assumed that the HSCP will receive its allocation. The HSCP will return funding through a reserves adjustment. This issue is subject to further discussion by the Finance & Policy Committee.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	91,089	91,086	3	0%
HEALTH SERVICES TOTAL	264,977	265,827	-850	-0.3%
GRAND TOTAL	356,066	356,913	-847	-0.2%

- 3.2.2 Within Social Work, the older adult budget is under pressure and a forecast overspend of £1.8m is forecast. This is as a result of increasing demand for care home placements and care at home demand and costs. Additionally, use of agency staffing in HSCP operated homes and care at home services is adding to the overspend. This 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 £620k will balance the position:

Social Work	£'000
Assumed reliance on reserves	623
Forecast revenue budget variance	3
Forecast reserves funding requirement	620

The Local Authority pay settlement has been resolved and will be paid to staff in November. The exact funding allocation to the HSCP for this has still to be confirmed by the Scottish Government and Argyll & Bute Council.

- 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, as noted above, there is limited confidence in spend figures at present due to a national systems issue. Spend on agency and locum medical staff remains high to ensure service continuity, this is contributing to the overspend.

NHS Services	£'000
Budgeted reliance on reserves	3,500
Add forecast overspend	850
Less new NRAC parity and sustainability funding (TBC)	(2,297)
Potential reserves funding requirement	2,053

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 in the current year.

- 3.2.4 The financial position will continue to be challenging to manage, it is hoped that the Scottish Government will provide further funding towards the end of the year for drug costs and other pressures across the NHS, however there are a number of Boards who require significant additional support. Action on agency staffing is now having a positive impact on costs. 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 7, £6.8m (76%) of the £8.9m target has been declared:

2023/24 Savings	Target £' 000	Year to 31 October 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	6,026	6,026	0	
Partially Complete	2,584	448	2,136	
Non-recurring	300	300	0	
Total	8,910	6,774	2,136	76%

3.3.2 Appendix 4a lists the projects that have been fully delivered and 4b provides detail on the remaining balance of £2.1m, risk rated:

Savings regarded as low risk	£631k	
Savings unlikely to be achieved in full in 2023/24	£835k	
Savings unlikely to be deliverable at all in 2023/24	£670k	

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 in partnership with NHS Highland and has been subject to delay and additional costs. The project is now underway and progress is reported in detail 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 but this has been incorporated in the forecast.

3.4 Reserves

3.4.1 Earmarked reserves of £17m were carried forward. To date £6m has been committed to spend, summarised in Appendix 5. This includes the £4.1m initially allocated to fund the deficit and return to NHS Highland.

3.4.2 The IJB holds significant general reserves and is in the process of allocating these to projects. A separate report detailing the commitments and forecast cash flow is provided to the Finance & Policy Committee, the main projects being taken forward are:

- £600k for the Prevention project over 3 years;
- £1.5m to support the Cowal Community Hospital project;
- £220k to replace hospital beds;
- £160k to remodel the medical records space in LIH;

- £300k match funding to support the Islands Programme bid to facilitate the remodelling of the Tigh a Rudha Care Home on Tiree; and
- £105k match for energy efficiency and the empty homes project.

Additionally, strategic development work is on-going and it is anticipated that £300k will be needed to fund business case development over 3 years. There are further business cases and proposals 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 balance its budget and ensure this is aligned to the Strategic Plan. It is required to ensure that financial decisions are consistent with strategic priorities.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn position is an overspend of £0.8m. 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 is being considered by the 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;
- Funding for the pay settlements;
- Recovery of reserves; and

- Delivery of the balance of the savings programme.

The risk is therefore that the HSCP will be required to utilise more of its reserves than planned to balance the current year financial position if the overspend cannot be managed in year.

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 seven months of the year. A relatively small overspend, 0.2%, 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. The national work on agency staff is helping to manage agency staffing costs down but use of expensive supplementary staff is continuing at a high level. 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. Increasing spend on services to support Older Adults is a further cost pressure.

12.2 Good progress has been made with 76% 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 3a and 3b – Savings Programme
- Appendix 4 – Earmarked Reserves

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 OCTOBER 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	(87)	208	295	141.8%	Variance due to over-recovery of vacancy savings (£190k) and underspends on centrally held funding.
Service Development	242	244	2	0.8%	Outwith reporting criteria.
Looked After Children	4,213	4,327	114	2.6%	Underspend due to reduced demand for fostering, kinship and adoption placements and over-recovery of income for provision of nursery meals. This is combined with payroll underspends due to vacancies and absence.
Child Protection	1,696	1,817	121	6.7%	Saving from vacancies combined with demand for services across contact & welfare.
Children with a Disability	555	492	(63)	(12.8%)	The YTD variance reflects demand for service.
Criminal Justice	79	198	119	60.1%	Variance is as a result of payroll underspends due to vacancies and underspends on payments to other bodies.
Children and Families Central Management Costs	1,702	1,736	34	2.0%	Outwith reporting criteria.
Older People	23,914	22,851	(1,063)	(4.7%)	Overspend reflects demand within the care home placement budget and overspends on employee costs due to use of agency staff in residential units and homecare.
Physical Disability	1,980	1,920	(60)	(3.1%)	Overspend reflects demand for service within the supported living budgets and overspending on purchases within the IES store. This is partially offset by underspends in the residential budget.
Learning Disability	9,231	9,610	379	3.9%	Saving reflects reducing demand for residential placements partially offset by demand for supported living.
Mental Health	1,640	1,608	(32)	(2.0%)	Outwith reporting criteria.
Adult Services Central Management Costs	457	605	148	24.5%	Saving is mainly due to YTD underspends on centrally held funds.
COUNCIL SERVICES TOTAL	45,622	45,616	(6)	(0.0%)	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	26,151	26,026	(125)	(0.5%)	Overspending on agency nursing, medical & AHP, partly offset by vacancies
Acute & Complex Care Services	23,429	22,952	(477)	(2.1%)	Agency nursing, medical & AHP costs in both LIH & Mental Health Services
Children & Families Services	5,795	5,938	143	2.4%	Saving due to service vacancies
Commissioned Services - NHS GG&C	44,684	44,663	(21)	(0.0%)	The YTD variance is outwith reporting criteria. There are delays in getting some cost per case data from GGC including oncology drug costs. The 23/24 inflationary uplift has yet to be nationally agreed, it is expected there will be no adverse impact.
Commissioned Services - Other	2,434	2,688	254	9.5%	The YTD variance is influenced by patients delayed on waiting lists with other NHS Scotland providers. Further detail has been requested from the provider Boards on expected surgery dates for these high cost low volume procedures
Primary Care Services inc Dental	16,358	16,439	81	0.5%	Outwith reporting criteria.
Other Primary Care Services	5,597	5,597	0	0.0%	Outwith reporting criteria.
Prescribing	14,529	12,788	(1,741)	(13.6%)	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	1,302	1,328	26	2.0%	Outwith reporting criteria.
Lead Nurse	956	1,064	108	10.1%	Saving relates to service vacancies
Management Service	490	555	65	11.7%	Saving relates to service vacancies
Planning & Performance	1,640	1,586	(54)	(3.4%)	Overspend due to unachieved savings
Budget Reserves	0	1,000	1,000	100.0%	Anticipated slippage on reserves and spend associated with SG allocations.
Income	(1,196)	(1,072)	124	(11.5%)	Seasonal income, variance is reducing now tourist season is dwindling.
Estates	6,470	6,358	(112)	(1.8%)	Overspend due to unachieved savings
HEALTH SERVICES TOTAL	148,639	147,910	(729)	(0.5%)	
GRAND TOTAL	194,261	193,526	(735)	(0.4%)	

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	792	323	469	59.2%	Underspend due to an over-recovery on vacancy savings (£278k) combined with underspends on centrally held funds, printing & stationery and postages.
Service Development	482	471	11	2.3%	Outwith reporting criteria.
Looked After Children	7,848	7,643	205	2.6%	Underspend due to demand for fostering, kinship and adoption placements as well as on supporting young people leaving care. Also an over-recovery on income from the Home Office for unaccompanied asylum seeking children. This is all partially offset by demand for external residential placements and payroll overspends in the children's houses.
Child Protection	3,676	3,394	282	7.7%	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	1,000	1,043	(43)	(4.3%)	Outwith reporting criteria.
Criminal Justice	224	110	114	50.9%	Forecast underspend is due to vacancies within the Criminal Justice team.
Children and Families Central Management Costs	3,718	3,689	29	0.8%	Outwith reporting criteria.
Older People	44,405	46,255	(1,850)	(4.2%)	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. These are partially offset by staffing underspends across ACM teams and internal residential units.
Physical Disability	3,539	3,661	(122)	(3.4%)	Overspend reflects higher than budgeted demand for Supported Living (£103k), Respite (£9k) and higher than budgeted equipment purchasing in the Integrated Equipment Service (£15k). These are offset slightly by a forecast underspends in the Residential Care and ACM Budgets.
Learning Disability	19,411	18,811	600	3.1%	Underspend reflects known demand for Residential Placements partially offset by overspends on Supported Living and Respite due to demand.
Mental Health	3,599	3,667	(68)	(1.9%)	Forecast overspend reflects higher than budgeted demand for services in Supported Living (£91k) and Residential Placements (£104k). These are partially offset by an underspend on addictions service and assessment and care management due to vacancies.
Adult Services Central Management Costs	2,395	2,019	376	15.7%	The forecast underspend is mainly due to underspends on centrally held funds and vacancies.
COUNCIL SERVICES TOTAL	91,089	91,086	3	0.0%	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	44,631	44,841	(210)	(0.5%)	The adverse forecast variance is due to the cost of agency staffing in nursing and GP out of hours services
Acute & Complex Care Services	38,995	40,185	(1,190)	(3.1%)	The adverse forecast variance is due to the cost of agency staffing covering consultant and nursing vacancies and leave
Children & Families Services	10,150	9,950	200	2.0%	The favourable forecast variance is due to vacancies
Commissioned Services - NHS GG&C	76,565	76,565	0	0.0%	The forecast variance is outwith reporting criteria.
Commissioned Services - Other	4,409	4,409	0	0.0%	The forecast variance is outwith reporting criteria.
Primary Care Services inc Dental	27,169	27,069	100	0.4%	The forecast variance is due to reduced non-pay spend.
Other Primary Care Services	10,909	10,909	0	0.0%	The forecast variance is outwith reporting criteria.
Prescribing	21,970	24,470	(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	2,189	2,189	0	0.0%	The forecast variance is outwith reporting criteria.
Lead Nurse	1,826	1,726	100	5.5%	The favourable forecast variance is due to vacancies
Management Services	1,593	1,543	50	3.1%	The forecast variance is outwith reporting criteria.
Planning & Performance	2,310	2,410	(100)	(4.3%)	The adverse forecast variance is due to unachieved savings targets.
Budget Reserves	12,880	10,130	2,750	21.4%	The favourable forecast variance is due to expected slippage on reserves and SG allocations.
Income	(1,838)	(1,888)	50	(2.7%)	Seasonal patient activity.
Estates	11,219	11,319	(100)	(0.9%)	The adverse forecast variance is due to unachieved savings targets.
HEALTH SERVICES TOTAL	264,977	265,827	(850)	(0.3%)	
GRAND TOTAL	356,066	356,913	(847)	(0.2%)	

Appendix 3a - 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
2324-08	Unscheduled Care Funding for cost pressures	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		
AB1819-32	General Catering & Domestic services efficiency target	20
AB2021-2	Standardise procurement of food across all sites Council Shared Service Model	69
AB2122-43a/b	Oban staff travel £10k	10
AB2122-42	Islay: saving on local outreach clinics and accommodation	15
AB2223-7	P&P Switchboard Service	54
AB2021-29	GUM Clinic	20
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
AB2324-30	Resuscitation Training Income	5
2324-32	Patient Services Additional Income	50
Total Fully Complete		6,026
Declared on non-recurring basis at present:		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2324-31	Non-recurring saving - AHP investment	150
Non-recurring savings		300

Appendix 3b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M7 £' 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 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	33	16		
2324-07	Care at Home / Smarter Commissioning Savings	400		400		
2324-11	Reduce sleepovers and use of TEC	80	36	44		
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
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
AB2021-3	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	17	3		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)
AB2122-60	Near Me Consultant Travel £10k	2	1	1		
AB2223-5	Estates Staffing Structure	129		129		HR support in place, little progress being made
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	166	28		
AB2324-24	Review telecom lines and switchboard saving	32	30	2		
AB2324-26	Childrens & Families Staffing and service re-modelling	250		250		Non recurring savings being achieved
AB2324-28	Medicines / prescribing	150		150		Drugs spend significantly higher than budget at present
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
		2,584	448	2,136		
		881	250	631		
		1,033	198	835		
		670	0	670		

2023/24 Savings	Target £' 000	Year to 31 May 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	5,216	5,216	0	
Partially Complete	3,374	74	3,300	
Non-recurring	320	320	0	
Total	8,910	5,610	3,300	63%

2023/24 Savings	Target £' 000	Year to 31 June 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	5,633	5,633	0	
Partially Complete	2,957	175	2,782	
Non-recurring	320	320	0	
Total	8,910	6,128	2,782	69%

2023/24 Savings	Target £' 000	m5		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	5,643	5,643	0	
Partially Complete	2,947	302	2,645	
Non-recurring	300	300	0	
Total	8,890	6,245	2,645	70%

2023/24 Savings	Target £' 000	Year to 30 October 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	6,026	6,026	0	
Partially Complete	2,584	448	2,136	
Non-recurring	300	300	0	
Total	8,910	6,774	2,136	76%

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Appendix 4 - Earmarked Reserves

	Reserve Balance 31 March 23 £	Allocated Month 7 £	Remaining Balance £	
Primary Care Improvement fund	609,522	347,600	261,922	
Other Primary Care Projects	108,507	21,012	87,495	
Technology Enabled Care (Near Me)	118,202	52,535	65,667	
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	41,689	197,999	
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	21,593	45,379	
Trauma Training Programme	90,567	30,093	60,474	
Wellbeing Funding	77,428	37,900	39,528	
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	0	
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	59,238	0	
Ventilation Improvement	29,200		29,200	
Mental Health Recovery Services	38,931	18,355	20,576	
Whole Family Wellbeing Fund	278,737		278,737	
Care at Home Funding	417,896	129,043	288,853	
Multi Disciplinary Teams	84,000	40,000	44,000	
Interim Care	229,123	25,968	203,155	
General Reserves - Service Transformation & Estates	2,925,789	75,720	2,850,069	
General Reserves - Social Work Budget Gap 2023/24	630,000	630,000	0	allocated to cover Year End SW Budget Gap
Social Work Workforce	103,990	65,000	38,990	
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	101,000	149,000	
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	allocated to cover Year End NHS Budget Gap / return to NHS Highland
General Reserves - Estates Projects	1,000,000	15,100	984,900	
General Reserves - Hospital Bed Replacement Programme	212,200	212,200	0	
General Reserves - Prevention Programme	600,000		600,000	
General Reserves - Transformation Reserve	229,972		229,972	
Total	16,990,533	5,986,274	11,004,259	
Held by NHS	11,884,231	4,927,870	6,956,361	
Held by Argyll & Bute Council	4,979,743	997,513	3,982,230	
Held by Both	126,558	60,891	65,667	
Total	16,990,533	5,986,274	11,004,259	

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Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Audited Annual Accounts 2022/23

Presented by: James Gow, Head of Finance and Transformation

The Integration Joint Board is asked to:

- Note that Mazars have completed their audit of the annual accounts for 2022-23 and have issued an unqualified Independent Auditor's Report.
- Consider the 2022/23 Annual Audit Report prepared by Mazars and management responses to the recommendations.
- Approve the draft letter of Management Representation.
- Approve the Audited Accounts for signature and publication.

1. EXECUTIVE SUMMARY

- 1.1 The Integration Joint Board is required to produce a set of audited annual accounts for 2022/23. These were prepared within an extended timescale and have been subject to independent audit by Mazars. The audit process has been completed and Mazars have issued an unqualified audit report. The Accounts, Audit Report and Letter of Representation have all been considered by the Audit & Risk Committee at its meeting on the 29th November.
- 1.2 The purpose of this report is to enable the Integration Joint Board to review the Annual Report and Accounts. These are provided as Appendix 1 and are prepared in line with current guidance and provide detail on financial performance, governance arrangements and the independent external audit report. These require to be signed by the Chair, Chief Officer and Head of Finance & Transformation.
- 1.3 In respect of financial performance the accounts are reporting that the HSCP underspent against the allocations made available to it. It is carrying its underspend forward within its general reserves to fund investment in service transformation and the budget gap in 2023/24.
- 1.4 In addition to the audit report and opinion contained within the Annual Accounts, Mazars have also prepared a detailed Annual Audit Report (Appendix 2). This will be made publicly available. Whilst the Annual Audit Report makes no recommendations for improvement in terms of accounting and financial reporting it does make one low grade recommendation concerning registers of interest. It also highlights the financial sustainability risk facing the IJB and the requirement to update medium term financial plans and develop savings proposals.

2. INTRODUCTION

- 2.1 The Integration Joint Board is required to produce an audited set of annual accounts for 2022-23. The unaudited accounts were produced in line with the timetable and approved by the Audit & Risk Committee on 20 June 2023 for publication and submission to external audit. The Audit process is now complete and the audited accounts require to be approved by the Integration Joint Board.

3. DETAIL OF REPORT

- 3.1 The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973. The financial statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom supported by International Financial Reporting Standards (IFRS) unless legislation or statutory guidance requires different treatment.
- 3.2 The Annual Accounts are subject to independent audit by Mazars and some minor changes have been made in respect of disclosures and the narrative contained within the report. There have been no substantive changes to the unaudited accounts published in June, no objections raised by the public and no uncorrected errors highlighted by the auditor. The Audited Annual Accounts for 2022-23 are provided as Appendix 1, these incorporate the Independent Auditors Report.
- 3.3 Mazars conclude that the Integration Joint Board's accounts present a true and fair view of the financial performance of the IJB during the year. The Independent Auditors Report provides further information on the audit process and basis of the opinion. It is acknowledged that the IJB is highly dependent upon both partners in respect of financial accounting processes and systems.
- 3.4 Mazars have also prepared an Annual Audit Report for consideration by the IJB (Appendix 2). This indicates that the auditors are content with financial accounting and reporting and concludes that governance and arrangements for securing value for money were likewise appropriate during the year. While the auditors have not requested any changes to the accounts, their report does make a recommendation in respect of medium term planning and the financial sustainability challenge currently faced by the HSCP and other public bodies. The recommendations and the management responses are included in the Mazars report and relate to:
- Financial Sustainability (pg31); and
 - Ensuring Registers of Interest are up to date and properly signed (low grade recommendation on pg 18).

The report is positive and confirms working papers were received on time, were of a good standard, that no substantive changes were made to the draft accounts and that there are no uncorrected errors in the audited accounts. This is an important source of independent assurance for the IJB and other stakeholders. A number of minor changes to disclosures have been made during the audit process.

- 3.5 In respect of financial performance, a summary of spend and resources is provided below:

2021/22		2022/23
£'000		£'000
101,153	Employee Costs	111,382
10,009	Premises Costs	11,260
15,183	Supplies and Services	15,253
3,201	Transport Related Costs	3,918
148,745	Third Party Payments	155,004
(19,104)	Income	(18,458)
52,930	Primary Care Services	53,137
248	Other	285
312,365	Total Expenditure	331,781
(326,975)	Total Funding	(327,575)
(14,610)	Decrease in Earmarked Reserves	4,206

Spend increased by £19.4m or 6.2% against the prior year with direct staff costs accounting for 34% of net expenditure. This is largely due to inflationary pressures and spend of reserves held at the end of the prior year.

- 3.6 Whilst there was an underspend against the budget totalling £9,098k, due to spend and clawback of reserves, the net resources held by the IJB at 31 March 2023 reduced by £4,206k. The following table summarises and reconciles the underspend to the excess spend of £4,206k reported in the accounts:

	Earmarked Reserves £000
Opening Reserves at 1 April 2022	21,196
Reserves spent during 2022/23	(10,530)
Covid funds returned to Scottish Government	(5,957)
Underspend for year (added to general reserve)	9,098
Specific funding received and carried forward	3,183
Closing Balance at 31 March 2023	16,991

The general reserve is available to the IJB to hold, invest or spend at its discretion. At the end of the previous year the IJB had a general reserve balance of £682k, this was fully spent during 2022/23. The year end general reserve balance is therefore £9,098k and this has been earmarked in the accounts:

- 2023/24 Budget Gap £4.1m
- Service Transformation £2.5m
- Prevention Programme £0.6m
- Infrastructure Projects £1.9m

- 3.7 In respect of the balance sheet, the debtor is equivalent to the earmarked reserves held by NHS Highland and Argyll and Bute Council. These reserves have been earmarked for specific purposes, analysis is provided in Note 7.
- 3.8 In summary, the accounts present a favourable view of financial performance, provide an overview of the governance framework and provide a high level summary of performance and risk. The HSCP has operated within budget for three consecutive years and has resources available to progress improvement and transformation projects. However, the HSCP still has a deficit budget which is reliant on the use of reserves and this requires to be addressed. In respect of the Going Concern judgement, the favourable outcome enables the IJB to fund its budget gap from reserves and is therefore not reliant upon any additional funding in 2023/24. It expects to continue to operate on a sustainable basis for the foreseeable future.
- 3.9 The Integration Joint Board is also asked to approve the draft letter of management representation (this is appendix A of the External Audit Report). It provides a number of assurances from the Chief Finance Officer to the auditor and requires to be considered by the IJB prior to issue.

4. RELEVANT DATA AND INDICATORS

- 4.1 Information contained within the accounts is derived from the financial systems of NHS Highland and Argyll and Bute Council. The audit of the IJB accounts is supported by the audits of both partners.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The annual accounts are a key statutory reporting and accountability requirement. They communicate both financial and key service delivery performance information in an accessible public document.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The IJB is required to consider and approve the Audited Annual Accounts for 2022-23 by 30th November 2022. The accounts present a favourable summary of financial performance during the year and the position at the year end. The Annual Audit Report provides important independent assurance to the IJB in respect of financial management and governance.
- 6.2 Staff Governance – None
- 6.3 Clinical Governance - None

7. EQUALITY & DIVERSITY IMPLICATIONS

- 7.1 None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 8.1 None

9. RISK ASSESSMENT

- 9.1 There are no changes to the risk register arising from the contents of this report. The reserves position creates a risk that future funding is affected by levels of reserves, this may impact on how both partners pass on funding to the IJB in future. The Auditor has highlighted the risk relating to medium term financial planning and sustainability, this is included in the Strategic Risk Register.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

- 10.1 The unaudited annual accounts were made publicly available for comment in June 2023. The accounts will be made publicly available by the HSCP and the Annual Audit Report will be published by Audit Scotland. No objections were received by the auditor.

11. CONCLUSIONS

- 11.1 The Audited Annual Accounts for 2022-23 require to be approved by the IJB by 30 November. These were audited by Mazars, the IJB external auditors, and an unqualified independent auditors report has been received. There were a small number of minor changes made to the unaudited accounts as part of the audit process but no amendments to the figures. The accounts report that the IJB operated within budget during the year and that its governance arrangements were appropriate. The Audit report provides the Board with independent assurance in respect of financial management and governance.

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	

AUTHOR NAME: James Gow, Head of Finance and Transformation

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APPENDICES:

Appendix 1: Audited Annual Accounts 2021-22 and Audit Report

Appendix 2: Mazars Annual Audit Report, including the management representation letter

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ARGYLL AND BUTE INTEGRATION JOINT BOARD

Commonly known as Argyll and Bute Health & Social Care Partnership



AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023



**ARGYLL AND BUTE INTEGRATION JOINT BOARD
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ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

1. INTRODUCTION

The Annual Accounts provide the Financial Statements of Argyll and Bute Integration Joint Board (IJB) for the year ended 31 March 2023 and report on its performance. The main purpose of this document is to demonstrate the stewardship of public funds which have been entrusted to us for the delivery of the IJB's Strategic Plan. The requirements governing the format and content of the annual accounts are contained in The Code of Practice on Local Authority Accounting (the Code). These Accounts have been prepared in accordance with this Code.

The Management Commentary provides an overview of the key messages in relation to the IJB's financial position and its operational performance for the year. This section also provides a summary of the challenges and risks which may impact upon finances in the future.

The IJB is delighted to report a further improvement in its financial position at the end of the 2022/23 year. The IJB has operated within the resources available to it and has generated a small level of general reserves. This has been achieved in extremely challenging circumstances and is as a result of the hard work of staff in delivering savings and carefully managing budgets and improving financial governance arrangements. This provides the IJB with an opportunity to continue to progress its service transformation and investment plans and provides increased flexibility in managing financial challenges in the future.

2. THE INTEGRATION JOINT BOARD (IJB)

The Argyll and Bute Health and Social Care Partnership (HSCP) is responsible for the planning and delivery of all community and acute health and social care services for adults and children throughout the region. This includes services we deliver directly and a wide range of services which are purchased from external providers including NHS Greater Glasgow and Clyde. The Partnership is a distinct legal entity with a board of governance, the IJB which has responsibility and accountability for the planning, resourcing and oversight of the operational delivery of integrated services as outlined in its Strategic Plan. The IJB was delegated resources and responsibility for Health and Care service delivery from 1 April 2016.

Membership of the IJB includes eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board Members of NHS Highland. In addition there are non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers, individuals with lived experience and Staff.

Argyll and Bute is home to 85,430 people, covers an area of 690,946 hectares and is the second largest local authority by area in Scotland. It has 23 inhabited islands, with 17% of Argyll and Bute's population living on these islands. Argyll and Bute provides a number of unique opportunities for those who live and work here, however we also face a number of significant challenges. The geography associated with dispersed communities in remote and rural areas and islands presents a challenge in delivering services within the resources available. Of the population, 69% live in "remote" or "very remote" areas and 45% live in areas in the 20% "most

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

deprived for geographic access to services”. Argyll and Bute has a higher proportion of older people than Scotland as a whole, with 11.6% aged 75+ compared to 8.5% in Scotland. This presents a serious demographic challenge, in the context of a reducing and ageing population. It is having an impact on our funding and ability to recruit staff to deliver services.

3. HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLAN

The HSCP vision and priorities for health and social care in Argyll and Bute are outlined in its Joint Strategic Plan 2022-2025 launched in May 2022. The vision and strategic objective for the partnership has remained consistent and relevant for our communities, staff, partners and stakeholders:

“People in Argyll and Bute will live longer, healthier, independent lives.”

The Strategic Plan was produced following extensive consultation with our communities and its implementation is now the priority for the IJB. The illustration below summarises these priorities, the full plan can be accessed at:
<https://www.nshighland.scot.nhs.uk/OURAREAS/ARGYLLANDBUTE/Pages/JointStrategicPlan2022-25.aspx>

WHAT WE ARE PLANNING FOR

- 85,430 PEOPLE 3.6% SINCE 2010
- WORKING AGE POPULATION
- 47% POPULATION LIVE IN 'RURAL' AREAS (2020)
- INCREASED DEMAND FOR HEALTH AND SOCIAL CARE SERVICES FROM CONTINUED INCREASES IN THE NUMBERS OF OLDER PEOPLE.
- 23 INHABITED ISLANDS AT THE 2011 CENSUS.
- THE OLDEST IN THE POPULATION
- MAINTAIN WORKFORCE AS THE POPULATION OF WORKING AGE DECREASES
- 69% POPULATION (LIVE IN 'VERY REMOTE' AREAS (RURAL OR SMALL TOWNS) (2020)
- 45% OF SMALL AREAS ARE WITHIN THE MOST ACCESS DEPRIVED IN SCOTLAND.
- 12,000 PEOPLE AGED 16+ PROVIDE UNPAID CARE IN ARGYLL AND BUTE

OUR HSCP 8 STRATEGIC OBJECTIVES

- Reduce the number of avoidable emergency hospital admissions & minimise the time that people are delayed in hospital
- Promote health and wellbeing across our communities and age groups
- Support people to live fulfilling lives in their own homes for as long as possible
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
- Institute a continuous quality improvement management process across the functions delegated to the partnership
- Support staff to continuously improve the information, support, and care they deliver
- #KEEPTHEPROMISE
- Efficiently and effectively manage all resources to deliver best value

BUDGET 2022/23 - £320.9 MILLION

PRIORITIES

- Choice and Control & Innovation
- Prevention, Early Intervention and Enablement
- Community Co-Production
- Living Well And Active Citizenship

HSCP SERVICE AREAS

- Children & Young People
- Technology & Digital Strategy
- Violence Against Women and Girls
- Public Health
- Older Adults
- Mental Health
- Primary Care
- Learning Disability
- Carers

VALUES

- Compassion
- Integrity
- Excellence
- Leadership
- Respect
- Continuous Learning

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

4. PERFORMANCE MANAGEMENT AND REPORTING

The HSCP has a Planning and Performance Management Framework. Reporting is based upon a holistic performance scorecard which is presented regularly to the IJB. The annual performance report provides a detailed analysis of performance against the national wellbeing indicators. Performance across the Health and Social Care sector has been affected by the impact of the covid 19 pandemic. While the direct impact of covid was more limited during 2022/23, the process of dealing with the diagnosis and treatment backlog and returning services to their previous levels continues to be a challenge. This is a national issue and has unfortunately resulted in reduced activity levels, increased waiting lists and greater unmet care need.

The HSCP publishes an Annual Performance Report and the report for 2022-23 is available on the web site. As a consequence of our reliance on NHS Greater Glasgow and Clyde (NHS GG&C) for specialist hospital services, our remobilisation planning has been completed in tandem with them to agree the scale and pace of resumption of normal services. The following table identifies the length of wait associated with each of the specialities which are provided in Argyll and Bute as at 12 April 2023:

Main Specialty	Total on Waiting List	Length of Wait (weeks)				Prior Year	Prior Year
		Over 26	12 to 26	Under 12	% > 12 Weeks	Total on Waiting list	% > 12 Weeks
Consultant Outpatients	1727	209	342	1176	31.9	1297	24.4
Mental Health	685	272	128	285	58.4	725	70.1
AHP	943	208	161	574	39.1	656	40.1
Nurse Led Clinics	359	77	107	175	51.3	226	13.7
Other	1540	535	350	655	57.5	1151	42.1
Outpatient Waiting List Total	5254	1301	1088	2865	45.5	4055	39.6

There remains a significant backlog of treatment and diagnostic activity that the HSCP will need to address, this is a national priority particularly for those who are experiencing very long waits for treatment. The Annual Performance Report provides a much more comprehensive overview of performance and benchmarks.

5. FINANCIAL PERFORMANCE 2022-23

Financial Outturn 2022-23

The IJB set a balanced budget for 2022/23 and is reporting an underspend against the resources made available to it. The IJB is therefore in an improving financial position and will carry forward funding in reserve to enable it to progress key transformation projects and investments. A number of factors contributed to this improved position including the delivery of savings, improved financial management and governance, additional funding allocations from the Scottish Government and continued challenges in recruiting staff and increasing activity levels.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The Covid-19 pandemic had a reduced impact on the HSCP during 2022/23. There was some level of disruption and additional costs during the year, all additional costs were fully funded by the Scottish Government. These included staffing costs, additional PPE and cleaning, provision of extra financial support to care providers, and the costs of running vaccination clinics. The consequences that Covid 19 has had upon health and care needs and on the workforce remains a challenge. During 2022/23 the HSCP also purchased the Kintyre Care Centre and became responsible for its operation. This exceptional intervention was taken by the HSCP in partnership with Argyll & Bute Council to ensure residential nursing care services continue in Campbeltown.

The final revenue outturn for 2022/23 was an underspend of £9.1m against the resources available to the HSCP, which totalled £341m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be used to enable service transformation, investment in key projects and to mitigate the financial challenge facing the HSCP in 2023/24 as on-going high inflation continues to put pressure on service budgets. The following table summarises the financial performance against budget analysed between Health and Social Work related services:

Service	Actual £000	Budget £000	Variance £000	% Variance
Social Work Services	86,116	89,672	3,556	4.0%
Health Services	245,665	251,207	5,542	2.2%
GRAND TOTAL	331,781	340,879	9,098	2.7%

The underspend has been largely due to increases in funding, savings relating to staffing vacancies and lower than anticipated demand or provision of some services, including services provided by Greater Glasgow and Clyde Health Board.

Savings Delivery

The budget for 2022/23 included a savings target of £6.1m. As at the end of March 2023, £4.1m or 68% of the target was delivered. The HSCP needs to continue to improve its efficiency and deliver best value. It manages its savings programme rigorously and recognises that this is critical to longer term financial sustainability. The HSCP has a savings target of £8.7m for 2023/24 which includes £6.8m of new savings in addition to the carry forward of projects which were not delivered in full during 2022/23.

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. There are no statutory or presentational adjustments which affect the application of the funding received from partners, therefore the movement in the General Fund

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balance is solely due to the transactions shown in the Comprehensive Income and Expenditure statement.

Reconciliation of Comprehensive Income and Expenditure Statement to Financial Outturn:

The table below reconciles the deficit on the provision of services of £4.2m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position, a £9.1m underspend. The deficit arises as the net impact of spend and clawback of opening reserves exceeded the value of the underspend against budget and new funding carried forward:

	£000	£000
Deficit on Provision of Services	(4,206)	
Remove Statutory Adjustments that don't feature in financial outturn position	0	
Movement in General Fund Balance		(4,206)
Other Movements:		
Earmarked Reserves released to services during 2020-21	(10,530)	
Covid Reserves returned to Scottish Government	(5,957)	
New Earmarked Reserves during 2020-21	3,183	
Underspend transferred to General Reserves	9,098	
Total		(4,206)

Movement in Reserves Statement

This statement shows the movement on the Integration Joint Board's Reserves. The IJB has one reserve, a General Fund reserve, this is a resource backed reserve which can be used to fund future expenditure. The balance on the General Fund reduced from £21.2m to £17m in 2022/23. These resources have all been earmarked for specific purposes. The reduction is due to:

- Projects which are funded from reserves proceeding during the year with a total of £10.5m of the carried forward balance being spent during the year; and
- The clawback of £6m of covid funding received in 2021/22 and not spent.

The value of reserves spent and returned to Government was partially offset by the value of the underspend and new specific funding streams not fully spent. The resources held will be used to fund the potential budget gap in 2023/24 and key infrastructure and transformation projects. Note 7 provides detail on the nature of these reserves and the purposes for which they are earmarked.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

	Earmarked Reserves £000	Unallocated Reserves £000	Total £000
Opening Balance at 1 April 2022	21,196	0	21,196
Reserves spent during 2022/23	(10,530)	0	(10,530)
Covid funds returned to Scottish Government	(5,957)	0	(5,957)
Underspend for year	9,098	0	9,098
Specific funding received and carried forward	3,183	0	3,183
Closing Balance at 31 March 2023	16,991	0	16,991

The IJB Reserves Policy is that a prudent level of General Fund reserve is 2% of the revenue budget, this equates to around £6.8m. As at 31 March 2023 the IJB general reserves exceeded this value with the reserves being earmarked to enable key projects to progress and to fund the 2023/24 budget gap. The IJB is prioritising the re-mobilisation of services, service transformation and investment in its infrastructure.

Balance Sheet

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at 31 March 2023. It does not hold fixed assets, these sit with the partner bodies. There are explanatory notes which accompany the Balance Sheet. The net worth of the Integration Joint Board as at 31 March 2023 is £17m, this is supported by the General Fund reserve. The balance consists of Short Term Debtors of £17m relating to earmarked reserves balances for delegated services and recognises the amounts owed to the Integration Joint Board by NHS Highland and Argyll and Bute Council.

There are no provisions recognised on the Balance Sheet. NHS Highland made a year-end provision for annual leave of £1.1m (£1.0m in the prior year) for HSCP staff. Argyll & Bute Council have made a provision of £50k relating to the settlement of employment related matters. These provisions are reflected in the outturn position.

There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the partner Annual Accounts. There would be further consideration of funding requirements for the IJB where the historic funding of these financial provisions are insufficient and may affect the IJB funding arrangements.

6. FINANCIAL OUTLOOK, RISKS AND PLANS FOR THE FUTURE

Budget 2023-24

The budget for 2023/24 was approved by the IJB in March 2023. While the resources allocated to the HSCP are budgeted to increase in 2023/24, the impact of high inflation and continuing high levels of service demand meant the HSCP was unable to balance its budget for 2023/24, despite identifying £6.8m in new savings.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The Scottish Government's budget allocated additional funding to the Health & Social Care sector and this is being allocated to the HSCP by Argyll and Bute Council and NHS Highland. The budgeted resources available to the HSCP in 2023/24 total £334m. Budgeted spend for 2023/24 is £338m. To ensure that we continue to improve efficiency and deliver value for money we have a savings programme totalling £6.8m. It is anticipated that the remaining budget gap will be addressed during the year through other value for money measures, additional funding and the earmarking of £4m of reserves to fund any remaining funding gap.

Service transformation and the delivery of the value for Money Strategy are key to ensuring services are delivered in sustainable way. While the budgeted position for 2023/24 is extremely challenging, the HSCP has operated within budget for the past three years, it has repaid £5m in debt and now has significant reserves to invest in transformation and its infrastructure. Operating on a financially sustainable basis is a strategic priority.

Medium to Longer Term Outlook

Looking to 2022/23 and beyond, it is anticipated the Scottish public sector will continue to face a challenging financial outlook, this is outlined in the Spending Review and in recent reports issued by the Institute for Fiscal Studies. The impact of inflation and reducing real terms value of public funding are likely to present a real challenge when coupled with increasing demand for services and an ageing demographic.

The HSCP seeks to look three years ahead in respect of its financial planning. This is particularly challenging in the current context with high levels of uncertainty relating to funding and inflation. The three year plan outlined in the Scottish Government's most recent spending review has been largely superseded as budgets have been adjusted to allow for higher pay increases. It is expected that significant challenges lie ahead in respect of public funding in Scotland, although Health and Social Care expects to remain a priority as services continue to recover from the impact of covid and to cope with increasing demand and workforce pressures. Financial pressures will require to be managed through on going value for money and efficiency improvement work, the implementation of new ways of working and careful forward planning. Investment in service transformation and development in the short term will have a focus on meeting anticipated future financial challenges.

The HSCP is in the process of updating its medium term financial plans and anticipated that it will be required to deliver cash releasing efficiency savings of at least 2.8% or £9m per year to offset the impact of increasing costs and inflationary pressures.

Financial Risks and Challenges

The IJB has a robust approach to Risk Management and responsibility for oversight of financial risks and mitigations sits with its Finance & Policy Committee. Financial risks are considered and reported on a regular basis, four key financial risks which have an assessed value of £500k or more have been identified:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Identified Risk	Estimated Value £000	Summary of Mitigations
Sustainability of current service providers – risk that service providers will reduce or close critical provision in the area resulting in additional costs to the HSCP as it is required to identify alternative ways of providing statutory services.	£750k (£0.5m-£1.5m range)	On-going dialogue, monitoring and review. Engagement with partners and Scottish Government where appropriate.
Non-Pay Inflation – risk that macroeconomic conditions, increasing inflation, fair pay policy and supply chain disruption will result in non-pay inflation which exceeds budgeted allowance.	£500k (£0.5m-£1.5m range)	Allowance made for higher inflation in the budget, on-going monitoring, continuous review of contract rates and pricing. Focus on delivery of savings programme to mitigate in a way that is mindful of pressures facing partners.
Pay – risk that pay settlements will exceed public pay policy and will not be fully funded by the Scottish Government. Risk increased as a consequence of high inflation rate.	£500k (£0.5m-£1.5m range)	Engagement in sector networks and close monitoring of progress with pay negotiations. Careful modelling and on-going vacancy management in place until uncertainty is reduced.
Savings – failure to deliver the savings programme in full during the year contributes to a budget overspend and failure to achieve financial objectives.	£500k (£0.5m-£1.5m range)	Project management process and funds held in reserve to cover potential shortfall.

There are a number of additional risks which have a financial impact. These relate to service demand and increased SLA costs (particularly in respect of our contract with NHS Greater Glasgow and Clyde). The macroeconomic environment remains of concern and presents a significant short term and long term risk. Whilst the implications for the HSCP of higher inflation can be modelled and are understood, the impact that it will have upon some of the most vulnerable in the communities served by the HSCP is of additional concern. Increased poverty and impacts on health and well-being can be expected, this in turn may further increase service pressures. The HSCP has identified the following as the key risks it faces at present:

- Sustainability of Commissioned Service Providers;
- Workforce Recruitment and Retention;
- Long term financial sustainability; and
- Current socio-economic situation and cost of living crisis.

Covid-19 pandemic

The pandemic has continued to have a considerable impact on the HSCP, although the direct impact on services was much reduced. Relatively high levels of service demand, staff absence and availability and periodic outbreaks within care home and hospital settings continued to cause disruption. The HSCP also continued to deliver additional vaccinations in partnership with GPs. It also continued to operate its Personal Protective Equipment (PPE) hubs which have helped support our staff and partners in ensuring that appropriate PPE and covid test kits were available. Financial sustainability payments to social care providers to compensate for disruption to their business arising from covid-19 also remained an important element of the covid-19 response.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Towards the end of 2021/22 the Scottish Government allocated substantial funds for on-going costs relating to Covid. The HSCP carried forward £10.9m in covid reserve funding. During 2022/23 it spent £4.9m on covid (prior year spend was £9.4m) and £6.0m was returned to the Scottish Government.

7. CONCLUSION

The Integration Joint Board's final outturn position for 2022/23 was an underspend of £9.1m. This excess resource has been carried forward and earmarked to fund the budget gap in 2023/24, and enable investment in critical infrastructure and service transformation projects.

The operating environment going forward remains challenging as there is a backlog of people awaiting diagnosis and treatment and increased demand for a range of services. The longer term financial environment is also likely to be difficult as the impact of continuing high inflation and tight public funding settlements will make it challenging to operate on a financially sustainable basis. The on-going identification and delivery of efficiency savings are therefore important in this context. Making best use of the resources available to transform and improve services will help ensure that the HSCP is well placed to meet both the financial and service challenges ahead.

8. ACKNOWLEDGEMENTS

We would take this opportunity to acknowledge the significant effort in producing the Annual Accounts and to record our thanks to members of the Integration Joint Board and staff for their continued hard work and support.

Councillor Amanda Hampsey
Chair
29 November 2023

Fiona Davies
Chief Officer
29 November 2023

James Gow
Head of Finance & Transformation
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- to ensure the Annual Accounts are prepared in accordance with the legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government Act 2003);
- to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board had responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this organisation, that officer is the Chief Financial Officer;
- to manage its affairs to secure economic, efficient and effective use of its resources and safeguard its assets; and
- to approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature by the Argyll and Bute Integration Joint Board at its meeting on 29 November 2023.

Signed on behalf of the Integration Joint Board:

Councillor Amanda Hampsey
Chair
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES:

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual accounts the Chief Financial Officer is responsible for:

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates on a reasonable basis;
- complying with legislation;
- complying with the Local Authority Code of Practice (in so far as it is compatible with legislation).

The Chief Financial Officer is also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

I certify that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2023, and its income and expenditure for the year then ended.

James Gow
Head of Finance and Transformation
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

INTRODUCTION

The Annual Governance Statement explains Argyll and Bute Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJBs system of internal control.

SCOPE OF RESPONSIBILITY

Argyll and Bute IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.

In discharging these responsibilities, the IJB has put in place arrangements for governance of its affairs which includes a system of internal control. The system is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to manage risks efficiently, effectively and economically to achieve the organisation's policies, aims and objectives.

The IJB places reliance on the NHS Highland and Argyll and Bute Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

The system can only provide reasonable and not absolute assurance of effectiveness.

GOVERNANCE FRAMEWORK

The Argyll and Bute IJB has been established as a separate legal entity from both Argyll and Bute Council and NHS Highland, with a separate governance framework. The IJB comprises eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board members of NHS Highland. In addition there are a number of non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers and Staff.

The arrangements for the operation, remit and governance of the IJB are set out in the Integration Scheme which has been prepared and approved by Argyll and Bute Council and NHS Highland.

The IJB, via a process of delegation from the Health Board and Local Authority, as outlined in the Scheme of Integration, has responsibility for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute. The scheme of integration was revised as required by the legislation. The revised scheme was approved by Scottish Government on 23 March 2021 and is published on the Council and NHS Highland websites.

The funding available to Argyll and Bute IJB is dependent on the funding made available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. The IJB is therefore reliant on both partners for the resources to deliver health and social care services. The main features of the governance framework in place during 2022-23 were:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

- The Integration Scheme which outlines the scope and functions of services that are delegated, the clinical and care governance, strategic planning, financial and operational management arrangements.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, the Integration Scheme, Financial Regulations and Standing Financial Instructions; these are subject to regular review.
- The strategic vision, mission and values of the IJB are set out in the Strategic Plan and are aligned to deliver on the National Outcomes for Adults, Older People and Children.
- Effective partnership working with the Council and NHS Highland to ensure delivery of the Strategic Objectives, through information sharing and clear lines of responsibility.
- Members of the IJB subscribe to, and comply with, the Standing Orders and Code of Conduct. The appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.
- Appropriate training, development and induction is provided for all new IJB members. Performance Development and Review schemes are in place for all staff through each partner agency, the aim of which is to focus on their individual performance and development and contribution towards meeting service objectives.
- 4 Locality Planning Groups have been established and these meet quarterly, they aim to provide an effective mechanism for local leadership of service planning and a way for localities to influence how resources are allocated in their area and allow them to contribute to the development and delivery of the Strategic Plan.
- Effective scrutiny and decision making is supported by the formal submission of reports, findings and recommendations by Audit Scotland, Inspectorates and the Internal Audit service.
- The decision making structure whereby the committees of the IJB have agreed Terms of Reference. These include the Clinical and Care Governance Committee, Audit and Risk Committee, Finance & Policy Committee, Strategic Planning Group and Locality Planning Groups. Terms of reference and the annual reporting framework were formally approved by the IJB in January 2021. These are reviewed regularly by the IJB.
- The work and outputs from committees is publicly available and reported through minutes being considered by the IJB. All committees self-assess their performance and provide an annual report to the IJB.
- The Integrated Performance Management Framework focusses on embedding a performance management culture throughout the organisation with regular reporting to the IJB. The Integration Joint Board also publishes an Annual Performance Report, this is submitted to Scottish Government and is publicly available.
- Reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland where these are operationally delegated. The IJB key governance documents are subject to periodic review.
- The legislative framework requires the Chief Officer to be a single point of overall strategic and operational advice to the IJB and to be a member of the Senior Management Teams of Argyll and Bute Council and NHS Highland.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

All IJB meetings and committee meetings took place by remote conferencing, this is anticipated to continue as an efficient way of conducting business. Members of press and public were enabled to attend IJB meetings, and the recording of each meeting was subsequently published alongside the minutes. In March 2020, the IJB agreed a delegation of powers to the Chief Officer in an emergency to instruct executive action on any matter for the duration of the Covid-19 emergency in consultation with the Chair or Vice Chair of the Board with such matters being subsequently reported to the Board. This delegation was not utilised, but remained in place throughout the year.

THE SYSTEM OF INTERNAL FINANCIAL CONTROL

The governance arrangements described operate on the basis of a system of internal controls. This is based on a framework of regular management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB. During 2022-23 this included the following:

- Financial Regulations and guidance relating to financial processes and procedures, these were last updated during 2020/21.
- Formalised budget setting process, a three year budget outlook and identification of new savings projects.
- Regular review of detailed financial performance reports.
- Formal project management discipline.
- Regular Finance and Policy Committee meetings to provide scrutiny of the financial position and progress with savings and service transformation.
- An effective and independent Internal Audit function.
- Integrated financial reporting and financial risk management.

The system of internal financial control can provide only reasonable and not absolute assurance and is designed to manage risk to a reasonable level. Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)'.

In relation to managing the risk of fraud and corruption the IJB relies upon the financial regulations, processes and procedures put in place by both partners. Its Audit & Risk committee review arrangements for managing fraud risk, including through the work of its internal and external auditors. These arrangements are considered to provide adequate assurance on the management of fraud risk and are considered to be compliant with CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption.

UPDATE ON GOVERNANCE IMPROVEMENT ACTIONS

A number of areas for development in respect of governance have been identified, many of these are now complete as part of the governance improvement action plan, an update on the remaining actions is provided below:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

Planned Action	Progress Update
A detailed workforce plan will be developed demonstrating how this supports the Strategic Plan, this will also link to support activities such as training and recruitment.	Complete - the Workforce Plan is finalised and a Strategic Workforce Planning Group has been established to oversee its implementation.
Continuing development of performance management and performance scrutiny aligned with the Strategic Plan primary objectives and revised National Health and Wellbeing Outcome indicators.	Progress with implementing the new Integrated Performance Regime for the HSCP has been delayed due to the covid-19 pandemic and is being rolled out from April 2023.
Further develop the capacity and capability of Locality Planning Groups to ensure members have the support and capability to use and interpret data to facilitate the implementation of Strategic Plan objectives at locality level.	Complete – the groups are now meeting regularly and operating effectively. The HSCP has developed a more robust approach to community engagement and consultation, the locality planning groups are an important element of this.
To produce a schedule setting out how all the elements of the Safe Staffing Act have been implemented	Complete - the Safe Staffing legislation has not yet been fully implemented by the Scottish Government, however the HSCP has agreed and budgeted for revised staffing establishments for nursing and AHP staffing.

DATA PROTECTION

The HSCP is committed to the highest standards of Data Protection and has put in place arrangements to ensure compliance with the General Data Protection Regulations in partnership with NHS Highland and Argyll & Bute Council. There were no significant or notifiable data breach incidents during 2022/23.

INTERNAL AUDIT

The IJB is required to put in place adequate and proportionate internal audit arrangements to provide independent assurance on risk management, corporate governance and the system of internal control. Following a competitive tendering process, Argyll and Bute Council Internal Audit Service were contracted as internal auditors for the IJB from 1 April 2021.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the IJB Audit and Risk Committee.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

The role of the Audit and Risk Committee is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes. Membership of the Audit and Risk Committee includes six members of the IJB. Professional advisors, the internal auditor and external auditor support the committee and attend where appropriate. The Audit Plan was agreed at the Audit and Risk Committee meeting in April 2022, audit activity during the year included reviews of:

- Commissioning;
- Performance Management; and
- Use of Directions.

In addition, the Committee considered a wide range of reports including several published by Audit Scotland. It also reviews performance in implementing audit recommendations. The Committee annual report confirms that of the 23 recommendations made, 13 were considered to have been fully implemented during 2022/23 by the Internal Auditor. Of the remaining 10, 7 were on track and 3 were delayed, largely as a result of a delay with the implementation of a new ICT system.

The Chief Internal Auditor provides the Audit Committee with an annual report on audit activity for the Integration Joint Board. The annual report includes an independent opinion on the adequacy and effectiveness of the systems of governance and internal control. For financial year 2022/23 The overall conclusion of the Internal Auditor is to provide a satisfactory level of assurance on the adequacy of internal controls and governance arrangements within the IJB.

BEST VALUE

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. The Annual Performance Report sets out how the IJB fulfilled its obligations for best value in that year. The Annual Performance Report for 2022-23 is approved by the IJB and is publicly available. A short summary against the 8 best value themes is given below:

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the Strategic Plan and Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB. The IJB has also approved its Value for Money Strategy and Savings Plan for the 2023/24 financial year.

Governance and Accountability

The IJB has an open and transparent governance system in place. It seeks to continually develop and improve in response to emerging good practise and independent audit review. Support for

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. Improving financial management and governance has been a priority for a number of years, steps taken have contributed to the much improved overall financial position the HSCP is now in. It continues to seek to identify ways of improving efficiency and has been able to generate funds to enable investment in longer term service transformation.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with strategic partners and stakeholders. This has continued throughout 2022/23 and illustrates the ethos of partnership working. Further examples of effective partnership working during include the purchase of the Kintyre Care Centre, the outcomes from the Coll Collaborative Group, the establishment of the Prevention Transformation Programme, participation in several place based programmes and the re-establishment of the locality planning groups.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed into the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Commissioning Strategy and the Strategic Plan. A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. The HSCP aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability & Carbon Reduction

The HSCP is in the process of developing its approach to sustainability and carbon reduction. It has recently invested in increased capacity to undertake this work in partnership with Argyll &

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

Bute Council and NHS Highland. It is recognised that carbon reduction is an important strategic objective for all public bodies. There are a number of strands to the IJB approach to this including:

- The development of opportunities for remote provision of services and remote working to reduce travel for staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams;
- Piloting the use of drones for transporting items such as laboratory samples from islands and remote areas;
- The installation of electric vehicle charging points and investment in the electrification of the vehicle fleet; and
- Investing in management capacity to develop a strategic approach to the HSCP estate to facilitate the development of capital schemes to reduce carbon emissions.

The receipt of specific Scottish Government Funding to progress this agenda has been important in enabling the HSCP to progress decarbonisation plans.

Performance, Outcomes & Improvement

The HSCP continues to report performance in a holistic way and it has implemented a new Performance Management Framework. It is working to re-mobilise services, increase activity to pre-pandemic levels and address the backlog of treatment and diagnosis. Addressing the increasing backlog is a priority for NHS services across Scotland. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is fully implemented. A key priority towards the end of the 2022/23 year was to manage down delayed discharges from the acute sector, the Argyll & Bute HSCP consistently performed well by this measure through its integrated approach to managing patient flows across NHS and Social Care services.

REVIEW OF EFFECTIVENESS

The IJB places reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland. The IJB operates within an established procedural framework and the partner organisations provide assurance over the effectiveness of their systems of internal control.

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal financial control. This is informed by:

- The work of officers within the IJB
- The work of Internal Audit
- The work of External Audit
- External review and inspection reports
- The compliance with statutory guidance issued for the integration of services
- Recommendations from the Audit Committee.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

CONCLUSION AND OPINION ON ASSURANCE

Appropriate governance arrangements are in place and have operated well throughout 2022/23. Continuous improvement and development is ongoing to ensure that the Partnership is able to deliver on its strategic objectives and operate on a financially sustainable basis in the longer term. The annual report and accounts outline an improved financial position and improving governance arrangements.

The Annual Governance Statement outlines a number of key evidence sources which support the view that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute IJB's systems of governance.

Councillor Amanda Hampsey
Chair
29 November 2023

Fiona Davies
Chief Officer
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

1. INTRODUCTION

The Local Authority Accounts (Scotland) Amendment Regulations 2014 (SSI No.2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts. The information disclosed in the tables in this Remuneration Report is subject to external audit. The explanatory text is reviewed by external auditors to ensure it is consistent with the Financial Statements.

2. INTEGRATION JOINT BOARD

The IJB comprises eight voting members appointed in equal numbers by the Health Board and Council. The partners appoint a Chair and Vice Chair in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Article 4 of the Order provides for the Chair to be appointed by NHS Highland or Argyll and Bute Council from among the voting members nominated by NHS Highland and the Council. The Vice Chair is appointed by the constituent authority who did not appoint the Chair.

The NHS Board and the Council have responsibility for these appointments on an alternating basis and the NHS Board and the Council may change the person appointed by them as Chair or Vice Chair during an appointing period. NHS Highland appointed Sarah Compton-Bishop as Chair from 1 April 2021 for a 2 year period. Argyll and Bute Council appointed Councillor Kieron Green as Vice Chair from 1 April 2021 to 19 May 2022 and Councillor Amanda Hampsey as Vice Chair from 19 May 2022 and Chair from 1 April 2023. In addition there are professional advisors and stakeholder members who are non-voting members of the Integration Joint Board.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The IJB does not reimburse the relevant partner organisations for any voting board members costs. The IJB does not have responsibilities, either in the current or future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights or disclosures are provided for the Chair or Vice Chair.

3. OFFICERS OF THE IJB

The IJB does not directly employ staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The Chief Officer is regarded as an employee of the IJB although the contract of employment is with NHS Highland. Fiona Davies was appointed as Interim Chief Officer with effect from 4 May 2021 and then on a permanent basis from 4 February 2022, following an open recruitment process.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

The following table sets out the remuneration disclosures for 2022-23 for senior officers:

Total 2021-22	Senior Officer	Salary (Including Fees and Allowances)	Taxable Expenses	Total 2022-23
£		£	£	£
89,292	Chief Officer – Fiona Davies (from 4 May 2021)	102,342	2,855	105,197
89,740	George Morrison – Depute Chief Officer / Acting Chief Officer (until 31 May 2022)	16,963	75	17,038
52,360	Chief Financial Officer – James Gow (from 9 August 2021)	84,353	822	85,175
231,392	Total	203,658	3,752	207,410

4. PENSION BENEFITS

In respect of officers' pension benefits the statutory responsibility for any future contributions rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer or any other officers. The IJB however has a responsibility for funding the employer contributions for the current year. The Chief Officer is a member of the NHS Pension Scheme, costs for the pension scheme contributions and accrued pension entitlements are shown in the table below:

2021-22			2022-23	
In-year Pension Contributions £	Accrued Pension Benefits £		In-year Pension Contributions £	Accrued Pension Benefits £
18,512	Pension 25,000 Lump Sum 56,000	Chief Officer – Fiona Davies (from 4 May 2021)	21,390	Pension 35,000 Lump Sum 78,000
18,735	Pension 47,000 Lump Sum 129,000	Depute Chief Officer – George Morrison	3,156	Pension 46,000 Lump Sum 137,000
9,336	Pension 1,000 Lump Sum 0	Chief Financial Officer – James Gow (from 9 August 2021)	16,280	Pension 3,000 Lump Sum 0

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Remuneration Report**

5. DISCLOSURE BY PAY BANDS

Pay Band information is not separately provided as all staff pay information has been disclosed in the information above.

6. EXIT PACKAGES

There were no exit packages for senior officers agreed during the year ended 31 March 23 or during financial year 2021-22.

Cllr Amanda Hampsey
Chair
29 November 2023

Fiona Davies
Chief Officer
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD
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COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

The statement below shows the cost of providing services for the year according to accepted accounting practices.

2021-22		2022-23		
Net Expenditure £000		Gross Expenditure £000	Income £000	Net Expenditure £000
156,103	Adult Care	181,322	(10,477)	170,845
2,901	Chief Officer	2,743	(365)	2,378
22,786	Children and Families	26,677	(3,149)	23,528
3,467	Community and Dental Services	3,996	(314)	3,682
3,496	Lead Nurse	1,719	(193)	1,526
2,989	Public Health	2,385	(117)	2,268
3,279	Strategic Planning and Performance	3,300	(146)	3,154
6,544	Estates	7,550	(372)	7,178
2,576	Depreciation	3,005	0	3,005
20,960	General Medical Services	21,122	(187)	20,935
68,789	Greater Glasgow & Clyde Commissioned Services	73,862	0	73,862
(1,944)	Income – Commissioning and Central	(72)	(1,952)	(2,024)
5,456	Management and Corporate Services	6,346	(329)	6,017
10,835	NCL Primary Care Services	11,766	(856)	10,910
4,128	Other Commissioned Services	4,517	0	4,517
312,365	Cost of Services	350,238	(18,457)	331,781
(326,975)	Taxation and Non-Specific Grant Income (note 4)			(327,575)
(14,610)	(Surplus) or Deficit on Provision of Services			4,206
(14,610)	Total Comprehensive (Income) and Expenditure			4,206

The movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2022-23:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2022	(21,196)	(21,196)
(Surplus) / Deficit on Provision of Services	4,206	4,206
(Increase) / Decrease in Year 2022-23	4,206	4,206
Closing Balance at 31 March 2023	(16,991)	(16,991)

Movements in Reserves During 2021-22:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2021	(6,586)	(6,586)
(Surplus) / Deficit on Provision of Services	(14,610)	(14,610)
(Increase) / Decrease in Year 2021-22	(14,610)	(14,610)
Closing Balance at 31 March 2022	(21,196)	(21,196)

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £'000		Note	31 March 2023 £'000
	Current Assets:		
21,196	Short Term Debtors	5	16,991
21,196	Net Assets		16,991
21,196	Usable Reserve: General Fund	7	16,991
21,196	Total Reserves		16,991

The unaudited accounts were authorised for issue on 20 June 2023. The audited accounts were approved by the IJB at its meeting on 29th November 2023.

James Gow
Head of Finance and Transformation
29 November 2023

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

1. SIGNIFICANT ACCOUNTING POLICIES

1.1 General Principles

The Financial Statements summarise the transactions of the Integration Joint Board for the 2022/23 financial year and its position for the year end as at 31 March 2023.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2022-23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

For the Integration Joint Board annual accounts a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board. Where any in-year overspend exceeds reserves available the partners will make additional in-year payments, in this instance a creditor will not be recognised as future funding would be adjusted to reflect any future repayment.

1.3 Offsetting of Debtors and Creditors

The Integration Joint Board does not hold cash and cash equivalents. Instead the funding partners utilise, as directed by the Integration Joint Board, the amount of funding due to the Integration Joint Board to pay for services.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

The Integration Joint Board and the funding partners have confirmed that there is a 'right of offset', and that there is an intention to allow settlement of balances to be undertaken on a net basis. On this basis the Integration Joint Board's financial statements present the balances due to and from the funding partners on a net basis rather than as separate creditors and debtors.

1.4 Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Argyll and Bute Council and NHS Highland. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Argyll and Bute.

1.5 Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each partner at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

1.6 Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. Details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.7 Provisions

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund. Where NHS Highland or Argyll and Bute Council recognise provisions in relation to services included in the Integration Scheme these are disclosed in the Integration Joint Board's Annual Accounts.

1.8 Reserves

The Integration Joint Board has a Reserves Policy in place which details the nature and use of reserves.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in future years.

1.9 Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Highland and Argyll and Bute Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Integration Joint Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements. Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet. The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.10 VAT Status

The IJB is a non-taxable person and does not charge or recover VAT on its functions.

2. EVENTS AFTER THE REPORTING PERIOD

The audited Annual Accounts were authorised for issue on 29 November 2023. Events taking place after this date are not reflected in the financial statements or notes. Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period, the Annual Accounts are adjusted to reflect such events.
- Those that are indicative of conditions that arose after the reporting period – The Annual Accounts are not adjusted to reflect such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

There are no events to report after the reporting period end.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

3. EXPENDITURE AND INCOME ANALYSIS BY NATURE

31 March 2022 £'000		31 March 2023 £'000
	Services Commissioned from Argyll and Bute Council and NHS Highland:	
101,153	Employee Costs	111,382
10,009	Premises Costs	11,260
15,183	Supplies and Services	15,253
3,201	Transport Related Costs	3,918
148,745	Third Party Payments	155,004
(19,104)	Income	(18,458)
52,930	Primary Care Services	53,137
	Other:	
220	Other IJB Operating Expenditure	254
28	Fees payable to Audit Scotland - External Audit Fees	31
(326,975)	Partners Funding Contributions and Non-Specific Grant Income	(327,575)
(14,610)	(Surplus) or Deficit on the Provision of Services	4,206

Mazars did not receive any fees for non-audit work.

4. TAXATION AND NON-SPECIFIC GRANT INCOME

The following taxation and non-specific grant income was recognised in the Comprehensive Income and Expenditure Statement:

31 March 2022 £'000		31 March 2023 £'000
62,871	Funding Contribution from Argyll and Bute Council	74,391
264,104	Funding Contribution from NHS Highland	253,184
326,975	Taxation and Non-specific Grant Income	327,575

The funding contributions from the partners shown above excludes any funding which is ring-fenced for the provision of specific services. Such funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

5. DEBTORS

31 March 2022 £'000		31 March 2023 £'000
19,049	NHS Highland	11,985
2,147	Argyll and Bute Council	5,006
21,196	Total Debtors	16,991

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

Amounts owed by the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

6. RELATED PARTY TRANSACTIONS

The Integration Joint Board has related party relationships with NHS Highland and Argyll and Bute Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts provide additional information on the relationships.

Transactions with NHS Highland:

2021-22 £000		2022-23 £000
(264,104)	Funding Contributions received from NHS Highland	(245,665)
233,408	Expenditure on Services Provided by NHS Highland	253,184
(30,696)	Net Transactions with NHS Highland	7,519

There are key management personnel employed by NHS Highland, these costs are included in the expenditure on services provided. The non-voting Board members employed by NHS Highland include the Lead Nurse, Clinical Director for Argyll and Bute, Public Health Specialist, Lead Allied Health Professional, Lead Pharmacist, Staff Representative and representatives from primary care and medical services. Details of remuneration, where required, is provided in the Remuneration Report.

Transactions with Argyll and Bute Council

2021-22 £000		2022-23 £000
(62,871)	Funding Contributions received from Argyll and Bute Council	(74,391)
78,957	Expenditure on Services Provided by Argyll and Bute Council	86,116
16,086	Net Transactions with Argyll and Bute Council	11,725

There are key management personnel employed by Argyll and Bute Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by Argyll and Bute Council include the Chief Financial Officer, Chief Social Work Officer and a Staff Representative. Details of remuneration, where required, is provided in the Remuneration Report.

Support services, such as human resources, financial services, information technology and accommodation are not included in the delegations from Argyll and Bute Council. These are provided free of charge as 'services in kind' and are therefore not included in the expenditure of the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Financial Statements

7. USABLE RESERVE: GENERAL FUND

The Integration Joint Board holds a balance on the General Fund which will normally comprise of three elements:

1. Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, earmarked reserves are accounted for separately but remain legally part of the General Fund. The identification of earmarked reserves may include:
 - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
 - reserves for unspent revenue grants or contributions which were allocated for a defined purpose.
2. Funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events; and
3. Funds held in excess of the target level of reserves and identified earmarked sums. Such reserves can be spent or earmarked at the discretion of the Integration Joint Board.

The following table shows the movements on the General Fund balance:

2021-22 Balance at 31 March 2022 £000		2022-23		
		Transfers Out £000	Transfers In £000	Balance at 31 March 2023 £000
3,062	Primary Care Transformation Fund	2,452	0	610
290	Mental Health Action 15 Fund	290	0	0
142	Technology Enabled Care	24	0	118
185	Alcohol & Drugs Partnership	185	431	431
86	Best start maternity services	29	25	82
178	Supporting improvements to GP premises	0	0	178
21	Scotgem accommodation funding	7	0	14
10,489	Covid-19	10,481*	26	34
300	Community Living Change Fund	60	0	240
184	ACT Aros Residences Upgrade	184	0	0
232	Primary Care OOH Funding	92	0	140
70	Insulin Pumps	0	0	70
61	ASC Nurse Director Support IPC	0	0	61
63	Trauma Network Tranche 1 / Tranche 2	26	0	37
167	PFG School Nursing Tranche 2	0	0	167

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127	District Nurse Posts	0	0	127
72	E-health Strategy Funding	72	138	138
161	Perinatal MH Funding	141	0	20
28	Mental Health Officer Training	0	36	64
32	Type 2 Diabetes Framework	32	67	67
69	Trauma Training Programme	29	50	90
85	Staff Wellbeing Funding	8	0	77
145	Oban Accommodation Funding	0	0	145
250	Primary Care Education Fund	0	0	250
87	Vehicle Fleet Decarbonisation	0	0	87
259	Additional Band 2-4 Staffing	195	572	636
151	Nursing Support for Care Homes Funding	0	62	213
90	Remobilisation of Dental Services	0	0	90
285	Mental Health Facilities Funding	0	0	285
205	Diabetic Technologies Funding	0	0	205
497	Waiting Times Funding	307	0	190
133	Interface Care Programme	0	0	133
114	Medical Assisted Treatment Standards	59	0	55
56	Psychological Therapies	0	0	56
26	Inequalities Project Funding	26	23	23
67	Dementia Post Diagnostic Support	14	49	102
18	Mental Health Pharmacology Funding	18	0	0
129	Dental Equipment	45	0	84
69	Eating Disorders Funding	10	0	59
82	Ventilation Improvement	53	0	29
39	Mental Health Recovery Services	0	0	39
39	Whole Family Wellbeing Fund	2	242	279
288	Care at Home Funding	288	418	418
214	Multi Disciplinary Teams Funding	214	84	84
447	Interim Care Funding	447	229	229
75	Primary Care Project Funding	15	49	109
645	Children's Mental Health Services (CAHMS)	0	0	645
	Children's Oral and Dental Health		11	11
	Health Checks – Learning Disability		38	38
	Social Work Workforce		104	104
	Hospital at Home Project		250	250
	Public Dental Service		279	279

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20,514	Total Earmarked	15,805		
682	General Reserves – Earmarked for Service Transformation	682	2,469	2,469
	General Reserves – Earmarked for Prevention Programme		600	600
	General Reserves – Earmarked for Infrastructure Projects		1,900	1,900
	General Reserves – Earmarked for 2023/24 Budget Gap		4,130	4,130
21,196	General Fund	16,487	12,282	16,991

* covid reserve transfer out includes £6.0m of funding clawed back by the Scottish Government.

8. CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In preparing the 2022/23 Annual Accounts, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no critical judgements or material estimation uncertainties included within the Annual Accounts.

Independent auditor's report to the members of Argyll and Bute Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of Argyll and Bute Integration Joint Board (the IJB) as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Finance and Resources Officer and the Performance, Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance and Resources Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance and Resources Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance and Resources Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB's operations.

The Performance, Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Finance and Resources Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the IJB;
- inquiring of the Chief Finance and Resources Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance and Resources Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has

been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Cameron Waddell
For and on behalf of Mazars LLP
Mazars LLP
The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

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Annual Audit Report

Argyll & Bute Integration Joint Board – Year ended 31 March 2023

November 2023



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Our reports are prepared in accordance with Terms of Appointment Letter from Audit Scotland dated 18 May 2022 through which the Accounts Commission has appointed us as external auditor of Argyll & Bute Integration Joint Board (the IJB) for financial years 2022/23 to 2026/27. We undertake our audit in accordance with Part VII of the Local Government (Scotland) Act 1973, as amended; and our responsibilities as set out within Audit Scotland's Code of Audit Practice 2021.

Reports and letters prepared by appointed auditors and addressed to the IJB are prepared for the sole use of the IJB and made available to Audit Scotland and the Accounts Commission, the Controller of Audit. We take no responsibility to any member or officer in their individual capacity or to any other third party.

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales.

22 November 2023

Dear Committee Members and Controller of Audit,

Annual Audit Report – Year ended 31 March 2023

We are pleased to present our Annual Audit Report for the year ended 31 March 2023. The purpose of this document is to summarise our audit conclusions and findings from our considerations of the wider scope audit specified in the Code of Audit Practice 2021 namely, financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

The scope of our work, including identified significant audit risks and other areas of management judgement, was outlined in our Audit Strategy Memorandum which we presented on 20 June 2023 to the Audit and Risk Committee. We have reviewed our Audit Strategy Memorandum and concluded that the original significant audit risks and other areas of management judgement remain appropriate.

We would like to express our thanks for the assistance of the IJB's team during our audit.

If you would like to discuss any matters in more detail then please do not hesitate to contact me on 07813752053.

Yours faithfully



Cameron Waddell (Partner)

Mazars LLP

Mazars LLP – 26 Mosley Street – Newcastle upon Tyne – NE1 1DF

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We are registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at www.auditregister.org.uk under reference number C001139861. VAT number: 839 8356 73

01

Section 01:

Executive summary

1. Executive summary

Audit conclusions and significant findings

The detailed scope of our work as your appointed auditor for 2022/23 is set out in the Audit Scotland's Code of Audit Practice 2021. Our responsibilities and powers are derived from Part VII of the Local Government (Scotland) Act 1973 and, as outlined in our Annual Audit Plan, our audit has been conducted in accordance with International Standards on Auditing (UK) and means we focus on audit risks that we have assessed as resulting in a higher risk of material misstatement.

In section 4 of this report we have set out our conclusions and significant findings from our audit. This section includes our conclusions on the audit risks and areas of management judgement in our Audit Strategy Memorandum, which include:

- Management override of controls.

Misstatements and internal control recommendations

Section 5 sets out internal control recommendations and section 6 sets out audit misstatements. Section 7 outlines our work on the IJB's arrangements to achieve economy, efficiency and effectiveness in its use of resources.

Status and audit opinion

We have substantially completed our audit in respect of the financial statements for the year ended 31 March 2023. At the time of preparing this report, some matters remain outstanding as outlined in section 2.

Conclusions from our audit testing and audit opinion

We have substantially completed our audit in respect of the financial statements for the year ended 31 March 2023. Based on our audit work completed to date we have the following conclusions.



Audit opinion

We expect to issue an unqualified opinion, without modification, on the financial statements. Our proposed audit opinion is included in the draft auditor's report in Appendix B.



Matters on which we report by exception

We are required by to report to you if, during the course of our audit, we have found that adequate accounting records have not been kept; the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or we have not received all the information and explanations we require for our audit. We have nothing to report in respect of these matters.



Governance Statement

We are required to report on whether the information given in the Annual Governance Statement is materially inconsistent with the financial statements; has not been properly prepared in accordance with the Delivering Good Governance in Local Government Framework 2016; or is materially misstated. We have no matters to report in respect of the Annual Governance Statement.

1. Executive summary (continued)

Conclusions from our audit testing and audit opinion (continued)



Other information

We are required to report on whether the other information (comprising of Management's Commentary, Statement of Responsibilities and the unaudited parts of the Remuneration Report), is materially inconsistent with the financial statements; has not been properly prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; or is materially misstated.

No inconsistencies have been identified and we have issued an unmodified opinion in this respect.

1. Executive summary (continued)

Best Value and Wider Scope conclusions

As auditors appointed by the Accounts Commission, our wider scope responsibilities are set out in the Audit Scotland's Code of Audit Practice 2021 and sits alongside Best Value requirements detailed the Local Government (Scotland) Act 1973. The Code requirements broaden the scope of the 2022/23 audit and allows us to use a risk-based approach to report on our consideration of the IJB's performance of Best Value and community planning duties and make recommendations for improvement and, where appropriate, conclude on the IJB's performance.

The Code's wider scope framework is categorised into four areas:

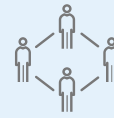
financial management;

financial sustainability;

vision, leadership and governance; and

use of resources to improve outcomes.

It remains the responsibility of the IJB to ensure that it makes proper financial stewardship of public funds, complies with relevant legislation, and establishes effective governance of their activities. The IJB is also responsible for ensuring that it establishes arrangements to secure continuous improvement in performance and, in making those arrangements, ensure resources are being used to improve strategic outcomes and demonstrate the economy, efficiency, and effectiveness throughout the use of its resources. These arrangements should be proportionate to the size and type of the IJB, appropriate to the nature of the IJB and the services and functions that it has been created to deliver.



Wider Scope

We anticipate having no risks in arrangements to report in relation to the financial management; vision, leadership and governance; and use of resources to improve outcomes arrangements that the IJB has in place. We have identified a wider scope risk in relation to the IJB's financial sustainability.

Further detail on our Wider Scope work is provided in section 7 of this report including any significant risks identified.



Best Value

We anticipate having no risks in arrangements to report in relation to the arrangements that the IJB has in place to secure economy, efficiency and effectiveness in its use of resources.

Further detail on our Best Value work is provided in section 8 of this report including any significant risks identified.

02

Section 02:

Status of the audit

2. Status of the audit

Our work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the outstanding matters detailed below.

Audit area	Risk of material adjustment or significant change	Description of the outstanding matters
Audit quality control and completion procedures	Low	Our audit work is undergoing final stages of review by the Engagement Lead and further quality and compliance checks. In addition, there are residual procedures to complete, including updating post balance sheet event considerations to the point of issuing the opinion, obtaining final management representations and agreeing adjustments to the final set of accounts.
Financial statements, Annual Governance Statement and letter of representation	Low	We will complete our final review of the financial statements upon receipt of the signed version of the accounts and letter of representation.

High - Likely to result in material adjustment or significant change to disclosures within the financial statements.

Medium - Potential to result in material adjustment or significant change to disclosures within the financial statements.

Low - Not considered likely to result in material adjustment or change to disclosures within the financial statements.

03

Section 03: **Audit approach**

3. Audit approach

Changes to our audit approach

We provided details of our intended audit approach in our Audit Strategy Memorandum in June 2023. We have not made any changes to our audit approach since we presented our Annual Audit Plan.

Materiality

Our provisional materiality at the planning stage of the audit was set at £6.629 million using a benchmark of 2% of gross expenditure at surplus/deficit level. Our final assessment of materiality, based on the final financial statements and qualitative factors, is £7.004 million using the same benchmark.

04

Section 04: **Significant findings**

4. Significant findings

In this section we outline the significant findings from our audit. These findings include:

- our audit conclusions regarding other significant risks and key areas of management judgement outlined in the Audit Strategy Memorandum;
- our comments in respect of the accounting policies and disclosures that you have adopted in the financial statements. On page 14 we have concluded whether the financial statements have been prepared in accordance with the financial reporting framework and commented on any significant accounting policy changes that have been made during the year;
- any further significant matters discussed with management;
- any significant difficulties we experienced during the audit.

Significant risks

Management override of controls	Description of the risk
	<p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>
	<p>How we addressed this risk</p> <p>We addressed this risk by:</p> <ul style="list-style-type: none"> • Reviewing the key areas within the financial statements where management has used judgement and estimation techniques and considering whether there is evidence of unfair bias; • Examining accounting policies; • Testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; and • Considering and testing any significant transactions outside the normal course of business or otherwise unusual.
	<p>Audit conclusion</p> <p>Our work has provided the assurance we sought in each of these areas and has not highlighted any material issues to bring to your attention.</p>

4. Significant findings (continued)

Qualitative aspects of the IJB's accounting practices

We have reviewed the IJBs accounting policies and disclosures and concluded they comply with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, as amended by the Update to the Code and Specifications for Future Codes for Infrastructure Assets, published in November 2022, appropriately tailored to the IJB's circumstances.

The unaudited annual report and accounts were received from the IJB on 7 July 2023 and were of a good quality.

Significant matters discussed with management

During our audit we communicated the following significant matters to management:

- **First year audit procedures.** Auditing standards require us to carry out additional specific procedures for the first year of an audit. These include: seeking professional clearance confirmations from the predecessor auditor, reviewing the predecessor auditor's working papers and reports and specific procedures over brought forward balances. As part of this work, we discussed controls in place for key information systems with management.

Significant difficulties during the audit

During the course of the audit we did not encounter any significant difficulties and we have had the full co-operation of management.

The IJB did not meet the submission date of 30 September 2023, specified in the Local Authority Accounts (Scotland) Regulations 2014, for approval of its audited annual accounts. Mazars has discussed the implications of this with Audit Scotland who confirmed there are no consequences for the IJB.

The main reasons the submission date was not met include:

- We were required to undertake additional work in the first year of the audit to gain

assurances over the opening balances in the financial statements, understand the landscape within which the IJB operates and the connections between the IJB and Argyll & Bute Council, and NHS Highlands.

- We needed to address the implementation of International Standard on Auditing (ISA) 315 Revised. This required the audit team to spend additional time in the planning phase of the audit.
- We faced difficulties, which have now been resolved, in recruiting auditors with the relevant skills and experience. This put pressure on our team and on delivery of the audit.

4. Significant findings (continued)

Wider responsibilities

We are required to notify the Controller of Audit when circumstances indicate that a statutory report may be required.

- Section 102(1) of the 1973 Act allows us to prepare a report to the Commission about the IJB's accounts; matters that have arisen during the audit that should be brought to the attention of the public; or the performance of the IJB in its duties relating to Best Value and community planning.
- Section 102(3) of the 1973 Act allows us to make a special report to the Commission if an item of account is contrary to law; there has been a failure on someone's part to bring into account a sum which ought to have been brought into account; a loss has been incurred or deficiency caused by the negligence or misconduct of a person, or by the failure of a body to carry out a duty imposed on them by any enactment; or a sum which ought to have been credited or debited to one account of a body has been credited or debited to another account and the body has not taken, or is not taking, steps to remedy the matter.
- Section 97A of the 1973 Act allows us to undertake or promote comparative and other studies to make and publish recommendations for the securing by local government bodies of Best Value, improving economy, efficiency and effectiveness in the provision of services by local government bodies and improving the financial or other management of local government bodies.

We confirm that a statutory report is not required.

05

Section 05:

Internal control recommendations

5. Internal control recommendations

As part of our audit of the financial statements, we obtained an understanding of internal controls sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to the Audit and Risk Committee any significant deficiencies identified during the course of our work.

The purpose of our audit was to express an opinion on the financial statements. As part of our audit we have considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

The matters reported are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and that we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control we might have identified more deficiencies to be reported or concluded that some of the reported deficiencies need not in fact have been reported. Our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Our findings and recommendations are set out below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. In summary, the matters arising fall into the following categories:

Priority ranking	Description	Number of issues
1 (high)	In our view, there is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business strategic objectives. The recommendation should be taken into consideration by management immediately.	0
2 (medium)	In our view, there is a need to strengthen internal control or enhance business efficiency. The recommendations should be actioned in the near future.	0
3 (low)	In our view, internal control should be strengthened in these additional areas when practicable.	1

5. Internal control recommendations (continued)

Other deficiencies in internal control – Level 3

Description of deficiency

Related parties' transactions – Register of interest

Officers could not provide declaration of interest forms for several Board members and senior officers. Several of the declaration forms completed by Board members did not have physical or electronic signatures and instead the individual's name had been typed into the Word documents.

Potential effects

Failure to update the register of interest may result in conflicts of interest going undisclosed leading to incorrect or incomplete disclosure of related party transactions. There is a risk that the register of interest could be manipulated in the absence of formal signatures.

Recommendation

The IJB should establish robust procedures for disclosure of related party interests and ensure the register is regularly updated for all relevant individuals.

Management response

Recommendation accepted, the IJB will seek to ensure it has a signed register of interest for all senior staff and IJB members.

Responsible Officer - Business Improvement Manager

Implementation Date - February 2024

06

Section 06:

Summary of misstatements

6. Summary of misstatements

This section outlines the misstatements identified during the course of the audit, above the trivial threshold for adjustment of £210k.

Unadjusted misstatements

None identified.

Adjusted misstatements

None identified.

6. Summary of misstatements (continued)

Disclosure amendments

- Remuneration report: Amendment to the in-year pensions contribution amounts to record these to the nearest pound and accrued pension benefit figures to the nearest £1,000. Disclosure narrative added to the remuneration report.

There were adjustments to the annual report and accounts for minor disclosure, consistency and presentational matters.

07

Section 07: **Wider scope**

7. Commentary on Wider Scope

Overall summary



7. Commentary on Wider Scope

Wider scope summary

As auditors appointed by the Accounts Commission, our wider scope responsibilities are set out in the Audit Scotland’s Code of Audit Practice 2021 and sits alongside Best Value requirements detailed the Local Government (Scotland) Act 1973. The Code requirements broaden the scope of the 2022/23 audit and allows us to use a risk-based approach to report on our consideration of the IJB’s performance of Best Value and community planning duties and make recommendations for improvement and, where appropriate, conclude on the IJB’s performance.

The Code’s wider scope framework is categorised into four areas:

- financial management;
- financial sustainability;
- vision, leadership and governance; and
- use of resources to improve outcomes.

Overall summary by reporting criteria

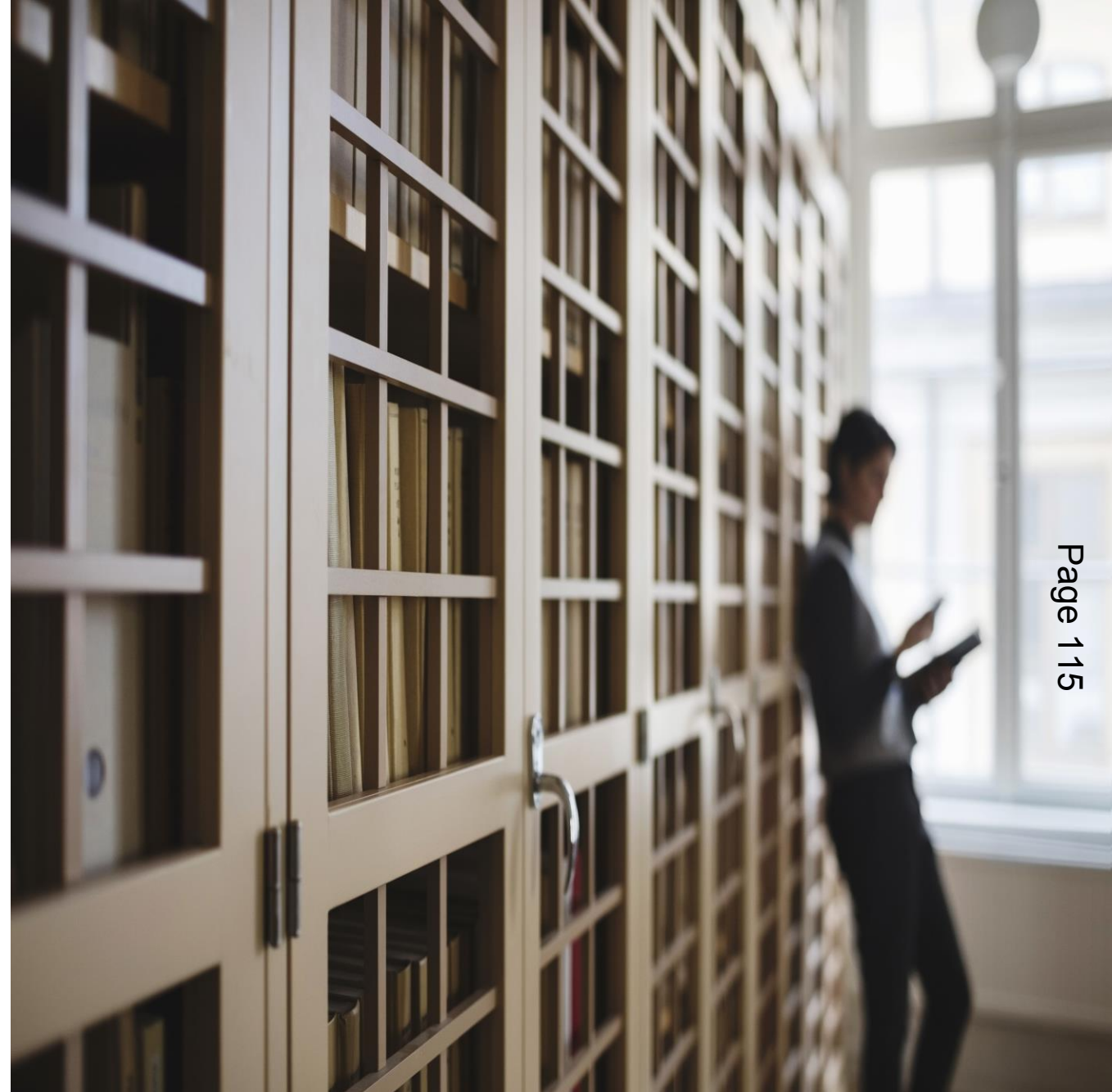
From the satisfactory conclusion of our audit work, we have the following conclusions:

Reporting criteria	Commentary page reference	Identified risks?	Actual risks identified?	Other recommendations made?
 Financial management	25	No	No	No
 Financial sustainability	27	Yes	Yes	Yes – see recommendation 1 on page 31
 Vision, leadership and governance	33	No	No	No
 Use of resources to improve outcomes	37	No	No	No

7. Commentary on Wider Scope

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.



7. Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Financial management culture	<p>The IJB does not have any assets and does not directly incur expenditure or employ staff. The IJB's funding and expenditure is incurred by its partner bodies, Argyll & Bute Council and NHS Highlands, and processed in their accounting records.</p> <p>The IJB's finance team works closely with NHS and council finance colleagues to identify and properly record its income and expenditure. The IJB places reliance on its partners' systems of internal controls.</p>	<p>The IJB has appropriate and effective financial management in place.</p> <p>The IJB has sufficient financial skills, capacity and capability.</p>	No significant issues identified.
Accountability	<p>Officers presented financial performance reports to the Board during 2022/23 to update members on the IJB's position against budget and the progress of savings programmes. The reports provide sufficient detail for Board members to effectively scrutinise the IJB's finances.</p> <p>The IJB recorded an overall deficit on the provision of services of £4.2 million in 2022/23. After planned transfers to and from earmarked reserves, including returning £5.96m of unspent Covid-19 reserves to the Scottish Government, it had a net underspend of £9.1 million largely due to increases in funding, savings relating to staffing vacancies and lower than anticipated demand or provision of some services, including services provided by Greater Glasgow and Clyde Health Board. There were no unearmarked reserves.</p>	<p>The IJB has appropriate budget monitoring and reporting arrangements in place. It achieved financial balance in year through use of its reserves.</p>	No significant issues identified.

7. Financial management (continued)

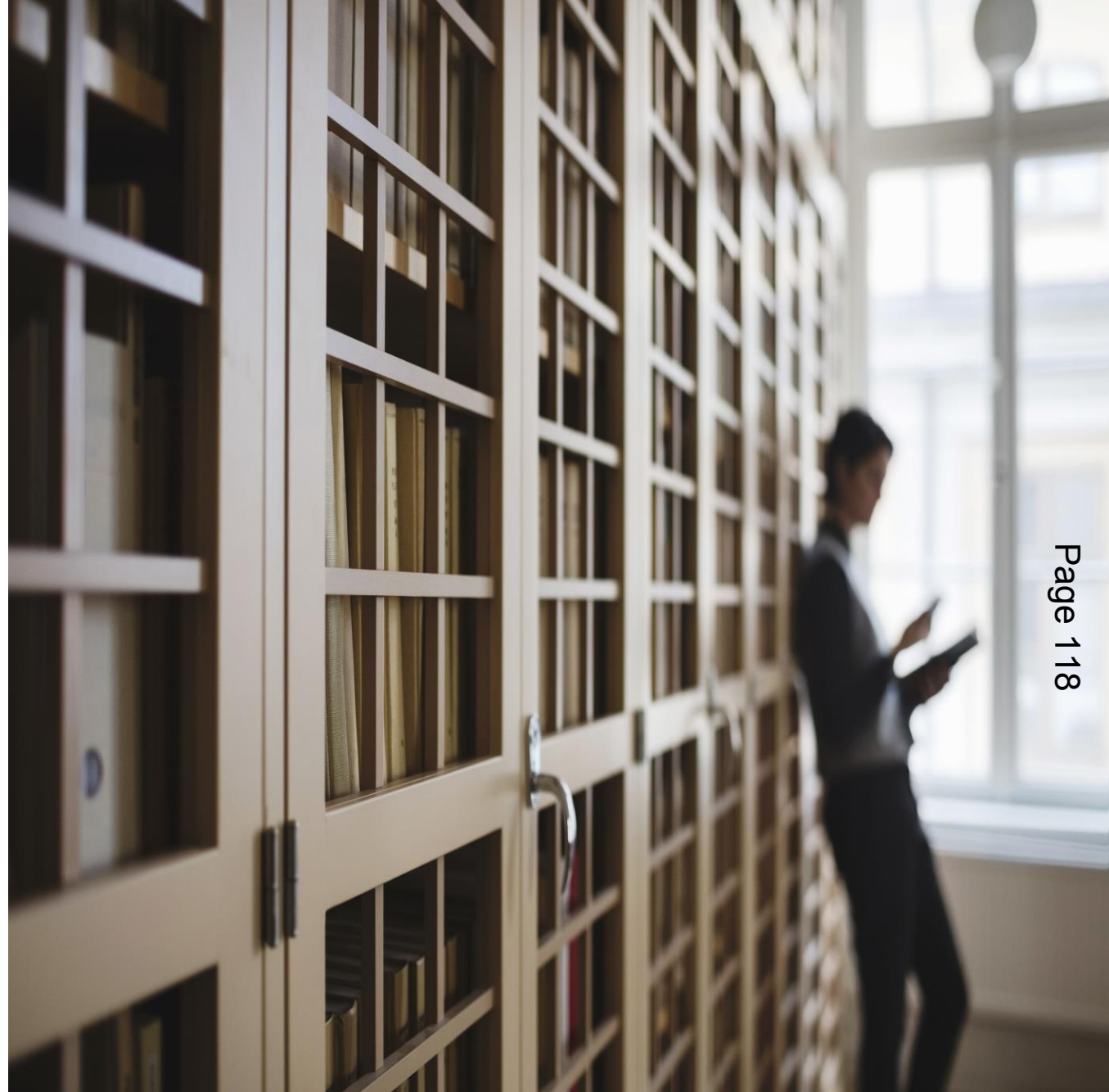
Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption	<p>The IJB does not have its own policies for fraud and corruption. It follows the financial regulations of its partner bodies, including their arrangements for managing fraud and corruption.</p> <p>The IJB has a code of conduct for Board members, which is published on its website. This includes guidance on:</p> <ul style="list-style-type: none"> • general conduct; • registration of interests; • declaration of interests; and • lobbying. 	<p>The IJB has appropriate arrangements for preventing and detecting breaches of standards, including any instances of corruption.</p>	<p>No significant issues identified.</p>

7. Commentary on Wider Scope

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.



7. Financial sustainability

Significant risks

We have outlined below the risks of significant risks in arrangements that we have identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

	Significant Risk in Arrangements Identified	Work undertaken and the results of our work
1	<p>Financial sustainability The IJB’s medium to long-term financial plan projects significant budget gaps in future years. In common with most public sector organisations, the IJB faces significant financial challenges, including inflation and pay awards exceeding funding allocations. In addition, the IJB faces several specific issues, including the requirement to fund current service overspending, the reduction in the formula allocation of NHS funding and on-going challenges in identifying and delivering savings which do not have adverse impacts on service delivery.</p> <p>The impact of these challenges means that the IJB’s longer term financial sustainability remains at risk.</p>	<p>Work undertaken We reviewed the IJB’s financial performance and updates to its financial planning throughout the year, including the implications for general reserves balances.</p> <p>We reviewed the IJB’s achievement of planned recurring and non-recurring savings.</p> <p>Results of our work The IJB recorded an overall deficit on the provision of services of £4.2 million in 2022/23. This was after the IJB refunded £5.96 million of unspent Covid-19 reserves to the Scottish Government. The general reserves balance of £17 million is 5% of its net expenditure and above the 2% level set in its reserves policy.</p> <p>Officers presented regular financial performance reports to the Board to update members on the IJB’s position against budget and the progress of savings programmes. The IJB’s 2022/23 budget included agreed efficiency savings of £6.1 million. The IJB achieved savings of £4.1 million (68%). It covered the savings it did not achieve from other underspends or funding streams. £30k of unachieved savings was funded from its earmarked reserves.</p> <p>The IJB is facing a challenging financial position. It is forecasting budget gaps of:</p> <ul style="list-style-type: none"> • £1.8 million in 2023/24 • £10.2 million in 2024/25 • £16.6 million in 2025/26 • £23 million in 2026/27 <p>See recommendation 1 on page 31.</p>

7. Financial sustainability (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Financial planning	<p>The Board approved the IJB’s Medium Term Financial Plan (MTFP) in March 2022. The MTFP sets out the IJB’s forecast income and expenditure for the five-year period from 2022/23 to 2026/27. The IJB has based future projections, beyond the first year, on historical trends and the outlook of its council and NHS partners.</p> <p>The IJB aims to use the MTFP to ensure it has sufficient resources in place to deliver services and the outcomes it wants to achieve for Argyll & Bute communities. It includes sensitivity analysis to produce best case, worst case and mid-range financial projections. At the time of publication, the MTFP forecast the IJB had a likely case cumulative funding gap of £51.6 million for the four years from 2023/24 to 2026/27.</p> <p>The last financial performance report included updated financial projections with budget gaps of:</p> <ul style="list-style-type: none"> • £1.8 million in 2023/24 • £10.2 million in 2024/25 • £16.6 million in 2025/26 • £23 million in 2026/27 	<p>The IJB faces a challenging financial position and it has identified significant funding gaps.</p> <p>The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges.</p>	<p>Financial sustainability</p> <p>There is a risk to the longer-term financial sustainability of the IJB.</p> <p>See page 32 for further information and our recommendations made to the IJB.</p>

7. Financial sustainability (continued)

Identified risks in financial sustainability arrangements and recommendations for improvement

As a result of our work we have identified risks in the IJB’s financial sustainability arrangements. These identified risks have been outlined in the table below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action; see Appendix E for further details.

Financial sustainability risks identified	Recommendation for improvement	IJB response and implementation timescale
<p>1 Financial sustainability – Level 2 The IJB’s medium-term financial plan outlines significant cost pressures and resulting funding gaps in the medium to longer term, with difficulty in achieving savings targets to alleviate the gaps.</p>	<p>The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges.</p>	<p>Management’s response Recommendation accepted, the IJB will continue to update its Medium-Term Financial Plan and acknowledges the financial challenge it faces. It is also in the process of reviewing its Transformation Programme in a way which will ensure services are provided on a sustainable basis in the longer term.</p> <p>Responsible officer Chief Finance Officer</p> <p>Implementation date March 2024</p>

7. Financial sustainability (continued)

Follow up of previously-reported recommendations

In November 2022 Audit Scotland reported one recommendations to the IJB to address risks identified from our Wider Scope audit for financial sustainability. As part of our work in 2022/23, we followed up the progress made by the IJB against the recommendation made and determined whether the risk remained during the year.

	Financial sustainability finding as reported by previous auditor	Management response and implementation timeframe	Work undertaken and judgements made in 2022/23	Conclusions reached
1	<p>Sustainability of services The medium to long-term financial plan projects significant budget gaps in future years.</p> <p>While the financial plan contains broad themes setting out how budget gaps will be addressed, transformation and service redesign plans require further development.</p> <p>Risk – The IJB is unable to operate within agreed/planned budgets and fails to meet savings targets on a recurring basis.</p> <p>Recommendation - The IJB should continue to review and update its medium-term financial plan with appropriate action taken to bring financial performance into recurring balance.</p>	<p>Management Response: The financial planning framework will continue to be updated as budget announcements are made by Government in respect of funding and priorities for 2022/23 and beyond.</p> <p>Responsible officer: James Gow, Head of Finance & Transformation Agreed date: March 2023</p>	<p>Progress against the recommendation</p> <p>This remains a challenge, with IJB Managers looking at options to achieve savings targets.</p> <p>In 2022/23 the IJB, as in previous years, failed to achieve its savings targets. The IJB had planned for £6.1m of savings but ultimately achieved £4.1m, which represents approximately 68% of the target.</p>	<p>Conclusions Ongoing.</p> <p>Service reviews are progressing and the IJB will track progress and update the medium term financial strategy.</p>

7. Commentary on Wider Scope

Vision, leadership and governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.



7. Vision, leadership and governance (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Strategy and priorities	<p>The IJBs Strategic Plan for 2022-2025 was approved by the Board in May 2022. It outlines four key priorities to be delivered over the three-year period and provides specific commitments and objectives against each of these. The IJB’s vision remains unchanged - “People in Argyll and Bute will live longer, healthier, independent lives.” and is underpinned by six core values described in the plan.</p> <p>The IJB also has an Annual Delivery Plan for each year of the Strategic Plan that includes specific actions and deliverables for the year to support its strategic priorities. Officers report progress against the Annual Delivery Plan to the Board quarterly. There is also yearly reporting of progress to the Board through the annual performance review</p>	<p>The IJB’s strategic plan sets out a clear vision and strategy for the organisation</p>	<p>No significant issues identified.</p>
Clarity of plans to implement the vision	<p>The IJB’s strategic plan is supported by a delivery plan which details the actions it will take over the next three years to achieve its strategic outcomes. The delivery plan provides details of the work programme and projects relating to each priority.</p>	<p>The IJB has clear strategic priorities and an annual delivery plan setting out the actions to achieve these.</p>	<p>No significant issues identified.</p>

7. Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Risks identified
<p>Governance arrangements</p>	<p>The Board comprises eight voting members, four non-executive directors of NHS Highlands and four local councillors from Argyll & Bute Council. The Board is the IJB’s key decision-making body.</p> <p>The Board is supported by several committees and management groups including the Audit and Risk Committee (ARC), Senior Management Team, Finance and Policy Committee, Strategic Planning Group, Locality Planning Group, and Clinical and Care Governance Committee.</p> <p>The ARC supports the Board with its responsibilities for risk, internal control, performance and governance.</p> <p>Board and ARC papers are publicly available on the IJB’s website. We have observed a good level of scrutiny and challenge by members at Board and ARC meetings.</p>	<p>The IJB’s governance arrangements appear appropriate and allow effective scrutiny and challenge.</p>	<p>No significant issues identified.</p>

7. Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Risks identified
Financial and performance information	<p>Officers presented regular financial performance reports to the Board during 2022/23.</p> <p>Officers present quarterly public performance reports to each meeting of the Audit and Risk Committee. These reports show how the IJB is performing against its strategic priorities.</p> <p>The IJB also prepares an annual performance report, which is published on its website. This outlines the IJB’s performance in relation to national and local priorities. The report also includes a summary of the IJB’s budget performance for the year.</p>	<p>Regular performance reports are presented to the Board to monitor progress on an agreed suite of measures and targets for the priorities set out in the strategic plan</p>	<p>No significant issues identified.</p>

7. Financial sustainability (continued)

Follow up of previously-reported recommendations

In November 2022 Audit Scotland reported one recommendation to the IJB to address risks identified from its Wider Scope audit for vision, leadership and governance. As part of our work in 2022/23, we followed up the progress made by the IJB against the recommendations made and determined whether the risk remained during the year.

	Vision, leadership and governance finding as reported by previous auditor	Management response and implementation timeframe	Work undertaken and judgements made in 2022/23	Conclusions reached
1	<p>Performance Reporting</p> <p>Standard performance reporting has been revised due to the Covid-19 pandemic. The IJB have temporarily suspended performance reporting against the HSCP Health and Wellbeing Outcome Indicators. Focus was changed to reporting Covid19 activity and the remobilisation of health and social care services.</p> <p>Risk – There is a risk that performance reporting is not tailored effectively following the Covid-19 pandemic.</p> <p>Recommendation - Regularly review performance reporting arrangements, in particular to reconsider at what point the organisation should reengage reporting against the HSCP Health and Wellbeing Indicators and to ensure key indicators remain appropriate.</p>	<p>Management Response:</p> <p>The IJB has incorporated new performance targets from the Scottish Government Health Directorate in its 2022/23 reports. The new Performance Reporting Framework is intended to be presented to the IJB in January 2023 for implementation on 1 April 2023 and will incorporate outcomes indicators and other national and local measures of quality and performance.</p> <p>Responsible officer: Stephen Whiston, Head of Strategic Planning, Performance & Technology.</p> <p>Revised target date: January 2023</p>	<p>Progress against the recommendation</p> <p>The Argyll & Bute HSCP Integrated Performance Management Framework and associated Performance Dashboard went live for the 1st April 2023. The framework has been collaboratively developed with the Strategic Leadership Team with the format of the new Performance Dashboard covering all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board.</p> <p>The report details performance against each of the service areas and the 93 supporting Key Performance Indicators. Analysis of the KPI's is supported by performance commentary from the Heads of Service and Service Leads. 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.</p>	<p>Conclusions</p> <p>The recommendation is now complete.</p>

7. Commentary on Wider Scope

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.



7. Use of resources to improve outcomes (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Resources deployed to improve strategic outcomes	<p>The IJB officers provide regular budget and performance monitoring reports to the Board and Performance, Audit and Risk Committee. These reports give an overview of the IJB's performance against agreed targets with narrative covering rationale, contextual information and improvement actions for areas where performance is off target.</p> <p>The IJB has a Strategic Workforce Plan 2022-2025 which is aligned with its strategic plan for the same period.</p>	The IJB has appropriate arrangements in place for managing and reporting performance.	No significant issues identified.
Needs of service users being met	<p>The IJB uses its annual performance report to measure and report publicly on how it is meeting the needs of service users. This is measured through:</p> <ul style="list-style-type: none"> • the Scottish Government's core integration indicators which allow comparison nationally and by IJB • performance against its strategic priorities which all have a service user focus • Care Inspectorate gradings of services, children's homes and care homes. 	The IJB has a range of indicators to measure how well it is meeting the needs of service users. It reports this information publicly through its annual performance report.	No significant issues identified.

7. Use of resources to improve outcomes (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Arrangements to deliver continuous improvements in priority services	<p>The IJB’s annual performance report includes a self-assessment template to demonstrate how it is delivering Best Value.</p> <p>The self assessment includes information on the measures it is taking to ensure the quality of care and services provided is not compromised by cost saving measures. The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings. There is regular scrutiny of the IJB’s transformation activity by the Board.</p>	<p>The IJB has appropriate arrangements in place to demonstrate how it is seeking to deliver continuous improvements in its priority areas.</p>	<p>No significant issues identified.</p>

08

Section 08: **Best Value**

8. Best Value

Best Value summary

Under the Code of Audit Practice, the audit of Best Value is fully integrated within our annual audit work. We are required to report on how the IJB demonstrates and reports that it has Best Value arrangements in place, to secure continuous improvement.

Overall summary by reporting criteria

From the satisfactory conclusion of our audit work, we have the following conclusions:

Reporting criteria	Commentary page reference	Identified risks?	Actual risks identified?	Other recommendations made?
 Best Value	43	No	No	No
 Climate change	44	No	No	No

8. Best Value (continued)

Overall commentary on the Best Value arrangements

IJBs have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

The IJB has completed its 2022/23 Annual Performance Report. This is available on its website following approval in May 2023 and notes progress made against its strategic plan priorities.

The Annual Performance Report also includes of a self-assessment template to demonstrate how the IJB is delivering Best Value and reviewing itself against the Best Value framework.

The Best Value self-assessment template includes information on how the IJB ensures:

- management of resources is effective and sustainable;
- steps are taken to ensure the quality of care and services provided is not compromised by saving measures;
- there is a culture of continuous improvement.

The IJB reports its annual assessment of Best Value to the Performance, Audit and Risk Committee. Officers also present performance reports to the Board on quarterly basis. The Board and senior management team scrutinise the delivery of the IJB's annual delivery plan through regular updates and reporting to the Performance, Audit and Risk Committee on key priorities. Officers prepare monthly budget monitoring reports at service level and regular budget meetings are carried out with managers across the IJB.

The IJB's Clinical and Care Governance Group provides oversight of improvement activity through service reviews, inspection reports, incident reporting and complaints learning.

This is reported through the senior management team, Performance, Audit and Risk Committee and Board to ensure areas of high risk with scope for most improvement are prioritised.

The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings. The IJB's progress in achieving savings is regularly reported in financial monitoring reports and the Performance, Audit and Risk Committee provides scrutiny of the transformation plan. Overall, we have concluded that the IJB has appropriate arrangements in place for managing and monitoring performance and reporting on its efforts to secure Best Value.

8. Best Value (continued)

Climate change

In October 2021, the Scottish Government issued 'Public Sector Leadership on the Global Climate Emergency' guidance. This recommended that public bodies should consider climate risk and adaptation; reporting to external frameworks; and climate change performed linked to their objectives to ensure clear accountability on performance.

In September 2022, Audit Scotland issued 'Scotland's councils' approach to addressing climate change' guidance which highlighted the critical role that Councils have in meeting Net Zero targets by 2045. Councils should consider their plans to make sure they are adequate, there is transparency in what is included in targets, ensure actions are clear, and that detail is included about how the Council will deal with residual emissions. They should also be more transparent about any gaps between the level of impact their planned actions will have and the scale of the challenge. The guidance also highlights the importance of collaboration across councils, key partners and local communities.

The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work.

Our commentary of the IJB's climate change arrangements

The accountability and responsibility for climate change governance relating to delivery of council and health services lies with the IJB's partner statutory bodies, Argyll & Bute Council and NHS Highlands. These partners have governance and decision-making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. The IJB does not own any assets, however it does have a role to play in respect of compliance with actions taken by its partner bodies in respect to climate change. It will give full consideration to the impact of its services on climate change and work with its NHS and local authority partners to meet their sustainability goals.

The IJB does not have a standalone climate change strategy or action plan due to the relationship with its partners outlined above. However, its Strategic Plan 2023-2026 recognises the strategic context in which the IJB must operate. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities.

The IJB does not have its own emissions targets, however its strategic delivery plan covers its contribution to the delivery of NHS and local authority partners' sustainability goals. This is to be monitored by the Board on a six-monthly basis.

The IJB is developing a property strategy in partnership with Argyll & Bute Council and NHS Highlands which will reflect the flexible working policy that will rationalise the use of buildings and reduce staff travel, which would have a positive impact on reducing carbon emissions.

The IJB has not identified any material impact of climate change requiring disclosure in the 2022/23 annual report and accounts.

Appendices

A: Draft management representation letter

B: Draft audit report

C: Independence

D: Other communications

E: Wider scope and Best Value ratings

Appendix A: Draft management representation letter

Cameron Waddell
Mazars LLP
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

29 November 2023

Dear Cameron

Argyll & Bute Integration Joint Board - Audit for the Year Ended 31 March 2023

This representation letter is provided in connection with your audit of the financial statements of Argyll & Bute Integration Joint Board (the IJB) for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the IJB you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Chief Financial Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information.

As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

Accounting records

I confirm that all transactions undertaken by the IJB have been properly recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all management and Board meetings, have been made available to you.

Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the IJB's financial position, financial performance and cash flows.

Appendix A: Draft management representation letter

Accounting estimates, including those measured at fair value

I confirm that the methods, significant assumptions and the data used by the IJB in making the accounting estimates, including those measured at fair value are appropriate to achieve recognition, measurement or disclosure that is in accordance with the applicable financial reporting framework.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired, or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the IJB have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Chief Financial Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error. I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the IJB involving:
 - management and those charged with governance;
 - employees who have significant roles in internal control; and
 - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the IJB's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I am aware.

Future commitments

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Appendix A: Draft management representation letter

Ultimate parent company

I confirm that the ultimate parent company for Argyll & Bute Integration Joint Board is the Scottish Government.

Other Matters

I confirm in relation to the following matters that:

- COVID-19 – I have assessed the continued impact of the COVID-19 Virus pandemic on the IJB and the financial statements, including the impact of mitigation measures and uncertainties, and am satisfied that the financial statements and supporting notes fairly reflect that assessment.
- Ukraine – I confirm that I have carried out an assessment of the potential impact of the continued conflict in Ukraine on the IJB and there is no significant impact on the IJB's operations from restrictions or sanctions in place.
- I confirm that I have assessed the impact on the IJB of the on-going Global Banking challenges, in particular whether there is any impact on the IJB's ability to continue as a going concern, and on the post balance sheet events disclosures.

Going concern

To the best of my knowledge there is nothing to indicate that the IJB will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

Performance related allocations

I confirm that I am not aware of any reason why the IJB's funding allocation limits would be changed.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code), require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Annual Governance Statement

I am satisfied that the Annual Governance Statement fairly reflects the IJB's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the Annual Governance Statement.

Annual Report

The disclosures within the Annual Report and the Remuneration Report fairly reflect my understanding of the IJB's financial and operating performance over the period covered by the financial statements.

Unadjusted misstatements

I confirm that there are no uncorrected misstatements.

Yours faithfully
James Gow
Chief Finance Officer

Appendix B: Draft audit report

Independent auditor's report to the members of Argyll & Bute Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of Argyll & Bute Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of Argyll & Bute Integration Joint Board (the IJB) as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Appendix B: Draft audit report

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB's operations.

The Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the IJB;
- inquiring of the Chief Financial Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Appendix B: Draft audit report

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Cameron Waddell
For and on behalf of Mazars LLP
Mazars LLP
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

Appendix C: Independence

As part of our ongoing risk assessment we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We can confirm that no new threats to independence have been identified since issuing the Audit Strategy Memorandum and therefore we remain independent.

Appendix C: Independence (continued)

Fees for work as the IJB's auditor





We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Annual Audit Plan presented to the Audit and Risk Committee in June 2023. We were appointed as auditors for the IJB in the 2022/23 financial year therefore no comparatives have been provided in the below table. Having completed our work for the 2022/23 financial year, we can confirm that our fees are as follows:

Area of work	2022/23 fees
Auditor remuneration	£33,400
Pooled costs	£0
Contribution to PABV costs	£6,350
Audit support costs	£1,270
Sectoral cap adjustment	(£9,550)
Total fees	£31,470



Fees for other work

We confirm that we have not undertaken any non-audit services for the IJB in the year.

Appendix D: Other communications

Other communication	Response
 Compliance with Laws and Regulations	<p>We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations.</p> <p>We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.</p>
 External confirmations	<p>We did not experience any issues with respect to obtaining external confirmations.</p>
 Related parties	<p>We did not identify any significant matters relating to the audit of related parties.</p> <p>We will obtain written representations from management confirming that:</p> <ol style="list-style-type: none"> a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.
 Going concern	<p>We have not identified any evidence to cause us to disagree with the Chief Financial Officer that the IJB will be a going concern, and therefore we consider that the use of the going concern assumption is appropriate in the preparation of the financial statements.</p> <p>We will obtain written representations from management, confirming that all relevant information covering a period of at least 12 months from the date of approval of the financial statements has been taken into account in assessing the appropriateness of the going concern basis of preparation of the financial statements.</p>

Appendix D: Other communications (continued)

	Other communication	Response
	<p>Subsequent events</p>	<p>We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor’s report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework.</p> <p>We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.</p>
	<p>Matters related to fraud</p>	<p>We have designed our audit approach to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. In addition, we have assessed the adequacy of the IJB’s arrangements for preventing and detecting fraud or other irregularities as part of the wider scope audit and concluded that they are sufficiently designed and implemented.</p> <p>We will obtain written representations from management, and the Audit and Risk Committee, confirming that:</p> <ol style="list-style-type: none"> a. they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud; b. they have disclosed to the auditor the results of management’s assessment of the risk that the financial statements may be materially misstated as a result of fraud; c. they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving: <ol style="list-style-type: none"> i. Management; ii. Employees who have significant roles in internal control; or iii. Others where the fraud could have a material effect on the financial statements; and d. they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity’s financial statements communicated by employees, former employees, analysts, regulators or others.

Appendix E: Wider scope and Best Value ratings

We need to gather sufficient evidence to support our commentary on the IJB’s arrangements and to identify and report on any risks. We will carry out more detailed work where we identify significant risks. Where significant risks are identified we will report these to the IJB and make recommendations for improvement. In addition to local risks, we consider challenges that are impacting the public sector as a whole.

We have assigned priority rankings to each of the risks identified to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. The table below describes the meaning behind each rating that we have awarded to each wider scope area based on the work we have performed.

Rating	Description
Level 1	The identified risk and/or significant deficiency is critical to the business processes or the achievement of business strategic objectives. There is potential for financial loss, damage to reputation or loss of information. The recommendation should be taken into consideration by management immediately.
Level 2	The identified risk and/or significant deficiency may impact on individual objectives or business processes. The audited body should implement the recommendation to strengthen internal controls or enhance business efficiency. The recommendations should be actioned in the near future.
Level 3	The identified risk and/or significant deficiency is an area for improvement or less significant. In our view, the audited body should action the recommendation, but management do not need to prioritise.

Cameron Waddell (Partner)

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Mazars

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Internal Audit Contract

Presented by: Chair Audit & Risk Committee

The Integration Joint Board is asked to:

- Consider the contents of this report and note that the Audit & Risk Committee endorsed the recommendation to extend the current Internal Audit Contract.
- Approve the extension of the Internal Audit Contract with the Argyll & Bute Council Internal Audit Service for a period of 3 years from 1 April 2024 to 31 March 2027.

1. EXECUTIVE SUMMARY

- 1.1 The IJB is required to have an internal audit service in place. Following a competitive tender exercise, the Argyll & Bute Council Internal Audit Service were appointed by the IJB as its internal auditor for a period of three years from 1 April 2021 to 31 March 2024.
- 1.2 The Internal Audit Service is a critical aspect of the governance and assurance framework. The service is independent of management and therefore the Audit & Risk Committee is expected to ensure that appropriate arrangements are in place. This matter was considered by the Audit & Risk Committee at its meeting in September 2023 and it recommends that the existing service is extended for three years from 1 April 2024 to 31 March 2027. The rationale for this approach is outlined in the report. The Audit & Risk Committee recommends that a competitive tender exercise is conducted upon conclusion of this extension period.

2. INTRODUCTION

- 2.1 This report outlines the options for securing an internal audit service from 1 April 2024 and recommends an extension of the existing arrangement for three years. It also confirms the costs, level of audit resource available and provides assurance on the value for money aspect of the proposal.

3. DETAIL OF REPORT

3.1 The IJB is required to have an independent internal audit service in place. The current internal audit service is provided by the Argyll & Bute Council Internal Audit Service. They were appointed for 3 years, following a competitive procurement process, from 1 April 2021 to 31 March 2024.

3.2 The internal audit service is a key part of the governance, control and assurance framework. For it to be effective, the service is required to be independent of management. The main objective of internal audit is to provide a high quality, independent audit service to the IJB which provides annual assurances in relation to internal controls and overall governance arrangements. In addition to this primary assurance role, internal audit also support the Head of Finance (Section 95 Officer) and the Audit & Risk Committee in the discharge of their duties, provide guidance on control implications for new systems or process and support the IJB and the Senior Leadership Team during key transformational / change projects.

3.3 The Public Sector Internal Audit Standard (PSIAS) set out the requirements of the service and the role of the Chief Internal Auditor (CIA). This includes requirements to prepare a risk-based audit plan which takes into account the IJB's strategic objectives, associated risks and the views of senior management and the Committee. It is a requirement that the service should be fully compliant with these standards.

3.4 Options

The options considered by the Audit & Risk Committee were to:

1. Extend the current contract; or
2. Conduct a re-tendering exercise using an appropriate public sector procurement framework.

3.5 Extend Current Contract

It was agreed that an appropriate extension would be for a period of three years as this allows for a strategic, risk based approach to audit planning and coverage. The Chief Internal Auditor has indicated a willingness to extend the service on the basis of 50 days annual audit input being appropriate at a rate of £500 per day or £25,000 per annum, fixed for 3 years.

Advantages

- Continuity of service in context of recent change to External Auditor;
- Efficient and compliant procurement process;
- Maintains local public sector audit capacity and sustainability and is consistent with local workforce planning in this regard; and
- Low risk approach.

Disadvantages

- Risk that IJB is not securing value for money.

In respect of value for money it is worth noting that audit costs have increased substantially and that there are recruitment and retention issues relating to audit services in both the public and private sector. This proposal represents an increase on the current cost of £15,000 per year which has been fixed for three years and did not take cognisance of inflation or pay awards which has been to the advantage of the IJB. The proposed cost reflects the actual cost of providing the service and the skills mix within the Internal Audit team whereby only experienced and qualified staff are allocated to the contract. The day rate proposed is circa 10% lower than that achieved through recent tender exercises conducted by other public bodies.

The extension of the existing contract as described would not breach public sector procurement regulations.

3.6 Re-Tender Service

Advantages

- Ensures that IJB is securing value for money through market testing.

Disadvantages

- Time consuming process that will require the Audit & Risk Committee to evaluate tender responses and recommend a new provider;
- May result in a change of provider at a point in time where the IJB also has a new External Auditor; and
- Higher risk in that the market for audit services is challenging at present and costs may increase or quality may reduce.

It is considered unlikely in the current context that this process will result in improved value for money over option 1.

4. RELEVANT DATA AND INDICATORS

- 4.1 Internal audit contract and feedback from other procurement processes for similar services. Audit & Risk Committee satisfaction with the performance of the current service provider.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 Ensuring that appropriate governance and control measures are in place is a strategic priority for the IJB.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – minor impact from the increase in Internal Audit costs.
- 6.2 Staff Governance – none.
- 6.3 Clinical Governance – none.

7. PROFESSIONAL ADVISORY

7.1 None.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 None.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

9.1 None.

10. RISK ASSESSMENT

10.1 The proposed extension to the existing service is assessed as being a lower risk option than re-tendering the service at this point in time.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 None.

12. CONCLUSIONS

12.1 The Audit & Risk Committee endorsed the preferred option to extend the existing contract and the IJB is asked to endorse this approach and approve the extension of the contract with the Argyll & Bute Council Internal Audit Service from 1 April 2024 to 31 March 2027. The Audit & Risk Committee recommend that a competitive tender exercise is carried out on conclusion of this extension period.

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

Audit & Risk Committee Chair

**Integration Joint Board****Agenda item:****Date of Meeting: Wednesday 29th November 2023****Title of Report: Workforce Report Quarter 2 (2023/24)****Presented by: Geraldine Collier, People Partner, A&B HSCP.****The Integrated Joint Board is asked to:**

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

1. EXECUTIVE SUMMARY

- 1.1** This workforce report is part of the staff governance suite of reports and focuses on workforce data for financial quarter 2 (1st July 23 – 30th September 23).
- 1.2** It aims to show the current demographic position, highlighting trends and advising of changes and progress made, as well as actions taken to address areas of concern. Providing information 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.

2. INTRODUCTION

- 2.1** The attached report provides data on the following:
 - Introduction
 - Headcount and WTE
 - Workforce Profile
 - Equality and Diversity
 - Vacancies
 - Sickness Absence
 - Employee Relations
 - Redeployment
 - Mandatory Training

- 2.2** The information is provided in relevant sections with observations and actions contained. It will continue to evolve as more data becomes available.
- 2.3** Workforce dashboards are available at operational levels and are work in progress with SLTs (via our People Partners).
- 2.4** Staff Governance reporting provides committee with themed information ensuring oversight of:
- Culture and wellbeing
 - Workforce planning
 - Workforce reporting

4. CONTRIBUTION TO STRATEGIC PRIORITIES

- 4.1** This report contributes to the strategic priorities by informing decision making at all levels contributing to delivery plan objectives, supporting best value and evidencing performance and progress.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

A reduction in sickness absence will provide reduce costs and can evidence a direct saving. However, improved data also informs decision making at all levels supporting best value.

5.2 Staff Governance

- 5.2.1** The workforce report is part of the suite of staff governance reports which evidence their contribution to the [Staff Governance Standard](#) headings; Well Informed, Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently and Continuously
- 5.2.2** There is also linkage back to improving strategic priorities aligning to the relevant work streams.

5.3 Clinical Governance

None.

6. 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.

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

No public or user involvement to report within this current report

9. CONCLUSIONS

It is recommended that the Integration Joint Board:

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

10. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Officers that contributed information to the report are:

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

Lori Pattinson, People Planning and Analytics Manager lori.pattinson@nhs.scot

Geraldine Collier, People Partner, NHS Highland geraldine.collier@nhs.scot

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WORKFORCE REPORT

Argyll & Bute
IJB November 2023

CONTENT

- Introduction
- Headcount and WTE
- Workforce Profile
- Equality and Diversity
- Vacancies
- Sickness Absence
- Employee Relations
- Redeployment
- Mandatory Training

INTRODUCTION

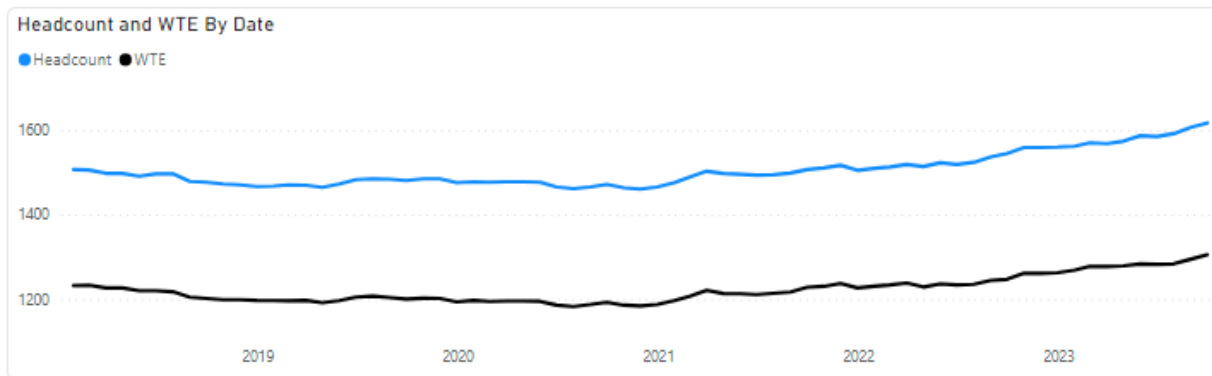
The Workforce Report considers the workforce position as of 30th September 2023, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted. Note trend lines represents date range 31st January 2018 –30th September 2023.

The report has been developed in partnership with our People Partner and aims to shows the current position, trends and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.

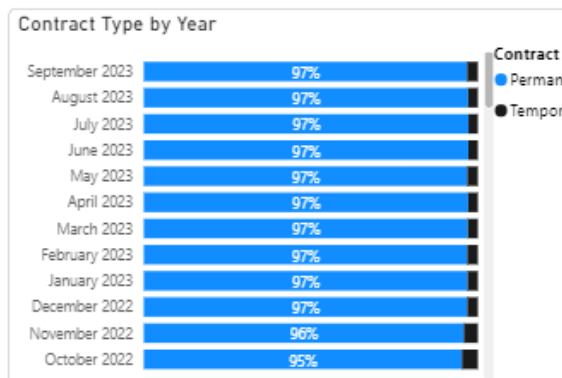
The Workforce Systems Teams proactively assesses data quality based on agreed data quality principles that are part of the data quality framework and addresses data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. Work continues on developing integrated (NHS and Council) data sets where possible.

NHS Workforce dashboards are available at Operational levels as well as Job Families and continue to be developed. Council Health of the Organisation (HOO) reports are distributed to each service lead on a quarterly basis and Absence summaries are distributed monthly.

NHS HEADCOUNT AND WTE



Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
September 2023	1617	0.62%	1.57%	4.66%
August 2023	1607	0.94%	1.39%	4.55%
July 2023	1592	0.44%	0.32%	4.46%
June 2023	1585	-0.13%	0.70%	4.34%
May 2023	1587	0.83%	1.21%	4.20%
April 2023	1574	0.38%	0.25%	3.96%
March 2023	1568	-0.13%	0.38%	3.23%
February 2023	1570	0.51%	0.64%	3.77%
January 2023	1562	0.13%	0.19%	3.44%
December 2022	1560	0.06%	0.06%	3.65%
November 2022	1559	0.00%	0.91%	2.77%
October 2022	1559	0.91%	1.43%	3.18%



Key points:

4.66% increase of workforce from in the last 12months

September 2023 in post figure of **1,617** (headcount) of Substantive Staff an increase of 32 overall since June 2023 (0.62% increase)

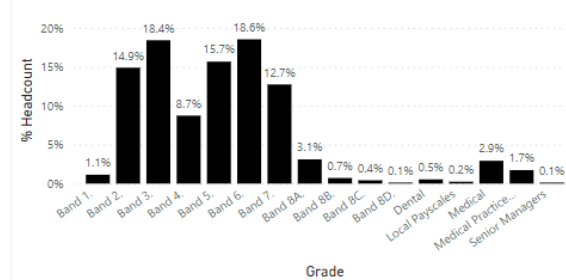
97% of our contacts are permanent and this has been a consistent position since December.

NHS WORKFORCE PROFILE

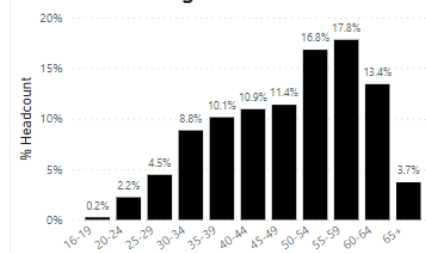
Headcount/WTE by Job Family

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	296	232.9
ALLIED HEALTH PROFESSION	184	150.0
DENTAL SUPPORT	36	27.7
HEALTHCARE SCIENCES	29	26.1
MEDICAL AND DENTAL	57	32.8
MEDICAL SUPPORT	2	1.2
NURSING/MIDWIFERY	718	600.2
OTHER THERAPEUTIC	52	45.6
PERSONAL AND SOCIAL CARE	50	40.5
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	203	147.6
Total	1617	1,305.6

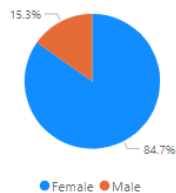
Grade Profile



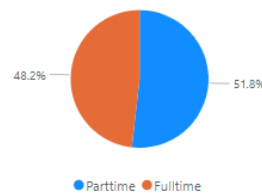
Age Profile



Sex



Working Hours



Monthly Turnover (%) By Division

Period	Total Monthly Turnover	
	Period	Total Monthly Turnover
AUG 2022		1.06
SEP 2022		.76
OCT 2022		.82
NOV 2022		.43
DEC 2022		1.08
JAN 2023		.54
FEB 2023		.54
MAR 2023		.94
APR 2023		.53
MAY 2023		.80
JUN 2023		.73
JUL 2023		.33
AUG 2023		.66

Key points:

837 employees are over 50, with 277 over 60 years old (17 % of the workforce) with 60 over 65 (3.7% of the workforce)

84.7% of our workforce is female

51.8% of our workforce are part time a 0.1 increase since reported in June

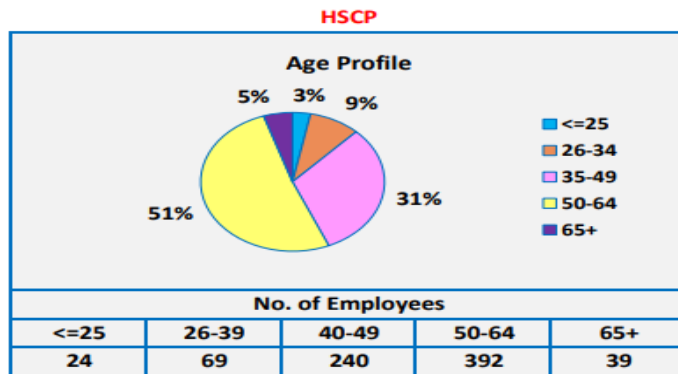
60 employees are fixed term an increase of 10 since last quarter.

40 employees are under 25 which has increase by 3 since June 2023

Turnover remains stable and in line with the Board average. We continue to see leavers relating to retirements

We recently launched an on boarding and Exit Interview survey to gather information on peoples experiences in joining us and also why they leave. This will inform future action and continuous improvement

COUNCIL WORKFORCE PROFILE



HSCP

No. of Employees in Post After 12 Months
554

%age of Temporary Employees Who Left Prior to End of Contract
20%

Voluntary Staff Turnover Rate
3%

	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	308	315	82	31
Temporary	15	25	3	3
	323	340	85	34
Total Emps	782			
Casuals Paid	264			

MODERN APPRENTICES	HSCP	Council
New Starts	20	73
Completed	17	55
Secured Job	82%	73%
	<i>(cumulative)</i>	

Key points:

- Q2 has seen an overall reduction in head count (48) mainly attributed to centralisation of catering and cleaning. While these post still work in the same location they are reported out with the HSCP structure. This is an ongoing exercise and will effect future reports until finalised.
- This has had a marginal impact on the overall demographic:
 - 55% of the workforce are over 50 with 5% over 65
 - 85% of our workforce is female.
 - 48% of our workforce are part time
 - 6% of our workforce are temporary (46 fixed term)
 - Voluntary Turnover rate remains consistent at 3%

EQUALITY AND DIVERSITY

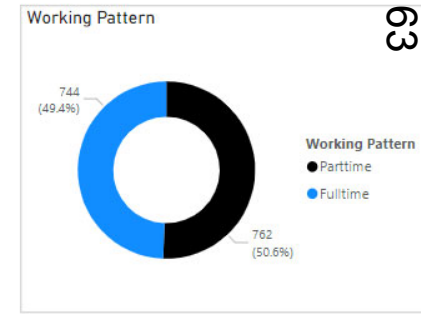
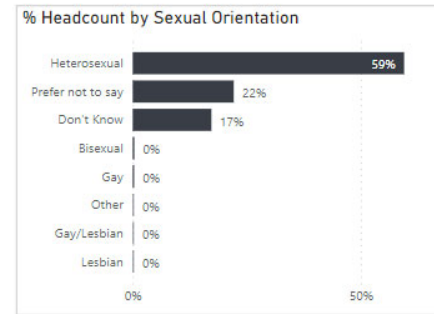
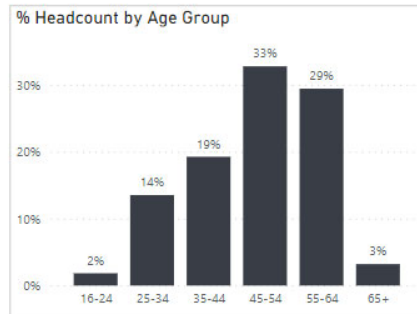
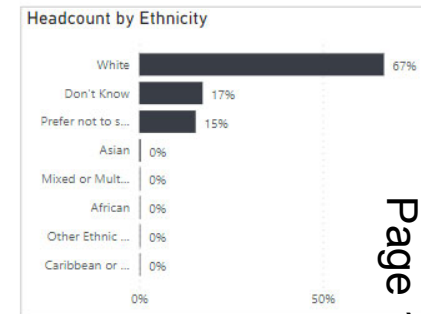
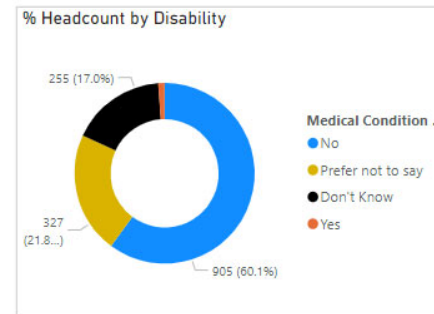
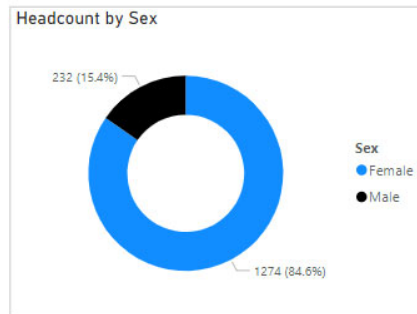
Key points NHS:

Only an increase in 2 Headcount since June extract.

For most protected characteristics (notable exceptions being age and gender), somewhere in the region of 40% of the information is unknown because it has not been provided. This figure has remained consistent over the last 3 years.

The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold. Employee Self Service that will allow staff to update their Equalities information and a focused exercise is due to commence in quarter 3, encouraging this completion.

Council – We do not have E&D reporting in the same format for council employees but have requested completion information and are hopeful that an improved data set will be achievable in the new workforce management system.



TIME TO FILL

Time to fill presents a count of days between post added to the recruitment system and the start date of the candidate. The fill period is therefore reliant on timely and accurate data input.

The council posts take an average of 98 days to fill while the NHS average is 188 days (an increase of 8 days since June 2023). This can be accounted for by a number of factors, or which notice period is just one.

Time to fill is higher in professional positions and high bands which can be attributed to longer notice periods.

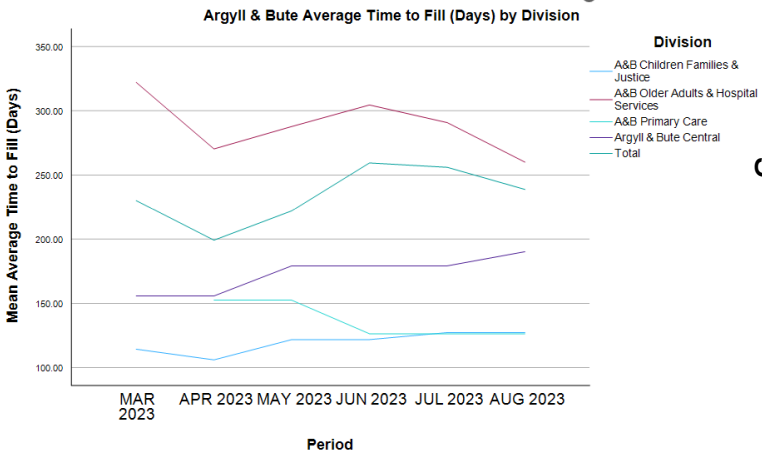
Both recruitment systems have the capability of reporting at each stage of the recruitment process and a Recruitment Metrics is being finalized for future reporting. This will assist in identifying the source of delays.

For comparison the average Board time to fill is 121.98 days so there is still work to be done to identify and remove barriers to streamline the process. Scotland wide benchmarking is also being sought and will be used for comparison when available.

Council

NHS

POSTS	SPP	Council
No. Advertised	0	499
No. Unfilled	0	105
Average No. of Days to Fill Post	0	98



Average Time to Fill (Days) By Division													
Period		Division											
		A&B Children Families & Justice		A&B MH LD & Addiction Services		A&B Older Adults & Hospital Services		A&B Primary Care		Argyll & Bute Central		Total	
		Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired
MAR 2023		114.3	3	.	0	322.1	7	.	0	155.8	4	230.1	14
APR 2023		106.0	4	.	0	270.3	10	152.5	2	155.8	4	199.2	20
MAY 2023		121.8	5	.	0	287.8	14	152.5	2	179.2	5	222.0	26
JUN 2023		121.8	5	.	0	304.5	34	126.3	3	179.2	5	259.4	47
JUL 2023		127.3	4	.	0	290.8	39	126.3	3	179.2	5	256.0	51
AUG 2023		127.3	4	.	.	260.0	48	126.3	3	190.3	4	238.8	59

HSCP CURRENT VACANCIES

NHS vacancies

Vacancies by Division & Job Family

Division	Job Family	Job Family	Number of Vacancies	
			Count	Sum
A&B Children Families & Justice	Job Family	Administrative Services	1	1
		Allied Health	2	2
		Professions		
		Medical and Dental	1	1
		Nursing and Midwifery	1	2
	Total		5	6
A&B MH LD & Addiction Services	Job Family	Medical and Dental	1	1
		Nursing and Midwifery	2	2
		Total	3	3
A&B Older Adults & Hospital Services	Job Family	Administrative Services	2	2
		Allied Health	9	9
		Professions		
		Healthcare Sciences	1	1
		Medical and Dental	3	7
		Nursing and Midwifery	13	14
		Other Therapeutic	2	2
		Total	30	35
Argyll & Bute Central	Job Family	Nursing and Midwifery	1	1
		Total	1	1
Total	Job Family	Administrative Services	3	3
		Allied Health	11	11
		Professions		
		Healthcare Sciences	1	1
		Medical and Dental	5	9
		Nursing and Midwifery	17	19
		Other Therapeutic	2	2
		Total	39	45

Count is the number of job adverts; sum is the total number of vacancies across those adverts

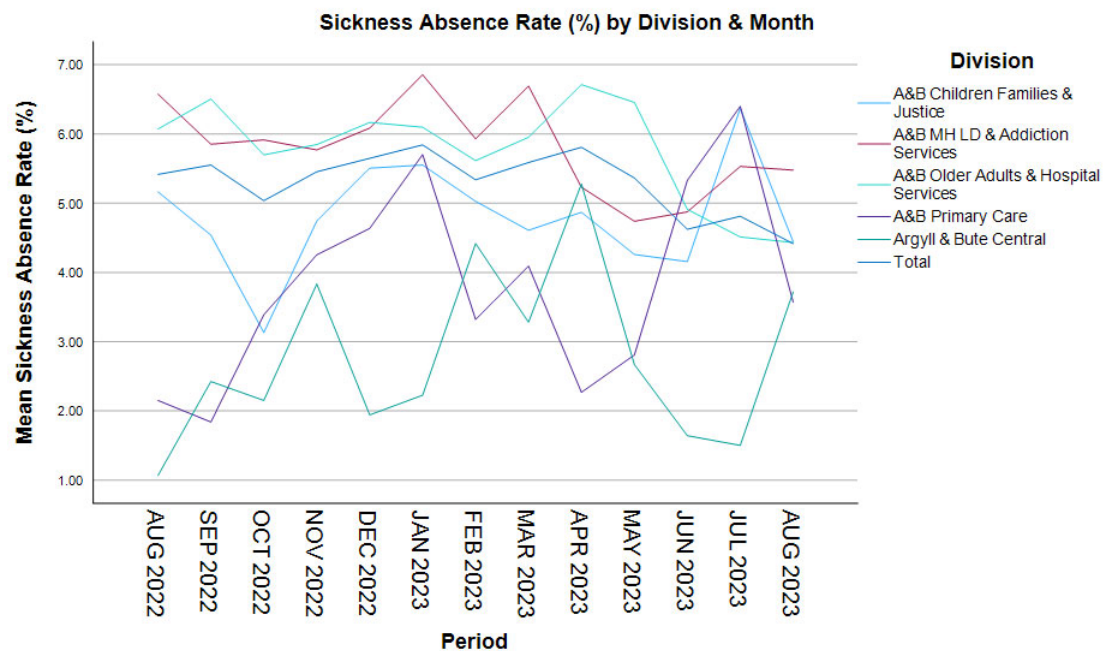
Council Vacancies

	Jul 23		Aug 23		Sep 23	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care		18	1	30		22
Adult Services – Acute & Complex		7	1	9		12
Children, Families and Justice	2	5	2	13	1	15
Strategy P&P						
HSCP PL3 DIRECTORATE						
Totals	2	30	4	52	1	49
	32 (Temp 10) (Perm 22)		56 (Temp 24) (Perm 32)		50 (Temp 15) (Perm 35)	
Overall Total	131					

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This slide provides a detailed breakdown of the vacant posts at the end of September. Information relating to re-advertising and posts vacant for a long period of time is being further developed and will be provided when available

NHS SICKNESS ABSENCE



The graph and table below show A&B NHS Sickness absence across the year.

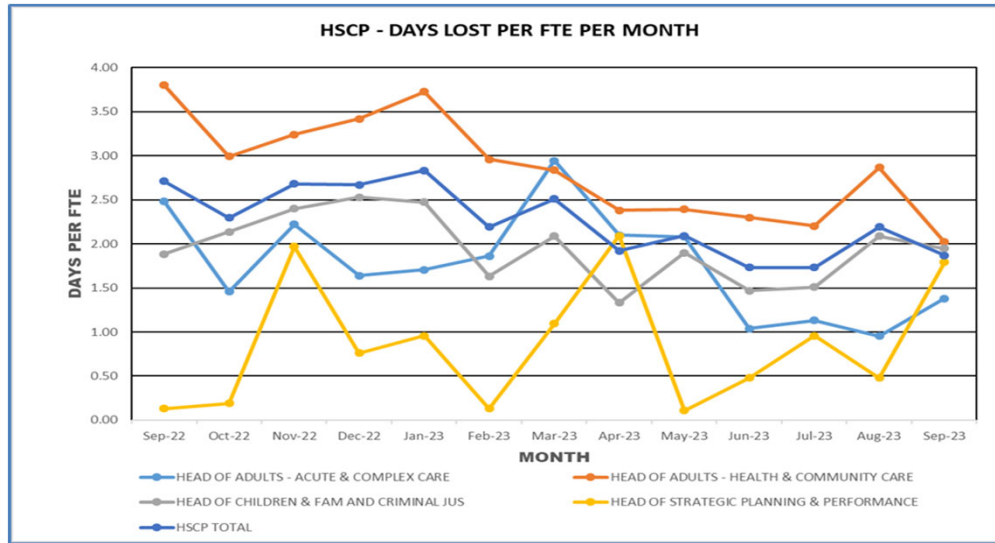
August levels are the lowest recorded this year and this is also replicated in the council stats overleaf.

A&B is in the main consistently lower than the highland wide and National average.

Awaiting September stats to be added when received

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep
Argyll and Bute HSCP													
Argyll and Bute HSCP Total	5.55%	5.04%	5.18%	5.45%	5.84%	5.34%	5.59%	5.81%	5.36%	4.62%	4.81%	4.42%	4.58
NHS Highland Total	5.98%	6.04%	6.11%	6.83%	6.62%	5.60%	6.49%	6.12%	5.97%	5.99%	6.16%	5.47%	TBC
NHS Scotland Average	6.24%	6.33%	6.75%	7.35%	6.83%	6.87%	5.60%	6.25%	5.94%	5.78%	5.78%	TBC	TBC

COUNCIL SICKNESS ABSENCE



The graph and table below show A&B Council Sickness absence across the year

Q1 has seen improved sickness absence levels when compared to the same period last year.

Future reports will provide wider council and national comparisons

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
HEAD OF ADULTS - ACUTE & COMPLEX CARE	2.48	1.46	2.22	1.64	1.70	1.86	2.94	2.01	2.08	1.04	1.13	0.95	1.38
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	3.80	2.99	3.24	3.42	3.73	2.96	2.84	2.38	2.39	2.30	2.2	2.86	2.02
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	1.88	2.13	2.40	2.53	2.47	1.63	2.09	1.33	1.90	1.47	1.51	2.09	1.95
HEAD OF STRATEGIC PLANNING & PERFORMANCE	0.13	0.19	1.97	0.76	0.96	0.13	1.10	2.09	0.11	0.48	0.96	0.48	1.79
HSCP TOTAL	2.71	2.30	2.68	2.67	2.83	2.19	2.51	1.92	2.09	1.73	1.73	2.19	1.87

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

NHS SICKNESS ABSENCE REASONS

Absence Reason % for 12-month period up to most recent period shown for absence rates

Absence Reason % for 12-month period up to most recent period shown for absence rates		Division					
Absence Reason		A&B Children Families & Justice % of Absences	A&B MH LD & Addiction Services % of Absences	A&B Older Adults & Hospital Services % of Absences	A&B Primary Care % of Absences	Argyll & Bute Central % of Absences	Total % of Absences
Anxiety/stress/depression/other psychiatric illnesses		10.87%	8.97%	5.42%	8.52%	7.04%	6.55%
Asthma		.	0.45%	0.37%	.	.	0.29%
Back problems		1.09%	4.04%	3.20%	2.24%	0.70%	2.88%
Benign and malignant tumours, cancers		0.54%	0.45%	0.25%	.	0.70%	0.29%
Blood disorders		.	.	0.37%	1.35%	0.70%	0.42%
Chest & respiratory problems		2.72%	5.38%	3.82%	3.59%	0.70%	3.67%
Cold, cough, flu - influenza		10.33%	15.25%	11.21%	17.04%	12.68%	12.15%
Covid-related illness		3.80%	3.59%	4.99%	4.04%	1.41%	4.47%
Dental & oral problems		0.54%	1.79%	1.17%	.	1.41%	1.09%
Ear, nose, throat (ENT)		1.09%	4.04%	1.54%	4.04%	0.70%	1.92%
Endocrine/glandular problems		.	0.45%	0.12%	0.90%	.	0.21%
Eye problems		.	.	0.68%	1.79%	0.70%	0.67%
Gastro-intestinal problems		6.52%	18.39%	13.55%	18.83%	7.04%	13.56%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders		1.09%	0.45%	1.66%	3.14%	1.41%	1.63%
Headache/migraine		1.09%	2.69%	3.02%	3.14%	3.52%	2.88%
Heart, cardiac & circulatory problems		.	0.45%	0.99%	1.35%	0.70%	0.88%
Infectious diseases		.	0.90%	0.43%	.	.	0.38%
Injury, fracture		1.63%	2.69%	1.79%	3.59%	0.70%	1.96%
Menopause		.	0.45%	.	.	.	0.04%
Nervous system disorders - exclude headache, migraine		.	.	0.18%	0.45%	.	0.17%
Other known causes - not otherwise classified		5.98%	4.93%	5.67%	0.90%	3.52%	5.05%
Other musculoskeletal problems		2.17%	1.35%	3.69%	3.59%	0.70%	3.17%
Pregnancy related disorders		2.72%	0.45%	0.74%	2.24%	.	0.96%
Skin disorders		.	1.35%	0.37%	0.90%	0.70%	0.50%
Substance abuse - include alcoholism & drug dependence		.	.	0.06%	.	.	0.04%
Unknown causes/not specified		47.83%	21.52%	34.73%	18.39%	54.93%	34.18%

Note: % is calculated based on the number of absence episodes per division, not the working days lost.

Absence reasons presented from absence for 12 month period as at 31st August 2023.

34.18% of the absences are still being recorded with no reason and this remains the highest category, impacting on the accuracy of the other absence reason information .

The remaining top 3 reasons for absence are:

- 1)gastro-intestinal
- 2)cold, cough, flu
- 3)Anxiety/ stress /depression /other

Covid absence is increasing Board wide and spread 4.5% of our absences.

COUNCIL SICKNESS REASONS & RTW

Top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue	Infections
	Back & Neck Problems	Stress/Depression/Mental Health/Fatigue
	Other Musculo-Skeletal Problems	Stomach, liver kidney and digestion

Previous Months Total for Comparison	Long Term Continuous	Employees hitting Long Term trigger	10 + Days	4 + Instances	Stress	No of RTWI completed	No of RTWI not completed	RTWI %	Average Time taken to complete (Days)
APRIL 2023	35	9	37	15	4	32	43	43%	7
MAY 2023	34	13	51	20	14	38	48	44%	7
JUNE 2023	35	11	41	23	9	26	35	43%	3
JULY 2023	30	11	33	16	9	30	39	43%	9
AUGUST 2023	35	9	48	18	5	25	53	32%	6
SEPTEMBER 2023	31	10	42	22	7	33	47	41%	5
Average since April 2023	33	11	42	19	8	31	44	41%	6

Average over FQ2	29	46	39%	7
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Absence Reasons

Stress /Depression /Mental Health remains the top reasons for long term absence this quarter and second for short term absence.

infections are the top reason for short term absence

Short term absence reasons this quarter mirror the cough cold flue and gastro infections seen in NHS absence.

RTW

While this quarter showed an overall improvement in RTW completion (39%) The quarter ended with the year so far average of 41% Despite monthly reporting and system improvements there is little improvement. More focused work is required to identify the barriers to fulfilling this requirement. This is being discussed at SLT.

RTW conversations are an extremely important part of the absence management process and there is a commitment for them to take place within 3 days of return. Further investigation is required to identify the management, administration and system barriers

EMPLOYEE RELATIONS

Summary of activity between 1st July 2023 and 30th September 2023.

Highlights comparative end of quarter totals.

NHS

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sept 23
B&H	3	4	1	2	1	2	7
Disciplinary	1	4	1	2	2	2	0
Grievance	2	3	3	4	3	4	3
Capability	0	0	0	0	0	0	0
Total	6	11	5	8	6	8	10

Since the last quarterly report there has been 5 new formal DAW cases opened. One grievance case 2 disciplinary cases closed. Within B&H there are 2 cases involving more than one complaint accounting for 4 of the 7 cases above.

Council

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sept 23
B&H	0	0	0	0	0	0	0
Discipline	2	1	1	1	1	0	1
Grievance	1	2	3	2	3	2	1
Capability	0	0	0	0	0	0	0
Total	3	3	4	3	4	2	2

HSCP Council Disciplinary and Grievance cases are consistently low. During Q2 there was one disciplinary case ongoing. Within Grievances, one concluded in August and the other is at the Appeal stage, due in November 2023.

REDEPLOYMENT

As of the 30th September there were 33 employees on the redeployment register, a reduction of 8 since 30th June with 41 employees.

There are high levels of redeployments across bands 2-5 with high levels across Nursing and Midwifery and Personal and Social Care.

The 'other' category may include:

- Breakdown in working relationships
- End of Employment Break
- Injury at Work
- Pay Protection

All NHS vacancies are considered for redeployment as they arise. Redeployment staff continue to work in partnership with managers, employees and staff side colleagues to secure permanent or fixed term opportunities for staff on the redeployment register.

	Capability	End of FT	Grievance	Org Change	Other	Grand Total
Job Family						
Administrative Services					2	2
Nursing & Midwifery				1	12	13
Support Services				11	4	15
Allied Health Profession					1	1
Dental Support					2	2

MANDATORY TRAINING (NHS)

AB report a Mandatory Training completion rate of 67.7% overall, an increase since June where MT in AB was reported at 62.7%

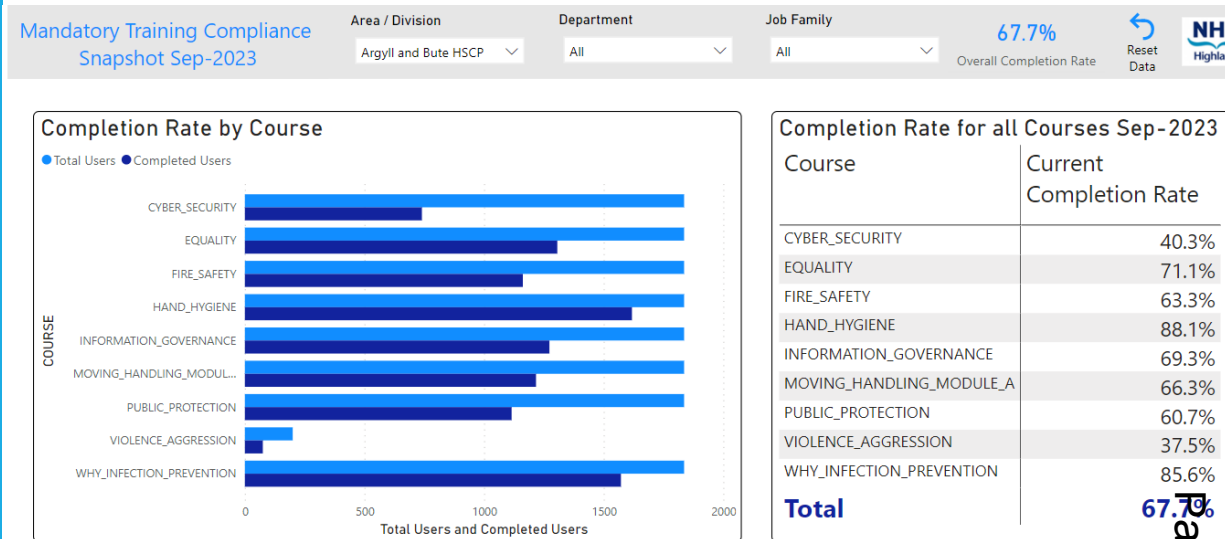
Over the course of the year there has been focused attention on statutory mandatory training resulting in incremental improvement across all stat man training.

There remains low levels of compliance in Cyber Security and Violence and Aggression*

*It is important to note that the e learn Violence and aggression training is for the administrative job family.

Patient facing staff receive mandatory practical training on violence and aggression and moving and handling

There is now an established task and finish group discussing Statutory Mandatory training across the board, with a clear commission agreed by EDG for the group composition, scope and outcomes required.



Month	CYBER_SECURITY	EQUALITY	FIRE_SAFETY	HAND_HYGIENE	INFORMATION_GOVERNANCE	MOVING_HANDLING_MODULE_A	PUBLIC_PROTECTION	VIOLENCE_AGGRESSION	WHY_INFECTION_PREVENTION
October 2022		65%	49%	80%	59%	61%	41%	30%	77%
November 2022	2%	66%	54%	82%	61%	64%	45%	30%	79%
December 2022	6%	66%	54%	82%	62%	64%	46%	33%	80%
January 2023	9%	66%	55%	82%	62%	65%	47%	33%	80%
February 2023	15%	66%	55%	82%	62%	65%	47%	33%	80%
March 2023	21%	68%	58%	83%	65%	64%	52%	34%	80%
April 2023	25%	67%	58%	83%	65%	63%	53%	34%	81%
May 2023	28%	68%	58%	84%	65%	61%	54%	34%	81%
June 2023	30%	68%	59%	84%	66%	62%	54%	36%	82%
July 2023	33%	68%	60%	85%	66%	62%	57%	39%	82%
August 2023	33%	68%	60%	85%	66%	62%	57%	39%	82%
September 2023	40%	71%	63%	88%	69%	66%	61%	38%	86%

MANDATORY TRAINING (COUNCIL)

The table attached details the mandatory training carried out this quarter and the overall compliance rate.

Mandatory course	Number of HSCP employees completed course prior to Q2	As a percentage of the HSCP total workforce	Number completed in FQ 2	As a percentage of the HSCP total workforce who completed in FQ 2	Total
E&D	269	35%	0	0%	35%
Data Protection	546	72%	0	0%	72%
Fire Safety Awareness	705	93%	55	7%	99%
Freedom of information	464	61%	39	5%	66%
PREVENT	184	24%	0	0%	24%
Positive Customer Care	432	57%	58	8%	65%

HSCP total workforce end Q2 762

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Integration Joint Board (IJB)

Date of Meeting: 29 November 2023

Title of Report: Argyll and Bute Winter Plan

Presented by: Caroline Cherry, Head of Service, Health and Community Care and Karl McLeish, Unscheduled Care Programme Lead

The Board is asked to:

- Consider the winter plan for Argyll and Bute HSCP

1. EXECUTIVE SUMMARY

This report provides a summary of the overall winter plan for the Argyll and Bute Health and Social Care Partnership (HSCP). The plan spans the period from 30 November 2023 to 1 April 2024.

The report highlights specific elements of planning and is intended to both guide work-streams, provides assurance for relevant Boards and is consistent with the Scottish Government Winter Planning checklist.

The plan is a whole system approach, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population during winter months.

2. INTRODUCTION

Locally and nationally, health and care systems are experiencing significant operational pressure across many of their services. Some patients are experiencing delays in accessing both planned and unplanned healthcare. There has been little/no reduction in operational pressures over the summer months and providers are entering winter with significant capacity pressures in availability of workforce and service capacity across service delivery areas.

As noted within the Strategic Risk Register the partnership is experiencing higher levels of vacancy and staff absence in both NHS and Local Authority posts against a pre-COVID baseline. This is particularly challenging where vacancies impact on skillsets critical to whole system working such as District Nursing and Social Work (including Mental Health Officer) specialisms. Above expected vacancy levels across several pinch point roles continues to drive overspends in bank and agency staff usage that further pressurise depleted HSCP budgets.

In addition to the current pressures, we face a range of hard to quantify risks such as the potential for further Covid-19 pressures, high incidence of flu cases,

increases in respiratory illnesses and the impact of the cost of living on both our workforce and our patients.

Scottish Government has described the actions they expected all systems and providers to take to increase capacity and operational resilience in planned, urgent and emergency care ahead of winter.

A review of winter planning processes and priorities has been undertaken in early autumn 2023. Our winter plan is set out in a format which considers:

1. **Current Position:** An outline for services, describing the current position regarding system pressures and preparatory actions we will undertake to mitigate for these, and;
2. **Action Plan:** An action plan setting out the specific whole system actions we will undertake to support and manage winter pressures. The whole systems action plan sets out a description of the action, the intended impact of each action and how we propose to measure the successful delivery of each action.

3. DETAIL OF REPORT

Governance of The Winter Plan will be led by the Executive Lead for winter planning. A cycle of system wide meetings are to be implemented to ensure we have a mechanism for escalating issues and making decisions on critical issues, in a joined-up way, across system partners. Along with regular data insights, we plan to operationalise a bespoke weekly data file which facilitates the monitoring of/responding to emerging risks and trends and compliance against agreed actions. The progress of the plan, together with risks and challenges, will be reportable to the NHS Highland Urgent and Unscheduled Care Programme Board.

We recognise that there will be challenging decisions to be taken over the course of this winter and robust governance processes ensure a mechanism to do that in a way that considers the needs of our entire population and the needs of staff working across both health and care.

4. RELEVANT DATA AND INDICATORS

This plan is considered in line with the following key overarching principles, as defined by Scottish Government:

- **Enhancing Community Services** and Planned Care.
- **Optimising discharge** home as first choice, ensuring patients are discharged as soon as they are medically fit, wherever appropriate and enhancing care in the community to reduce unmet need and delays.
- **Avoiding admission** with services developed to provide care at home across 7 days, hospital at home, discharge to assess, rapid access to assessment and a single point of access for health and social care.
- **Reducing attendances** by managing care closer to home or at home wherever possible including community step up facilities for assessment, reablement and rehabilitation, prof to prof referral services, support OOH, managing long term conditions to avoid unnecessary exacerbation utilising digital and remote monitoring where possible.

- **Sufficient staffing** across acute, primary and social care settings including over the weekends and festive period with access to senior decision makers to prevent delays in discharge and ensure patient flow. This includes recruitment and wellbeing priorities.
- **Surge Capacity** with the ability to flex up capacity when required including a surge plan.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The plan is considered in line with the winter preparedness checklist, issued by Scottish Government in late autumn 2023. The plan also has clear links with established KPIs and Strategic Priorities for Urgent and Unscheduled Care.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No financial impact to existing service delivery is anticipated. Designated funds are made available to support the period defined as “winter pressures”. Any such funding will be managed within the parameters of established financial governance as required.

6.2 Staff Governance

Key considerations as to staff health and wellbeing are noted within the document at section 7 “workforce”. The plan does not envisage any necessity for changes to existing terms and conditions for any colleague/any division. Any additional resources would be procured and recruited with full and appropriate deference to established staff governance protocols.

6.3 Clinical and Care Governance

All clinical and care governance standards and processes per service area are as per usual arrangements. Additionally the systems pressures group provides an oversight of any escalations.

7. PROFESSIONAL ADVISORY

The HSCP has developed its Winter Plan in conjunction with key stakeholders from across the system to ensure that we can maximise our shared knowledge, resilience and resources with a view to delivering safe and effective services for throughout the winter months. Initial engagement meetings were held in late autumn 2023. The plan has been developed taking into account feedback and learning following evaluation of the Winter Plan for 2022/23. The plan has been sighted and contributed towards by all relevant professional leadership.

8. EQUALITY & DIVERSITY IMPLICATIONS

None Noted.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None noted.

10. RISK ASSESSMENT

Risks are managed as per described within the plan. The board is assured on wider risks e.g. workforce through the workforce plan.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None noted.

12. CONCLUSIONS

Conclusions are per the action summaries detailed within each section of service delivery.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name:

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- Karl McLeish, Programme Lead for UUSC and Winter Plan.

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) WINTER PLAN

2023-2024



Introduction

This report provides a summary of the overall winter plan for the Argyll and Bute Health and Social Care Partnership (HSCP). The plan spans the period from 30 November 2023 to 1 April 2024. The report highlights specific elements of planning and is intended to both guide work streams and provide assurance for relevant Boards. The plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population during winter months.

Background

The HSCP system faces an extremely challenging winter. Locally and nationally, health and care systems are experiencing significant operational pressures across many of their services. Some patients are experiencing delays in accessing both planned and unplanned healthcare, despite the best efforts of our workforce. There has been little/no reduction in operational pressures over the summer months and providers are entering winter with significant capacity pressures (availability of workforce and service capacity) across a number of service delivery areas.

The partnership is experiencing higher levels of vacancy and staff absence in both NHS and local authority posts against a pre-COVID baseline(s). This is particularly challenging where vacancies impact on skillsets which are critical to whole system working such as District Nursing and Social Worker (i.e. Mental Health Officer) specialisms. Above expected vacancy levels across several pinch point roles continues to drive overspends in bank and agency staff usage that further pressurise depleted HSCP budgets.

In addition to the current pressures, we face a range of hard to quantify risks such as the potential for further Covid-19 pressures, high incidence of flu cases, increases in respiratory illnesses and the impact of the cost of living on both our workforce and our patients.

Scottish Government has described the actions they expected all systems and providers to take to increase capacity and operational resilience in planned, urgent and emergency care ahead of winter.

A review of winter planning processes and priorities has been undertaken in early autumn 2023. Our winter plan is set out in a format which considers:

1. **Current Position:** An outline for services, describing the current position regarding system pressures and preparatory actions we will undertake to mitigate for these, and;
2. **Action Plan:** An action plan setting out the specific whole system actions we will undertake to support and manage winter pressures. The whole systems action plan sets out a description of the action, the intended impact of each action and how we propose to measure the successful delivery of each action.

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Version Control	
Version	3.0
Date	6 November 2023
Accountable Officer	Caroline Cherry, Winter Planning Executive Lead and Head of Service
Professional Lead	Elizabeth Higgins, Associate Nurse Director – Professional Lead
Programme Lead	Karl McLeish, Urgent and Unscheduled Care Programme Lead
Governance Route	SLT 8 November 2023 (approved). UUSC Programme Board 15 November 2023 (Approved) IJB 29 November 2023
Status	Final Draft 21 November 2023

1. Overarching Principles and Governance

Development of the Winter Plan

The HSCP has developed its Winter Plan in conjunction with key stakeholders from across the system to ensure that we can maximise our shared knowledge, resilience and resources with a view to delivering safe and effective services throughout the winter months. Initial engagement meetings were held in late autumn 2023. The plan has been developed taking into account feedback and learning following evaluation of the Winter Plan for 2022/23.

Governance

Governance of The Winter Plan will be led by the Executive Lead for winter planning. A cycle of system wide meetings are to be implemented to ensure we have a mechanism for escalating issues and making decisions on critical issues, in a joined-up way, across system partners. Along with regular data insights, we plan to operationalise a bespoke weekly data file which facilitates the monitoring of/responding to emerging risks, trends and compliance against agreed actions. The progress of the plan, together with risks and challenges, will be reportable to the NHS Highland Urgent and Unscheduled Care Programme Board and Clinical Care Governance.

We recognise that there will be challenging decisions to be taken over the course of this winter and robust governance processes will ensure a mechanism to do that in a way that considers the needs of our entire population, and the needs of staff working across both health and social care.

This plan is considered in line with the following key overarching principles:

- **Enhancing Community Services** and Planned Care.
- **Optimising discharge** home as first choice, ensuring patients are discharged as soon as they are medically fit, wherever appropriate and enhancing care in the community to reduce unmet need and associated delays.
- **Avoiding admission** with services developed to provide care at home across 7 days, hospital at home, discharge to assess, rapid access to assessment and a single point of access for health and social care (including technology and digital solutions).
- **Reducing attendances** by managing care closer to home or at home wherever possible including community step-up facilities for assessment, reablement and rehabilitation, prof-to-prof referral services, support for OOH, managing long term conditions to avoid unnecessary exacerbation utilising digital and remote monitoring where possible.
- **Sufficient staffing** across acute, primary and social care settings, including over the weekends and festive period, with access to senior decision makers to prevent delays in discharge and ensure patient flow. This includes recruitment and wellbeing priorities.
- **Surge Capacity** with the ability to flex up capacity when required including a surge plan.

2. Resilience Preparedness

Partnership Working

Structures are in place via planning and performance to ensure that the HSCP works collaboratively with all partner organisations, including in Greater Glasgow and Clyde and System Resilience leads. Care at Home and Care Home Assurance functions are in place, on a multi-disciplinary team basis, with clear escalations and protocols for risk management. Daily Huddle meetings will take place at system level and can be adjusted in line with demand. Any escalations relating to workforce/capacity are logged, directed and managed via that process. Weekly System Pressures Oversight Group (and by way of this, direct access to SLT) is in place. Heads of Service and Professional Leaders from across the HSCP are core attendees. These will link very closely with acute/hospital based ward rounds/virtual wards to ensure flow is maximised and maintained, with appropriate escalation management where required.

Business Continuity

Business Continuity Plans are in place across all areas and services. A priority piece of work is underway to ensure that these are updated, visible and practicable. This work is due to be finalised by 30 November 2023. Links with the Local Resilience Partnership (LRP) are clear. There is also wide engagement with multi-agency partners through the Local Resilience Partnerships in Argyll & Bute, with a particular emphasis on Caring for People arrangements across our areas of responsibility.

Operational Management and Local Plans

Management structures across the HSCP have led on the development of local winter delivery plans, which are calibrated to respond to both area-based pressures and system priorities. These local planning processes include a focus on key community, primary care, acute, mental health and social care services to address the expected and unexpected challenges in demand across the winter months, reflecting on learning from experience of last winter.

As in previous years these locality plans are expected to consider the following areas:

- Staff rotas including Public Holiday Cover for health and social work/social care (as per agreed NHS and Council Public Holiday Rates).
- Virtual wards of multi-disciplinary standard including SAS input where possible.
- Business Continuity Plans for each site.
- Monitoring of unmet need protocols are in place (where people are waiting for care at home).
- Vulnerable patient lists and associated planning is updated, with processes to access this list in the event of system failure. Ensure interface with OOH teams.

Capacity Surge Management

All community services, community hospitals and the RGH have very limited capacity to offer a response to surge escalation, in the form of contingency beds and limited flexibility in staffing resources. The focus for A&B will be on effective approaches to admission avoidance and bolstering care at home/within a homely setting where appropriate. Continuous flow models, including effective discharge without delay are a critical focus for the HSCP. Further work streams, including intermediate care beds will also be critical to managing surges in capacity and demand.

Adverse Weather Policy and Planning

NHS Highland/Argyll and Bute Council has an adverse weather policy in place which serves as an overarching guideline for all managers and teams. Service impact assessments and business continuity plans will also outline appropriate responses to enact the policy, and respective timescales. Managers are advised to access and revise the policy provisions.

Adult Support and Protection

All protection functions are in place and are reviewed through professional leadership and forums such as the Adult Protection Committee. A clear escalation process is in place to manage pressures and provide a responsive service. This is a key priority.

Unpaid Carers

There are 6 Organisations providing Carer Support across A&B, with offices based in; Oban, Helensburgh, Dunoon, Lochgilphead and Campbeltown. Carer support workers are also physically based on; Mull, Tiree, Islay, and Bute with outreach support covering the other remaining islands. Across the 6 organisations there are 80 FT/PT staff who provide Carers support, with one current vacancy. This vacancy is for the Isle of Coll and will be re-advertised. The vacant post is currently covered by the team in Oban.

Over 2,000+ Carers are registered with Carer Organisations. Information can be and is quickly shared with Carers via email and social media posts. Carer registrations have grown since last winter, meaning more carers are now accessing the support available.

Adult Carer Support Plans and Young Carer Statements are completed by Carer Centres. Emergency planning is discussed with every Carer as part of ACSP/YCS. Information regarding Carer Support has been shared with GP practises, raising the awareness of available local services.

Carer centres are creative about increasing the choice of groups that carers can access; these groups enable Carers to meet other Carers for peer support.

3. Infection Control - Seasonal Outbreak

A key priority for the HSCP is to undertake a robust approach to vaccination and infection prevention control in order to:

- ✓ Minimise seasonal influenza transmission/Covid-19.
- ✓ Minimise the risk and impact of outbreak and transmission on patients and services.

Vaccination Programme – Seasonal Flu

The winter vaccination programme for commenced in September 2023 for seasonal Flu. A high percentage of people across our population will be eligible for vaccination - we aim to offer all those eligible an appointment by the 11th December 2023, however, as flu is seasonal, this will continue to be offered until the end of March 2024. The flu programme will include:

- All school age young people, those aged 2-5, 5-16 (and those aged 6 months to 2 years who are at risk).
- Adults aged 50 and over and those aged 16 and over at risk due to certain health conditions will also be eligible.
- A wide range of health and social care staff, with a focus on those delivering ‘front-line’ services.
- Teachers and Childcare Workers.
- Care Home Residents.
- Unpaid Carers and household contacts of those who are immunosuppressed.
- Those who are pregnant.

Vaccination Programme – Covid 19 (Boosters)

In terms of the Winter Covid Programme, a further COVID booster is expected to be offered to:

- Those aged 5 and over at higher risk.
- Adults 65 years old and over.
- A wide range of health and social care, prioritising those who deliver ‘front-line’ services.
- Unpaid Carers and Care Home Staff.

Delivery

The Seasonal Flu and COVID vaccinations programme is delivered via a mix of scheduled appointments, drop-ins and peer vaccinations. Availability/communications are made available to all staff and teams. In addition to this the programme will be delivered through the following methods:

- Appointing of over 75s by the National Scheduling Team.

- Prompts to all others who are eligible from the National Scheduling Team:
 - Access is given to a national booking portal. Clinics are available in all Argyll & Bute community hospital settings. There are also local community clinics accessible to all staff including non-hospital based.
- Drop in clinics for those aged 2-5.
- School age children will receive vaccinations within the school setting. School age children will be offered the flu vaccine at school and younger children at children's community clinics. Community pharmacies will also offer the Flu vaccine to older people and those at higher risk from flu including those with well controlled asthma.
- Vaccination Clinics are being held close to GP surgeries.
- HSCP Community Teams will provide a service to those who are unable to attend community vaccination centres and will support care homes
- Maternity services will offer pregnant women the flu and COVID vaccines.
- For staff: The flu vaccine programme will be publicised through local managers, pay slips, NHS/Council Intranet site, and HSCP Bulletins.

Infection Prevention Control

From a staffing, services and resources perspective, surges in infection outbreak which impacts capacity would be anticipated, monitored and managed via the system huddles and system pressures oversight group. This would include end-to-end management, with multi-professional input, from onset of outbreak through to the implementation of lessons learned. There are close links with established communication mechanisms and business continuity plans. A formal process map is to be agreed to support and standardise local process of escalation and management.

Cluster management policies are in place and are accessible on all locations. Covid prevention requirements, i.e. face coverings as per guidance, reducing crowding in departments, hand hygiene, cough etiquette, social distancing is in place.

Care Home and Care at Home Guidance is managed through local process management protocols, and adheres to national guidance.

Increased use on non-face to face appointments/contacts can be used to manage outbreak where appropriate. Visiting would be restricted where required, and safe staffing arrangements would be held in review in line with business continuity plans.

In summary our key actions for winter are as follows:

Summary of Key Actions for Infection Prevention Control:

- ✓ Flu and Covid-19 vaccination programme implemented across the area as a part of preparing for winter, managed through local vaccination group.
- ✓ The majority of individuals eligible for flu immunisation should be offered the opportunity to be vaccinated during the period Sep-November 2023, though it is noted that clinics may be

required into February-March 2024.

- ✓ Majority of staff will be offered the opportunity to be vaccinated at their place of work, or as close as possible.
- ✓ Care Home residents, clinically vulnerable groups and front line staff are prioritised.
- ✓ Care home residents vaccinated at care homes.
- ✓ Consideration should be given to undertaking targeted immunisation campaigns in areas of high flu incidence & low vaccine uptake.
- ✓ In the event of a flu outbreak on any site there will be further promotion of staff flu vaccination and encouragement of uptake within those teams (and those affected more widely).
- ✓ Winter infection Prevention and control guidance, outbreaks and management is to be a core agenda item at system meetings – it is an expectation that all relevant guidance is proactively promoted and adhered to within local area teams, and that escalations are managed in close collaboration with Infection Control and Public Health colleagues.

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4. Communication Plan

Communication and public messaging is central to our 2023/24 winter plan. There are a number of key areas of focus within to our communication and engagement plan for winter 2023/24. These are as follows:

Internally Focussed Communication:

- **Governance and Management Structure** – we will work closely with winter planning governance groups and Planning and Performance to effectively adapt messaging based on developing service needs. We will strive to ensure that our messaging remains as responsive and current as possible.
- **Staff Communications** - we will continue utilise internal communications to staff e.g. core briefs and staff social media pages. We will also make extensive use of the intranet to provide information and resources for colleagues across Argyll and Bute concerning winter planning and management. We will endeavour to facilitate targeted communication aimed at those who are most impacted by winter pressures, i.e. those working in isolated, remote and/or rural communities, in circumstances such as adverse weather, where connectivity may be reduced as a result.

In addition to standard winter messaging, we will focus on messaging to support attendance avoidance and early discharge of patients wherever possible, alongside promoting the uptake of power of attorney, self-management materials and Technologically Enabled Care (TEC). We will also continue to promote our Flow Navigation Centres (via NHS 24) and vaccine programmes, supporting Right Care Right Place messaging to our workforce and service users.

Externally Focussed Communication:

- **Public Messaging** – Winter Planning and Urgent and Unscheduled Care management has a critical dependency on effective public communications. In line with national Scottish Government campaigns, we will continue to run local messaging to support national campaigns. This includes our 'Right Care, Right Place' campaign for urgent and unscheduled care, where we are actively promoting alternatives to attendance at A&E. We will also deliver strong public messaging around the importance of the vaccination programme for both Flu and the COVID vaccination booster. We will continue to raise awareness around power of attorney.
- **Patient and Public Feedback** – We will continue to facilitate patient and public feedback and this will be utilised to help shape and focus our key public messaging throughout the winter programme. Engagement with key communities will continue, via our focussed worksteams, Locality Planning Groups (LPGs).

- **Partnership Working** - We will continue to work closely with community partners, including Primary Care, Mental Health and Local Authority colleagues, to ensure a joined-up approach to system messaging and communication. We will continue to engage Third Sector partners in order to maximise our ability to coordinate and share information, respond effectively to emerging local challenges and help facilitate resolution where possible.

In summary our key actions for winter 2023/24 are as follows:

Priorities for Internal Communication:

- ✓ Ensure robust and consistent membership from communications at relevant system forums.
- ✓ Agree and establish clear roles, responsibilities and escalation structures. Within this approach we will agree and action communication activity according to agreed priorities.
- ✓ Articulate clear process for authorising communication internally and externally.
- ✓ Development of single implementation plan/schedule of outcomes from changes, with associated information on go live dates, governance and SRO/Sponsors
- ✓ Every plan for change implementation as part of winter planning to include staff communication as an implementation step
- ✓ Recommunicate the roles and functions of Gold, Silver and relevant Bronze meetings
- ✓ Review and refresh Intranet materials for staff relating to safety, pathways, reference materials, etc.
- ✓ Ensure Argyll And Bute HSCP council employees receive the same messages as NHS Highland employees simultaneously (N.B with appropriate caveats)
- ✓ Continue to work in a system-focussed way to adapt communication for both staff and service users in a way which is responsive to changing service pressures and needs.

Priorities for External Communication:

- ✓ In partnerships with other providers review and refresh materials distributed in health and social care settings (posters, leaflets, etc.).
- ✓ 3rd Sector providers briefed/engaged in implementation of the changes
- ✓ Continue to deliver campaign 'Right Care Right Place' targeted messaging, to ensure communities are able to make greater use of alternatives to attendance and admission. This includes the promotion of pharmacy and self-management.
- ✓ Continue to develop and build on our public messaging campaign about the importance of being vaccinated for both Flu and COVID from 2022/23.
- ✓ Continue to develop and build on our public messaging around Power of attorney to increase awareness of the importance of having this in place.
- ✓ Every plan for change implementation as part of winter planning to include public communication as an implementation step.

5. Urgent and Unscheduled Care

Urgent and Unscheduled Care pressures continue to be considerable at a National Level. Within A&B HSCP our redesign of urgent and unscheduled care continues, in line with the Scottish Government Collaborative for Urgent and Unscheduled Care. This is intended to transform the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time.

Key priorities that will make the greatest impact during winter 2023/24 includes:

- **The reduction and/or avoidance of admissions** – including signposting and redirection (of those whose care requirements are not an emergency) to more appropriate and safer care, closer to home, by optimizing clinical consultations through telephone and virtual ‘Near Me’ consultations. Those who require a face to face appointment will have their attendance scheduled, where appropriate and possible,
- **Increased virtual capacity** - to support the assessment of patients at home or within a homely setting, avoiding the need to attend services. Increased capacity for virtual monitoring and ongoing treatment, preventing admission.
- **Focus on Hospital at Home** provision, where available.
- **Supporting ‘Out of Hours’ (OOH) care** – sustainable, responsive, safe provision.
- **Optimising flow** - within our hospital settings, through the embedding of our Dwd programme, including effective planned date of discharge management. Reducing length of stay on admission – increasing the number of patients on a rapid assessment and short stay pathway, focussing on lower risk – high impact presentations supporting safe and early discharge home

Discharge without Delay (Dwd)

As part of the redesign of Urgent and Unscheduled Care programme we are in the process of fully reviewing and implementing the Dwd process within our inpatient areas. Our key priority areas for Dwd over winter months are to:

- **Limit hospital length of stay (LoS)** - to what is clinically and functionally essential, getting patients’ home at the earliest and safest opportunity, with the right care and support in place. This links with step down and discharge to assess frameworks.
- **Improve and expedite the patient journey**, from the initial point of a hospital admission, via effective access to services, planning and implementation of resources to support ongoing care at home, or in a homely setting, where needed.
- **Preventing delays** through early and effective discharge planning which includes robust and standardised approaches to all areas assessment and communication – including key aspects such as financial planning and AWI processes.
- **Ensure appropriate escalation and management** structures are in place to support resolutions to any barriers as they arise.

The immediate focus ahead of winter is to support care services to realise full resource potential and fully implement effective discharge with minimum delay. This includes the procurement of additional short-term resources where required.

Out of Hours Provision (OOH)

The Out of Hours service is working effectively to provide access to urgent care during out of hours periods. As we approach winter months, a number of key system pressures are known which present a risk for sustainable out of hours provision. Beyond rurality and transport issues, other significant risks include increases in unplanned attendance, breakdowns in care packages, access to pharmacy and increasing needs relating to the management of palliative care and complex presentations. There is also a priority need to focus on/refresh Key Information Summaries and Future Care Plans, to ensure effective OOH and partnership working and care.

Priority Actions for Admission Avoidance and Signposting

- ✓ Continue to promote access to Flow Navigation Centre for Urgent Care.
- ✓ Continue to prioritise attendances for urgent/emergency care as scheduled attendance.
- ✓ A focus on our ability to receive and effectively manage referrals from NHS 24 & schedule face to face appointments for urgent care in acute settings as required.
- ✓ Continue to promote and facilitate access and triage through 111, 24/7.
- ✓ Maintain a clear focus on supported self-management - Clear and concise public and staff information – ensure appropriate co-production with Comms team.
- ✓ Continue to drive worksteams which expand the role of the Third Sector/localised support.

Priority Actions for Virtual Capacity

- ✓ Ensure contingency arrangements in place to support patient consultations from home etc. if required – this will be critical in the event of adverse weather.

Priority Actions for Out of Hours Care

- ✓ Ensuring that the Professional to Professional line is available OOH to all pharmacists, paramedics etc. and is well used throughout the year.
- ✓ Ensure OOH clinicians have pan Highland ECS access. NHS24 Patients appointed via Hub.
- ✓ Ensure that emergency Social Work Service are in place for all public holidays and OOH periods as usual. Referral is direct to Emergency SWES.
- ✓ Ensure that all relevant paperwork is in place; including the prescribing of ‘just in case’ medications (ensure that the medication is in the house, rather than in a pharmacy).

Priority Actions for Optimising Flow

- ✓ Prioritise the use of Technology Enabled Care (TEC) including “Near Me” – ensure process & kit is available in A&E ensuring that technology solutions for urgent care are optimised.

Priority Actions for Discharge without Delay

- ✓ A pathway which has resilience, resource and governance to meet anticipated greater demand from Winter Pressures-monitor weekly through the Winter Planning Group.
- ✓ Ensuring that Planned Date of Discharge (PDD) is implemented and effectively managed through virtual wards and board rounds (including clear escalation strategies).
- ✓ Continue to promote the role of/inclusion of unpaid carers and/or carers’ services in discharge planning.

6. Planned Care Services

An integrated approach to community health and social care planning for winter supports and maintains capacity for Community Hospitals, Primary and Secondary care services and enables patients to remain in community settings where clinically appropriate. This approach should focus on initiatives which preserve and prioritise capacity for those most in need, under the principles of 'Right Care, Right Time'.

The HSCP envisages a repeat of the increased demand for community health and social care services as experienced in previous years. Particular pressure around care demand for our older adult population is anticipated, given the demographic profile for Argyll and Bute. In order to achieve this work, particular focus is required from all areas of planned care on:

- **Future Care Planning** and **Key Information Summaries** (accurate content and access).
- **Admission Prevention/Avoidance**, including alternatives to admission and self-care.
- **Single Point of Access**, with effective referral coordination and management.
- **Optimisation of Flow**, Including integrated discharge management and resource planning.

Planned episodes of care are expected to continue across all community Outpatient Services during winter months. Business continuity/service impact planning will be regularly reviewed to take account of the risks of reduced capacity, increased admissions, etc. with a view to minimising any associated impacts.

Home care (Care at Home) provision continues to present challenge for occupancy and flow. This will continue to be a pressure and runs risk of impacting on the need to cancel some planned activity. H@H and the introduction of additional rapid response/care at home capacity in Oban is expected to have an impact on reducing unmet need.

Close partnership working is currently in place via Discharge without Delay (DwD) frameworks, including package funding decision making groups, to ensure that care needs and resource are managed effectively within scope of capacity and matched need. This includes core system partners but could be further expanded to include third and independent sectors. Cases defined as Adults with Impairment (AWI) continue to present a significant challenge for occupancy and flow across the system.

Overarching Priority Actions for Planned Care Services

- ✓ A refresh of core workload and adjust capacity in line with current need and resources.
- ✓ Increasing staffing for predicted peak times across the actual public holidays and weekends.
- ✓ Identification of Service users who are defined as vulnerable and/or complex – these individuals should be an area of key focus, with appropriate MDT arrangements to manage ongoing care.
- ✓ Palliative and End of Life Pathways and Caseloads, in all areas, should be reviewed, with appropriate contingency plans in place to manage increased pressures which may result due to seasonal outbreak and/or the impacts of adverse weather.

6.1 Professional Areas in Focus

Nursing

The focus for nursing workforce as we approach winter 2023/24 is on quality and safety. Falls prevention within hospital and homely environments, with improvement work supported by Lead Nurses is a key area of work. In addition to this work, the roll out of Daily Care Plan in Inpatient areas is moving at pace to enhance and maintain quality care delivery and assurance. Work will also focus on tissue viability training and standards of practice to reduce risks around pressure ulcers for patients in hospital and at home with restricted mobility. Infection Prevention and Control Nurses (IPCNs): Ongoing training programme in preparation for winter, including continued support from IPCNs in the management of outbreaks.

3 Key Challenges

1. Recruitment generally but also to key leadership (SCN) posts.
2. Maintaining quality with the level of system pressures.
3. Staffing wellbeing and morale.

3 Priority Actions

1. Expand International Recruitment to more areas with A&B. Review hard to recruit roles and identify viable alternatives.
2. Targeted support from Lead Nurses to support quality agenda. Also planned QI support for TV in high prevalence Acute areas
3. Learning from Development Events - share and spread. Wellbeing challenges such a bespoke Step Count Challenge.

Allied Health Professionals

Focus on surge and real-time staffing through described escalation routes, including short-term increases to staffing by utilising winter pressures funding. Continue to focus attention around falls in in-patients units, including a meaningful activity project on all wards to increase activity, reduce deconditioning/falls, as well as increasing purposeful occupation and reducing distress for patients during their hospital stay. Refresh the response to uninjured fallers in community by our newly appointed Lead AHP alongside system partners. Continue to provide AHP leadership on in the HSCP's Living Well programme with recruitment to posts to support proactive frailty prevention work and increase community rehab and wellbeing programmes, with expected reduction in primary and secondary care visits, and increased levels of physical activity and independence in our communities.

3 Key Challenges

1. Recruitment and staffing gaps in very small teams.
2. Lengthy waiting times in community with lower priority work being particularly impacted.
3. Staffing wellbeing & morale.

3 Priority Actions

1. Progress proactive early intervention work at pace.
2. Roll-out of work planning tool to ensure staff have appropriate work plans and time for CPD.
3. Roll-out of digital dictation across teams at pace.

Social Work

Within Social Care services there has been significant amount of work undertaken in relation to smarter commissioning within the HSCP and Care at Home providers, working in partnership to deliver essential services. Challenges to this, which are also seen nationally, are the recruitment and retention difficulties faced across the sector. Smarter commissioning enables daily oversight and scrutiny of required services and actual delivery.

Following the agreement to implement a Central Adult Support and Protection Team, the operational model of Adult Social Work is being reviewed and this work is ongoing. A review framework has been drafted for care homes and work is underway to develop a review framework for clients in receipt of social work and or social care support in the community. Work is currently underway to develop a programme to increase our qualified Social Work Workforce over the next 4 years per the workforce projections.

Interface with the Third and Independent Sector

The independent sector (mainly care homes and care at home) are engaged for winter with the HSCP through provider meetings whether one to one or through, for example, the Care Home Task Force. Third sector initiatives for winter such as warm rooms, sits within the governance of the Local Authority, but small amounts to support warm boxes for older people can be made available

Medical Workforce

There are currently 200 medical professionals working across Argyll and Bute. There are 120 GPs providing primary care - 50 of these are in REP (rural emergency practitioner) who also contribute to Unscheduled/Acute /Rehab care in their community hospital roles. A further 10 work in unscheduled care across Oban and Dunoon. GPs continue to provide OOH standalone services for Oban, Dunoon and the islands.

Increased demand over winter inevitably impacts relatively small teams, whose input is needed across the traditional primary/secondary care interface. In RGH and mental health, rotas are also reliant on very small Consultant teams, supported by a junior medical workforce. Sustainability of services is considerably enhanced by multi-professional working and ensuring that roles and skills are carefully planned and utilised to maximum impact.

3 Priority Actions:

1. Review and ensure business critical protocols are updated, available and visible to on local and on call managers. This includes a clear process to fill last minute gaps on rotas, especially for junior workforce and GP OOH.
2. Efficient recruitment processes ensuring workforce availability- we have progressed recruitment for REPs and need to see these people available to work ASAP and preferably pre winter surge.
3. Oban: ensure that staff responsible for admissions (juniors and locum Consultants, especially those who are temporary or rotate) have a full understanding of hospital at home uses and criteria, and other facilities to reduce need for admission. Also encourage ownership of prevention of admission in ED nurses.

6.2 Integrated Community Care Services

Community Services are managed and delivered within 6 local areas:

Area	Helensburgh and Lomond	Cowal	Bute	Mid-Argyll	Kintyre, Islay and Jura	Oban, Lorne and the Isles
Community Hospital Beds (Contingency)	SLA GGC	11 (3)	8 (1)	15 (0)	10 (2)	
					Islay 6 (0)	Mull 3 (0)
Rural General Hospital (Contingency)						LIH RGH 46 (6)
GP Practices* (List Count)	5 24,185	8 21,690		8 21,125		8 23,207
Care Homes	4	4	2	1	2	4
No of Beds	169	141	15	16	56	118

*4 practices are not included as work is ongoing to evaluate list sizes.

Key Challenges for Community Services:

- **Demography** - A total population of 85,430 people with 26% were aged over 65. 11% of people live 8.7% lived in the most deprived quintiles. Access to services, health management, housing, and employment are among the highest ratings.
- **Rurality** – Argyll and Bute covers 691,000 hectares, and has 23 inhabited islands, making it the second largest local authority and one of the most geographically complex areas to deliver services within. 43% of the population live in remote and rural areas.
- **Health Needs** - In the financial year 2020/21, in Argyll and Bute HSCP, 24% of the total population had at least one physical long-term condition (LTC). 4.5 in 10 of those aged 65 to 74, 6 in 3 of those aged 75 to 84 and 7 in 6 of those 85+ have at least 1 LTC. These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. among the people who have a LTC, 21% of those under the age of 65 have more than one, compared to 50% of those aged over 65.
- **Transport/Access** – sustainable delivery of services in remote and rural areas is an existing challenge which is made more challenging by staffing gaps, adverse weather and availability of public and emergency transport.

Key Actions for winter 23/24:

Community Services Priority Actions:

- ✓ Ensure that resource is maximised by holding system pressure in regular review and continuing to signpost the public through the media, social media and online to the most appropriate services for their needs and to ensure our wider public messaging campaign remains credible and effective and aligned with pressures
- ✓ Undertake a review of district nursing hours to ensure alignment with GP practices.
- ✓ Ensure adequate equipment (including beds and mattresses) available in the community to enable the management of more acute conditions at home and facilitate discharge without delay. Private transport will also be agreed on a needs basis.

6.3 General Practice

As winter months approach, Primary Care, alongside other Community Services is at the forefront of pressures, particularly General Practice and Community Pharmacy. Both services are reporting ever increasing numbers of patient contacts and increasing complexity and frailty within their communities. It is also recognised that the geographical and demographical challenges for Argyll and Bute are acutely reflected in Primary Care service delivery - every Practice is different and there is no single solution for all.

Workload pressures are currently being experienced across the whole of the health and social care system. Such pressures are expected to escalate during winter months.

Practices are asked to consider key priorities that will make the greatest impact during winter 2023/24 which includes:

- The length of each clinical surgery and length of appointments.
- The mix of appointment types- face to face, video, telephone (this may differ between days and between clinicians).
- The availability to pre-book appointments, and how far ahead this can/should be supported.
- The knowledge and skills of administrative teams, who are often the most effective at identifying issues and redirecting patients where appropriate.
- The Practice website(s), ensuring up to date/appropriate links for patients and to avoid the need to call the Practice.
- The recognition that no practice is able to carry out everything in times of unusual pressures - enable practices to prioritise within available capacity and use the escalation framework to request exceptional departure from contractual activity.
- Consider use of extended hours/Saturday opening to enhance capacity where appropriate and feasible (LES in negotiation)

Key Actions for winter 2023/24:

Priority Actions for General Practice:	
✓	Continually review demand and capacity - allocate resource based on complexity and urgency.
✓	Focus on those most at risk of deterioration that require support and intervention.
✓	Focus on those at risk of admission to hospital, care home or significant risk in a community setting e.g. self-harm, or requiring enhanced support package.
✓	Focus capacity where there is a clinical need for same day response, to reduce risk of demand being deferred to the out of hours period and protect hospital resources.
✓	Delay some activities where this can be done without immediate significant adverse health impact or impact on other parts of the system.
✓	Use of Pharmacy first and the advertising of Clinical Pharmacy opening hours during bank holiday periods.
✓	Continue to facilitate and prioritise MDT/Partnership working to coordinate and focus resources.

6.4 Hospitals

Additional Winter Capacity

Our ability to create additional acute capacity by opening ‘winter beds’ is limited by the availability of staff, in particular, registrant staff to provide the level of care and rehabilitation required.

Although this is carefully planned ahead of the winter period, the provision of true additionality of resource into wards is extremely challenging. All community services, community hospitals and the RGH have very limited capacity to offer a response to surge escalation, in the form of contingency beds and resources. The focus for A&B will be on effective approaches to admission avoidance and bolstering care at home/within a homely setting where appropriate. Continuous flow models, including effective discharge without delay planning are a critical focus for the HSCP. Further work streams, including intermediate care beds will also be critical to managing surges in capacity and demand.

Alternatives to Admission and Admission Avoidance

A critical focus for the supporting the hospitals across Argyll and Bute is alternatives to attendance at A&E and admission avoidance. For Oban locality, this will include a focus on the Hospital at Home pilot, which will aim to work with complex medical patients – supporting them to remain in their own home rather than being treated in an Emergency Department or Hospital ward.

Flow Navigation Centre (FNC) arrangements are in place to respond to emergency treatment needs, including appropriate signposting. Current local provision is in place to direct medically urgent assessments to non-by-pass A&E departments for assessment by a senior clinical decision maker. The majority of A&Es have Business to Business contracts with an on-call GP link. Out Of Hours provision is in place. Routine cases are directed via local Single Points of Access (SPOA) under business as usual arrangements. These are allocated on needs-based priority to appropriate services. Self-care and attendance avoidance is advised where appropriate. Examples of good practice for multi-agency Multi-disciplinary working exist across A&B communities.

Community responder services will also play a critical role in providing alternatives to attendance, by way of appropriate signposting and alternative assessment and treatment models. Services are developing improved access and responsiveness to non-injurious falls, including supporting call outs to Care Homes. “Call before convey” and “Professional to Professional Conversations” are also a critical focus to maintain flow throughout the winter months. This aims to support referrals into community services and/or stabilise existing care options as an alternative to conveyance, attendance and ultimately admission.

Where clinically appropriate, we will aim to provide remote medical consultations to NHS24/111 patients. This avoids the patient having to attend in person, and frees up face to face capacity for those with more urgent or complex needs.

6.5 Children and Families

Child Health Services

As winter months approach, Child Health Services, alongside other Community Services is at the forefront of pressures. During winter pressures teams will continue to use the Traffic Light Tool to prioritise delivery of the Universal Health Visiting Pathway. Our Allied Health Professionals as well as Community Paediatrics teams continue to see an increase in demand for services - in particular, Neurodevelopmental Assessments. In the approach to winter, there has been a requirement to review demand and prioritise the need within caseloads. All of child health teams are seeing an increase in presentation complexity within the community. With the added pressure of a national shortage of ADHD medication, recruitment struggles and an increase in complex presentations the need for considered resource management is of vital importance. The uses of assistive technology for consultations in remote and rural areas will continue to be utilised to extend scope and maximise impact of pressured service areas.

Key priorities that will make the greatest impact during winter 2023/24 includes consideration of:

- Supporting professionals and increasing the range and types of care available to reduce the risk of burn out and further pressures as a consequence.
- The mix of appointment types- face to face, video, telephone (this may differ between days and between clinicians and client based needs).
- Ensuring a timely and robust model to reduce and manage waitlists and provide a responsive and timely service according to complexity of needs.
- Remodelling of neurodevelopmental service to provide biggest impact to families and communities
- Accessible self-help resources within HSCP websites.
- The recognition that no service can carry out everything in times of unusual pressures - enable service to prioritise within available capacity.

Key Actions for winter 2023/24:

Child Health Priority Actions:

- ✓ Continually review demand and capacity and allocate resource based on clinical priority, complexity, and urgency.
- ✓ Focus on those most at risk of deterioration that require support and intervention.
- ✓ Continue to keep child safety central to all child health work.
Continue to work collaboratively to meet needs of children and families
- ✓ Delay some activities where this can be done without immediate significant adverse health impact or impact on other parts of the system.
- ✓ Continue to facilitate and prioritise MDT/Partnership working to coordinate and focus resources.

6.6 Mental Health Services

The challenges for Mental Health Services in relation to the winter period continue. Particular pressure emanates from RMN nursing and MHO vacancies across the localities. In addition, our Mental Health psychological therapies service continues to experience long waiting times with current waiting lists at a 2 year wait for secondary care services, and an additional waitlist for primary care mental health services. This pressure represents significant challenges for the provision of timely and responsive interventions, and to step-up care across the localities. Increasingly, Mental Health teams are focusing their limited resources on preventative measures in order to minimise an escalation of crisis and attendances presenting to A&E. Our Urgent and Emergency team continue to ensure that a timely and robust response and assessment is available to appropriate patients.

Argyll and Bute Mental Health Services recognise the concerns around recruitment and are committed to proactively developing more innovative ways to extend the reach of services with the introduction of partner agencies, particularly in relation to accessing psychological interventions; we are currently completing the commissioning of new partners to assist us to deliver services across both primary and secondary care services. These approaches are of particular focus in the approach to winter, and are aimed towards:

- Promoting resilience for those patients with a mental health need by ensuring appropriate models of care which support self-management and access to care at home,
- Ensuring a timely and robust model to reduce and manage waitlists, and provide a responsive and timely service according to complexity of needs.
- Support discharge without delay, where there is a mental health component, by facilitating appropriate care in the right place, at the right time.
- Supporting professionals and increasing the range and types of care available to reduce the risk of burn out and further pressures as a consequence.

Key Actions for winter 2023/24:

Mental Health Priority Actions:

- ✓ Ensure a timely pathway for access to a Mental Health Assessment if attending Emergency Department, Police Scotland and SAS.
- ✓ Continue to focus on preventative measures, to reduce pressures on services and maintain patient care in appropriate settings.
- ✓ Proactively manage ongoing recruitment issues, working collaboratively with relevant partner organisations.
- ✓ Promote a joint-working, with innovative approaches to practice and shared responsibility ensuring that people experiencing distress receive appropriate and timely response.
- ✓ Maintain a clear focus on the reduction in the number of crisis/emergency admissions.
- ✓ Maintain a clear focus on reduction in the number of people attending the A&E in crisis.
- ✓ Continue to work collaboratively in supporting with the resolution of AWI related difficulties – assessment, discharge, placement and general care planning.

6.7 Care Homes and Housing

As at October 1st the Care Home Bed occupancy by area shows the following:

Helensburgh and Lomond 169 Beds 147 Occupied 90% Occupancy		Cowal 156 137 87% Occupancy		Bute (Included in Cowal Totals)	
Northwood	20	Struan Lodge	12	Thomson C	8
Occupied	20	Occupied	11	Occupied	8
% Occupied	100%	% Occupied	92%	% Occupied	89%
Argyll C Centre	56	Ardenlee	33	Palm Court	7
Occupied	48	Occupied	22	Occupied	6
% Occupied	86%	% Occupied	67%	% Occupied	86%
Hermitage House	64	Ardnahein	30		
Occupied	51	Occupied	28		
% Occupied	80%	% Occupied	93%		
Morar Lodge	29	Ash Grove	65		
Occupied	28	Occupied	52		
% Occupied	97%	% Occupied	95%		
Mid Argyll (Included in Kintyre Totals)		Kintyre, Islay and Jura 72 Beds 62 Occupied 83% Occupancy		Oban, Lorne and The Isles 118 Beds 89 Occupied 71% Occupancy	
Ardfenaig	16	Gortanvogie	16	Eadar Glinn	22
Occupied	15	Occupied	10	Occupied	17
% Occupied	94%	% Occupied	63%	% Occupied	77%
		KCC	40	Tigh A Rudha	12
		Occupied	37	Occupied	6
		% Occupied	92%	% Occupied	50%
				North Argyll	25
				Occupied	19
				% Occupied	76%
				Etive House	59
				Occupied	47
				% Occupied	80%

*Source: Care Home Assurance Data Reporting. Not all beds are able to be occupied and numbers should be interpreted accordingly in line with most recent data.

Local Authority Owned Managed
Privately Owned/Managed

Overall bed occupancy for Local Authority owned homes is currently 104 out of 127 beds, with 3 vacancies that can be filled. The remaining 23 vacancies are being reviewed. Overall bed occupancy for Private and Independent Sector Managed Care Homes is 331 out of 388 beds, with 30 vacancies that can be filled. The remaining 57 vacancies are being reviewed.

Total bed occupancy is 435 occupied beds, from of an overall total of 515 (80 actual vacancies and 33 vacancies that can be filled), giving an overall occupancy of 84% for Argyll and Bute.

Care Planning

The majority of care homes across Argyll and Bute have a weekly review with a GP. Any concerns or issues raised can be escalated. All care homes have their own future care plans in place, and there is a lead nurse for care homes in place to advise on clinical issues. A home first approach is in place to facilitate admission avoidance.

Occupancy and Resources

In order to meet the known additional winter pressures, we are reviewing our care home bed occupancy to explore potential capacity for winter bed surge planning. Approximately 33 additional beds may be available this winter, these have been included within the winter plan costs as being opened on a spot purchase basis from December to March. Please note the costs within the winter plan are for opening the winter surge beds only and do not include the costs of the beds that remain open and have been historically been in place for some time.

Intermediate Care Options

Step up and step down care, or intermediate care options are currently being scoped at pace. The HSCP will establish a working group to look at options for models of care. This will be a key focus for HSCP winter planning/strategic development and will feature in the final plan. Although Interim Beds (a side move with no rehabilitation whilst waiting for care at home) are now not in scope as a formal offer, step down arrangements of up to 6 weeks are in place and can be agreed to facilitate intermediate care where appropriate (and where there is a realistic prospect of reablement and/or where the longer term care needs are known, and are being proactively managed).

Key actions for winter 2023/24

- ✓ Care Homes: Monitored and assured through the Care Home Assurance process, communication through the Task Force.
- ✓ Weekly review of high risk health issues to be developed by the Associate Lead Nurse Care Homes
- ✓ Interim care (where care at home is not available: confirm spot purchase arrangements with existing care homes. Take up and use monitored through the Care Home/Care at Home Assurance.
- ✓ Scope potential growth and options for intermediate care through a SLWG.
- ✓ Staff and care home staff offered vaccination in situ
- ✓ At pace review of KIS and ACPs for all residents.

6.8 Care at Home

As at 31 October 2023, the following information relating to total clients and total care delivery hours was available.

Helensburgh and Lomond		Cowal		Bute	
Grand Total Service Users: 306 Grand Total Average Hours: 3297 Percentage with 2 Carers: 16% Unmet Clients/Hours: 6/99.5		Grand Total Service Users: 130 Grand Total Average Hours: 1136 Percentage with 2 Carers: 25% Unmet Clients/Hours: 5/39.5		Grand Total Service Users: 124 Grand Total Average Hours: 1594 Percentage with 2 Carers: 24% Unmet Clients/Hours: 1/7	
Service Users:	Average Hours:	Service Users:	Average Hours:	Service Users:	Average Hours:
-	-	-	-	-	-
287	3032.25	120	967.13	121	1549.5
22	264.75	12	160.25	3	44.75
Mid Argyll		Kintyre, Islay and Jura		Oban, Lorne and The Isles	
Grand Total Service Users: 102 Grand Total Average Hours: 1503.5 Percentage with 2 Carers: 31.5% Unmet Clients/Hours:		Grand Total Service Users: 177 Grand Total Average Hours: 1790 Percentage with 2 Carers: 22% Unmet Clients/Hours:		Grand Total Service Users: 197 Grand Total Average Hours: 2412 Percentage with 2 Carers: 24.6% Unmet Clients/Hours: 17/128.5	
Service Users:	Average Hours:	Service Users:	Average Hours:	Service Users:	Average Hours:
45	594	Kintyre: 42 Islay & Jura: 47	456.75 370.25	Lorn: - Mull & Iona: 28 Tiree/Coll: 10	- 393 69.75
52	659.5	Kintyre: 87	755.5	Lorn: 103 Mull & Iona: 9 Tiree: -	1024.5 69.25 -
13	250	Kintyre: 7 Islay & Jura: 4	153 55.5	Lorn: 46 Mull & Iona: 2 Tiree/Coll: 2	803 22.75 38.25

Internally Provided
Externally Commissioned
Direct Payments

Summary of Care Hours and Delivery by Area

As at the end of August 2023, the Care at Home service was being delivered to 1036 people in total, with 1004 of these people aged over 65 years. Services delivered per-week were approximately 9572 hours across all types of delivery, across the HSCP.

Of this number, 111 people opted for Self-Directed Support – Option 1 (Direct Payment) and were in receipt of approximately 1566 hours per week.

779 people received care from externally commissioned service – Self Directed Support Option 3, delivering approximately 6546 hours per week.

172 people were in receipt of care delivered through internally managed services - Self Directed Support Option 3, with approximately 1460 hours of service being delivered.

Overall, the average hours per person being delivered per week were 9.24 hours per week.

As at the 31 October, unmet need stood at a total of 40 clients with 382.8 hours unfulfilled.

Resources

The internal care at home service currently employs 86 permanent care staff with varying contracted hours. There are also 67 casual/bank staff. The total workforce has approximately 23% of staff aged over 60 years, with 27% of the carers aged over 60 years.

The externally commissioned services employ approximately 416 staff through 12 organisations. All areas now employ mobile responder teams (Oban, Lorne and Isles progressing through commissioning at pace as at 31 October 2023).

Key Challenges

As we move to winter 2023/24, the key pressures for care at home are:

- **Unmet need** – with a high percentage of newly identified clients requiring long-term care at home provision (a high percentage require intensive support (i.e. 4x double-up daily visits). The most significant pressure for unmet need centres on the Oban, Lorn and Isles locality.
- **Delayed discharge** – as at 31 October 2023, 61% of current delayed discharges (21 of 34) related to Care at Home. Of the 21 delays relating to Care at Home, 57% (12) related to Oban, Lorn and Isles locality.
- **Recruitment/Accommodation** – a number of posts remain vacant across Argyll and Bute, for both registrant and non-registrant roles. Difficulties in recruitment are further exasperated by lack of affordable/suitable accommodation in key areas of pressure, such as Oban. A working group is reviewing this provision at pace.

Key Actions for winter 2023/24

Priority Actions for Care at Home

- ✓ The recruitment and deployment of a mobile team for Oban Locality. Agency staffing is being implemented in the interim to support/alleviate hospital pressures.
- ✓ Bolstering/additional support for responder teams to ensure appropriate use and ability to provide holistic approaches to care – this in turn supports quality of care at home and ability to maintain care in the home/homely setting.
- ✓ Interim/intermediate care options to both support admission avoidance and reduce length of stay/support discharge.
- ✓ Future Care Planning and Key Information summaries to support winter plans for service users in receipt of Care at Home.
- ✓ Focussed monitoring and review for Unmet Need through Care at Home assurance frameworks – this includes closer working with CRGs, DwD pathways and provider relationships.
- ✓ A rapid review of all Care at Home services, to ensure efficiency and high quality delivery (and reduction in pressures for other services, i.e. hospitals and DwD).
- ✓ Reviews of packages of care – to ensure that input remains appropriate and that resource is appropriately managed.

7. Workforce

At the end of March 2023, the HSCP employed 1,568 substantive staff (1,277wte). 53% of staff held full-time contracts. Nursing and Midwifery held the highest numbers of vacancies across all divisions, followed closely by Allied Health Professionals – this trend is echoed in the table below.

Vacancies and Recruitment

The winter workforce plan considers the impact of winter pressures across the partnership. As at 1 November 2023, the HSCP is operating with the following vacancies. These are detailed for the entire division and then by service area:

Vacancies by Division & Job Family				Number of Vacancies	
Division	A&B Children Families & Justice	Job Family	Administrative Services	Count	Sum
			Allied Health Professions	2	2
			Medical and Dental	1	1
			Nursing and Midwifery	1	2
			Total	5	6
	A&B MH LD & Addiction Services	Job Family	Medical and Dental	1	1
			Nursing and Midwifery	2	2
			Total	3	3
	A&B Older Adults & Hospital Services	Job Family	Administrative Services	2	2
			Allied Health Professions	9	9
			Healthcare Sciences	1	1
			Medical and Dental	3	7
			Nursing and Midwifery	13	14
			Other Therapeutic	2	2
			Total	30	35
	Argyll & Bute Central	Job Family	Nursing and Midwifery	1	1
			Total	1	1
	Total	Job Family	Administrative Services	3	3
			Allied Health Professions	11	11
			Healthcare Sciences	1	1
			Medical and Dental	5	9
			Nursing and Midwifery	17	19
			Other Therapeutic	2	2
			Total	39	45

Count is the number of job adverts; sum is the total number of vacancies across those adverts

In response to the current challenges and pressures within all Health and Social Care divisions, there have been a number of actions implemented which in order to ensure quality care can be maintained and staffing vacancies can be recruited to. A workforce establishment tool process has taken place with our Community Team and our Specialist Teams. The aim is to right size the workforce and is part of the preparation for the enactment of the H&C Staffing Act. Other improvements related to this are: Real Time Staffing implementation, including risk mitigation and escalation and the introduction of e-roster which is currently being rolled out throughout the Board. International recruitment within Mental Health of Registered Nurses (RNs) is ongoing.

Growing Our Own RNs is also proving effective, with 24 nurses currently in various stages of training via the Open University. Similar initiatives are in place for Social Work and AHPs. Board wide work on expanding Band 4 roles within more clinical areas is also a priority focus. This includes a comprehensive review of roles, responsibilities, competencies and training ahead of winter.

Sickness and Planned Absence

The challenges of winter are carefully thought through and the planned mitigations have been developed in collaboration with key stakeholders. Traditionally, staff availability is impacted further in the peak winter months as a result of higher sickness absence levels.

Key Actions for winter 23/24

Vacancies and Recruitment:

- ✓ Ahead of winter this year we are proactively working with Higher Education Institutions (HEI's) to develop a communication to students to promote working in HSCP roles during academic gaps such as festive breaks and between placements.
- ✓ Dedicated winter recruitment is underway, ensuring that additional resources are recruited to facilitate the provision of increased capacity.
- ✓ Ensuring Safe Staffing - Enhanced rates for key shifts and now sourcing agency locums for outstanding remote & rural shift periods. Workforce provision under continual review.
- ✓ Consideration is also being given as to how we could further develop our staff bank to provide support to all Allied Health Professionals (AHPs) and Registered Nurses.
- ✓ We continue to support colleagues wishing to retire and Return, with this now being managed via the flexible working process.

Staff Wellbeing

A range of staff wellbeing and mental health initiatives have been deployed and will be maintained throughout winter. The HSCP has a focused culture and wellbeing group which meets bi-monthly. Staff wellbeing is a priority for HSCP; both employing partners take an integrated approach to ensure an ability to maximise the resources and support available. This forum is well supported, action focused and inputs and outputs are well communicated.

A priority area of focus within our strategy is to ensure there are a number of preventative interventions in place to ensure that our workforce has access to a range of services that support and improve their physical and mental health.

Key Actions for winter 23/24

Priority Actions for Staff Wellbeing:

- ✓ Continue to promote access to support through the Argyll and Bute Wellbeing Programme.
- ✓ Continue to prioritise clinical and management supervision frameworks so that colleagues continue to have a safe space to escalate and co-manage any concerns.
- ✓ Ensure clear provision and routes of access for confidential support and access to counselling services, etc.
- ✓ Remote Working – Ensure that appropriate arrangements are in place for remote working both in terms of network capabilities and availability of hardware – this will be a critical action to maintain safe staffing in the event of adverse weather.

8 Finance and Resources

Allocation of winter funding is in place. A process has been established to collate and approve requests for additional support, relating to the KPIs for winter planning, as set out by Scottish Government. Ad-hoc requests will be agreed via established governance channels and committed spend will be collated and submitted to Scottish Government as required.

8.1 Digital Support

As we move towards winter months, the HSCP's E-Health function continues to complete work to create an environment that supports flexible/remote and agile working as well as ensuring that the core infrastructure is optimised to ensure it is effective to support clinical, care and non-clinical services.

The HSCP Team continue to work closely with Argyll and Bute Council's ICT department to ensure our social care and health staff have seamless access to systems and information as well as improved communication across the health and care "technological organisational boundaries" to deliver integrated care.

The prioritised programme of work in the winter period 2023/24 includes:

Digital Priority Actions:

- ✓ Federation of Microsoft Teams and 365 e-mail to provide seamless functionality re calendar access "free busy" video and voice messaging and presence status across council and NHS Highland instances so we are a single "connected organisation". Second phase of this project to be led by the digital office, which will include further exploration of using SharePoint between 365 tenancies.
- ✓ Eclipse phase 2. The project is moving towards Phase 2 with Discovery days scheduled for October to support our four community health teams; Mental Health, Community Nursing, Allied Health Professionals and Child Health. Discovery sessions with each of the community continue, to ensure that the partnership agreement meets all the technical requirements of the teams.
- ✓ Completion of business case to support the use of the North of Scotland Care Portal to include both social care and health information from March 2023. – Ongoing.
- ✓ CIVICA data-sync is now in place and this means that all new clients added to Eclipse will appear in CIVICA.
- ✓ Completed the electronic scanning of general medical records in Lorn and Islands Hospital RGH, Mid Argyll Community Hospital and Integrated Care Centre and Cowal community hospital to SCI store. Work continues to further enhance Electronic Patient Record to provide clinical staff with faster access to enhanced clinical information.

8.2 Technology Enabled Care (TEC)

Technology Enabled Care plays a critical role in keeping people safe at home. Our remote health monitoring and online CBT programmes promote supported self-management, preventing illness or worsening of patients' conditions and lead to improved longer-term outcomes.

The Telecare service is vital in facilitating timely discharge from hospital and in preventing admissions, important especially throughout the coming months as our hospitals face winter pressures. The service also supports and evidence reviews of care package needs via "Just Checking" service to ensure the correct level of care is provided to clients meeting needs.

Key areas of focus for TEC for the winter period 2023/24 includes the following primary areas of work:

- **Increase Telecare provision**, awareness and training, particularly among front facing teams who support care at home, admission avoidance and timely hospital discharges.
- **Expanding the use of 'Just Checking'** to ensure delivery of the right levels of care and support, in the right setting at the right time.
- **Analogue to Digital – Progress project**, ensuring readiness of the digital platform for roll out.

TEC Priority Actions:

- ✓ Continue closer working with hospital sites, promoting Telecare team presence at board round, virtual ward etc.
- ✓ Identify referral patterns and provide familiarisation resources to increase awareness and referral rates among staff.
- ✓ Ensure purpose of Telecare is clear – response to emergency alarms and not a personal care service or a replacement to Home Care.
- ✓ Ensure Just Checking is being fully utilised to support reablement and support decision making with appropriate care packages, leading to improved outcomes.
- ✓ Ensure that clients who transfers to a digital line have continuity in service/remain supported with Telecare.
- ✓ Continue to test and work towards long term digital solution.
- ✓ Establish and develop Near Me link from ED/MIUs with EMRS for clinical advice/patient retrieval. Set up Near Me hubs on Islay, Iona, Coll & Tiree enabling patients to be seen virtually and avoid unnecessary journeys.
- ✓ Transition to Connect Me system (remote health monitoring) and continue expansion of Silvercloud cCBT programmes, conduct training and advertising.
- ✓ Work with Mental Health to develop SOP for directing patients waiting for treatment into cCBT programmes.
- ✓ Provide operational management with access to activity and trend information to assist performance management and monitoring of service delivery across health and social care.

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Integration Joint Board

Agenda item:

Date of Meeting: 27th November 2023

Title of Report Public Health Highlights from 2022-2023

Presented by: Alison McGrory, Associate Director of Public Health

The Integrated Joint Board/Committee is asked to:

- Note the report on Public Health Team activity in 2022-2023
- Note wider prevention activity including the merger of the Public Health Living Well board and the Prevention Board.
- Endorse the role of the IJB in providing leadership to prevent health and social care problems from arising

1. EXECUTIVE SUMMARY

This paper outlines public health activity in Argyll and Bute to prevent ill-health and improve health and wellbeing outcomes for the population. The detail of the paper covers the Public Health Team Annual Report for 2021-2022

2. INTRODUCTION

Argyll and Bute Health and Social Care Partnership (HSCP) has a Public Health Team that works towards improving the health and wellbeing outcomes of the population of Argyll and Bute. This team is part of a wider NHS Highland directorate. The steer for this Public Health work comes from different directions, for example: national strategy; national Public Health priorities; HSCP strategic priorities; and community led aspirations. The Christie Commission of 2011 estimated that 40% of public sector spending is on problems that could be avoided given earlier intervention.

Prevention of health problems can take place at three levels:

Primary – population wide health improvement and laying the foundations of good health

Secondary – targeting health improvement to those at risk of ill-health

Tertiary – directed activity with people already experiencing ill-health to minimise escalating problems

3. DETAIL OF REPORT

3.1 Public Health Team Annual Report for 2021-2022

The Public Health Team in Argyll and Bute includes health improvement, health intelligence/data analysis and the Alcohol and Drug Partnership support team. An annual work plan sets out the work of the team and this is reported at the end of each year.

Throughout 2022 – 2023 there was an active remobilisation of core work following the cessation of COVID-19 related work in May 2022. There was recognition of the important contribution the team makes towards addressing the social determinants of health and prevention. The full report provides detail on the range of activity delivered; highlights of this work include:

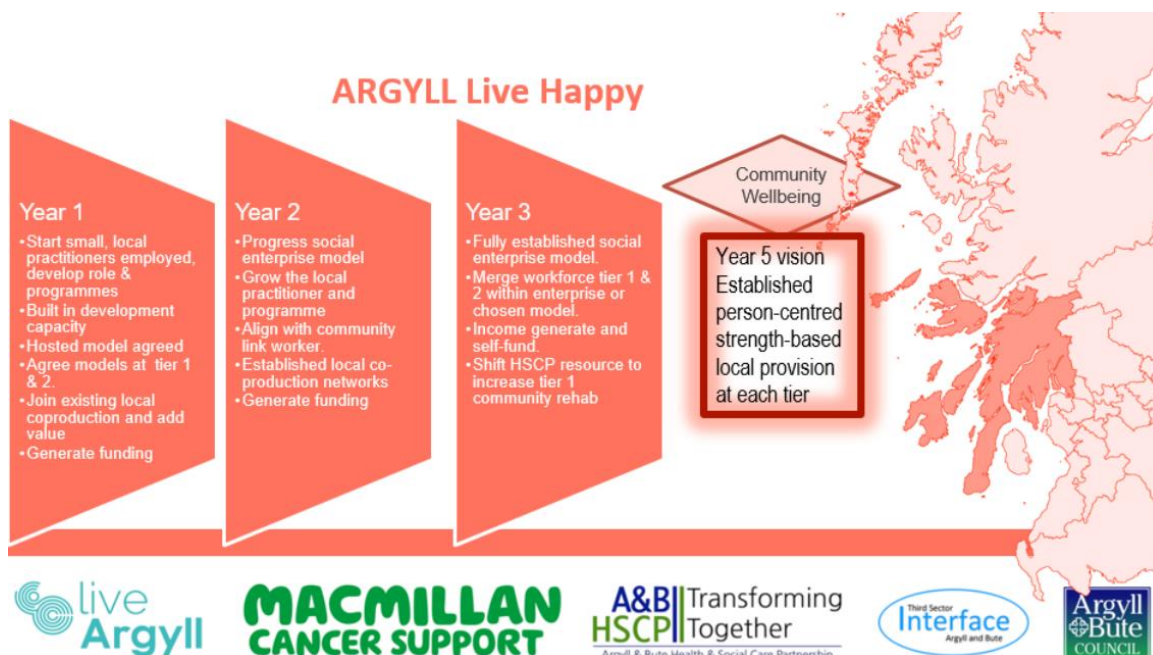
- Overseeing the commissioning of Community Links Workers in primary care
- Cool2Talk online support for young people
- Smoking cessation
- Smoke free education in primary and secondary schools
- Contribution to strategic priorities such as Suicide Prevention action plan, the Child Poverty plan and the Social Mitigation strategy
- Screening inequalities engagement
- Youth mental health first aid training
- Health psychology and weight management
- MAP health behaviour change training
- Income maximisation and child poverty work
- Pathway for residential rehabilitation for people with drug problems
- Implementation of treatment pathways for people with drug problems
- Naloxone training for those at risk of drug overdose

3.2 Wider Prevention Activity

In July 2023 a merger of the Public Health Living Well Board and the Prevention Board took place, the resultant board is called the Living Well Board. The Living Well Board has responsibility for developing the Living Well programme. 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 programme has funding from Argyll and Bute HSCP, Macmillan Cancer Care, NHS Charities Together and Argyll and Bute Third Sector Interface and will work closely with local partners Live Argyll and Lorn and Oban Healthy Options. The Living Well board will ensure that a multi-agency approach is taken, with all partners working with shared vision and responsibility to provide cohesion and clarity around wellbeing services. This will include ensuring funding is allocated

wisely, aligned with the shared vision of all partners, avoiding duplication across partners.

The Living Well board will coordinate the efforts of associated subgroups, providing strategic direction, authorisation, accountability and support to their respective aims. The board has three subgroups that focus on implementation of the Living Well Programme, these are: community rehab, community health and wellbeing, and community wealth building/assets. There is also a management committee of key partners overseeing the financial delivery. Recruitment is currently ongoing for the community rehab workers who will be located with our partner Live Argyll. The community wellbeing programme is at the planning stage and anticipates launching in April 2024.



4. RELEVANT DATA AND INDICATORS

Full details of the outputs of Public Health activity is published in the reports.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The work of the Public Health Team is linked to:

The Strategic Plan

- Promote health and wellbeing across our communities and age groups

The Commissioning Plan

- Prevention, early intervention and enablement
- Living Well and active citizenship
- Community Co-production

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The Public Health Team is resourced from core HSCP funds and in-year Scottish Government allocations to the sum of approximately £1.5 million. This

paper is not asking for additional investment in Public Health. However, it is a topic for debate to consider early upstream intervention can avoid the need for downstream service delivery.

6.2 Staff Governance

No issues in this paper.

6.3 Clinical Governance

No issues in this paper.

7. PROFESSIONAL ADVISORY

No issues in this paper. The Associate Director of Public Health works closely with the other professional advisors, in particular the Associate Director for Allied Health Professions.

8. EQUALITY & DIVERSITY IMPLICATIONS

No issues in this paper. Equality and diversity are key principles of Public Health work and interventions and strategies are designed to ensure those most in need will benefit the most. This is with the intention of reducing the gap between the most well off and the worst off in our communities.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No issues in this paper.

10. RISK ASSESSMENT

No immediate risks in this paper although there are risks to the sustainability of health and social care service from rising demand.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Community engagement is a core principle of Public Health and interventions and programmes always include engagement to ensure effectiveness and suitability. The Living Well strategy was developed following comprehensive community and stakeholder engagement.

12. CONCLUSIONS

The paper provides an update on ongoing wellbeing and prevention activity overseen and delivered by the Public Health Team in Argyll and Bute. There is a compelling need to prevent health and social care problems before they arise. The HSCP is well placed to both continue and expand upon the recent successes outlined in the detail of this report.

DIRECTIONS

Directions required to	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	

Council, NHS Board or both.	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Argyll & Bute Health & Social Care Partnership

Health and Wellbeing in Argyll and Bute Annual Report 2022/23



 www.ablivingwell.org



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INTRODUCTION

I am delighted to introduce the Public Health Annual Report for the period April 2022 to March 2023. The Public Health Team in Argyll and Bute has a varied role which includes:

- Improving the health and wellbeing of the people who live in Argyll and Bute
- Implementing national health and wellbeing strategy and policy in our area
- Supporting the Health and Social Care Partnership (HSCP) in delivering effective services, for example, with evaluation or data analysis
- Working with a range of partners and communities to gather views to shape and inform our health and wellbeing activity

As a small team, our work is done by connecting with others and developing effective partnerships for health and wellbeing. We continue to promote our Living Well Networks and regularly link with the Community Planning Partnership. It is very important that we listen and respond to what's important to our local communities and support community champions.

Living Well is our showcase public health programme in Argyll and Bute. The aim of this work is to promote what keeps us well rather than what makes us ill.

The Public Health Team worked on the Equality Outcomes and Mainstreaming report throughout 2022. One of the most important aspects of public health policy is to reduce inequalities across the population and ensure those most in need benefit from our efforts. Scotland is a very unequal country, for example, people who are better off financially live longer and have better health. We continue to champion this important agenda across our services and in local communities. It is possible to empower people to influence the wide causes of inequality. This can happen at many different levels, the most effective being the day to day conversations we have about the Scotland we want to live in.

The cost of living crisis is a major challenge to health here and across Scotland. The rising cost of food, energy, and other essentials is putting a strain on household budgets which makes it increasingly difficult for people to afford to live healthy lives. This strain is not felt equally by everyone. The Public Health Team is delighted that Community Link Workers are working in many GP practices and the majority of our population can now access person centred support for the underlying social issues that impact health.

Despite these ongoing challenges, Argyll and Bute has many assets that keep us well. We have amazing people living, working and volunteering here to make our communities the best places to live and a vibrant third sector providing rich social support. We also have the beautiful outdoors at our fingertips and can take advantage of a free nature workout whenever we choose. My loves are swimming in the sea and going to the beach and I count myself very lucky this is so easy to do where I live in Kintyre.

Moving into 2023 – 2024, we continue to focus on building capacity for health with our partners and in our communities and work on what keeps us well. You can keep in touch with us on Facebook at our page Healthy Argyll and Bute.



With warm regards,

Alison McGroary

Associate Director of Public Health
Argyll and Bute HSCP, NHS Highland
1 November 2023

ARGYLL AND BUTE - THE CONTEXT

The Public Health Team works within Argyll and Bute HSCP. To get a deeper insight into the characteristics of Argyll and Bute's population and economy which impact the context of how we work, see the documents below:



Strategic Plan 2022-2025

View the full document and the Plan on a Page at: bit.ly/JSP-ABHSCP-2022-25

The Argyll and Bute Joint Strategic Needs Assessment (JSNA) included in this document provides detail on; Demographics, Life Circumstances; Health and Wellbeing status of the population, challenges etc.

Plan on a Page

JOINT STRATEGIC PLAN 2022-2025

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER, HEALTHIER INDEPENDENT LIVES

[READ HERE](https://bit.ly/JSP-ABHSCP-2022-25)

[HTTPS://BIT.LY/JSP-ABHSCP-2022-25](https://bit.ly/JSP-ABHSCP-2022-25)

WHAT WE ARE PLANNING FOR

- 85,430 PEOPLE 3.6% SINCE 2010
- WORKING AGE POPULATION
- 47% POPULATION LIVE IN 'RURAL' AREAS (2020)
- INCREASED DEMAND FOR HEALTH AND SOCIAL CARE SERVICES FROM CONTINUED INCREASES IN THE NUMBERS OF OLDER PEOPLE.
- 23 INHABITED ISLANDS AT THE 2011 CENSUS.
- THE OLDEST IN THE POPULATION
- MAINTAIN WORKFORCE AS THE POPULATION OF WORKING AGE DECREASES
- 69% POPULATION (LIVE IN 'VERY REMOTE' AREAS (RURAL OR SMALL TOWNS) (2020)
- 45% OF SMALL AREAS ARE WITHIN THE MOST ACCESS DEPRIVED IN SCOTLAND.
- 12,000 PEOPLE AGED 16+ PROVIDE UNPAID CARE IN ARGYLL AND BUTE

OUR HSCP 8 STRATEGIC OBJECTIVES

- Reduce the number of avoidable emergency hospital admissions & minimise the time that people are delayed in hospital
- Promote health and wellbeing across our communities and age groups
- Support people to live fulfilling lives in their own homes for as long as possible
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
- Institute a continuous quality improvement management process across the functions delegated to the partnership
- Support staff to continuously improve the information, support, and care they deliver
- #KEEPTHEPROMISE
- Efficiently and effectively manage all resources to deliver best value

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER, HEALTHIER INDEPENDENT LIVES

BUDGET 2022/23 - £320.9 MILLION

Children & Families	GP Services
Older People social care	Hospital and Community Services
Mental Health & Learning Disability & Physical Disability	Prescribing
Commissioned Services incl NHS GG&C	Public Health
Dentists, Chemists and Opticians	Management and Corporate

HSCP SERVICE AREAS

- Children & Young People
- Older Adults

Technology & Digital Strategy

Violence Against Women and Girls

Public Health

Mental Health

Primary Care

Learning Disability

Carers

Compassion

Integrity

Excellence

Leadership

Respect

Continuous Learning

LIVING WELL STRATEGY

Our showcase strategy focusing on wellbeing, prevention and self-management to enable our people to live a healthier life.



ALIGNS TO 4 THEMES OF THE HSCP STRATEGY

The Argyll and Bute Living Well strategy (2019-2024) makes a commitment to support people living with long-term conditions and those at risk of developing them. The strategy focuses on supporting people to manage their own health and supporting communities to build groups and networks which can link people together.

The Living Well Implementation Plan aligns to the HSCP strategic intentions under four themes.

The four themes:

- ★ **People** – People living in Argyll and Bute have the tools and support they need to support them to Live Well
- ★ **Community** – There are a wide range of local services to support people to Live Well
- ★ **Leadership** – Effective leadership is in place to support the delivery of the Living Well strategy
- ★ **Workforce** - Staff are able and motivated to support the people they see to Live Well

There are a wide range of actions included under each of the above themes and the full strategy, engagement report and implementation plan can be downloaded from here - <https://www.ablivingwell.org/living-well-strategy>.

£33K IN LIVING WELL SELF-MANAGEMENT GRANTS

Awarded to Third Sector Organisations in 2022-23 to promote priorities of:

- ★ SUPPORTING VOLUNTEER WELLBEING
- ★ REDUCING ISOLATION
- ★ HEALTHY WEIGHT AND ACCESS TO SUSTAINABLE FOOD PROGRAMMES

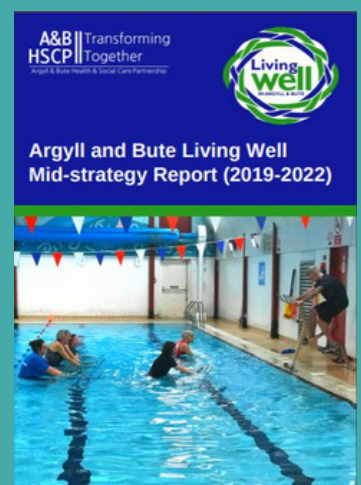
The following types of activities were funded by these self-management grants:

- ★ Volunteer peer support
- ★ Wellbeing Wednesdays for volunteers
- ★ Volunteer wellbeing and healthy eating
- ★ Circle of Befriending
- ★ Nourish to Flourish - Plant to Plate

ARGYLL AND BUTE LIVING WELL STRATEGY INTERIM REPORT (2019-22)

The Living Well Strategy interim report demonstrated the wealth of work undertaken by Living Well partners, the Living Well Networks and the Living Well grant fund. The interim report reflects on the challenges of the COVID-19 pandemic and looks ahead to the future of Living Well, including the next steps for ensuring that people living in our communities are supported to Live Well. The full report can be accessed here:

<https://www.ablivingwell.org/s/Final-Living-Well-interim-report-rr66.pdf>



LIVING WELL NETWORKS (LWN)

Building capacity for health and wellbeing in our local communities.

Living Well Networks (LWN) across Argyll and Bute



Argyll and Bute



Developing local partnership working and planning for health improvement activity

The LWNs are for people with an interest in building healthy communities. They provide an opportunity for people to come together to find out what issues matter to local communities; to plan activities and events together; and to network with individuals, services and organisations with an interest in improving health. The networks have allocated coordination time (about 1 day per week) funded by Public Health.

A new model of delivery was piloted in 2022, this model was successful and will be implemented from April 2023. There are Coordinators in place in each locality and a new admin role to deliver the valuable engagement and capacity building work of the networks by working in partnership with a range of stakeholders, community members and Locality Planning Groups. Funding for the networks has been secured for two years. Further information and contact details for the networks can be found here: <https://www.ablivingwell.org/living-well-networks>

We would like to thank both Sandra MacIntyre and Kirsty McLuckie, who left post in 2022, for their dedicated hard work coordinating the Islay and OLI Living Well Networks. Islay is now led by Fiona Kalache/Lynn Johnstone from MAYDS and OLI by Carol Flett. Recruitment to the Helensburgh and Lomond Living Well Network Coordinator post took place in 2023.

LWN Priorities in Argyll and Bute, 2022/23:

In developing their workplan for 2022/23, with the impact of the COVID-19 pandemic as a backdrop, the Living Well Networks were asked to identify local priorities for activities. Each LWN could choose 3 key priorities:

- ★ 1 from the Living Well Strategy action plan;
- ★ 1 from the Argyll and Bute ADP Strategy; and
- ★ 1 of the Network's own choice based upon the Public Health team's workplan.



Bute and Cowal LWN Coordinator:

-  **Dee James**
-  hwnbute@ab-rc.org.uk
livingwellcowal@ab-rc.org.uk
-  **07384463473**
-  facebook.com/ButeHWN
facebook.com/CowalLWN





BUTE LWN


100 LWN members

100 Facebook followers

Highlights 2022/23

 **ADP grant funding** was awarded to Lomond and Argyll Advocacy Service to facilitate a walking group for those within Bute's Recovery Community. It has given people a chance to get outdoors and have a chat. The group was very popular and is still going strong.


 Online GamCare training was provided by Margaret MacLachlan for network members this was attended by more than 20 people.

 The network has had many interesting guest speakers attend our meetings, these have included: MacMillan Cancer Support Worker, Paths For All, Generations Working Together, GamCare, Community Development, Rothesay Pavilion and Scottish Communities Climate Action Network.




Dee James

Highlights 2022/23

 This Fierce Love event was organised by the LWN Coordinator, ADP, ARC and Scottish Families – this was advertised and promoted rigorously.

 Various health screening tests provided by NHS Scotland highlighted over several weeks

 Cowal Living Well Network and TSI hosted a volunteer recruitment/information session to provide local groups with the opportunity to share information about their group and volunteering roles that they have with members of the community to encourage volunteering. 10 local organisations were represented.

COWAL LWN

90 LWN members

268 Facebook followers

The Cowal LWN Coordinator is fully involved in the development of the Cowal Hub and the Addictions Recovery Café (ARC) Steering Group. She attends all relevant meetings and sits on working groups to implement the MAT (Medically Assisted Treatment) Standards in Cowal.



The Islands and Oban and Lorn
LWN Coordinator

 Carol Flett

 tcmhwn@gmail.com

 07753218327

 bit.ly/IslandsLWNFacebook
bit.ly/ObanAndLornLWNFacebook



THE ISLANDS MITCC LWN

89 Island based Network Members

141 Facebook followers

123 Mainland based LWN Partners

Highlights 2022/23

- ★ Supported Versus Arthritis to plan a Pain and Wellbeing Roadshow on Mull
- ★ Supported the HSCP roll out of the Island of Coll Community Survey 2022.
- ★ Highlighted local gaps and issues raised by LWN members at Locality Planning Group (LPG)
- ★ LWN Zoom meetings have increased the number of people attending and improved the ability for mainland-based partners to attend.

LWN meetings highlighted a range of support offered by mainland based partners including: Paths for All, Social Security Scotland, Bute Advice Centre, North Argyll Carers Centre, We are With You, Oban Youth Café, the Alcohol and Drug Partnership and A&B Council Children and Families team.

Carol arranged a reduced fee for mainland based LWN partners to advertise in local island newspapers. This included a three page article about the Living Well Network in both in both An Tirisdeach (Tiree) and Round and About (Mull and Iona) community newspapers,



OBAN AND LORN LWN

105 Facebook followers

Highlights 2022/23

- ★ Meetings have included presentations on “Challenging Poverty in Oban & Lorn” from Mandy Sheridan (Argyll & Bute Council) and Lydia Murphy (Poverty Alliance) and on gambling harms by Margaret MacLachlan from Gamcare.
- ★ LWN meeting brought together representatives from Paths for All and local walking groups to discuss working in partnership.
- ★ Meeting focussing on the challenges faced and support available for organisations affected by rising costs.

We would like to extend our thanks to Kirsty McLuckie who was the LWN Coordinator for Oban and Lorn until Carol took on the role in December 2022. We wish Kirsty well in her future endeavours.



Mid Argyll LWN Coordinator:

-  Jointly covered by Fiona Kalache and Lynne Johnstone
-  livingwell@mayds.org.uk
-  01546 603231
-  bit.ly/MidArgyllLWN-Facebook

118 LWN members
76 Facebook followers



Fiona Kalache



Lynne Johnstone

Highlights 2022/23

- ★ Ran a community health and wellbeing event “New me in 2023” at Mac Pool in January, hosting stalls, soft play, using the pool, as well as yoga, reflexology, massage, belly dancing, tai chi taster sessions. This was attended by 85 people.
- ★ Developing a steering group of local organisations to coordinate the food bank in Mid Argyll.
- ★ Membership of the LWN has increased this year.

Health Improvement Team contact:  Angela Coll  angela.coll@nhs.scot

KINTYRE LWN



Kintyre LWN Coordinator:

-  Tracy Chambers
-  hwnlinkclub@gmail.com
-  07535036953
-  bit.ly/KintyreLWNFacebook

86 LWN members
235 Facebook followers



Tracy Chambers

Highlights 2022/23

- ★ Represented the Kintyre Living Well Network at a Locality Planning Group meeting.
- ★ Regular LWN hybrid style meetings held (face-to-face and Zoom) give partners the opportunity to attend.
- ★ Supported the Versus Arthritis Self -Management Pain and Wellbeing event in Campbeltown which was very well attended by partners and members of the public.
- ★ The LWN had presentations from We Are With You, Lomond and Argyll Advocacy Service and the local Community Link Worker.

Health Improvement Team contact:  Angela Coll  angela.coll@nhs.scot

COMMUNITY LINK WORKING

Community Link Workers are based in GP practices and connect people to support or resources in their local area. Social issues such as debt, relationships, and loneliness affect people's health and wellbeing. Link workers work in a person-centred way to help people find the best support for their problems.

HIGHLIGHTS

We Are With You, has a strong understanding of the rural geography and is the organisation contracted to provide the Link Working service for Argyll and Bute.

92.6% of people who completed a wellbeing scale at entry and exit have recorded an improvement in their scores, with an average increase of 5.28%.

One year in, LWs have developed good relationships with community partners and are able to work increasingly flexibly to help support people with a range of different goals and action plans.

Top reasons for referral were mental health (52%), social isolation (14%), stress (14%), finance (10%), long-term conditions (10%), and housing/essential needs (14%).

**we are
withyou**
at Argyll and Bute
Community Links



The Community Link Working service is available in 13 GP practices in Argyll & Bute.

The Community Link Worker (CLW) service can be accessed through referral. For more details ask your GP practice or email: argyllbutelinks@wearewithyou.org.uk

COOL2TALK

Supporting young people to access local or national services, health information, and providing a forum for discussing health and wellbeing matters.

Cool2Talk is an online support service for young people aged 12-26. Young people post a question to the website then receive a bespoke answer within 24 hours, 365 days a year, signposting them to appropriate services including sexual health services, emotional support resources and other health related issues.

HIGHLIGHTS

Mid Argyll Youth Development Services (MAYDS) will deliver the service until March 2024.

Thanks to the following partners for their continued financial commitment to the health and wellbeing of young people in Argyll and Bute: ADP, Public Health, Police Scotland, Scottish Fire and Rescue, HSCP Children and Families and Argyll and Bute Education Service.



COOL2TALK.ORG

- ★ 125 questions answered in 2022-2023.
- ★ 53 questions were asked about emotional health, 45 were about relationships.

STOP SMOKING

Reducing the harms from smoking in Argyll and Bute by implementing NHS Highland's Tobacco Strategy, and working towards the Scottish Government aim of Scotland being smoke free by 2034.

HIGHLIGHTS

Advisers have continued to deliver a quality service to help people to stop smoking with many appointments taking place face to face.

Advisers continued to support various health improvement events across the area in conjunction with other services e.g. Oral Health Week with Dental Services.

Advisers took on extra training to allow them to have informed conversations with clients about Public Health screening, for example, for bowel cancer.

The team developed health behaviours change skills allowing them to have better goal setting conversations.

Successful recruitment of two new team members.

Advisers promoted "No Smoking" day with stalls across Argyll and Bute.

QUIT YOUR WAY with our support



See also smokefreehighland.scot.nhs.uk

'SMOKE FREE' P7 EDUCATION PROGRAMME

Working in all primary schools using a drama production to raise awareness of the dangers of smoking.

HIGHLIGHTS

'Smoke Free' is a bespoke educational programme delivered to Primary 7s. It consists of lesson plans, online leaflets, letters for families and ends with an interactive drama production.

The Smoke Free team and Argyll and Bute's Education Department responded to feedback from schools to improve the P6/7 lesson plans last year. Current issues such as Black Lives Matter, vaping and the impact of smoking and vaping on the environment are now discussed by pupils.

In March 2023 the Smoke Free drama tour performed live for the first time since the COVID-19 pandemic. Raenbow Productions delivered Argyll and Bute's bespoke engaging and interactive production to pupils from 50 primary schools.



The "Smoke Free" drama tour performed live in 50 schools across Argyll and Bute.

'SMOKE FREE' S3 HEALTH DRAMA: 'YOU ARE NOT ALONE'

Engaging with all Secondary Schools to deliver a drama production to address topical issues young people may have difficulty with.

HIGHLIGHTS

For the first time since the pandemic our S3 Health Drama Programme, You Are Not Alone, jointly led with Education, was delivered live in schools across Argyll and Bute.

The drama production consists of three vignettes that address issues including smoking and vaping, alcohol, sexuality, mental health, coercive relationships and sending nude photos.

Parallel support activity allows young people to discuss the issues raised in the drama, consider their own situations and supports, engage with service providers with a Q&A session and explore the issues further in class lessons.

Feedback from the schools and young people has been very positive.



- ★ 849 pupils participated in the S3 Health Drama Programme. Thanks to the wide range of partners for their support and contribution.

SEXUAL HEALTH

Improving sexual health and knowledge to minimise risk of Sexually Transmitted Infections (STIs), including HIV, and reducing health inequalities across Argyll and Bute via a contract with Waverley Care.

HIGHLIGHTS

Continued awareness raising of free condoms and the ability to order condoms by post for those living in Argyll and Bute.

More than 1000 condoms were distributed to people in Argyll and Bute during 2022 - 2023.

A number of people were supported following diagnosis of an STI.

Participation in S3 drama programme with information on condoms, demonstrations, and awareness raising of safe sex.



ONLINE RESOURCES

- ★ NHS inform: <https://www.nhsinform.scot/self-help-guides/self-help-guide-emergency-contraception>
- ★ Waverley Care: <https://www.waverleycare.org/support-and-advice/sexual-health>
- ★ Free condoms available by post: www.waverleycare.org/condoms-by-post

SCREENING INEQUALITIES

Raising awareness of the importance and benefits of health screening with particular attention on people less likely to participate in screening.

HIGHLIGHTS

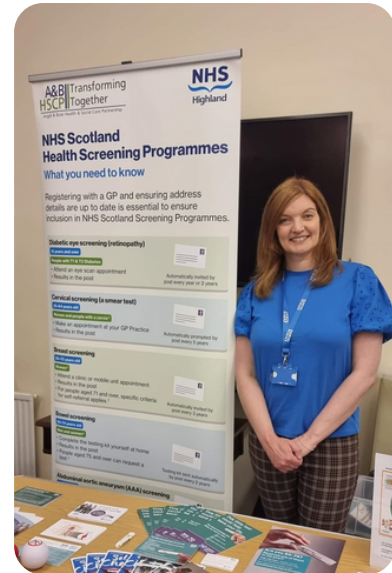
A Screening Engagement Officer was appointed in February 2023 to identify the barriers some groups and individuals face in participating in screening. The role has been promoted at partnership events enabling awareness sessions to be delivered to front line staff who come into contact with people who have not yet taken part in screening.

Stop Smoking Officers have been trained in public health screening so they can raise this issue with their clients. Smoking increases the risk of many cancers and promoting uptake of screening can help to reduce health inequalities.

Health Improvement staff across NHS Highland are developing an online Screening Training Module, which will be available to anyone in Scotland working with groups or individuals less likely to participate in screening.



Registering with a GP and ensuring address details are up to date is essential to ensure inclusion in NHS Scotland Screening Programmes



SUICIDE PREVENTION STRATEGIC GROUP

Coordinating a partnership approach to suicide prevention in Argyll and Bute.

HIGHLIGHTS

Bimonthly meetings continue with new chair, Jillian Torrens. Meetings are well attended with regular presentations given from guest speakers.

The Argyll & Bute Strategic Suicide Prevention Group are now attended by a Public Health Scotland Suicide Prevention Implementation Support representative helping to provide information, guidance and support.

Following on from the new National Suicide Prevention Strategy and Action Plan Creating Hope Together, work has commenced to develop a local action plan for Argyll & Bute. This will involve utilising the knowledge and experience of partners, communities and individuals.



Creating Hope Together

Scotland's Suicide Prevention Strategy 2022-2032

★ A new Scottish Government Suicide Prevention Strategy and Action Plan was published in 2022

MENTAL WELLBEING ENGAGEMENT

Gathering views from a range of people and partners about what support is available, and what support is required to improve mental health and wellbeing for people in Argyll and Bute.

HIGHLIGHTS

An engagement event was held in August 2022, views were sought on a range of issues including; what support is currently available, what more was necessary and how best to ensure minority groups were supported.

A key finding was that volunteers for organisations providing support felt fatigued. This finding informed the priorities for the Living Well self-management grants where organisations could bid for funding to support volunteer wellbeing.

Findings from the event were included in a response to the Scottish Government consultation on the new Mental Health and Wellbeing Strategy.



Mental Health and Wellbeing Strategy



MENTAL HEALTH FIRST AID FOR YOUNG PEOPLE

Delivering youth mental health and wellbeing training and how to support individuals to seek support and/or engage with services.

HIGHLIGHTS

Virtual delivery enabled participation from all over Argyll and Bute including Islay, Coll and Mull.

23 people attended the online training from 15 different organisations. Those attending included staff from LiveArgyll, education and various third sector organisations.

Participants reported increases in:

- Confidence in asking if someone is having suicidal thoughts
- Understanding of their own mental health and wellbeing
- Confidence in challenging stigma
- Confidence in supporting someone to engage with appropriate services
- Confidence in approaching someone displaying mental health distress to offer support



Course content:

- What is First Aid for Youth Mental Health?
- Identifying mental health conditions
- Stress
- Mental health conditions
- First Aid for Mental Health action plan



3 First Aid for Youth Mental Health courses were commissioned and delivered online in January and March 2023 (each 4 x 2.5-hour sessions over a two-week period).

CHILD POVERTY ACTION GROUP

Tackling child and family poverty in line with Scottish Government targets to address child poverty by key dates of 2023 and 2030.

HIGHLIGHTS

The Independent Food Aid Network Worrying about Money leaflets have been distributed to range of health settings and community events, including Chronic Pain workshops.

They have been translated into Gaelic, Arabic, Ukranian and Polish and are available at:

<https://www.worryingaboutmoney.co.uk/argyll-and-bute>

Poverty Awareness Training has been provided. 32 participants from Argyll and Bute have attended Money Counts Level 1 awareness sessions in the last year

The team contributed to Argyll and Bute Child Poverty Action Plan review 2021-2022.



Who are the Argyll and Bute Child Poverty Action Group?

- ★ A multi-agency group formed in 2019 with representatives of Argyll and Bute Council, NHS Highland, Third Sector and other partners looking at utilising resources to make a difference to those living in poverty.

MONEY COUNTS INCOME MAXIMISATION COURSE

Building the knowledge and confidence of staff and volunteers working with people that may benefit from support to maximise their income.

HIGHLIGHTS

The **Money Counts Income Maximisation Course (Level 1)** for Argyll and Bute was delivered 8 times in 2022/23 and attended by 32 participants.

Social media has been utilised and communications have increased with partner agencies to increase attendance. This has largely been successful.

The sessions are now delivered in partnership with colleagues from Argyll and Bute Council and Health Improvement colleagues based in North Highland, allowing more sessions to be delivered.

Attendees surveyed reported an increase in confidence in their ability to talk with someone about money issues after the session.



Course Objectives:

- ★ Have an increased understanding of poverty and its impact;
- ★ Have increased confidence to ask about money worries
- ★ Gain knowledge of support services for money matters.

PHYSICAL ACTIVITY GROUP

A partnership of people committed to incorporating physical activity messages and opportunities into day to day health and social care service delivery.

HIGHLIGHTS

Partnership work undertaken between the Physical Activity group, LiveArgyll, Macmillan, HSCP, and Third Sector Interface (TSI) to map future options for providing community based support for physical activity.

A business case to present options to address the lack of physical activity and exercise referral provision, by co-designing with communities.

Prevention programme based around the Living Well themes of Self-Management, Information and Support, Healthy Weight, Physical Activity, Emotional and Mental Wellbeing.

The group has now concluded and incorporated into the Living Well Board.



SOCIAL MITIGATION

Supporting recovery from the pandemic in the context of the impact on the wider social determinants on people's health.

HIGHLIGHTS

The Social Mitigation Strategy and Action Plan agreed by NHS Highland's Board in March 2021, covers a number of overarching themes including:

- ★ Unemployment and the Economy
- ★ Income and Financial Security
- ★ Food Security
- ★ Mental health and Wellbeing
- ★ Drugs and Alcohol
- ★ Digital Inclusion
- ★ Capacity and Community Resilience
- ★ Transport and Active Travel

The Strategy has been developed through community and staff engagement and in partnership with work developed nationally through Public Health Scotland.



NHS Highland's Social Mitigation Strategy (May 2021) provided a framework for the cost of living impact that guided our renewed focus on income maximisation and poverty, equalities impact assessment, and mental health improvement, targeting those most in need in our portfolio of work in 2023.

Read the detail at:
<https://www.nhshighland.scot.nhs.uk/media/dfu/hjuxc/item-12-social-mitigation-appendix-1-social-mitigation-actionplan.pdf>

HEARTSTART

Teaching basic emergency life support in the community and schools.

HIGHLIGHTS

Visited 13 schools and trained 408 pupils.

13 new school instructors and 16 staff refresher training.

274 members of the general public trained over 29 sessions.

5 new community instructors introduced and 5 instructor refresher training courses took place.

From April 2023 we have built up a very strong Cowal group of volunteers. Schools are booking in for sessions.



- ★ Volunteers given a certificate and badge in recognition of their support and years of volunteering.

EQUALITIES

Reporting on Equality Outcomes and Mainstreaming within NHS Highland as part of our statutory responsibilities.

HIGHLIGHTS

Staff from the Health Improvement Team contributed to the report which outlined work towards making NHS Highland an inclusive place to work and live.

Work outlined in the report included; money counts training delivery, screening inequalities work and the introduction of Planet Youth pilots in Argyll and Bute.

The report is published on NHS Highland's website.
Available at:
<https://www.nhshighland.scot.nhs.uk/about/publications-and-public-records/equality-and-diversity/equality-impact-assessments-and-reports/>



NHS Highland Equality Outcomes and Mainstreaming Progress Report 2021-2023

The report was approved at a meeting of the Board of NHS Highland on the 28th of March 2023.

HEALTH PSYCHOLOGY AND WEIGHT MANAGEMENT

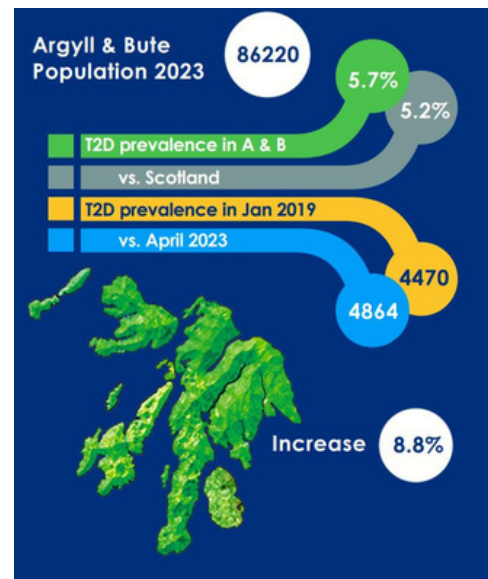
Integrating health psychology theory and practice in the weight management service in Argyll and Bute.

HIGHLIGHTS

The multidisciplinary pilot was developed in line with Scottish Government Type 2 Diabetes (T2D) Prevention Framework with the aim of improving effectiveness, equitability and consistency of weight management services for the people of Argyll and Bute.

The team employed evidence-based behaviour change tools and techniques, nutritional/psychological education and psychological interventions.

Baseline data indicate that clients had significantly high levels of anxiety and depression, as well as important challenges around their wellbeing and daily functioning as a result of their weight, the physical and psychological impact, and the impact of longstanding negative dieting history.



Preliminary data indicates significant reductions in anxiety and depression scores, as well as improvements in wellbeing and functioning.

Giulia Spaltro had a poster submission accepted for the Division of Health Psychology Annual Conference 2023.

MAP OF HEALTH BEHAVIOUR CHANGE TRAINING

Delivering health behaviour change training across NHS Highland

HIGHLIGHTS

This learning programme is for any professional whose role involves helping people to make positive health and behaviour related changes

It provides a guide to structure behaviour change conversations and evidence-based behaviour change techniques (BCTs) which help people do things differently.

Several colleagues across NHS Highland completed the MAP training for trainers and are now rolling out the learning programme to a wide range of health and social care staff groups.

MAP Training is delivered virtually over two half days, following completion of pre-learning tasks



- ★ MAP training course dates available on NHS Highland Turas page: <https://learn.nes.nhs.scot/67147>
- ★ You can watch a short video for a summary of the Learning Programme at: <https://vimeo.com/354888116>

ARGYLL & BUTE ALCOHOL & DRUG PARTNERSHIP (ADP)

Preventing and reducing alcohol and drug use, harms and related deaths in Argyll and Bute.



The ADP would like to give thanks to John Owen, who held the role of independent chair for 7 years and wish him a fond farewell in his ventures new. The ADP were delighted to welcome Fiona Davies, the Chief Officer of Argyll and Bute HSCP to the role of interim chair.

A commitment to young people's services continued to be a priority for the ADP; funding for Cool2Talk, the S3 Health Drama Tour and School Support Services. The ADP remained fully committed to the implementation of Planet Youth, an Icelandic model for substance use prevention which commenced in two schools, providing valuable research and a basis on which to roll out the community and collaborative approach to other schools.

The multi-agency Residential Rehabilitation Group implemented the newly developed Argyll and Bute pathway. Fourteen people were funded through residential rehabilitation helping with their recovery journey which includes other valuable life skills and supportive social networks.

The ADP Support Team worked in partnership with the community, statutory and third sector organisations to support the development of The Hub and Recovery Café in Dunoon.

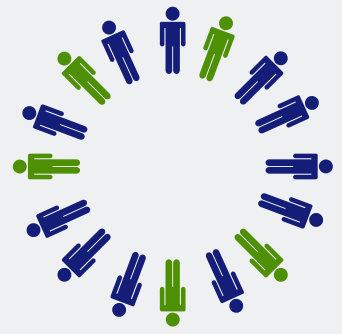
The Scottish Government's standards for Medically Assisted Treatment (MAT) were implemented as a test of change pilot within Cowal, adopting a rights based approach and providing developments in service provision, prescribing, service access, satellite recovery services.

We Are With You (WAWY), commissioned by the ADP, continued to provide community based addiction recovery services, delivering outreach and person centred support to people with drug and alcohol problems. WAWY also delivered CRAFT (Community Reinforcement and Family Training) programmes, Naloxone Training and support the delivery of MAT.

The ADP hosted a Strategy Refresh in person event which welcomed 40 attendees from partner organisations and those with lived experience. The engagement resulted in a Strategy Refresh for 2023 to 2024 and an action plan.

Argyll and Bute became the first area in Scotland to establish an advocacy service for people in recovery delivered by people with experience of recovery. Lomond and Argyll Advocacy Service (LAAS), advocates worked closely with the substance use support teams in localities, supporting the needs of their communities and encouraging people to access the types of supports that enable their recovery journeys.

THE ARGYLL AND BUTE PUBLIC HEALTH TEAM



Alison McGrory

Associate Director of Public Health, Argyll and Bute HSCP

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Cara Munro

Personal Assistant to Associate Director of Public Health, Argyll and Bute HSCP (Part-time)

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Health Improvement
Team

Public Health
Intelligence (PHI) Team

Alcohol and Drug
Partnership (ADP)

Health Improvement Team

Sam Campbell

Health Improvement Principal

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Jenny Dryden

Health Improvement Lead (Part-time)

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Laura Stephenson

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Rory Munro

Health Improvement Lead

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A special note to those who have now moved on to new opportunities including Sarah Griffin, Lynsey Gates, Mandy Allison, Kirsty McLuckie and Jill Denton. We wish them all well in their future endeavours.

We also extend congratulations to those promoted, and a warm welcome to the new additions to the team.

Health Improvement Team continued...

Angela Coll

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Administrative Assistant (Part-time)

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Plus our Bank Health Improvement Seniors from Spring 2022, who have provided additional capacity to respond to changing Public Health demands.

The 'Smoke Free' Team:

Iona McMurdo

Smoking Cessation Officer (Part-time)

Area covered: Oban

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JoAnne Loughlin

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Kathy Graham

Smoking Cessation Officer (Part-time)

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Caroline Glen

Smoking Cessation Officer (Part-time)

Area covered: Campbeltown, Bute and Mid Argyll

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Gerard Dougan

Smoking Cessation Officer (Part-time)

Areas covered: Helensburgh and Lomond

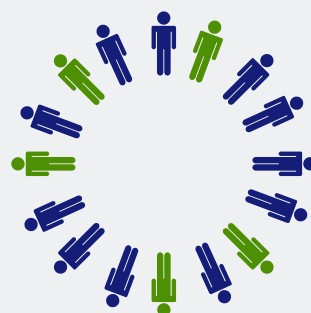
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Health Psychology

Giulia Spaltro

Trainee Health Psychologist

giulia.spaltro@nhs.scot





Public Health Intelligence Team

Saskia Schmitz (from 2023)

Public Health Intelligence Specialist (Part-time)

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Vacant

Public Health Intelligence Assistant (Part-time)

The Public Health Team's presence online

(including data published by the Public Health Intelligence Team):



www.ablivingwell.org



[@HealthyArgyllandBute \(facebook.com/HealthyArgyllandBute\)](https://www.facebook.com/HealthyArgyllandBute)



NHSH.ABhealthimprovement@nhs.scot



Alcohol & Drug Partnership (ADP) Support Team

Craig McNally

Argyll and Bute ADP Coordinator

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Anne Ndlozi

ADP Information, Research and Performance Officer

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The ADP's presence online:



argyllandbuteadp.org.uk



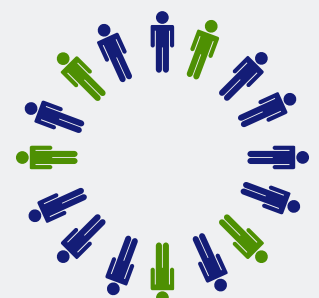
[@ArgyllandButeADP \(facebook.com/ArgyllandButeADP\)](https://www.facebook.com/ArgyllandButeADP)



[@ArgyllADP \(twitter.com/ArgyllADP\)](https://twitter.com/ArgyllADP)



NHSH.argyllandbuteadp@nhs.scot



USEFUL CONTACTS AND LINKS

If you are struggling or need advice you can contact any of the organisations below for help.

Breathing Space
Open up when you're feeling down

Opening hours
Weekdays: Monday-Thursday 6pm to 2am
Weekend: Friday 6pm-Monday 6am

Need help now? Call free on
0800 83 85 87

SAMARITANS

Call us any time, day or night
Whatever you are going through, you can call us any time, day or night, from any phone for FREE.

Call 116 123

shout
85258

Txt 'shout' to 85258 for help.
We are here for you 24/7

NHS inform

For latest health advice and everyday health concerns
www.nhsinform.scot
Freephone
0800 22 44 88

Tel. 111 **NHS 24**

For urgent care advice, day or night, and health and dental support when your GP practice or dentist is closed.

LanguageLine® Interpreting™

If life threatening call 999

we are withyou

Free, confidential support to people experiencing issues with drugs, alcohol or mental health (and their friends and family).

wearewithyou.org.uk

scotland's domestic abuse and forced marriage helpline

www.sdafmh.org.uk
Tel. 0800 027 1234

LGBT foundation www.lgbt.foundation
Tel. 0345 330 3030

citizens advice bureau

For financial or legal concerns
www.abcab.org.uk
Tel. 01546 605 550

Children 1st Parentline
Online | Helpline | Lifeline
call free 08000 28 22 33

GamCare Gambling support at: www.gamcare.org.uk Call free: 0808 8020 133



living life to the full



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Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Service Spotlight Complex Care

Presented by: Jillian Torrens, Head of Adult Services Acute and Complex Care

The IJB is asked to:

- Consider the service spotlight.
- Invited to discuss

1. EXECUTIVE SUMMARY

This service spotlight report takes the opportunity to update on some key areas of priority within Complex Care including Mental Health, Learning Disabilities, Neurodiversity and Adult Support and Protection for the interest of the Integration Joint Board.

2. INTRODUCTION

Acute and Complex care has a broad remit across adult services with focus on the Rural General Hospital, Mental Health, Learning Disability and Neurodiversity. This area has a strong focus on improvement and clinical and care governance and is responsive to changing standards, guidance and legislation as approaches to care develop. It shares the wider challenges experienced by the HSCP in respect of workforce however continues to be creative and innovative in developing and delivering services.

3. DETAIL OF REPORT

Mental Health Inpatient Care

Succoth Ward in Mid Argyll Hospital continues to operate 16 beds. Occupancy has been running consistently at 95%. If there is an occurrence of delayed discharge the team work towards supporting the safe discharge of individuals home or to an alternative community setting as the earliest opportunity.

The team continues to be supported by bank and agency staff. We hope that this will reduce in the coming months as we have recently recruited 3 new nurses – 2 newly qualified nurses at Band 5 and a more experienced Nurse at Band 6. All 3 commenced in post in October 2023 and have had a period of induction. A new induction handbook has been developed by the Associate Lead Nurse for Mental Health to support our new employees.

The ward continues to facilitate student Nurse placements and recruitment is ongoing. We are currently working with North Highland on international recruitment and 4 international recruits have been identified to come to work in Succoth Ward on their arrival in the UK in January 2024.

Core mental health standards for secondary care were launched in September 2023 and these will underpin both our inpatient and community services moving forward – link attached.

[Core mental health standards - gov.scot \(www.gov.scot\)](https://www.gov.scot)

Community Mental Health Teams (CMHTs)

CMHTs continue to function in each of our four localities and have close links with our inpatient service, General Practitioners, Addictions Service and acute and community hospital services. The effective function of these teams is crucial to support people to remain in the community and to facilitate timely discharge from hospital. We are in the process of developing an operational framework for CMHTs. This will be in a similar format to the framework developed in [NHS GGC](#).

In addition to this we are also looking at how we can implement the MWC recommendations from their 2022 report “[Ending the Exclusion](#)” which aims to tackle silo working between mental health and addiction services and address the gaps in service provision to contain and manage the increasing incidence of mental health presentations and comorbid addiction issues.

Psychological Therapies

There was a national event on 1 November 2023 to launch [The New National Specification for Psychological Therapies and Interventions](#) – links to the strategic documents are embedded. Both NHS Highland and Argyll and Bute HSCP were represented at this event. The revised matrix is interactive and should help promote evidence based best practice across our services.

Our performance continues to be monitored in relation to meeting waiting times and delivering a range of psychological therapies. Public Health Scotland published revised guidance on this on 26 September 2023 – a link to the guidance and an infographic is below.

[Psychological Therapies and Interventions Waiting Times Standard Definitions \(publichealthscotland.scot\)](#)

[Psychological Therapies Waiting Times Key Measurement Points \(publichealthscotland.scot\)](#)

We have now appointed a new Consultant Clinical Psychologist and Lead for Psychological Therapies. This person will take up post early in 2024 and will lead on scoping and developing a sustainable model to deliver the standards set out within the revised matrix across Argyll & Bute.

Adult Support and Protection (ASP)

The Scottish Government published an [updated code of practice](#) in July 2022. In response to this the West of Scotland ASP procedures have been updated and Argyll & Bute's Professional Lead for ASP is currently in the process of updating our local procedures to reflect both these documents.

The Care Inspectorate has indicated that they intend to facilitate some "light touch" ASP inspections early in 2024 and we are in the process of reviewing our ASP action plan in preparation for this. ASP awareness day is in February 2024 and via the local ASP committee we propose devoting the whole of February to ASP awareness raising and practice development.

Learning Disabilities

Argyll & Bute's integrated Learning Disability Services continue to provide support to approx. 377 people with either a Learning Disability or Autism via a range of services. The Team had a development session on 2 November 2023 to discuss future service provision and agree their objectives.

The first iteration of Argyll & Bute's Dynamic Support Register was submitted to Scottish Government on 11 Oct 2023. This is in line with the recommendations from the [Coming Home Implementation report](#). The first iteration focused on the 50 individuals that we support in out of area placements across the UK. Our intention is that the next iteration will also include the high tariff care packages resident within Argyll & Bute.

In February 2021 the Scottish Government allocated a £20 million Community Living Change Fund to Integration Authorities via NHS Boards to:

- Reduce the delayed discharges of people with complex needs.
- Repatriate those people inappropriately placed outside of Scotland.
- Redesign the way services are provided for people with complex needs.

Our allocation of this is £300,701. Our two key intentions to use this money were to:-

1. Employ a project manager on a fixed term contract for 18 months to review the care and support needs and arrangements of the 50 individuals who we have placed out with Argyll & Bute and to develop local pathways to support as many of these individuals as possible to return home.
2. Support staff to undertake Positive Behaviour Support Qualifications and become PBS Champions.

However, we have been unable to recruit to the proposed Project Manager post thus we have gone out to tender for a third sector organisation to undertake this work for us via a Direct Award. This process is nearing conclusion, and we hope to have an external provider identified in the coming weeks.

An oversight group has now been established to support the development and maintenance of the local Dynamic Support Register.

Neurodevelopmental Conditions

We are conscious of the lack of a robust infrastructure locally to provide assessment, treatment and support for those with neurodevelopmental conditions. There is an emerging trend nationally within Boards and Authorities to develop a Neurodevelopmental Pathway which is a specialist service responsible for the assessment of neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) in adults.

A Program Manager has been in post now since Aug 2023. He has made significant headway in terms of scoping, meeting with key stakeholders and the development of a project plan. A power point presentation is attached for information at appendix 1.

4. RELEVANT DATA AND INDICATORS

Acute and Complex Care is participating in phase 2 of the development of the Eclipse system and monitors Key Performance Indicator's through the Integrated Performance Management Framework.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The outlined strategies support the delivery of the IJB Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact the report notes financial related to national initiatives and development in this area.

6.2 Staff Governance the report notes the developing positive picture for recruitment in key areas whilst mitigating risk in other areas.

6.3 Clinical and Care Governance

Practice is in continual development with specific functional governance in place for each of the specialty areas.

7. PROFESSIONAL ADVISORY

Acute and Complex Care have a high professional advisory input given the complexity of the care delivered across the integrated functions. We work across the HSCP functional areas to promote relationships to the benefit of individuals who utilise both specialist and general services with complex needs.

8. EQUALITY & DIVERSITY IMPLICATIONS

Service delivery, development and change takes into account equality and diversity implications and the impacts this may have especially pertinent with adults without capacity.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable within this report

10. RISK ASSESSMENT

Acute and Complex care has developed its Clinical and Care Governance in line with the refreshed framework and this allows for the continuing development of risk management. We are continuing to focus on key areas of challenge including workforce and our continual development and improvement in line with external guidance.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The report notes developmental areas which are planning or delivering public engagement in line with the IJB engagement guidance.

12. CONCLUSIONS

The update report is recommended to the IJB and they are asked to consider and discuss.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Jillian Torrens, Head of Acute and Complex Care
Email jillian.torrens@nhs.scot

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Neurodiversity Strategy

James Crichton - Programme Manager

What is neurodiversity?

- Neurodiversity is a term that refers to the natural differences between people.

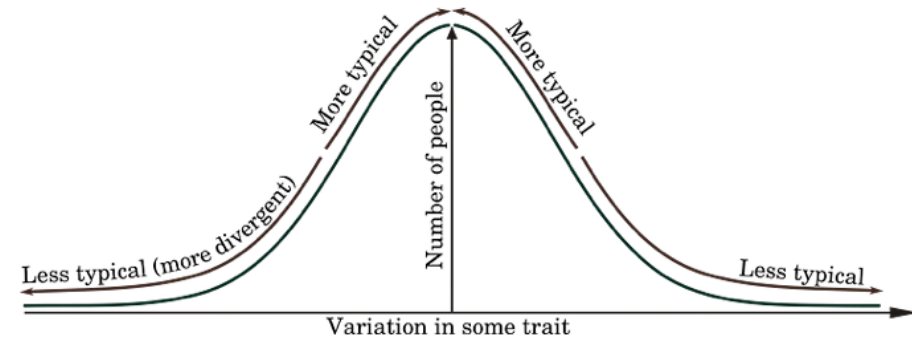
“Neurodiversity is the statistical normal range of a function in a population at a particular age. A person can’t be neurodiverse; diversity is a trait of the whole group, not a specific individual”.

- It most importantly begins from the perspective that neurodiversity is a strength, it brings a range of perspectives and ways of engaging with the world.
- We know that some of our most talented and gifted people have neurodivergent conditions such as dyslexia, autism and ADHD.

(Can you give any examples of famous people?)

It is thought that up to 15% of the population are thought to be **neurodivergent**.

“**Neurodivergent** is a term used to describe individuals where a selective neurocognitive function falls out with the prevalent societal norm”.



Given almost any trait, a minority of the population will diverge strongly from the average. There are many ways to diverge, so most people are atypical in some ways.

What is neurodiversity?

- Neurodiversity is a term that refers to the natural differences between people.

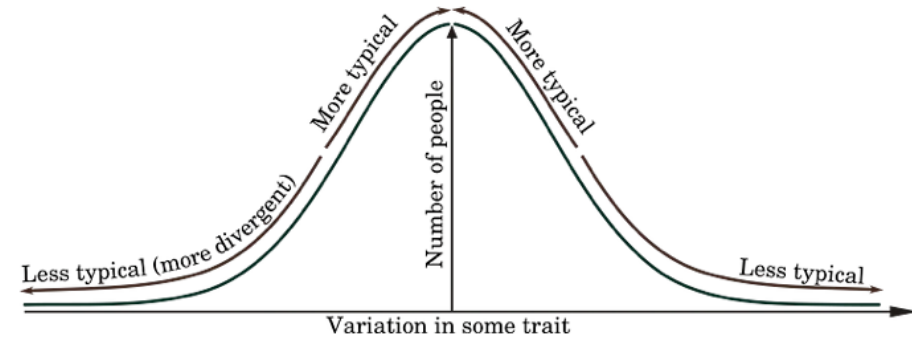
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(Can you give any examples of famous people?)

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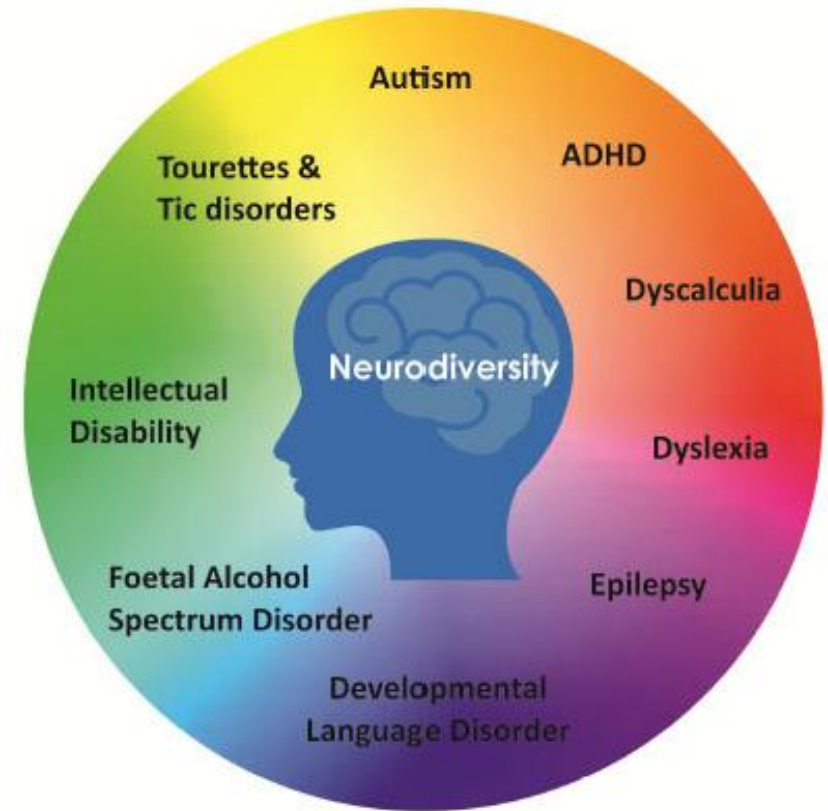
- The majority of people are **neurotypical**.

“**Neurotypical** is a term used to describe individuals where a selective neurocognitive function falls within the prevalent societal norm”.

- Services are often designed in a way that is more receptive to people who are neurotypical and less accessible to those who are neurodivergent, who think and see the world differently.
- People who are neurodivergent, particularly autistic people, can have poorer health outcomes and a higher overall risk for early mortality.
- Adults with a neuro developmental disorder are more likely to attempt and complete suicide.

Neurodevelopmental conditions

- Neurodevelopmental conditions in Scotland affect 10-15% of the population.
- Conditions which are often grouped under the heading of neurodiverse include:
 - ADHD
 - Autism
 - Dyslexia
 - Dyscalculia
 - Intellectual Disability
 - Tourette's and Tics
- Autism and ADHD commonly co-occur. View expressed is that single condition pathways waste resources and extend waits for diagnosis and support.



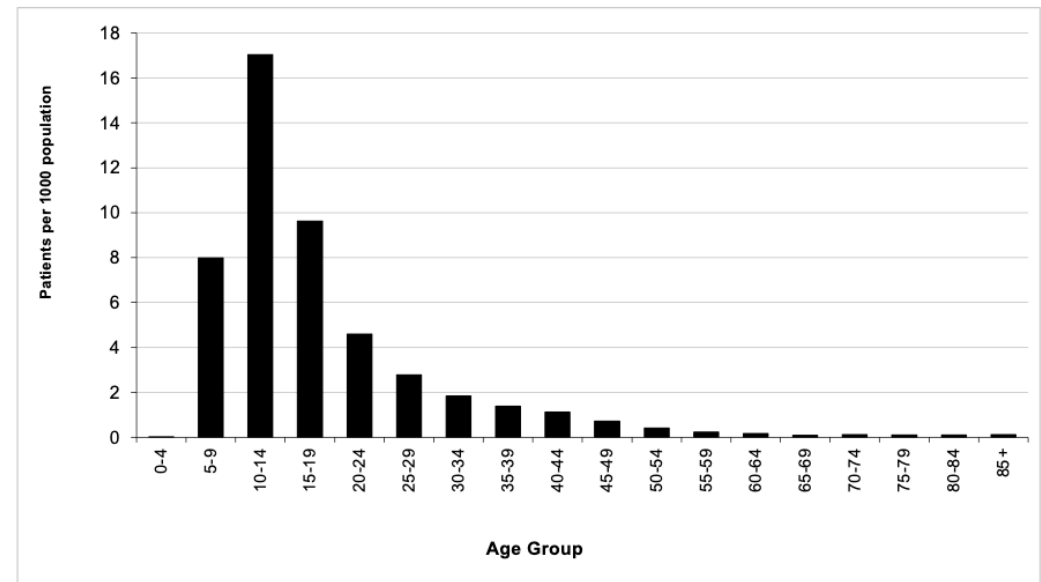
Prevalence

- The prevalence of ASD (autism spectrum disorder) in adults is approximately 1%.
- Most autistic adults do not have an intellectual disability, and most do not have a diagnosis.
- Prevalence rates vary for adult ADHD, when using the lowest estimates, it can be anticipated that approximately 2% of the adult population have ADHD.
- Adults with a neurodevelopmental disorder are likely to also have a mental health issue / comorbidity being the norm.
- Although mental health conditions are not inevitable, up to 70% of people with neurodevelopmental conditions seek mental health support and this group makes up a significant proportion of adults involved with mental health and criminal justice services.
- It is estimated that about 5% of the users of UK mental health services are autistic
- 15% of adults in psychiatric care have ADHD.
- Young people and adults with untreated ADHD are more likely to develop substance misuse disorders

Why diagnosis matters

- Personal identity—not bad, ill or broken, just different
- Understanding my own life experiences from a new perspective
- Access to the right support, including financial benefits and relevant information
- Protection under the Equalities Act or access to reasonable adjustments in a range of places
- Finding a community of peers and ‘people like me’
- Access to medication where appropriate.

Numbers of patients / 1000 population prescribed a medicine for ADHD, by age group



NAIT Terminology

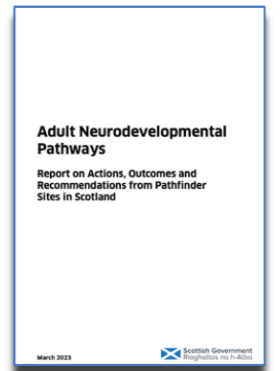
Difference not Deficit

- a strengths-based approach, which considers difference not deficit.
- Differences described and experienced by individuals are likely to be lifelong - we do not intend to 'cure' or 'fix' people to stop them being neurodivergent
- the focus is on support for individuals and inclusive environments at home, in education, in the workplace and in the community.

Neurodevelopmental disorder

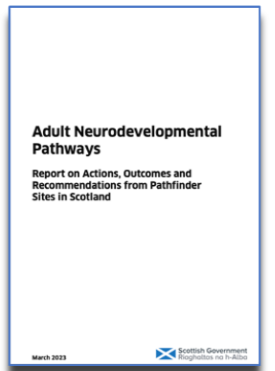
- is a term used in DSM 5 and reserved for those who present with a 'functional' impairment in day-to-day life due to difference in one or more neurocognitive function which lie at the extreme of, or out with the normal range.

Adult Neurodevelopmental Pathways Report - March 2023



- Outcome from 4 pathfinder sites
 - NHS Borders
 - NHS Fife
 - NHS Highland
 - NHS Lanarkshire
- NAIT found there are no comprehensive pathways for adults with ADHD or neurodevelopmental disorders who don't have significant co-occurring mental illness.
- No service described comprehensive provision, or proportionate pathways in place that assist with scaling of response dependent on needs.
- CMHT referral criteria heavily based on risk and complexity / ND referrals either don't meet thresholds or are deprioritized.
- While CMHTs may be heavily involved in assessment and care – recognised that a Stepped Care Adult Neurodevelopmental Pathway is required in each locality.
- Where there are pathways, there are long waiting lists because referrals have been absorbed into secondary care.
- Adults seeking assessment often find that there is either no local service that they meet the referral criteria for, or there are long waiting times.
- Staff often overwhelmed and not fully trained on neurodevelopmental assessment and support.

Additional ND Pathway Recommendations



Short Term: Local work

- Recommendation 1: An adult neurodevelopmental pathway strategy and planning group to be hosted in all Health and Social Care Partnerships.
- Recommendation 2: Support to develop local neurodevelopmental pathway action plans.

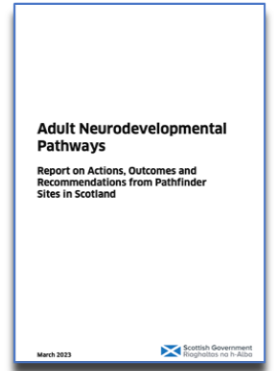
Short Term: National work

- Recommendation 3:
A Neurodiversity Affirming Community of Practice.
- Recommendation 4:
'Support before, during and after diagnosis'.
- Recommendation 5:
Build a Neurodevelopmentally Informed workforce in Scotland.

Longer Term

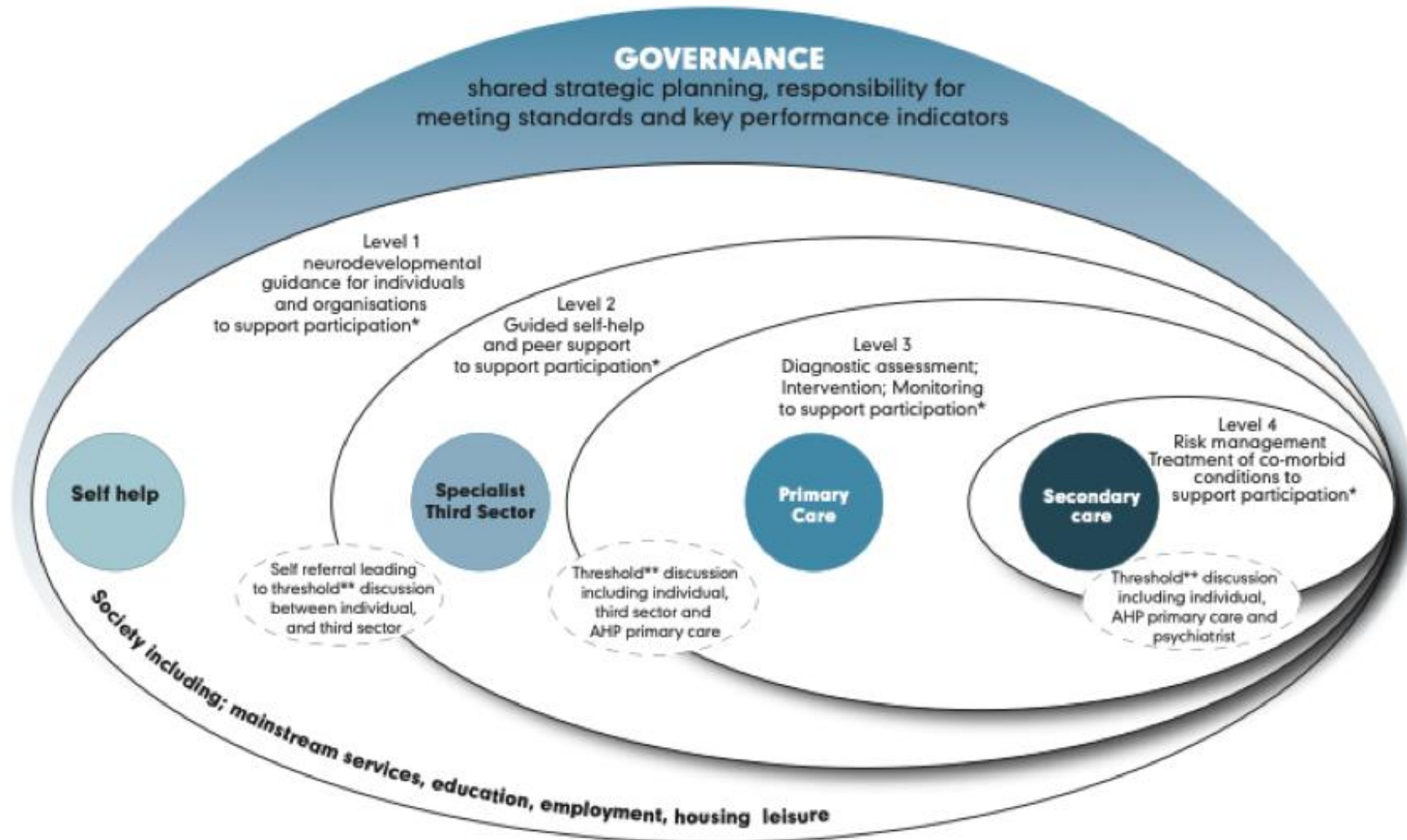
- Recommendation 6:
Development of neurodevelopmental pathway standards and guidelines for assessment, diagnosis and support.
- Recommendation 7:
Understanding demand and capacity within the system, to meet the needs of neurodivergent adults.
- Recommendation 8:
Neuro-inclusive Further Education and Employment environments.
- Recommendation 9:
Build a shared expectation that support should be available at any stage for people who identify as neurodivergent.
- Recommendation 10:
Seek to understand the changes needed to effectively meet the mental health needs of neurodivergent people.

Graded Approach To Support

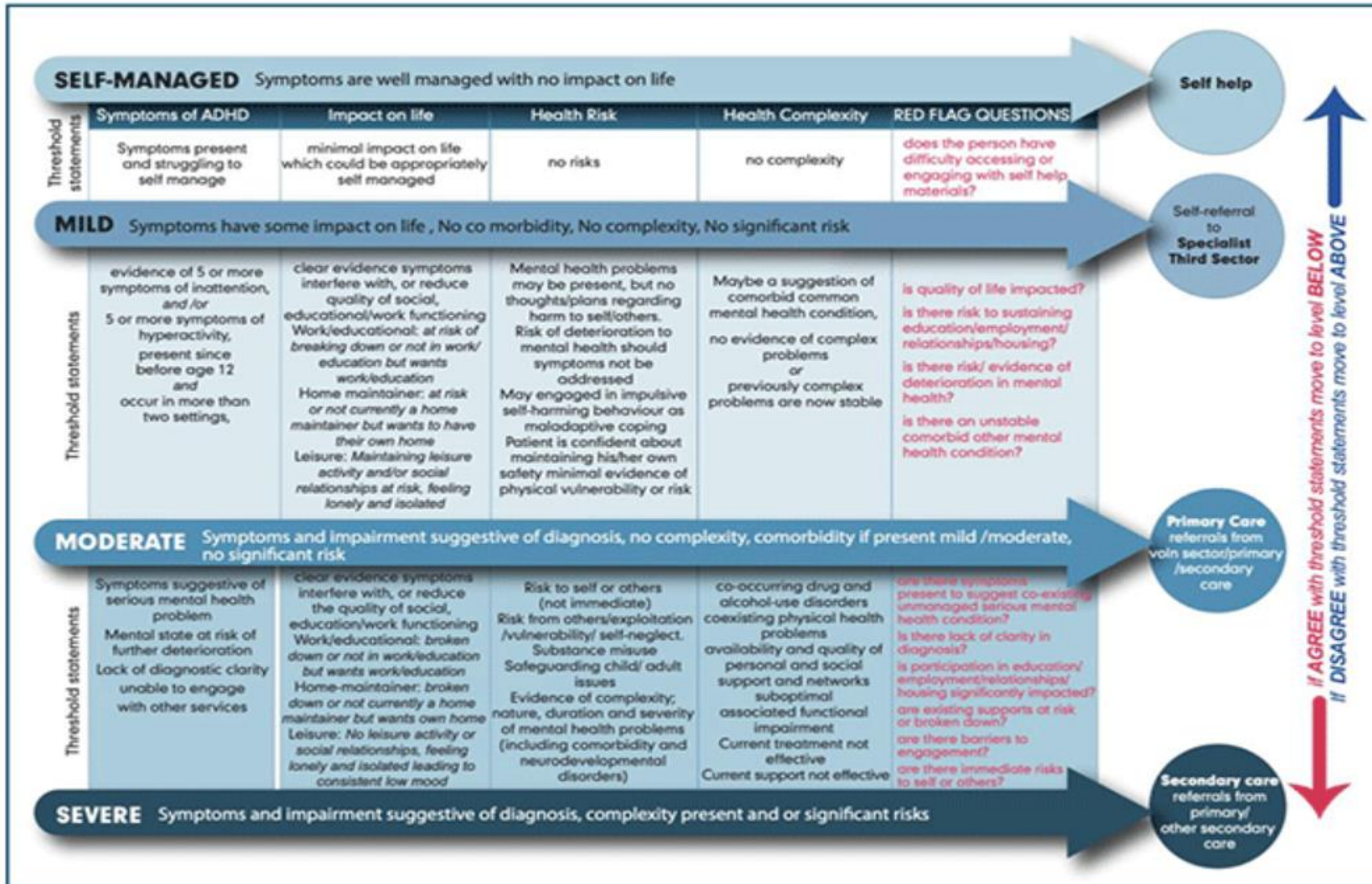


Adult
Neurodevelopmental
Pathways Report -
March 2023

Page 254



Graded Approach To Support



Issues for the Strategy and Planning Group to consider

- Training awareness for staff
- Workforce issues
- Involvement of neurodiverse people in strategy and planning
- Engagement on high level strategic aims
- Link to regional practice network
- Commitment to neurodevelopmental approach
- Co-produce proposed pathway appropriate to local context
- Review local workforce needs
- Develop new roles e.g. non-med prescribers / Nurse or AHP Lead role

Wider links to ND pathways and support

- 3rd sector partners
- Primary Care
- Employment Services
- Education Services

Break Out Questions

1 Can you describe our current approach to supporting people with neuro-developmental conditions in A&B?

- do we have a pathway?
- does it facilitate diagnosis for adults / children?

2 In light of the NAIT report, what needs to change to deliver improvement in support and diagnosis?

3 Who needs to lead the change?

Who needs to be involved in the change?



30 mins discussion

Nominate a lead in each group to capture and feed back.

Summary of Next Steps

- Capture feedback from today
- Establish Strategy and planning Group
- Agree membership and roles
- Agree work plan for the group
- Seek stakeholder involvement
- Any other immediate actions?
- Any Questions?



Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Proposed IJB and Committee/Group Dates

Presented by: Charlotte Craig

The Integration Joint Board is asked to:

- Approve the planned dates

1. EXECUTIVE SUMMARY

The Integration Joint Board produces an annual programme of its governance for approval to ensure it meets the requirements of the Scheme of Integration and support good financial management. The proposed dates are consistent in the approach for committee's and groups and propose five public meetings of the Integration Joint Board over the previous years six.

2. INTRODUCTION

Standing orders noted the following instruction on the meetings of the Integration Joint Board. The IJB has taken into consideration the period of recess for elected members in July which potentially impacts on quoracy.

4. Meetings

4.1 The first meeting of the Integration Joint Board will be convened at a time and place to be determined by the Chairperson. Thereafter Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.

4.2 The Chairperson may convene special meetings if it appears to him/her that there are items of urgent business to be considered. Such meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the meeting other than specified in the requisition.

4.4 Adequate provision will be made to allow for members to attend a meeting of the Integration Joint Board or a committee of the Integration Joint Board either by being present together with other members in a specified place, or in any other way which enables members to participate despite not being present with other members in a specified place.

5. Notice of Meeting

5.1 Before each meeting of the Integration Joint Board, or a committee of the Integration Joint Board, a notice of the meeting, specifying the time, place and business to be transacted at it and agreed by the Chairperson, or by a member authorised by the Chairperson to agree on his/her behalf, shall be delivered to every member by electronic means so as to be available to them at least five full working days before the meeting. Failure of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2 In the case of a meeting of the Integration Joint Board called by members in default of the Chairperson, the notice is to be signed by those members who requisitioned the meeting.

5.3 At all ordinary or special meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present, and entitled to vote both Council and NHS Board members and at least one half of the voting members of the Integration Joint Board are present.

6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

Excerpt Argyll & Bute Integration Joint Board Standing Orders

3. DETAIL OF REPORT

The Integration Joint Board is asked to approve the proposed dates for the forthcoming financial year supporting the planned governance of the board. As far as possible the dates seek to be in a timeous sequence to ensure the ability to communicate across the partnership where this is required.

The Integration Joint Board has previously had a public meeting in both August and September to allow for a bi-monthly approach and avoid elected member recess. Some reflection on the maturity of the IJB's governance, the maintenance of the quality, timeliness of reporting and availability of data. The proposal is that we do not have the back to back board August and September, maintain the period that supports recess and focus on a robust plan for the delivery of the business of the IJB to provide assurance.

Standing orders as noted in the introduction allow for the IJB to call a special board where required.

4. RELEVANT DATA AND INDICATORS

The dates are proposed to ensure the quoracy and function of the Integration Joint Board alongside the governance of partners in a timeous sequence for the consideration of business across the partnership.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Ensures the good governance of the Integration Joint Board.

6. GOVERNANCE IMPLICATIONS

- 6.1 **Financial Impact** – ensure timeous consideration of budgetary matters.
- 6.2 **Staff Governance** – ensure regular reporting on staff governance in the public domain.
- 6.3 **Clinical and Care Governance** – ensure regular reporting to ensure safe delivery of services.

7. PROFESSIONAL ADVISORY

Advisory has been sought to ensure committees/SPG runs to external timelines and the Chair/Vice Chair/Chief Officer and Head of Finance are able to conduct the business of the IJB.

8. EQUALITY & DIVERSITY IMPLICATIONS

Ensures the public reporting of the public duties of the IJB.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable to this paper.

10. RISK ASSESSMENT

Addresses in part any strategic risk in respect of governance

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None noted for this report.

12. CONCLUSIONS

The Integration Joint Board is asked to approve the proposed dates with the proposal for an improved planning process delivering the business of the board.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
Email charlotte.craig@argyll-bute.gov.uk

Committee	2024												2025			
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
IJB Public meeting	Wed 31		Wed 27		Wed 29				Wed 25		Wed 27		Wed 29		Wed 26	
IJB Development Session	Wed 31	Wed 28	Wed 27	Wed 24	Wed 29	Wed 12		Wed 28	Wed 25	Wed 23	Wed 27	Wed 11	Wed 29	Wed 26	Wed 26	Wed 30
IJB Pre-agenda	Wed 17		Wed 13		Wed 15				Wed 11		Wed 13		Wed 15		Wed 12	
Finance and Policy	Fri 26	*Fri 23	Fri 22			Fri 28			Fri 27		Fri 22		Fri 24	*Fri 28	Fri 28	
Audit and Risk		Tues 20		Tues 9		Tues 18			Tues 17			Tues 17		Tues 18		
Clinical and care Governance Committee		Thurs 1		Thurs 4		Thurs 6		Thurs 15		Thurs 3		Thurs 5		Thurs 6		Thurs 3
Strategic Planning Group			Thurs 14			Thurs 13			Thurs 12			Thurs 12			Thurs 13	

*if required

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Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Climate Change Reporting 2022/23

Presented by: James Gow / Keiran Fergusson

The Integration Joint Board is asked to:

- Note that the IJB is required to submit a Climate Change Duties Report by 30 November;
- Approve the proposed submission attached as Appendix 1;
- Endorse the partnership approach taken by the HSCP in respect of its Climate Change Duties.

1. EXECUTIVE SUMMARY

1.1 For a number of years all public bodies in Scotland have been legally required to submit and publish a Public Bodies Climate Change Report. This includes the IJB. This report provides the IJB with the proposed submission and a brief overview of how the HSCP is responding to Climate Change and Sustainability agenda, in partnership with Argyll and Bute Council and NHS Highland.

2. INTRODUCTION

2.1 Climate Change legislation introduced by the Scottish Government requires all public bodies to report on their carbon emissions and provide information on how carbon reduction and climate change is governed. This report provides members of the Integration Joint Board (IJB) with an opportunity to review and approve the report for financial year 2022/23 in advance of its submission to the Sustainable Scotland Network by 30 November 2023.

2.2 Integration Joint Boards are unusual public bodies as they do not directly own assets or employ staff and therefore submit nil returns. This ensures that IJB returns do not double count emissions which are reported by Health Boards and Local Authorities. However, the submission does provide the opportunity to highlight some of the actions and projects which are intended to contribute to carbon reduction within the HSCP. This report also summarises some of the proposed developments which will improve HSCP's approach to this agenda in the medium term. It is also apparent that there are increasing expectations from the Scottish Government that IJBs will take a more pro-active role in this policy area, although without providing substantial funding or direct access to existing funding to facilitate this.

3. DETAIL OF REPORT

3.1 The draft climate change submission for the IJB is attached as appendix 1. As stated above, this is a nil return in respect of the calculation of carbon emissions as these are reported by NHS Highland and Argyll and Bute Council. The IJB is therefore placing significant reliance on the actions of both partners.

3.2 Argyll & Bute Council have a section on their web site which provides details on their approach to sustainability more widely as well as carbon reduction:

<https://www.argyll-bute.gov.uk/sustainable-development-and-climate-change>

They report a 28% reduction in emissions since 2015/16 and lay out a £1.2m investment plan to deliver on the net zero by 2045 goal. Several of the projects undertaken by the council will have a positive impact on emissions generated by HSCP activities. For example, these seek to reduce energy consumption and emissions relating to office accommodation, invest in the electric fleet and charging points and in renewable energy sources to power ICT infrastructure.

3.3 NHS Highland have also reported reduced carbon emissions. A recent Scottish Government summary indicates building related carbon emissions reported by NHS Highland reduced by 23% between in 2015/16 and 2021/22. The most recent NHS Scotland report is available from the link below, this outlines carbon emissions across from a range of activity drivers including buildings, medical gasses, prescribing, waste and fleet:

<https://www.gov.scot/publications/annual-nhs-scotland-climate-emergency-sustainability-report-2021-22/>

Reporting does not appear to be complete for all health boards. The report summarises the Green Theatres work and highlights carbon emissions associated with medical gasses and some prescriptions such as inhalers.

3.4 The Argyll & Bute IJB and HSCP does not have responsibility or delegated budget for capital investment. This has made it difficult for it to prioritise carbon reduction projects. Carbon emissions predominately relate to energy usage within buildings with travel and transport being the second focus of attention. Insufficient investment in the estate overall has impacted on the suitability and standard of buildings as well as their energy efficiency performance. The HSCP has taken a lead in progressing a number of projects including:

- Electrification of the Argyll and Bute HSCP fleet;
- Direct funding secured for increasing electric vehicle charging points;
- Innovative project to pilot the use of drones in remote and island areas;
- Supporting increased use of remote / home working for patients, clients and staff;
- Business case submitted to implement a biomass generator at the Campbeltown Community Hospital; and
- Successful application for £60k in pre-capital funding to develop options for building related carbon reduction.

Additionally the HSCP has improved its approach to the management of its infrastructure and estate as planned. The Senior Estates Development and Sustainability Manager has been appointed and an Infrastructure Board has

been established to oversee the development of the Estates Strategy and ensure projects are appropriately prioritised. The return seeks to outline some of the pro-active steps being taken by the HSCP as well as highlighting the lack of specific direct resource allocation to progress this agenda. The HSCP has also highlighted to Scottish Government that it is not able to access some of its funding directly and therefore stage one in a funding application is to get agreement for one or other of its partners that it can apply for funding, this is not helpful or efficient.

4. RELEVANT DATA AND INDICATORS

4.1 IJB Carbon emissions reporting places reliance on data provided by Argyll and Bute Council and NHS Highland.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Addressing climate change is a Scottish Government priority and their declaration of a climate emergency underlines their commitment. Specific and ambitious targets have been set and the HSCP is seeking to contribute to these where it can within the resources it has available.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the HSCP has very limited financial resources available to it to progress this agenda. It does not have delegated responsibility for capital budgets or investment.

6.2 Staff Governance – None

6.3 Clinical Governance - None

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 None

9. RISK ASSESSMENT

9.1 The steps outlined in this report are intended to provide assurance of the actions being taken by the HSCP to reduce emissions, comply with the requirement to submit a climate change report and ensure it is perceived as being pro-active within the resources it has available to it. There remains a risk that the HSCP and / or its partners are perceived as not taking sufficient action to address climate change. Likewise there is a risk that the focus of financial and management resource on carbon reduction adversely impacts on resources available to support other priorities.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 The Climate Change submission will be made publicly available in due course.

11. CONCLUSIONS

11.1 This report provides a draft Climate Change report and seeks IJB approval for its submission. It also outlines the reliance that the IJB places on both of its partners and the positive steps being taken by the HSCP to contribute to carbon reduction within the resources available.

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	

AUTHOR NAME: Keiran Ferguson, Strategic Estates & Sustainability & James Gow, Head of Finance and Transformation

EMAIL: keiran.ferguson@nhs.scot / james.gow@argyll-bute.gov.uk

APPENDICES:

Appendix 1: Draft Climate Change Report

Public Bodies Climate Change Duties Compliance Reporting Template 2022/23

1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by **30th November**. Late submissions will not be accepted for analysis and may be deemed non-compliant with Public Bodies Duties reporting requirements.



2. Guidance

1. The "Profile of Body" tab must be completed before proceeding to add any other data.
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b.
3. If you need to add more rows in any table please email the file ccreporting@ed.ac.uk
4. More emission factors from the UK Government (DESNZ) release have been included this year. When completing Q3b you can filter by the Emission Type dropdown in column C.
5. Please only use the "Other" emission source rows (130 onwards) when there is no relevant emission source in the dropdown lists or if you have bespoke data/emission factors. Please provide a brief explanation in the comment field.
6. The water supply and sewage emission factors are based on Scottish Water's carbon intensities of service supply, one of the lowest in the UK water industry. If you still wish to use the UK DESNZ (formerly BEIS) factors (which are more than double) you will need to enter consumption data in an "Other" row.
7. Some auto-checks have been added to improve the quality of data entries, e.g. correct emission scopes where only one category ever applies.
8. More detailed reporting guidance is available [on the SSN website](#).

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

PART 1 Profile of Reporting Body

1a Name of reporting body
Provide the name of the listed body (the "body") which prepared this report.
Argyll & Bute Integration Joint Board

1b Type of body
Select from the options below
Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year
2 THIS MUST BE COMPLETED

1d Metrics used by the body
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body
Specify approximate £/annum for the report year.
Budget Budget Comments
£335,987,000 Budget delegated by Argyll & Bute Council and NHS Highland

1f Report type
Specify the report year type
Report type Report year comments
Financial 1st April 2022 to 31st March 2023 THIS MUST BE COMPLETED

1g Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.
The Argyll & Bute Integration Joint Board has delegated responsibility for all Health and Social Care Service delivery within the Argyll & Bute area. As with all Integration Joint Boards, the Health and Social Care Partnership does not directly employ staff or own assets and therefore it submits a 'nil' return to avoid double counting. It has two 'officers' who are employed by partners, the Chief Officer and the Chief Finance Officer - these are noted as the two staff. Its carbon emissions are reported by its two partners, NHS Highland and Argyll & Bute Council. The HSCP is the delivery function and recognises that its activities contribute to carbon emissions and is pro-active in taking steps to manage down emissions relating to travel, transport and buildings in partnership with its two partners.
The HSCP has indicated that it would be helpful if it was able to access carbon reduction funding directly in its own right.

		Please select from drop down box	Please select from drop down box				Please select from drop down box
		Please select from drop down box	Please select from drop down box				Please select from drop down box
		Please select from drop down box	Please select from drop down box				Please select from drop down box

3c **Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year**
 If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total			

3h **Anticipated annual carbon savings from all projects implemented by the body in the year ahead**
 If no projects are expected to be implemented against an emissions source, enter "0".
 If the organisation does not have any information for an emissions source, enter "Unknown".
 If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Total		

3i **Estimated decrease or increase in emissions from other sources in the year ahead**
 If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total			

3j **Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint**
 If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO ₂ e)	Comments
Total project savings since baseline year		

Further information

3k **Supporting information and best practice**
 Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

Current local projects include:
 pre-capital funding to develop property related carbon reduction options and projects
 Electrification of the vehicle fleet
 Argyll & Bute Council and NHS Highland undertaking a number of additional projects to reduce emissions across the area, including introduction of solar panels and other energy efficiency schemes. The impact of all of these projects is reported by these partners.

PART 4 Adaptation – please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These are climate mitigation measures which should be reported in the Emissions tab.

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s).

Not specifically - weather and climate related factors are included in Estates development plans aimed at ensuring properties remain fit for purpose and safe clinical environments.

4b What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

None at present

Taking action

4c What action has the body taken to adapt to climate change?
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

None

4d Where applicable, what contribution has the body made to helping deliver the Programme?
Provide any other relevant supporting information.

None

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

None at present

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

None

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?
Provide a summary of the areas and activities of focus for the year ahead.

At present the IJB is reliant upon Argyll & Bute Council and NHS Highland, it is not presently resourced to undertake adaptation work.

Further information

4h Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

None

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate change duties.

The IJB seeks to comply fully with Scottish Public Sector Procurement legislation and guidance. It places reliance upon the systems and processes of Argyll & Bute Council and NHS Highland. It seeks to use national frameworks and contracts wherever possible to ensure appropriate consideration has been given to environmental sustainability.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate change duties.

The IJB has sought to encourage shared use of vehicles and premises with key partners, partly to manage carbon emissions.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The HSCP places reliance on NHS Highland and Argyll & Bute Council as they report carbon emissions on behalf of the HSCP.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

The HSCP places reliance on NHS Highland and Argyll & Bute Council as they report carbon emissions on behalf of the HSCP.

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

None - however the IJB has appointed consultants to carry out pre-capital work on carbon reduction options.

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

The IJB places reliance on NHS Highland and Argyll & Bute Council as they report carbon emissions on behalf of the HSCP. It is not resourced to take a lead on this at present.

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	James Gow
Role in the body:	Head of Finance & Transformation
Date:	30/11/2023



Integration Joint Board

Date of Meeting: 29 November 2023

Title of Report: Call for Evidence Remote and Rural Health and Social Care

Presented by: Charlotte Craig

The Board is asked to:

- Note the submission

1. EXECUTIVE SUMMARY

Consultations, calls for views and evidence are requested through the consultation process from Scottish Government. The Integration Joint Board was invited to submit to the call for evidence which built on the call for views which was previously submitted. The attached document is a note of the submission.

2. INTRODUCTION

The call for evidence will support the ongoing consultation and design of specific consultations areas.

3. DETAIL OF REPORT

The item attached in appendix 1 is a note of the submission on behalf of the IJB providing a further response in how the Scottish Government Committee focus their approach.

There is no requirement to provide a consultation response. The initial call for views and call for evidence is also circulated through Locality Planning and subsequent networks to encourage an independent community response in addition to a formal board response.

4. RELEVANT DATA AND INDICATORS

Attached document.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Support role in developing a national approach to services and ongoing horizon scanning for change.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact -none for this paper

6.2 Staff Governance -none for this paper

6.3 Clinical and Care Governance -none for this paper

7. PROFESSIONAL ADVISORY

This paper provides a more focussed provision of information as requested developing from the call for views.

8. EQUALITY & DIVERSITY IMPLICATIONS

Strategic approach to equitable service delivery is part of the premise of the call.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable for this paper

10. RISK ASSESSMENT

Ability to influence at a national level supports Argyll & Bute to highlight issues that are pertinent to its unique geography and delegated services.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Call to action from IJB members and professional advisory building on previous submission

12. CONCLUSIONS

There will be ongoing consultation and ability to engage and the board is asked to note the submission.

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
Email charlotte.craig@argyll-bute.gov.uk

Response ID ANON-R78T-CZH7-H

Submitted to Healthcare in Remote and Rural Areas

Submitted on 2023-10-13 10:30:32

About You

Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

I have read and understood how the personal data I provide will be used.

How your response will be published

I would like my response to be published in its entirety

What is your name?

Name:

Charlotte Craig

What is your email address?

Email:

charlotte.craig@argyll-bute.gov.uk

Are you responding as an individual or on behalf of an organisation?

Organisation

Organisation details

Name of organisation

Name of organisation:

Argyll & Bute Integration Joint Board

Information about your organisation

Please add information about your organisation in the box below:

Argyll and Bute IJB is responsible for the strategic planning and delivery of all community based health and social care services for adults and children in Argyll and Bute. This includes services which are purchased from external providers including NHS Greater Glasgow and Clyde. The Partnership has been established as a separate legal entity from both the Council and the Health Board, with a board of governance the (Integration Joint Board (IJB)) which has responsibility for the planning, resourcing and overseeing the operational delivery of integrated services, as identified in its Strategic Plan. This includes the services, staff, and resources. IJB membership comprises elected councillors, NHS Highland non- executive Board members and a number of other members from a range of sectors and stakeholder groups including the Third Sector, Independent Sector, patients/service users, trade unions, staff and carers.

Your Views

Are there any immediate issues unique to remote and rural communities which the National Centre will need to focus on to improve primary and community care in these areas?

Please use this textbox to provide your answer:

Argyll & Bute currently has a unique geography including remote mainland, 23 inhabited islands and urban centres. Island and remote present similar logistical and clinical/care risks and issues in the delivery of care and can further create inequalities of access to care in comparison with access to urban areas. Robust equality impact assessments would be advantageous to support and inform any strategy delivery.

The cost of care is disproportionately high and the staffing skills mix is becoming increasingly hard to meet within the resident population. In June 2023 Argyll & Bute Council; declared a housing crisis. This impacts on ability to recruit and retain workforce.

The whole system of public services and infrastructure contributes to the decision to locate to a remote area. The ability to provide the education, employment, transport and life opportunities required to support a balanced population who can deliver services as well as receive them is key to maintaining safe services and ensuring small communities remain vibrant and viable.

Urban areas and the scale of their infrastructure allows for the balance of shortfalls of skilled resource. The NRAC share in respect of health funding mitigates some of the cost implications associated with small scale service delivery. With a declining population, we have a declining share and increasing cost of delivery as such any benefit is in effect removed. Demographics and population decline is a key risk to the future of health and social care delivery

in remote communities.

Primary Care modernisation has some rural flexibility but as with the application of most national policy it does not take into consideration the unique need in Argyll & Bute where community hospitals are led by General Practitioners and the rural practitioner skills required by all professions supporting a generalist approach. This exists outside the increasing specialist model favoured by national policy and professional bodies. We reference specific issues in recruiting and retaining essential community workforce in social care in question response 4 and 5.

Reference to social care and social work seems light in the overall strategy approach, yet these staffing groups and services are integral to the delivery of primary care. maintaining care at home and preventing acute admission.

Are there any issues which the National Centre will be unable to address, which may require further policy action from the Government?

Please use this textbox to provide your answer:

As referenced in question 1 Remote and Rural requires a whole system approach to planning and delivery of public services and a place based rather than professional or workforce grouping based approach. Transport is key to any strategy and it's unlikely that this can be addressed specifically in the proposed strategy.

While a focus is welcomed for remote and rural, even with increased investment in Technology Enabled Care in Argyll & Bute we are unable to substitute the interventions of skilled care practitioners and disproportionately deliver unscheduled care locally which precludes adequate resource being channelled towards prevention and early intervention.

Remote and Rural health and social care delivery is different.

There are parallel requirements in respect of policy; rural policy flexibility is required as standard acknowledging the difference in need and resource, whole system funding and to combat population decline and maintain service delivery/service need balance and acknowledgment of the benefit and breadth of the generalist rural practitioner roles required.

In addition a longer term planning perspective on the increased impacts of failing to address the social determinants of health is required.

Argyll & Bute is committed to delivering a prevention programme with a long term strategy of this underpinning better health for local people and would seek to achieve critical mass in this area that impacts on service need in future. This approach is transformative and requires a strategic approach.

What would you like to see included in the Scottish Government's forthcoming Remote and Rural Workforce Strategy?

Please use this textbox to provide your answer:

Recognition of the need to review professional roles for a modern service, focus on prevention, rural career pathways, provision of appropriate training and learning opportunities, recruitment, sustainability of services e.g. specialisms are often one role area wide and equitable access to development opportunities.

National Strategies should have a robust island and remote mainland impact assessment with resource to meet the mitigating actions.

Cognisance of how health and care act as one system and are interdependent.

National action on recruitment to professions and care roles with a positive focus on remote and rural practice and facilitating practitioners to live and work locally to ensure commitment and local ownership of services.

Provide confidence to young people that they can live in remote and rural areas and will be able to access housing and all of the services they require (in a rural context) and will be able to reliably travel to larger population centres if required.

Key worker housing is essential for a wide range of public sector staff including support for relocating families.

What specific workforce related issues should the strategy look to resolve?

Please use this textbox to provide your answer:

For remote and rural Health and Social Care to be sustainable, there needs to be a drive towards more professional collaboration, across disciplines, services etc. Utilising resources available in the best way. Ensuring, Health boards, Councils, SAS etc all work together to provide standardised levels of care / support to remote areas. Argyll and Bute performs well on integrated service provision and any strategy should aim to support development in this direction collaboratively.

For example on Island staff may require to undertake several roles/interventions and this is not supported by growing specialism in professions. We need the strategy to support setting a strategic direction that supports robust health and care roles tailored to the delivery need.

Nationally agreed Job roles require review to look at what multifunctional roles could look like supporting remote and rural care provision and we would seek engagement with professional and regulatory bodies to support the rural approach. We are also working with partners to prioritise the opportunities that are available to the families of key workers

Dedicated housing / accommodation must be available to professionals in these remote areas. We are actively working with partners to support local housing strategies

Are there any workforce-related issues which the creation of a Remote and Rural Workforce Strategy alone will not address. If so, what are these issues and what additional action may be required to address them?

Yes

If you answered Yes, please use this textbox to provide further detail:

Overall lack of staff to recruit into the Care professions, low wages which can't compete with the other local employers. Lack of workforce supply inevitably results in increased pay rates, again more flexible approaches to terms and conditions of employment are required. This makes provision of remote and rural care even harder as the job market competition in these areas makes health and social care less attractive to alternative posts etc. We have a local joint workforce strategy which is exploring through a range of work streams how we can recruit, retain and develop our staff.

Modern health and social care services with a prevention agenda require a partnership wider than health and social care and support for an environment that supports third and independent sectors to grow which will allow the development of commissioned service provision.

ID	Date of Meeting	Title of Report	EQIA Required	Author/Contact	Presented By	Decision (with/without Direction) / Info	Comments	Date
1	25/03/2020	Budget Proposal		Judy Orr	Judy Orr	Direction: Instructed the Chief Officer to accept the funding from NHS Highland and Argyll and Bute Council and issue formal Directions (see drafts at Appendix 3) delegating resources back to the Partners.	Complete	25/03/2020
2	27/05/2020	HR Resourcing		Jane Fowler	Jane Fowler	Approved the proposal for increased resource (temporary and permanent) for the HSCP HR Team as set out on paragraph 3.14 of the submitted report totalling £104,585.95.	Completed	27/05/2020
3	25/11/2020	Information Governance Policy		Judy Orr	Judy Orr	A direction shall be issued to Argyll and Bute Council and NHS Highland requiring them to observe the terms of the Argyll and Bute Integration Joint board's Information Governance Policy whilst handling and safeguarding Information assets belonging to the IJB.	Complete	25/11/2020
4	31/03/2021	Budget Proposal		Judy Orr	Judy Orr	Instruct the Chief Officer to accept the funding from NHS Highland and Argyll and Bute Council and issue formal Directions (see drafts at Appendix 3) delegating resources back to the Partners.	Complete	31/03/2021
5	31/03/2022	Budget Proposal		James Gow	James Gow	Instructed the Chief Officer to accept Funding Offers from NHS Highland and Argyll and Bute Council and issue formal directions as detailed in the draft at appendix 5 to the submitted report.	Complete	31/03/2022
6	25/01/2023	Directions Policy		Charlotte Craig	Charlotte Craig	A direction shall be issued to Argyll and Bute Council and NHS Highland Board requiring them to participate in and implement the terms of the Argyll and Bute Integration Joint Board's Directions Policy to facilitate the delivery of the Strategic and Commissioning plans of the IJB.	Complete	19/05/2023
7	29/03/2023	Budget Proposal		James Gow	James Gow	Instructed the Chief Officer to accept Funding Offers from NHS Highland and Argyll and Bute Council and issue formal directions as detailed in the draft at appendix 5 to the submitted report.	Complete	29/03/2023
8	30/03/2023	Budget direction		James Gow	James Gow	NHS Highland will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to: e) The Integration Delivery Principles f) The National Health & Wellbeing Outcomes g) The Integration Scheme; and h) The Argyll and Bute HSCP Strategic Plan 6. Finance The opening payment that will be made to NHS Highland for the period 1 April 2023 to 31 March 2024 will be £265,498,000 inclusive of the funds transfer to Argyll & Bute Council estimated at £14.2m. The Health Board receives a wide variety of in-year allocations, therefore the budget allocation outlined above may be subject to change. The most up to date financial position will be reported to the IJB and the Council as agreed in the Integration Scheme. NHS Highland and the IJB will observe the roles and responsibilities as set out in the Integration Scheme for the management and the development of the budget. A further Direction will be issued following the financial year-end to set out the final payments.	Complete	19/05/2023

9	31/03/2023	Budget direction		James Gow	James Gow	<p>Argyll and Bute Council will deliver the services to which those functions relate.</p> <p>2. Delivery of Functions and Services Argyll and Bute Council will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to:</p> <ul style="list-style-type: none"> a) The Integration Delivery Principles b) The National Health & Wellbeing Outcomes c) The Integration Scheme; and d) The Argyll and Bute HSCP Strategic Plan <p>3. Finance</p> <p>The opening payment that will be made to Argyll and Bute Council for the period 1 April 2022 to 31 March 2023 will be £90,453,000. This is in respect of the following: Argyll and Bute Council Requisition £76,253,000. Funding transfer from NHS Highland, initial estimate £14,200,000A cash payment will be made by NHS Highland to Argyll and Bute Council to the value of the funding transfer. The budget allocation outlined above may be subject to change. The most up to date financial position will be reported to the IJB and the Council as agreed in the Integration Scheme. The Council and the IJB will observe the roles and responsibilities as set out in the Integration Scheme for the management and the development of the budget. A further Direction will be issued following the financial year-end to set out the final payments.</p>	Complete	19/05/2023
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