

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 27 MARCH 2024** at **1:00 PM**, which you are requested to attend.

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES** (Pages 3 - 10)
Argyll and Bute Integration Joint Board held on 31 January 2024
4. **MINUTES OF COMMITTEES**
 - (a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 February 2024 (Pages 11 - 14)
 - (b) Argyll and Bute HSCP Audit and Risk Committee held on 20 February 2024 (Pages 15 - 16)
 - (c) Argyll and Bute HSCP Finance and Policy Committee held on 23 February 2024 (Pages 17 - 20)
 - (d) Argyll and Bute Strategic Planning Group held on 14 March 2024 (Pages 21 - 24)
 - (e) Argyll and Bute HSCP Finance and Policy Committee held on 22 March 2024 - to follow
5. **CHIEF OFFICER REPORT** (Pages 25 - 30)
Report by Chief Officer
6. **FINANCE**
Reports by Head of Finance
 - (a) Budget Monitoring - 10 months to 31 January 2024 (Pages 31 - 42)
 - (b) Budget 2024/25 and Consultation (Pages 43 - 88)
7. **CARERS STRATEGY** (Pages 89 - 122)
Report by Carers Act Implementation Officer
8. **HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT - FINANCIAL QUARTER 3 (OCT - DEC 2023/24)** (Pages 123 - 136)
Report by Head of Strategic Planning, Performance and Technology

- 9. WORKFORCE REPORT QUARTER 3 (2023/24)** (Pages 137 - 158)
Report by People Partner
- 10. CULTURE AND WELLBEING UPDATE** (Pages 159 - 184)
Report by People Partner
- 11. HEALTH AND CARE STAFFING ACT IMPLEMENTATION UPDATE**
(Pages 185 - 190)
Report by Associate Director - AHP
- 12. DATE OF NEXT MEETING**
Wednesday 29 May 2024

Argyll and Bute HSCP Integration Joint Board (IJB)

Contact: Hazel MacInnes Tel: 01546 604269

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held
BY MICROSOFT TEAMS
on WEDNESDAY, 31 JANUARY 2024**

Present:

Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Karen Leach, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member
Emily Woolard, NHS Highland Non-Executive Board Member

Tim Allison, Director of Public Health and Policy, 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
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
Elizabeth Higgins, Lead Nurse, NHS Highland
Julie Hodges, Independent Sector 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
Roy Swales, Interim Principal Accountant, Argyll and Bute Council
Fiona Thomson, Lead Pharmacist, NHS Highland
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Kenny Mathieson.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 November 2023 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Audit and Risk Committee held on 29 November 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 29 November 2023 were noted.

The Chair of the Audit and Risk Committee, Councillor Kieron Green, advised that he had nothing further to add to what was in the Minute other than to highlight that the ongoing delay in the Audit was due to the Auditors and not Officers.

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

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

(c) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 December 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 December 2023 were noted.

The Chair of the Committee, Graham Bell, recognised the vast amount of information that had been covered in the meeting and expressed his appreciation for the work of officials in the preparation of reports.

(d) **Argyll and Bute HSCP Strategic Planning Group held on 7 December 2023**

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

(e) **Argyll and Bute HSCP Finance and Policy Committee held on 24 November 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 24 November 2023 were noted.

The Chair of the Committee, Councillor Amanda Hampsey, recognised the great deal of work by Officers that had gone into the preparation of reports for the meeting and in particular the Head of Finance and Transformation.

(f) **Argyll and Bute HSCP Finance and Policy Committee held on 26 January 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 26 January 2024 were noted.

The Chair of the Committee, Councillor Amanda Hampsey, advised that the focus of this meeting had been the budget and future finances and again recognised the great deal of work by Officers that had gone into the preparation of reports for the meeting.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to the Chief Officer Report for January 2024 which included detail on the appointment of new NHS Highland Chief Executive; HSCP Chief Officer Recruitment; Breathing Space Webinar; Dental Team Nominated for National Award; Screening Engagement Officer; Palm Court Update; Consultation on Learning Disabilities, Autism and Neurodivergence Bill; Alcohol Marketing Consultation; A First Self Harm Strategy for Scotland and the World; Expanding Scotland's Medical Workforce; Campaign Highlights Rewarding and Varied Social Care Careers; Safety and Protection of Women and Girls against Violence; Cowal Community Hospital Nurse Wins National Award; Clinical Governance Manager; Dental Outreach Tutor; New Management Trainee; Vaccination Service Manager Retiral and Area Manager for Kintyre and Islay.

In relation to her recent appointment as Chief Executive of NHS Highland, the Chief Officer advised verbally that Evan Beswick, Head of Primary Care, would cover the post of Chief Officer on an interim basis.

Decision

The Argyll and Bute Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 31 January 2024, submitted)

6. APPOINTMENT OF NHS HIGHLAND NON-EXECUTIVE MEMBERS TO THE IJB AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE

The Board gave consideration to a report outlining the requirement for new appointments to each of the three Committees and the Strategic Planning Group following the appointment of new non-executive members to the Board by NHS Highland.

Decision

The Argyll and Bute Integration Joint Board –

1. noted changes in the membership of the Integration Joint Board and impact on the representation throughout the Committee structure;
2. approved the appointment of new members to the Committees; and
3. formally thanked Sarah Compton-Bishop and Dr Gaener Rodger for their service to the Integration Joint Board.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

The Chair formally welcomed NHS Highland Non-executive Board Members Karen Leach and Emily Woolard to their first meeting of the Board.

7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health and Policy presented the Annual Report for 2023 entitled: "Medication and Public Health – Do the Right Thing", to the Board.

Decision

The Argyll and Bute Integration Joint Board noted the Director of Public Health Annual Report for 2023.

(Reference: Report by Director of Public Health dated 31 January 2024, submitted)

8. FINANCE

(a) Budget Monitoring - 9 months to 31 December 2023

The Board gave consideration to a report providing a summary financial position, which had improved, as at the end of month nine. Information was provided in respect of the year to date position, forecast outturn, progress with the savings plan and reserves spend.

Decision

The Argyll and Bute Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £442k as at the end of month 9;
2. noted that savings of £6.9m had been delivered, 78% of target;
3. noted that reserves of £6.3m had been committed to date; and
4. noted that additional funding had been allocated totalling £2.3m and that NHS Highland had recovered this from IJB reserves.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

(b) Budget and Medium Term Financial Plan 2024-2027

The Board gave consideration to a report providing an updated budget outlook for the 2024/25 financial year and the following two years.

Decision

The Argyll and Bute Integration Joint Board –

1. noted the budget outlook for 2024-25 to 2025-26 and noted the high level of risk and uncertainty;
2. noted the forecast budget gap totalling £11.4m for 2024-25;
3. noted that indicative savings targets had been allocated to services;
4. noted that oversight of the budget process would continue to be undertaken by the Finance & Policy Committee; and
5. noted that additional expenditure control measures were being put in place in

partnership with NHS Highland as a response to the financial context.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

9. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing an opportunity to review the Strategic Risk Register and consider suggested changes. The report also sought approval of the risk appetite.

Decision

The Argyll and Bute Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Audit & Risk Committee and Strategic Leadership Team in December 2023;
2. noted and approved the Risk Appetite; and
3. noted and approved the Strategic Risk Register.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

10. SPOTLIGHT - CHILDREN, FAMILIES AND JUSTICE

The Board gave consideration to a report spotlighting examples of development in the Children, Families and Justice Service throughout the previous year.

Decision

The Argyll and Bute Integration Joint Board noted the content of the report.

(Reference: Report by Head of Children, Families and Justice dated 31 January 2024, submitted)

11. HEALTH AND SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT FQ2 (JULY-SEPT 2023/24)

The Board gave consideration to a report detailing performance for FQ2 (July – September) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas.

Decision

The Argyll and Bute Integration Joint Board –

1. acknowledged the performance for FQ2 (July - September 2023/24) and improvement against the previous quarter, which was the second full quarter of data for the Integrated Performance Management Framework (IPMF);

2. acknowledged the supporting performance commentary from Heads of Service and Service Leads;
3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators contained at Appendix 1;
4. noted the System Pressure Report for August 2023 contained at Appendix 2; and
5. noted the Delayed Discharge Sitrep for August 2023 contained at Appendix 3.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 31 January 2024, submitted)

12. 2024/25 SOCIAL WORK FEES AND CHARGES

The Board gave consideration to a report providing details of the proposed annual Social Work Fees and Charges uplifts for 2024/25.

Decision

The Argyll and Bute Integration Joint Board –

1. reviewed and endorsed the appended 2024/25 Social Work Fees and Charges proposals so that the proposals could be submitted to Argyll and Bute Council for ratification at its 2024/25 budget meeting; and
2. reviewed and endorsed a change to the means test within the Non-Residential Care Charging Policy in relation to the Non-Dependent Rent Allowance afforded to clients who live with family members.

(Reference: Report by Interim Principal Account dated 31 January 2024, submitted)

13. CATEGORY 1 RESPONDER ASSURANCE AND DEVELOPMENT

The Board gave consideration to a report outlining the role of Integration Joint Boards in relation to their identification as Category 1 responders under Schedule 1 Part 2 17A of the Civil Contingencies Act 2004.

Decision

The Argyll and Bute Integration Joint Board –

1. considered the review for assurance;
2. supported the proposed recommendations; and
3. noted the update to the Strategic Risk Register to reflect both response and continuity.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

14. CONSUMER SCOTLAND DUTY

The Board gave consideration to a report advising of a further public duty in relation to the Consumer (Scotland) Act 2020 which would apply from 1 April 2024. The guidance on meeting the duty would be available from 31 March 2024.

Decision

The Argyll and Bute Integration Joint Board –

1. noted an additional public duty from 1 April 2024;
2. noted that guidance had not yet been published; and
3. noted that 2024-25 would be regarded as an implementation year.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

15. DATE OF NEXT MEETING

The date of next meeting was noted as Wednesday 27 March 2024 from 1.00pm. It was noted that this meeting would be held in the Council Chamber, Kilmory, Lochgilphead.

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NOTE of INQUORATE MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on THURSDAY, 1 FEBRUARY 2024

Present:

Graham Bell (Chair)

Fiona Davies

David Gibson

Rebecca Helliwell

Alison McGrory

Elizabeth Higgins

Karen Leach

Attending:

Evan Beswick, Head of Primary Care, Argyll and Bute HSCP

Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP

David Gibson, Head of Children, Families and Justice, Argyll and Bute Council

Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP

Linda Currie, Associate Director of AHP, NHS Highland

Fiona Thomson, Associate Director of Pharmacy, NHS Highland

Lucy Dornan, Interim Clinical Governance Manager, Argyll and Bute HSCP

Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP

Lynsey Innis, Senior Committee Assistant, Argyll and Bute HSCP

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and took the opportunity to extend a warm welcome to Karen Leach who had joined the Committee as a Non-Executive NHS Highland Board Member, following her appointment by the Integration Joint Board.

Apologies for absence were intimated on behalf of Councillor Dougie Philand, Fiona Broderick and Jillian Torrens.

It was noted at this stage, that, due to there being no representation from Argyll and Bute Council, the meeting was inquorate, however, the Chair ruled that as there were a number of items on the agenda and a number of officers in attendance, the meeting would go ahead with agenda items being noted and any decisions would be ratified at the next meeting.

2. MINUTES

The Minute of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 December 2023, was approved as a correct record.

3. ACTION LOG

Having given consideration to the Action Log, the Committee agreed:-

- Action 1 To note that the item was on the agenda at item 6 (Update re Health Improvement Scotland – Public Interest – Disclosure Act re Cardiac Service, Lorn and Islands Hospital) and that the action would be updated as appropriate in accordance with the information provided.
- Action 2 To bring to the next meeting, scheduled to take place on Thursday, 4 April 2024.
- Action 3 Recognising that there was two parts to this action, the Committee agreed to bring the Complaints Trend information to their next meeting, scheduled to take place on Thursday, 4 April 2024 and the feedback to their meeting scheduled to take place on Thursday, 15 August 2024.

Evan Beswick and David Gibson joined the meeting during discussion of the following item of business (Health and Social Care Partnership – Performance Report – FQ2 (July – Sept 2023/24)).

4. HEALTH & SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT - FQ2 (JULY - SEPT 2023/24)

Having noted the collaborative development of the Integrated Performance Management Framework and associated Performance Dashboard, the Committee gave consideration to a report which presented the Health and Social Care Partnership's (HSCP's) performance details for FQ2 (July to September) 2023/24. The report included information in relation to performance against each of the service areas and the 93 supporting Key Performance Indicators; National Health and Wellbeing Indicators performance and a trend overview with regards to system pressures and the National Delayed Discharge Sitrep. Information in relation to previous Health and Wellbeing Outcome Indicators and Ministerial Steering Group Integration measures was also provided.

Decision

The Clinical and Care Governance Committee –

1. Acknowledged performance for FQ2 (July to September 2023/24) and improvement against the previous quarter.
2. Acknowledged supporting commentary from Heads of Service and Service Leads.
3. Acknowledged performance update on the National Health and Wellbeing Outcomes and Ministerial Steering Group Integration Indicators, as outlined in Appendix 1 to the report.
4. Noted the System Pressure Report for August 2023 as contained within Appendix 2 to the report.

5. Noted the Delayed Discharge Sitrep for August 2023, as detailed within Appendix 3 to the report.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 1 February 2024, submitted)

Fiona Thomson joined the meeting during discussion of the following item of business (Dashboard Report).

5. DASHBOARD REPORT

Consideration was given to the dashboard report, which provided information on stage 2 complaints over the last 13 months; the total number of incidents recorded over the last 13 months; the total number of incidents recorded by site over the last 13 months; the total number of hospital inpatient falls and falls with harm over the last 13 months; the total number of tissue viability injuries over the last 13 months and violence and aggression incidents by location over the last 13 months.

Decision

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

(Reference: Report by Lead Nurse, NHS Highland, submitted)

6. UPDATE RE HEALTH IMPROVEMENT SCOTLAND - PUBLIC INTEREST - DISCLOSURE ACT RE CARDIAC SERVICE, LORN & ISLANDS HOSPITAL

Consideration was given to a summary report which provided an update on the actions taken in response to an enquiry from the Health Improvement Service (HIS) regarding cardiac services that span both the acute and complex care portfolio and health and community care.

Discussion was had on the need to bring this item back to a future meeting of the Committee to provide further assurance that the service is continuing to improve and develop.

Decision

The Clinical and Care Governance Committee noted the report for information and awareness.

(Reference: Report by Head of Adult Services – Acute and Complex Care, dated 1 February 2024, submitted)

7. CLINICAL AND CARE GOVERNANCE GROUP ANNUAL REPORT

The Committee gave consideration to the draft annual report of the Clinical and Care Governance Committee, which would be presented to the Integration Joint Board outlining the ongoing work of the Committee over the last year and providing assurance that systems, processes and procedures are in place and delivering effective clinical and care governance throughout Argyll and Bute.

Decision

The Clinical and Care Governance Committee noted the annual report.

(Reference: Report by Chair, dated 1 February 2024, submitted)

8. CLINICAL AND CARE GOVERNANCE GROUP SELF-ASSESSMENT AND WORKPLAN

Consideration was given to a short verbal update from the Business Improvement Manager who outlined the responses received in relation to the annual review questionnaire, which had taken place on a hybrid basis and outlined recommended development actions over the next 12 months.

Decision

The Clinical and Care Governance Committee -

1. Noted the information provided.
2. Noted that the responses received in respect of the Self-Assessment will be fed into the Committee's Annual Report prior to it being submitted to the Integration Joint Board at their meeting in March 2024.

9. DATE OF NEXT MEETING

The Clinical and Care Governance Committee noted that their next meeting was scheduled to take place at 2:00pm on Thursday, 4 April 2024.

Having noted that this had been her last Clinical and Care Governance Committee, the Chair took the opportunity to wish Fiona Davies, Chief Officer of Argyll and Bute HSCP well in her new role. He also took the opportunity to welcome Evan Beswick to his new role as Interim Chief Officer which would become effective from April 2024.



**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held
BY MICROSOFT TEAMS
on TUESDAY, 20 FEBRUARY 2024**

Present: Councillor Kieron Green (Chair)

Susan Ringwood
Councillor Dougie Philand

Emily Woolard

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Paul MacAskill, Chief Internal Auditor, Argyll and Bute Council
Mhairi Weldon, Senior Audit Assistant, Argyll and Bute Council
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council
Gregory Odour, Audit Manager, Mazars LLP

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

There were no apologies for absence intimated.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minute of the meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 19 December 2023, was approved as a correct record.

4. INTERNAL AUDIT UPDATE

The Committee gave consideration to a report which provided an update on the work carried out by Argyll and Bute Council's Internal Audit Team on audits which are of operational relevance to the Committee. The report also provided an update on actions from audit reports already presented to the Committee which were still open as at 31 December 2023.

Decision

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

(Reference: Report by Chief Internal Auditor, dated 20 February 2024, submitted)

5. COMMITTEE SELF-ASSESSMENT

Consideration was given to a short verbal update from the Business Improvement Manager who outlined the low response rates received to date in relation to the annual review questionnaire and advised that a decision had been taken to delay the submission of the Committee's Annual Report to the Integration Joint Board. She advised that this would now be submitted to the meeting scheduled to take place in May 2024 and as such she would arrange to re-circulate the annual review questionnaire with a view to generating a better response rate.

Decision

The Audit and Risk Committee:

1. Noted the information provided.
2. Noted that the responses received in respect of the Self-Assessment will be fed into the Committee's Annual Report prior to it being submitted to the Integration Joint Board at their meeting in May 2024.

6. AUDIT FEES

The Committee gave consideration to a report which outlined the proposed fee for the external audit of the Annual Accounts for the year ending 31 March 2024.

Decision

The Audit and Risk Committee:

1. Noted the contents of the report and the increase in audit fees.
2. Noted that the Finance Network are preparing a response on behalf of the sector.

(Reference: Report by Head of Finance, dated 20 February 2024, submitted)

7. AUDIT SCOTLAND PUBLICATIONS

Consideration was given to a report which provided an overview of relevant recent Audit Scotland publications.

Decision

The Audit and Risk Committee noted that Audit Scotland continue to publish reports that may be of interest to members of the Committee.

(Reference: Report by Head of Finance, dated 20 February 2024, submitted)

8. DATE OF NEXT MEETING

The Audit and Risk Committee noted that their next meeting was scheduled to take place on Tuesday, 9 April 2024.



**MINUTES of MEETING of ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE
held BY MICROSOFT TEAMS
on FRIDAY, 23 FEBRUARY 2024**

Present: Councillor Amanda Hampsey (Chair)

Kenny Mathieson
Councillor Gary Mulvaney

Karen Leach
Fiona Thomson

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Fiona Broderick, Staffside, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Evan Beswick, Head of Primary Care, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
David Gibson, Head of Children, Families and Justice, Argyll and Bute Council
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Angela Tillery, Principal Accountant, 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 Graham Bell.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minute of the Meeting of the Finance and Policy Committee, held on 26 January 2024, was approved as a correct record.

4. BUDGET MONITORING - 10 MONTHS TO 31 JANUARY 2024

The Committee gave consideration to a report which provided a summary of the financial position of the HSCP as at 31 January 2024. The report also provided information in respect of the year to date position, the financial outturn, the progress with the savings plan and reserves spend.

Decision

The Finance and Policy Committee:-

1. Noted that a small forecast underspend of £254k was reported.
2. Noted that savings of £7m have been delivered, 78% of target.
3. Noted that reserves of £7m have been committed to date.

(Reference: Report by Head of Finance, dated 23 February 2024, submitted)

5. BUDGET PREPARATION UPDATE

Consideration was given to a report which provided an update on progress being made to address the budget gap for 2024/25, as outlined in the budget outlook presented in January 2024.

Decision

The Finance and Policy Committee:-

1. Noted the savings proposals that have been costed to date.
2. Noted that work was on-going to develop further savings plans and Equality Impact Assessments.
3. Noted that the HSCP, with NHS Highland expect to be in a financial recovery position in 2024/25 and additional controls are likely to be in place.
4. Noted that significant short term service reductions are required if the HSCP is required to balance its NHS Budget in 2024/25.

(Reference: Report by Head of Finance, dated 23 February 2024, submitted)

6. IFRS15 REVENUE FROM CONTRACTS WITH CUSTOMERS

Consideration was given to a report which outlined the issues raised in NHS external audits in 2022/23 relating to the application of IFRS 15 in the accounting of inter-board Service Level Agreements; the proposed solutions to these issues in 2023/24; the implications for annual accounts reporting and the ongoing work to find a permanent solution.

Decision

The Finance and Policy Committee:-

1. Noted that Health Boards must be compliant with IFRS 15 in 2023/24.
2. Noted the proposed solutions to issues raised by external audit in the 2022/23 annual accounts audits.

3. Noted the recommendation to the National Directors of Finance (NHS) Group for 2023/24 year end reporting.
4. Noted the impact that approval of this recommendation will have on the HSCP accounts for 2023/24.
5. Noted the ongoing work to find a permanent solution for future years.

(Reference: Report by Head of Finance, dated 23 February 2024, submitted)

7. KINTYRE CARE AT HOME - SERVICE TRANSFER

The Committee gave consideration to a report which sought retrospective approval for the transfer of Kintyre care at home service from Carr Gomm to the HSCP (employed by Argyll and Bute Council).

Decision

The Finance and Policy Committee agreed the recommendations contained within the report.

(Reference: Report by Head of Adult Care – Health and Community Care, dated 23 February 2024, submitted)

8. DATE OF NEXT MEETING

The Finance and Policy Committee noted that their next meeting was scheduled to take place on Friday, 22 March 2024.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP STRATEGIC PLANNING GROUP held BY
MICROSOFT TEAMS
on THURSDAY, 14 MARCH 2024**

Present: Councillor Dougie Philand, Argyll and Bute Council (Chair)
 Kristin Gillies, Head of Strategic Planning, Performance and Technology,
 Argyll and Bute HSCP (Co-Chair)
 Graham Bell, NHS Highland Non-Executive Board Member and Member of IJB
 Fiona Broderick, Staffside Lead (Health), Argyll and Bute HSCP
 Caroline Cherry, Health of Adult Services, Argyll and Bute HSCP
 James Crichton, Programme Manager (Neurodiversity, Learning Disability &
 Autism), Argyll and Bute HSCP
 David Gibson, Head of Children, Families and Justice, Argyll and Bute HSCP
 Nicola Gillespie, Service Manager for Mental Health and Addictions
 James Gow, Head of Finance, Argyll and Bute HSCP
 Julie Hodges, Independent Sector Representative
 Margaret Jacobsen, Chair of Dochas Centre
 Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
 Kirsty MacKenzie, Carers Act Support
 Duncan Martin, Public Representative
 Sandra MacLeod for Michelle Mundie, Chief Executive, ACHA
 Karl McLeish, Unscheduled Care Project Lead, Argyll and Bute HSCP
 Anke Roexe, Senior Service Planning Manager, Argyll and Bute HSCP
 Alison Ryan, Service Planning Manager, Argyll and Bute HSCP
 Saskia Schmitz, Health Intelligence Officer, Argyll and Bute HSCP
 Takki Sulaiman, Chief Executive, TSI
 Mags Todd, Project Assistant, Young Carer Adults, Argyll and Bute HSCP

1. WELCOME, APOLOGIES FOR ABSENCE AND INTRODUCTIONS

The Chair welcomed those present to the meeting and introductions were made.

Apologies for absence were received from Charlotte Craig, Linda Currie, Fiona Davies, Alison McGrory and Michelle Mundie.

2. MINUTES AND MATTERS ARISING

The Minutes of the meeting of the Argyll and Bute HSCP Strategic Planning Group held on 7 December 2024 were approved as a correct record.

3. PLANNING FOR NEW STRATEGIC PLAN AND COMMISSIONING PLAN

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a Joint Strategic Plan for integrated functions and budgets that they control, reviewing the plan at least every three years.

The Strategic Planning Group gave consideration to a report setting out the initial project plan for the renewal of the Joint Strategic Plan and Strategic Commissioning Plan to cover the period 1 April 2025 to 31 March 2028.

Decision

The Strategic Planning Group –

1. noted the initial project plan for the renewal of the HSCP's Joint Strategic Plan and Strategic Commissioning Plan, including indicative timelines;
2. agreed that -
 - both documents should be integrated
 - the renewed documents should cover five years; and
3. agreed that suitable members for the Editorial Group should be the members of the JSNA Working Group with additional members of the SPG as appropriate.

(Reference: Report by Head of Strategic Planning, Performance and Technology and Senior Service Planning Manager dated 14 March 2024, submitted)

4. ARGYLL AND BUTE HSCP CONTRIBUTION TO NHS HIGHLAND BOARD ANNUAL DELIVERY PLAN 2024/25 - FOR NOTING

NHS Boards are required to complete the Annual Delivery Plan (ADP) on an annual basis. NHS Highland has to submit an Annual Delivery Plan covering 2024-25 and indicative priorities for subsequent years and Argyll and Bute Health and Social Care Partnership has been asked to feed into this. The Strategic Planning Group gave consideration to a report outlining the Argyll and Bute Health and Social Care Partnership's submission to NHS Highland's Annual Development Plan.

Decision

The Strategic Planning Group noted the Argyll and Bute Health and Social Care Partnership's submission to NHS Highland's Annual Development Plan, outlining priority workstreams for 2024/25.

(Reference: Report by Head of Strategic Planning, Performance and Technology and Senior Service Planning Manager dated 14 March 2024, submitted)

Duncan Martin joined the meeting during the consideration of the following item of business.

5. ISLANDS STRATEGY ENGAGEMENT AND PROGRESS PLAN

The Islands (Scotland) Act 2018 sets out the main objectives and strategy of the Scottish Government in relation to improving outcomes for island communities. There were 13 objectives including health and wellbeing and community empowerment; and there was a commitment within the Joint Strategic Commissioning Plan to develop and Islands Strategy. It was agreed in July 2023 to develop a high level strategy with recommendations and key principles linked to health and wellbeing outcomes. The Strategic Planning Group gave consideration to a report which sought discussion and direction on the Engagement Specification and Engagement Plan.

Decision

The Strategic Planning Group noted the Engagement Specification and Engagement Plan in relation to the Islands Strategy.

(Reference: Report by Senior Service Planning Manager dated 14 March 2024, submitted)

6. OLDER ADULTS STRATEGY UPDATE

The Strategic Planning Group gave consideration to a report presenting the draft Strategy for Older Adults 2024-2027.

Decision

The Strategic Planning Group –

1. noted the draft strategy, and noted that more work was required to describe changing models of care;
2. noted the format would be presented in easy read style for consultation; and
3. noted the themes for action.

(Reference: Report by Head of Health and Community Care dated 14 March 2024, submitted)

7. CARERS STRATEGY

The Strategic Planning Group gave consideration to a report presenting the Carer Strategy which set out a plan for identifying carers, providing support and service to assist adult and young carers in their caring roles.

Decision

The Strategic Planning Group endorsed the 2024-2027 HSCP Carers Strategy.

(Reference: Report by Associate Director - Allied Health Professionals dated 14 March 2024, submitted)

8. NEURODEVELOPMENTAL STRATEGY UPDATE

The Strategic Planning Group gave consideration to a report providing an update on the Neuro-developmental Strategy for Argyll and Bute, associated work streams and leadership arrangements.

Decision

The Strategic Planning Group –

1. noted the development of the draft strategy contained at appendix 1 to the submitted report; and
2. noted progress on engagement and establishment of key work streams.

(Reference: Report by Head of Adult Services – Mental Health; Acute and Complex Care dated 14 March 2024, submitted)

9. LOCALITY PLANNING GROUP UPDATE

The Strategic Planning Group gave consideration to a report providing an update on the Locality Planning Groups following the meetings held in February.

Decision

The Strategic Planning Group noted the report from the Locality Planning Groups.

(Reference: Report by Business Improvement Manager dated 14 March 2024, submitted)

10. DATE OF NEXT MEETING

The date of the next meeting was noted as Thursday 13 June 2024.

**Integration Joint Board****Agenda item:****Date of Meeting: 27 March 2024****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 March 2024 and this month I have included an update on the 2024-2028 Carers Strategy, how the national audiology review links in with our local audiology team and details of the locality health information profiles which have been recently published by the Public Health team.

We have also been continuing to highlight some of the excellent work carried out by staff across the HSCP including the services provided by our Technology Enabled Care Team, the Power of Attorney campaign and the work carried out by our smoke free advisors and the services they offer for the public. We have also had a really fascinating link up with *'The Broons'* comic strip characters to highlight health and wellbeing advice on the importance of physical activity and exercise, when clinically appropriate, for people who are in hospital.

As usual I have also included some of the key updates recently announced by the Scottish Government including proposals for the minimum unit pricing rise, a consultation on proposals to restrict the promotion of food and drink high in fat, sugar and salt and also the legislative progress of the National Care Service Bill.

As this is my last IJB as Chief Officer I would like to say thank you to the members of the IJB and to everyone across Argyll and Bute who made me feel so welcome when I joined the HSCP in 2021. It has also been a real pleasure meeting and working with HSCP colleagues, members of our local communities and all our key stakeholders.

We have an amazing team in Argyll and Bute who work tirelessly to deliver a high standard of health and social care for the people who use our services. We also have vibrant and dedicated communities all across the HSCP and having met with

many of them I know that they are passionate about the health and social care services that the HSCP delivers locally.

I am looking forward to continuing to work on behalf of the people of Argyll and Bute as Chief Executive of NHS Highland and I look forward to continuing to meet many of you over the coming months and years.

I am also delighted that Evan Beswick has been appointed as Interim Chief Officer and he will take up post on 1 April. Evan is known to many of you as the HSCP's Head of Service for Primary Care and has been a great asset to the organisation and I wish him well in his new role.

Thank you and best wishes.

HSCP Updates

Interim HSCP Chief Officer

I am delighted that following a competitive recruitment process Evan Beswick has been appointed Interim Chief Officer for the HSCP and he will take up post on 1 April when I start my new role as Chief Executive of NHS Highland.

Evan is currently the HSCP's Head of Service for Primary Care and has 13 years of experience in operational and strategic management roles across the North of Highland and Argyll and Bute. Evan has already been a great asset to the HSCP team and I would like to welcome him to his new role. You can find out more about Evan and his appointment [here](#).

Recruitment to the HSCP Chief Officer substantive post will take place in due course.

Service Updates

2024 -2028 Carers Strategy

The HSCP unpaid care team of Kirsty Mackenzie and Mags Todd have carried out an extensive engagement programme with unpaid carers alongside aligning the new HSCP strategy with the national carers' strategy.

The draft strategy to increase and improve support to unpaid carers was introduced at an IJB development session in February 2024 and formally agreed at the Strategic Planning Group on 14 March 2024.

A full launch and publicity campaign is planned and there is also a leaflet going out to every home with the council tax letters to help identify unknown carers. Much of the material contained in this leaflet aligns to what carers told us during the engagement programme that they wanted more information on.

National Audiology Review and HSCP Response

In 2022 a national review of Audiology Services was announced by the Scottish Government. This extensive review contained multiple recommendations that are being evaluated and implemented by an HSCP short-life working group. There are also links to the national implementation programme to support progress.

We would also like to take this opportunity to recognise the hugely valuable role that our small but dedicated audiology team play in delivering an excellent quality of service to their patients which has been nationally recognised with a number of awards.

Locality Information Profiles

Over the course of 2023 a range of health information profiles have been published for the four administrative areas of Argyll and Bute. These have been produced by Public Health and cover adult health and wellbeing; child health and wellbeing; and demography and deprivation. The profiles can be viewed [here](#)

The profiles were developed by the Public Health Intelligence Team, NHS Highland, to provide communities and community planning partners with locally relevant and consistently presented public health data. They highlight health and social inequalities and show changes in key indicators over time. This local level information can provide evidence for planning, priority setting, funding applications and complements community knowledge and professional judgment.

The Argyll and Bute Public Health team ran a series of webinars in January and February 2024 in each Locality on how to use the children and adult profiles. This was done in conjunction with the Council's Community Development team. Included in these webinars was a presentation from Public Health Intelligence clarifying how to interpret the data and a presentation from Community Development on how to use the profiles e.g. as evidence for funding bids, to identify gaps, project planning etc.

National Updates

National Care Service Bill

Legislation which will see the introduction of a National Care Service for Scotland (NCS) has passed Stage 1 in Parliament with MSPs voting for the general principles of the National Care Service (Scotland) Bill. Further information is available [here](#).

Improving the Nation's Diet

The public is being asked for views on proposals to restrict the promotion of food and drink high in fat, sugar and salt. The consultation, which will run for 12 weeks, will outline the detail of proposed regulations aimed at creating a food environment which better supports healthier choices. Further information is available [here](#).

Minimum Unit Pricing Rise

Plans to continue setting a minimum price per unit of alcohol and to increase it by 15p will go before the Scottish Parliament for approval. As part of a 'sunset clause' when Minimum Unit Pricing (MUP) legislation was introduced in 2018, it will end on 30 April this year unless Parliament votes to keep it.

A price increase is required to counteract the effects of inflation and 65p has been selected as the Scottish Government seeks to increase the positive effects of the policy. If Parliament agrees, it will take effect on 30 September 2024. Further information is available [here](#).

Good Food Nation Plans Published

Ensuring everyone in Scotland can access nutritious, sustainable food is at the heart of new plans to transform the country's food system. The Good Food Nation Plan sets out the ways in which the Scottish Government will work with businesses and organisations across society to help connect people to locally produced, high-quality food. Further information is available [here](#).

News

Argyll and Bute Telecare Service keeps you safer at home

The HSCP's Technology Enabled Care (TEC) team are continuing to provide technology and services to provide care and support to those individuals who require it locally. These services can range from Telecare to simple devices that monitor vital signs to systems that allow remote consultations with healthcare professionals.

The Telecare service is an innovative solution that enables individuals to live independently in their homes while helping to support their safety and wellbeing. In Argyll and Bute Telecare services are available to people of all ages who may be vulnerable, have a disability or a long-term health condition.

The Telecare service is designed to offer peace of mind to individuals and their loved ones, knowing that they have access to immediate help when needed. It also enables people to stay living independently in their homes for longer and can help reduce the need for hospitalisation or admission to care homes. Further information on the service and how to contact them is available [here](#).

Power of Attorney

A power of attorney is a legal document which allows you to plan for the future. It's drawn up when you have the capacity to do so. It gives another person, known as *the attorney*, the authority to deal with aspects of your affairs. This could relate to financial/property matters and/or personal welfare.

There are two types of power of attorney:

- Power of attorney relating to your financial/property affairs is known as a 'continuing power of attorney' and may be given with the intention of taking effect immediately and continuing on you becoming incapable. Or you can decide you only want it to begin if you become incapable.
- Welfare power of attorney allows someone you have appointed to make welfare decisions for you, and these powers cannot be exercised until such time as you have lost the capacity to make these decisions.

The HSCP has been working with other agencies and stakeholders across Argyll and Bute to promote the power of attorney scheme and to highlight the importance of it. You can view the full press release [here](#).

Quit Smoking and Embrace a Smoke-Free Life

If you are a smoker and looking to quit, the HSCP is here to help you every step of the way. Our smoke-free advisors can provide you with the support and guidance you need to quit smoking. Being smoke-free is not an easy task but with the right support and resources it is possible.

Choosing to stop smoking is a significant step towards a healthier lifestyle. With the appropriate help and support, anyone can successfully become smoke-free. Smoking is a habit that can cause serious health problems.

The HSCP has advisors throughout Argyll and Bute who will provide a flexible service to help, advise, encourage and support you at every step of your journey to stop smoking and tailor a unique stop smoking programme for you. Further information on the services we provide and how to contact our advisors is available online [here](#).

Braw Initiative to Tackle Deconditioning

The HSCP, in conjunction with NHS Highland and the team behind *The Broons* legendary characters, have joined forces to launch an educational 'deconditioning' comic strip for Scotland's ageing population. The information has been presented in a captivating format that is likely to be identifiable to all ages, but particularly older people and their families.

The purpose of this resource is to prevent, recognise, and reduce deconditioning by providing engaging and accessible health and wellbeing information. Deconditioning is a term that refers to the physical and functional decline experienced by older adults who are hospitalised. This decline is primarily caused by a lack of physical activity and exercise.

Further information on the comic strip and the campaign is available online [here](#).

Cowal Heartstart Team

The Cowal Heartstart Team are pleased to introduce 8 new qualified instructors to their team and they now have a total of 16 skilled instructors committed to providing life-saving and first-aid training courses.

Heartstart works in close partnership with the HSCP to emphasise the importance of imparting life-saving skills to the local public, schools and workplaces. This successful training program has been providing services for over 26 years thanks to the unwavering dedication and commitment of Heartstart volunteers who deliver the courses.

All of the 16 instructors have undergone rigorous training and are now equipped with the necessary skills and knowledge to empower members of the public, schools and workplaces with basic emergency life support courses. Further information is available [here](#).



Integration Joint Board

Date of Meeting: 27 March 2024

Title of Report: Budget Monitoring – 11 months to 29 February 2024

Presented by: James Gow, Head of Finance

The Integration Joint Board is asked to:

- Note that a small underspend of £151k is forecast.
- Note that savings of £7.4m have been delivered, 83% of target.
- Note that reserves of £7m have been committed to date.

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position as at the end of month eleven. The HSCP is reporting a forecast underspend of £151k against its budget of £357m. Funding streams have been confirmed and expenditure has reduced in some areas, this has contributed to the improving forecast. 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 impacting favourably on rates but usage remains high. Overspending on Older Adult Social Care services is an area of concern due to increasing demand and use of agency staff to cover service gaps.

1.2 The HSCP planned to utilise reserves to cover its budget gap and the reported position is slightly better than the approved budget in this regard. The main financial risks now relate to the impact of the draft budget for 2024/25, including the impact of the withdrawal of capital funding. This report has been considered by the Finance & Policy Committee at its meeting in March 2024.

2. INTRODUCTION

2.1 This report provides a summary of the financial position of the HSCP as at end of February 2024. 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 11 Months to 29 February 2024

The table below provides the year to date to month eleven. 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	78,673	78,778	105	0.1%
HEALTH SERVICES TOTAL	238,087	238,479	392	0.2%
GRAND TOTAL	316,760	317,257	497	0.2%

3.1.1 For Social Work budgets, older adults spend is of concern with a £2.2m overspend to date across internal and external residential care and care at home services. This is due to increasing demand and on-going use of agency staff. These pressures are being offset by savings in other services and centrally managed budgets.

3.1.2 Several NHS budgets continue to be under pressure, the overall position is improving and a small underspend is reported.

- Medicines – national tariffs have increased and the current overspend is estimated at £1.7m or 8% of the budget. The national systems issue is being addressed but reporting is not fully up to date. Detailed analysis has been undertaken and will be reported separately;
- Spend on agency staff continues above budget, particularly relating to Lorn & Islands Hospital medical staffing; and
- Slippage on savings delivery is creating a further cost pressure.

The national initiative to end the use of non-framework providers to reduce agency nursing spend is having a positive impact on cost per hour but utilisation of agency staff remains high due to vacancies. Additionally, general spending in the later part of the year has reduced slightly, this may be related to expenditure control measures implemented in recent months.

3.2 Forecast Outturn

3.2.1 The forecast has shifted from a small overspend to a small underspend in recent months. This means the HSCP expects to be slightly less reliant on its reserves to balance its finances than budgeted. The forecast is summarised below with detail in appendix 2. Members will recall that a deficit budget was set and any 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 resulted in the allocation of £2.3m. However, NHS Highland have clawed these funds back on a non-recurring basis from reserves.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	92,438	92,348	90	0.1%
HEALTH SERVICES TOTAL	264,309	264,248	61	0.0%
GRAND TOTAL	356,747	356,596	151	0.0%

- 3.2.2 Within Social Work, the older adult budget is overspending with a £2.4m adverse variance. This is as a result of increasing care home placements and care at home demand and costs. Use of agency staffing in HSCP operated homes and care at home services is adding to the overspend. The budgets that are of most concern are:

Adult Services	Budget	Forecast Spend	Forecast Overspend
External Residential Placements – demand led @ national care home contract rate	£10.0m	£11.2m	£1.2m
Care @ Home Service	£18.3m	£19.7m	£1.4m
Internal Care Home Placements	£7.3m	£7.5	£0.2

Overspending reflects the additional costs relating to interim arrangements in the care at home service while the new contract process is being progressed. This includes uplifts to improve terms and conditions for staff to assist with the sustainability of the service and reduce unmet need. The overspends are being offset by savings in other areas including Children’s services and Learning Disability budgets. The service has recently taken on the direct staffing and management of care at home services in Kintyre. This includes the TUPE transfer of staff and adds slightly to the overspend. Overall the Social Work budget is forecasting a small underspend which means that the use of reserves to balance will be slightly less than planned:

Social Work	£'000
Assumed reliance on reserves	623
Forecast revenue budget variance	(90)
Forecast reserves funding requirement	533

- 3.2.3 Within the NHS the position has likewise improved as funding allocations have been confirmed and there has been some slow down in the rate of spend. Medicine costs continue to be the single biggest pressure at present, reviewing mechanisms for managing and reporting this area of spend is a local and national priority, a more detailed report will be separately provided. 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
Less forecast revenue underspend	(61)
Less new NRAC parity and sustainability funding	(2,297)
Other reserves adjustments	(500)
Forecast reserves funding requirement	642

The additional sustainability funding improved the underlying position, however it has been agreed that NHS Highland will recover it from HSCP reserves to offset the allocation for 2023/24. The level of financial pressure across the NHS is significant due to inflation and service pressures, the HSCP is managing its budget relatively effectively in this context.

- 3.2.4 Overall the HSCP is managing in line with the approved budget. It expects to end the year with a reduced level of reserves as service delivery has been protected to some extent by allocating reserves to cover revenue spend and progress projects.

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 11, £7.4m (83%) of the £8.9m target has been declared:

2023/24 Savings	Target	Achievement	Balance	%
	£' 000	£' 000	£' 000	
Fully Achieved	6,585	6,585	0	
Partially Complete	1,750	263	1,487	
Non-recurring	575	575	0	
Total	8,910	7,423	1,487	83%

- 3.3.2 Appendix 3a lists the projects that have been fully delivered and 3b provides detail on the remaining balance of £1.5m, risk rated:

Savings regarded as low risk	£42k	
Savings unlikely to be achieved in full in 2023/24	£416k	
Savings unlikely to be deliverable in 2023/24	£1,029k	

- 3.3.3 Scottish Government funding for the Cowal Community Hospital / GP relocation project has been withdrawn / paused. Therefore the savings associated with the project are not achievable in the way that was envisaged. The delay/cancellation creates a number of issues in respect of the medical model in the area and these will require to be addressed differently. It is intended that some of the savings will still be deliverable, for example in respect of the Forensic Medical Service contracts. The cancellation of the project means that the HSCP contribution from reserves is not required in the short term and can be re-purposed. The amber and red rated savings projects represent a financial risk and have been incorporated in the forecast.

3.4 Reserves

- 3.4.1 Earmarked reserves of £17m were carried forward. To date £7m has been committed to spend, summarised in Appendix 5. This includes an allowance for up to the £4.1m initially allocated to fund the deficit and return resource (£2.3m) to NHS Highland.
- 3.4.2 The IJB holds general reserves and is in the process of allocating these to projects. However the budget for 2024/25 puts some of these plans at risk as capital spend is likely to be severely restricted in the coming years. The main projects that were to be funded from general reserves are listed below, some of these are now subject to review or re-consideration:

- £600k for the Prevention / Wellbeing project;
- £220k to replace hospital beds (complete);
- £160k to remodel the medical records space in LIH - complete;
- £500k match funding to support the Islands Programme bid to facilitate the remodelling of the Tigh a Rudha Care Home – contract in place;
- Renovation of empty properties on Coll and Islay part funded by the Strategic Housing Fund.
- £800k for the Kintyre Care Centre improvement plan; and
- £105k match for energy efficiency and the empty homes project.

Additionally, some of the strategic development work has been paused due to capital funding constraints, the Care Homes and Housing element of this is expected to continue. Reserves are reducing and plans are not yet in place to balance the budget in 2024/25, this means all investment is subject to review as the use of reserves presents an opportunity to address the budget gap on a non-recurring basis. A revised plan for the use of reserves will be finalised once the budget is approved and agreed with partners.

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 and the priorities therein.

6 GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – the forecast outturn position is a small underspend, this will enable the HSCP to reduce the use of its reserves in the current year. The request for the return of funds from NHS Highland has been 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 has Clinical Governance implications.

7. PROFESSIONAL ADVISORY

- 7.1 Professional Leads have been consulted with on the implications of the 2023/24 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:
- Continuing impact of high inflation and service demand;
 - Recovery of reserves held; and
 - Delivery of the balance of the savings programme.

At this point in the year financial risks are reducing, it is expected that reliance on reserves will be lower than planned.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

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

12. CONCLUSIONS

- 12.1 This report provides a summary of the financial position as at the end of month eleven. The forecast has improved and a relatively small underspend against budget is forecast. The HSCP expects to use slightly less of its reserves to balance its finances in the current year. Several cost pressures are of concern and budgeting for these is contributing to the budget gap next year.
- 12.2 Good progress has been made with 83% of the savings programme delivered. However, there are a number of projects that will not be completed in the current year. The cancellation of the project in Dunoon puts several of these at longer term risk. Further progress has been made in committing earmarked reserves to spend, the reserves balance remains a risk in terms of resources being recovered due to the public sector wide financial challenge.

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 – Reserves

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 29 FEBRUARY 2024

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	247	922	675	73.2%	Saving due to vacancy savings combined with underspends on centrally held funding.
Service Development	417	421	4	1.0%	Outwith reporting criteria.
Looked After Children	7,085	7,498	413	5.5%	Underspend is as a result of demand for fostering, kinship and adoption placements and over-recovery of income from nursery meals. This is combined with underspends due to vacancies and long term absence.
Child Protection	2,768	3,059	291	9.5%	Underspends due to vacancies as well as underspends on travel and subsistence combined with demand for services across contact & welfare.
Children with a Disability	875	815	(60)	(7.4%)	Overspend reflects current known demand for the service.
Criminal Justice	265	268	3	1.1%	Outwith reporting criteria.
Children and Families Central Management	2,897	2,955	58	2.0%	Variance is as a result of the receipt of grant income in excess of budget profile.
Older People - Homecare	16,716	15,677	(1,039)	(6.6%)	Overspend reflects current known demand for service and includes unbudgeted spend on agency staff (£1.5m).
Older People - Internal Residential	6,685	6,155	(530)	(8.6%)	Overspend due to agency cover across units, offset by staff vacancies.
Older People - External Residential	9,579	8,584	(995)	(11.6%)	Overspend reflects demand for service based on package commitments.
Older People - Other	7,900	8,223	323	3.9%	Variance is due to underspend on payroll costs across assessment and care management teams, offset by agency cover. There is also an over-recovery of income from client charges.
Physical Disability	3,135	3,143	8	0.3%	Outwith reporting criteria.
Learning Disability	16,465	16,828	363	2.2%	Underspend reflects demand for residential placements partially offset by demand for supported living.
Mental Health	3,132	3,099	(33)	(1.1%)	Outwith reporting criteria.
Adult Services Central Management Costs	507	1,131	624	55.2%	Variance is mainly due to YTD underspends on centrally held funds.
COUNCIL SERVICES TOTAL	78,673	78,778	105	0.1%	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	41,576	41,957	381	0.9%	Saving due to reduced cost per case activity with other Health Boards and vacancies
Acute & Complex Care Services	36,835	36,081	(754)	(2.1%)	Overspend on agency nursing, medical & AHP costs in both LIH & Mental Health Services
Children & Families Services	9,430	9,378	(51)	(0.5%)	Increased cost of consultant outreach services from GGC
Commissioned Services - NHS GG&C	71,698	72,006	308	0.4%	Saving due to reduced cost per case activity
Commissioned Services - Other	4,271	4,207	(64)	(1.5%)	Overspend due to extension of high cost out of area placement
Primary Care Services inc Dental	26,271	26,536	265	1.0%	Saving due to vacancies, mainly in Dental Services
Other Primary Care Services	9,263	9,263	0	0.0%	Outwith reporting criteria.
Prescribing	22,284	20,559	(1,725)	(8.4%)	Overspend due Increasing cost of drugs and amendments to drug tariff.
Public Health	2,220	2,167	(53)	(2.4%)	Funding yet to be allocated, offset to reserves
Lead Nurse	1,522	1,683	161	9.6%	Underspend due to vacancies
Management Service	1,326	1,382	57	4.1%	Underspend due to vacancies
Planning & Performance	2,264	2,185	(78)	(3.6%)	Adverse variance due to unachieved savings
Budget Reserves	0	2,350	2,350	0.0%	Anticipated slippage on reserves and SG allocations.
Income	(1,810)	(1,736)	74	(4.3%)	Some additional seasonal income has been received
Estates	10,938	10,462	(477)	(4.6%)	Adverse variance due to unachieved savings & additional emergency works / reactive maintenance
HEALTH SERVICES TOTAL	238,087	238,479	392	0.2%	
GRAND TOTAL	316,760	317,257	497	0.2%	

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

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	1,278	655	623	48.7%	Underspend is due to an over-recovery on vacancy savings (£218k) combined with underspends on centrally held funds.
Service Development	478	469	9	1.9%	Outwith reporting criteria.
Looked After Children	8,154	7,699	455	5.6%	Forecast underspend is as a result of demand for fostering, kinship and adoption placements as well as on supporting young people leaving care. There is also an over-recovery on income from the Home Office for unaccompanied asylum seeking children. Partially offset by demand for external residential placements and payroll overspends in the children's houses.
Child Protection	3,733	3,445	288	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	1,088	(88)	(8.8%)	The forecast overspend reflects current known demand for the service.
Criminal Justice	262	184	78	29.8%	The forecast underspend is due to vacancies within the Criminal Justice team.
Children and Families Central Management	3,777	3,744	33	0.9%	Outwith reporting criteria.
Older People - Homecare	18,343	19,685	(1,342)	(7.3%)	Overspend based on current known commitment from CareFirst system, agency arrangements and smarter commissioning payments.
Older People - Internal Residential	7,257	7,519	(262)	(3.6%)	Forecast overspend due to increased staffing forecasts (bank) and agency costs, offset by underspends against contracted posts and over-recovery of income.
Older People - External Residential	10,018	11,256	(1,238)	(12.4%)	Overspend reflects demand for service based on package commitments.
Older People - Other	9,413	8,989	424	4.5%	The forecast underspend is due to vacancies across assessment and care management teams, progressive care and integrated care teams, offset partially by agency cover.
Physical Disability	3,519	3,512	7	0.2%	Outwith reporting criteria.
Learning Disability	19,372	18,971	401	2.1%	The forecast underspend reflects known demand for Residential Placements partially offset by overspends on Supported Living and Respite due to demand.
Mental Health	3,632	3,668	(36)	(1.0%)	Outwith reporting criteria.
Adult Services Central Management Costs	2,202	1,464	738	33.5%	Underspend is mainly due to underspends on centrally held funds and staff vacancies.
COUNCIL SERVICES TOTAL	92,438	92,348	90	0.1%	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	45,814	45,394	420	0.9%	Reduced cost per case activity with other Health Boards, vacancies
Acute & Complex Care Services	39,359	40,151	(792)	(2.0%)	The adverse forecast variance is due to the cost of agency staffing covering consultant and nursing vacancies and leave
Children & Families Services	10,255	10,335	(80)	(0.8%)	Increased GGC charges for specialist services
Commissioned Services - NHS GG&C	79,157	78,807	350	0.4%	Reduced cost per case activity
Commissioned Services - Other	4,624	4,524	100	2.2%	Reduced activity due to delays for patients on Golden Jubilee waiting list
Primary Care Services inc Dental	27,711	27,626	85	0.3%	The forecast variance is due to vacancies & reduced non-pay spend.
Other Primary Care Services	10,609	10,609	0	0.0%	Outwith reporting criteria.
Prescribing	22,566	24,566	(2,000)	(8.9%)	The adverse variance mainly due to increased drug pricing & changes to the drug tariff.
Public Health	2,447	2,447	0	0.0%	Outwith reporting criteria.
Lead Nurse	1,844	1,654	190	10.3%	The favourable forecast variance is due to vacancies
Management Service	1,615	1,532	83	5.1%	The favourable forecast variance is due to vacancies
Planning & Performance	2,355	2,430	(75)	(3.2%)	The adverse forecast variance is due to unachieved savings targets.
Budget Reserves	6,380	4,130	2,250	35.3%	The favourable forecast variance is due to expected slippage on reserves and SG allocations.
Income	(1,894)	(1,974)	80	(4.2%)	Additional income from seasonal patient activity.
Estates	11,467	12,017	(550)	(4.8%)	The adverse forecast variance is due to unachieved savings targets. & emergency works
HEALTH SERVICES TOTAL	264,309	264,248	61	0.0%	
GRAND TOTAL	356,747	356,596	151	0.0%	

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
2324-11	Reduce sleepovers and use of TEC	80
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
2324-14		160
2324-17	Whole Family Wellbeing (potentially non-recurring)	120
Health		
AB1819-32	General Catering & Domestic services efficiency target	20
AB2021-1	Redesign of dementia services (excludes commissioned services)	60
AB2021-2	Standardise procurement of food across all sites Council Shared Service Model	69
AB2122-43a/b	Oban staff travel £10k	10
AB2021-3	AHP Workforce Review	11
AB2122-30	re-use of walking frames / improved procurement of musculo-skeletal supplies	20
AB2122-42	Islay: saving on local outreach clinics and accommodation	15
AB2122-60	Near Me Consultant Travel £10k	2
AB2223-1	Review of GP Prescribing practice - reduce volume and price	194
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
2324-24	Review telecom lines and switchboard saving	32
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		6,585
Declared on non-recurring basis at present:		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2324-31	Non-recurring saving - AHP investment	150
AB2324-26	Childrens & Families Staffing and service re-modelling	250
1819-33	Catering, Cleaning and other Ancillary Services	25
Non-recurring savings		575

Appendix 3b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M11 £' 000	Remaining £' 000	RISK	NOTES
Social Work						
1819-33	Catering, Cleaning and other Ancillary Services	46		46		Shared service model with council now in place, project progressing £25k declared on non-recurring basis under review due to requirement for contract / procurement expertise - non recurring
2324-04	Remove contract & demand officer post	49	42	7		
2324-07	Care at Home / Smarter Commissioning Savings	400		400		
Health						
AB1920-4	Review of Service Contracts (Bute Dialysis)	20	1	19		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, progressing
AB2021-23	Catering & Domestic Underspends	30		30		Shared service model with council now in place, progressing
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		Project delivered, removing posts from structure has been challenging
AB2122-33	centralise lab ordering £20k and theatre stock ordering £5	20		20		New contract in place, savings to be confirmed (NHS project)
AB2223-5	Estates Staffing Structure	129		129		HR support in place, little progress being made
AB2223-8	1% reduction in hospital budgets	306	179	127		Work on-going in most localities
AB2324-28	Medicines / prescribing	150	40	110		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		Project delayed and savings position under review
AB2021-64	FME Dunoon (CCH Project)	50		50		Project delayed and savings position under review
AB2223-9	Forensic Service Contracts (CCH Project)	20		20		Project delayed and savings position under review
AB2122-66	Savings from building rationalisation (CCH Project)	72	1	71		Project delayed and savings position under review
		1,750	263	1,487		
		84	42	42		
		596	180	416		
		1,070	41	1,029		

Appendix 4 - Earmarked Reserves

	Reserve Balance 31 March 23 £	Allocated Month 11 £	Remaining Balance £	
Primary Care Improvement fund	609,522	609,522	0	
Other Primary Care Projects	108,507	21,012	87,495	
Technology Enabled Care (Near Me)	118,202	67,385	50,817	
Additional ADP Funding	430,763	250,000	180,763	
Best Start - Maternity Services (Board re-provision)	82,451	32,400	50,051	
Supporting Improvements to GP Premises	178,441		178,441	
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	57,342	182,346	
Primary Care OOH Funding	139,394		139,394	
Insulin Pumps correction including VAT	69,720	69,720	0	
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 / Recovery	63,953	32,598	31,355	
Type 2 Diabetes Framework (70%) & (30%)	66,972	21,593	45,379	
Trauma Training Programme	90,567	45,532	45,035	
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	168,180	36,934	
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		38,931	
Whole Family Wellbeing Fund	278,737		278,737	
Care at Home Funding	417,896	417,896	0	
Multi Disciplinary Teams	84,000	40,000	44,000	
Interim Care	229,123	103,125	125,998	
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 and £2.3m 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	6,983,850	10,006,683	
Held by NHS	11,884,231	5,480,896	6,403,335	
Held by Argyll & Bute Council	4,979,743	1,427,213	3,552,530	
Held by Both	126,558	75,741	50,817	
Total	16,990,533	6,983,850	10,006,683	

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Integration Joint Board

Date of Meeting: 27 March 2024

Title of Report: Budget 2024/25 and Consultation

Presented by: James Gow, Head of Finance

The Integration Joint Boards is requested to:

- Note the HSCP is seeking approval for its budget for spend of £329m which relies upon financial recovery, in-year savings and/or brokerage via NHS Highland totalling £2.7m.
- Approve the budget and savings plan for 2024/25 outlined in this report.
- Note Equality Impact Assessments have been completed for relevant savings proposals and that these are publicly available.
- Note that the Social Work Budget is partly funded by non-recurring pension fund savings to be held by Argyll & Bute Council for this purpose and for transformation.
- Note the HSCP expects to be operating on a financial recovery basis in 2024/25.
- Note there may be a requirement to develop and implement additional service reduction plans urgently, these are likely to involve service cuts.
- Note that opening offers and directions are being finalised with partners and are expected to align with the budget.
- Note the HSCP is proposing to utilise non-recurring funding to support services and that future funding gaps are substantial.

1. EXECUTIVE SUMMARY

1.1 This report provides the Integration Joint Board with a proposed budget and savings plan for the 2024/25 financial year for formal approval. Earlier iterations have been considered by the Finance and Policy Committee and IJB in January and February 2024. This report has also been considered by the Finance & Policy Committee on 22 March.

1.2 The context is challenging as the Scottish Budget for 2024/25 changed the landscape by indicating that there would be no general uplifts for NHS Boards. The budget also reduced the availability of capital funding and resulted in the cancellation / delay of previously approved projects. This has resulted in a situation whereby the resources being made available to NHS boards are less than expected and less than required to provide services in the way that they are currently configured. This is due to increasing costs (inflation) and demand pressures which are generally not within the control of Boards. The settlement for local government and much of the rest of the public sector is likewise challenging and significant savings, service reductions/cuts and transformation are required in the coming years to return to a financially sustainable position.

- 1.3 The HSCP is operating in line with its financial plan for 2023/24. However, the planned use of reserves reduces flexibility going forward. The situation across the NHS in Scotland remains unsustainable with many Health Boards forecasting deficits while the Scottish Government seek to restrict brokerage. This results in the allocation of funding to support deficits, reducing resources available for formula allocations. This disadvantages the HSCP. Overall, the financial context is deteriorating and further efficiency and cost reduction is required across the system. The approach within the NHS is to identify value and efficiency measures (3% target) and begin work to develop change projects and service reductions which require political support in order to achieve financial balance. The implications for governance, consultation and risk management associated with this process are not clear at present. Further national guidance is required. It is acknowledged that the changing environment locally and nationally will have an impact upon staff and staff morale throughout health and social care services.
- 1.4 This report seeks to provide an operating budget for 2024/25, the longer term outlook was considered in January and has not changed substantially. The Scottish Government are expected to publish a revised 3 year spending review in May 2024. This will provide the basis for updating the medium term plan.

2. INTRODUCTION

- 2.1 The purpose of this report is to seek approval for the budget and savings proposals for 2024/25. The financial context is difficult and work has been on-going for a number of months to address the budget gap identified some months ago. The report includes the following sections:

- Financial & Strategic Context
- Social Work Services Budget and Savings
- NHS Services Budget and Savings
- Summary HSCP Budget
- Transformation & Investment
- Reserves
- Scenarios and Risks

3. DETAIL OF REPORT

3.1 Financial & Strategic Context

- The Government remains committed to the National Care Service (NCS), the timetable has been delayed and the scale of change is more limited than originally anticipated.
- The sector continues to experience workforce shortages, increasing demand, high delayed discharges, long waiting times and unmet need. The Health and Social Care system continues to be under severe pressure.
- The Health and Care (Scotland) Staffing Act is due to become law in April. Preparatory work is on-going, the implementation is likely to be costly and will be phased. There is no financial allowance for additional staff or management and administrative support to enable its requirements to be met.

- Inflation has reduced but is still high with the Retail Prices Index at 4.9%. The funding uplifts are not sufficient to compensate, the cumulative effect of 2021/22 and 2022/23 inflation is 23.7% rising to circa 28.6% over 3 years. There are risks associated with inflation assumptions, particularly in respect of public sector pay where national assumptions have been used. The Government have indicated that the number of public sector employees will reduce and that the pay metrics for 2024/25 (public pay policy) will be published later.
- The Scottish Budget provides a £230m funding allocation for the minimum pay rate for health and social care staff to increase from £10.90 to £12 per hour from 1 April 2024.

The Government continues to prioritise the sector with 33% of the budget allocated to NHS Recovery, Health and Social Care (£19.5bn). The Budget document is available at:

<https://www.gov.scot/publications/scottish-budget-2024-25/documents>

Management letters have been issued to the NHS and Local Government following publication of the budget. These highlight that:

- the NHS uplift includes funding already allocated in 2023/24, Boards are asked to assume future pay increases will be funded and that the increase in NHS superannuation costs will be funded;
- There is zero uplift for non-pay costs and Boards are expected to manage inflation within existing budgets; and
- There is an implication that capital funding has been transferred to revenue and that some capital schemes are subject to delay or cancellation.

Separately, Boards have been asked to manage within set brokerage limits. It is apparent that the budget allocation for the NHS does not align with current spend patterns and does not represent a sustainable funding settlement. This is a concern for the IJB as brokerage totals are not included in formula allocations. NHS Highland is facing a reduced brokerage limit. The budget available to the HSCP will not increase in real terms in 2024/25 per the most recent spending review and previous planning assumptions. The next spending review is to be published in May 2024.

Further, the NRAC formula will not be reviewed to take account of the census population data. This disadvantages the HSCP as the level of population decline (relative to Scotland) is less than modelled. It is expected that this will be addressed in 2025/26.

3.2 Current Financial Position

The HSCP ended 2022/23 in a favourable position. Revenue spend on services was £332m and £17m was held in earmarked reserves at year end. The HSCP has operated within budget for the past 3 years, has repaid all of its debt and generated a general reserve which is now being used to maintain services and mitigate the impact of the financial challenges.

However, the HSCP was not able to identify sufficient savings to balance its budget in 2023/24 and planned on using £4.1m of reserves. The Scottish Government did have to allocate additional funding as expected. This is recurring in 2024/25 and improved the underlying position which is a £1.8m gap. An equivalent value has been clawed back by NHS Highland so this does not reduce the reliance on reserves. It is anticipated that the HSCP will operate within plan and will end 2023/24 year with reduced reserves balances but will still have some resource to progress projects.

The HSCP does not have delegated responsibility for asset ownership or capital spend. Backlog maintenance and asset replacement needs have been identified and require to be addressed with both partners. The 2024/25 Budget indicates a shift towards maintenance rather than replacement of assets within the NHS. Several projects will be cancelled or postponed, including the HSCP project to relocate the GP surgeries in Dunoon and refurbish part of the Cowal Community Hospital. Business case development is also subject to review. This presents a significant risk to the ability of the HSCP to deliver on its strategic objectives in the longer term.

3.3 Revenue Budget 2024/25 to 2026/27

3.3.1 Services provided by the HSCP are largely funded by allocations made by the Scottish Government to Local Authorities and NHS Boards. They then pass on funding for delegated services. Allocations are predominantly based upon formulae which take into account factors such as population demographics, levels of deprivation and rurality. Funding for 2024/25 is confirmed by the Council but is still to be formally confirmed by NHS Highland. Due to the different arrangements associated with each service, the following sections outline the budget for each separately.

3.3.2 Social Work

The budget allocates additional funding for:

- an uplift in free personal and nursing care £292k
- additional funding for kinship care £207k; and
- funding for the uplift in minimum pay from £10.90 to £12 per hour at £4m.

These pay for cost increases which will come through the national care home contract rate increase, inflation on care packages across all services and the new care at home service rates. The HSCP will request all its commissioned service providers comply with the £12 minimum pay rate.

The proposed social work budget is summarised below. The Council have confirmed funding and the assumptions align with those of the Council:

Social Work Funding	£'000	£'000
A&B Council Baseline Funding 23/24		76,253
NHS Funds Flow 23/24		14,970
Baseline		91,223

Additional Personal & Nursing Care	292	
2023/24 Pay Settlement	1,140	
Scottish Government recommended rates increases C&F	207	
Funding for minimum wage uplift	4,270	
Misc adjustments	(17)	
Uplift on NHS Funds Flow 2%	283	
Additional Funding 2024/25		6,175
Pension Fund Adjustment – held by Council for HSCP		(3,534)
Total Funding 2024/25		93,864

The £3.5m pension fund saving will be held by the Council and made available for funding the Social Work budget gap and service development and transformation. While the funding allocation is reduced, there is also an equivalent reduction in costs and no net impact in 2024/25, there is no recurring benefit beyond 2025/26.

Expenditure Budget	£'000
2023/24 Baseline Budget	91,223
Add underlying deficit	630
Cost & Demand Pressures	
Pay inflation for 24/25 - 3%	1,198
Incremental increases	172
NHS Staff Recharge Inflation	171
Non-Pay Inflation	1,791
Living Wage	3,169
Older Adults Demand – Residential Care	1,384
Older Adults Demand - Other	458
Older Adults – Personal & Nursing Care uplift - funded	206
Childrens and Families Kinship Care	207
Physical Disability – Demand Pressure	60
Mental Health Services Demand Pressure	97
Transfer of Kintyre Care at Home	60
Additional Staffing less income- KCC	150
Total Cost & Demand Pressures	9,123
Less pension fund cost reduction	(3,534)
Total funding requirement for current services	97,442

The net impact is that the cost of delivering services as they are currently configured and budgeted is £3.6m more than recurring funding. The savings plan partially addresses this gap:

Social Work Savings Plan - 2024/25 Deliverable Savings

Service	Description	£'000	
SW	Revert to National Minimum Pay Rate - uplift for some contracts is from £11.02	110	
OA	Review of day service provision for older adults and move to closure of the internal	160	EQIA 1

	service. Total budget is £500k, some allocation may be required to manage risk		
OA	Structured and monitored review of high cost care packages	150	
SW	Increased income - fees and charges inflation already approved	100	
OA	Allocate uncommitted budgets to savings	550	
OA	Review of miscellaneous unspent budgets	115	
LD/PD/MH	Review of expensive care packages	150	EQIA 2
LD/PD/MH	Sleepovers & service configuration	80	EQIA 3
LD/PD/MH	Revise LD budget to reflect current demand	270	
C&F	Revised budgets across looked after children's services to reflect demand	200	
SW	Travel Budgets reduction to reflect spend patterns	50	
SW	Transformation Budget - Allocate uncommitted budget to savings	130	
SW	Review all centrally managed budgets	200	
MH	Removal of redundant post from budget	57	
OA	Review of long-term vacant posts: Older Adults – Lorne Campbell Court & Catering posts	50	
	Total Saving Programme	2,372	

The proposed Social Work Budget and funding is therefore:

	£'000	£'000
Revenue Funding		93,864
Allocation of pension fund saving to 24/25 revenue budget		1,206
Total Resources		95,070
Spend	97,442	
Less savings plan	(2,372)	
Budgeted Spend		95,070

The above summarises a balanced budget for Social Work services. It is reliant on a non-recurring saving from the pension fund of £1.2m. Key risks are in respect of pay awards, settlement of national contracts, local management of inflationary uplifts and delivery of the savings programme. The new care at home contract and increasing demand for older adult services and high cost support packages for those with long term conditions are further risks which are allowed for but are difficult to predict and model. It is intended that there will be some further efficiencies as a result of the new contract in the second half of the year.

Pension Scheme

The non-recurring pension saving is critical to the Social Work budget. Local Authority employed staff are auto-enrolled in the Strathclyde Pension Fund (SPF). The employer pays 19.3% of pensionable salary and the cost is built into service budgets. The SPF is currently funded to a higher level than it anticipated and announced reductions in employer contribution rates in response:

	2023/24	2024/25	2025/26	2026/27
SPF Employer Contribution Rate	19.3%	6.5%	6.5%	17.5%
HSCP estimated total saving @23/24 payroll rates	-	£3.8m	£3.8m	£0.5m
Recurring	-	£0.5m	£0.5m	£0.5m
Non-recurring	-	£3.3m	£3.3m	-

The balance of the £3.5m pension fund saving (£2.3m) is to be held by the Council for use by the HSCP for service development and transformation. This also provides some contingency as there is flexibility in the event that spend is higher than budgeted during the year.

3.3.3 Health Budget

The approach to NHS budgeting has changed. The Scottish Government have revised the budget assumptions for Boards:

- 0% uplift in baseline funding (likely for 3 years);
- pay increases will be fully funded;
- the superannuation increase will be fully funded;
- plan for the delivery of 3% annual efficiency savings; and
- assume 2024/25 funding will be same as 2023/24 unless told otherwise.

There is a cost pressure associated with the employer superannuation rate increasing from 20.9% to 22.5% of pay. Advice from Government is to assume that there will be an allocation via UK consequential funding. The implication of this is circa £1.5m plus the impact on SLA costs.

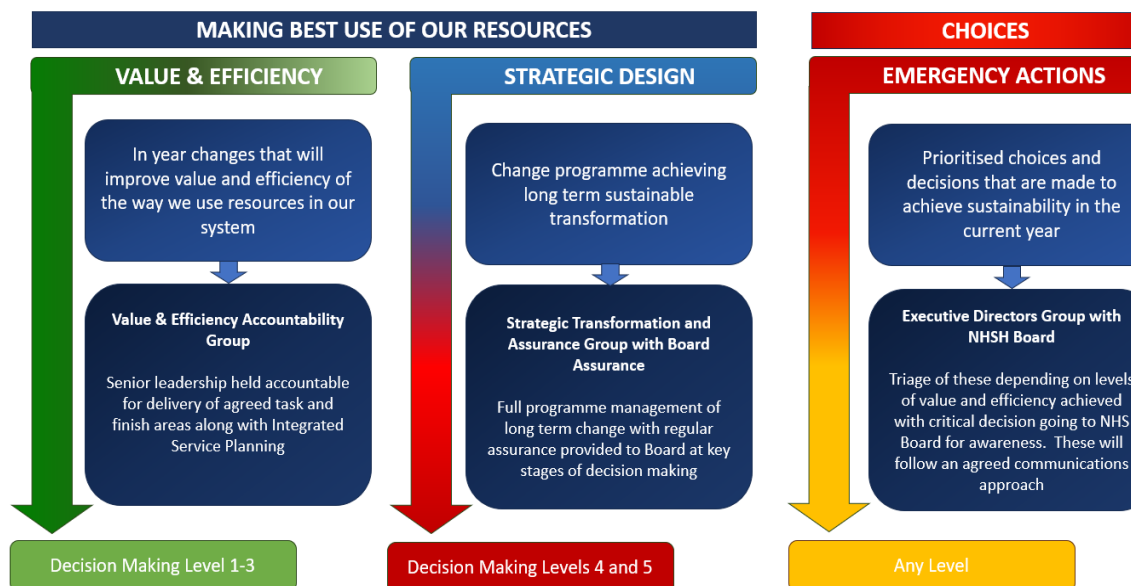
Part of the current Agenda for Change settlement is that the contracted weekly hours for staff will reduce from 37.5 to 37. This is to be applied from 1 April 2024 (with further reductions planned), where staffing hours are not reduced the half hour will be paid at time and one half. The 1.3% reduction in contract hours could result in a 2% increase in employee costs with no funding confirmed, national guidance is expected. The cost could be up to £1.5m as a mix of reduced staffing resource and additional cash costs.

The budget planning reflects these assumptions. Growth and inflation increases are kept to an absolute minimum as these add to the savings requirement. No allowance for additional staffing for the Staffing Act has been made.

The approach being taken is to:

- develop a short term savings plan with deliverable targets for 2024/25 badged as Value and Efficiencies;
- review available reserves and re-consider earmarking to make a non-recurring contribution to the funding shortfall;
- put in place financial recovery processes to manage down spend opportunistically, largely focussing on vacancy controls and premium staffing; and
- identify plans or choices that, if implemented, would reduce the service offer to achieve financial balance. These require political support and would not normally be able to be implemented within one year.

The HSCP is liaising with NHS Highland. It is apparent that further national level guidance is required on the consideration of further plans to bring health budgets into balance. The development of such plans is at an early stage. The framework being adopted by NHS Highland is summarised below and this helps outline how the NHS more widely is considering how the implications of the real terms funding cuts can be managed if more funding is not put into the system:



The Scottish Government also remain committed to a series of policies which place constraints on the ability of NHS Boards to respond to the budget challenge. These include the Staffing Act, a commitment to no redundancies (including voluntary severance) and commitments to a range of service priorities and to consultation and engagement on service re-design. Given the proximity of the start of the new financial year it is not clear how the budget situation can be managed with this level of restriction on delivering change.

The budget gap is substantial as a consequence of there being zero funding (over 2023/24 recurring funding) to cover cost pressures. The baseline budget is slightly reduced due to a reduction in the formula share of the NHS Highland budget allocated to the IJB. This is calculated nationally and has reduced from 28.60% to 28.48%, equivalent to a cash reduction of around £0.9m.

	£'000
Baseline Budget 2023/24	228,439
NHS Cost and Demand Pressures	£000
Pay Inflation Uplift – assume fully funded	-
Pay Increments	100
Current year recurrent cost pressure - prescribing	1,500
New prescribing & Hospital Drugs Inflation – 8%	1,802
Inflation on GCC SLA – assume fully funded	-
Inflation Commissioned Services & SLAs – assume funded	-
Resource Transfer Inflation (2% PA)	283
Inflation on PFI Contract (RPI assumption)	263
Energy, Estates & Utilities Inflation (8%)	261
Care Packages and other commissioning inflation 2%	87

New High Cost Care Package	400
Vaccination funding shortfall	245
NSD – Regional Car-T	308
NSD Topslice – Foxgrove	28
NSD Cost Pressures share	200
LIH Pharmacy	30
Other current cost pressures	150
MS 365 Licenses	85
Gastro Service Development	250
Depreciation	213
Misc funding adjustments	210
Total Health Cost and Demand Pressures	6,415
Add 23/24 Recurring Deficit	1,084
Savings Shortfall	1,054
Estimated Budget Gap	8,553

The savings plan is summarised below. It is reliant on the use of reserves and the Scottish Government allowing unspent funds to be re-purposed. It also results in an increasing underlying deficit in the coming years.

NHS Savings Plan

Unachieved Savings Brought Forward – Previously Approved	£'000
Bed Reductions Dunoon – currently in place on a non-recurring basis (no additional reduction)	150
SAS Contract Reduction linked to Bute Dialysis Unit	20
New Contract for Cowal Hospital Medical Services	120
New Contract for Cowal / other FME Services	70
Hotel Services Redesign to reflect reduced bed numbers	99
Catering & Domestic Savings	30
Admin & Clerical Modernisation	127
Centralised Booking	97
Centralised lab ordering	33
Building Rationalisation	71
LIH Housekeeping savings	103
Review of Contracts – Lead Nurse	15
Estates Staffing Structure	119
Savings Brought Forward Total	1,054
2024/25 Savings – Value & Efficiency	
Review of Primary Care Drugs – Drugs of limited value, switches and impact of national financial improvement work	150
Review of Secondary Care Drugs – specific, high cost drugs moved off patent	300
Removal of unallocated budget reserves	450
Additional patient income	50
Review of out of area care packages	150
Remove small value uncommitted budgets	20
Review of energy budgets	50
Allocate waiting times funding to LIH Service	310
Specific reductions in Premium Staffing (cost avoidance)	
Nursing (10%)	240

AHP (10%)	91
Medical (10%)	478
Value & Efficiencies Total	2,289
Non-Recurring Use of General Reserves	
Allocate Cowal Community Hospital Project Reserve	1,000
Repurposing of Specific Reserves – requires approval:	
Additional Health Care Support Workers 2020/21 & 21/22	250
Interface Care (no plans in place to spend)	133
Mental Health Recovery Facilities (no plan in place)	110
Dental – premises refurbishment (plans at design stage)	240
General Reserves Balance / 2023/24 Underspend	550
End Hospital @ Home as quickly as possible	210
Non Recurring Use of Reserves	2,493
Savings Plan	5,836
Remaining Budget Gap	2,717

There is an expectation that the HSCP will participate in expenditure controls being implemented by NHS Highland as part of a financial recovery process. This will be opportunistic in nature and will include a risk assessment process:

Restrictions on Premium Staffing	Total spend on Premium Staffing is currently in excess of £12m per annum and
<ul style="list-style-type: none"> - Agency staffing - Overtime & Additional Part Time Hours - Locum Medical Staffing 	
Vacancy Control	Restrictions already in place for some staff groups / grades
Non-pay spend controls	Increased review and scrutiny of new orders and contracts

It must be expected that these controls will impact on operational decision making processes within the HSCP in lieu of being able to provide assurance that it can operate within the resources being made available via NHS Highland.

Proposals to re-purpose reserves will require support from the Government and it is recognised that there is an opportunity cost associated with this approach. Using reserves to mitigate, to some extent, the requirement to make further revenue savings (or increase further the budget gap) will come at the expense of using this funding to progress preventative approaches and innovation / transformation. The budget proposal seeks to present an appropriate balance between developmental approaches and protecting existing services in the short term. This also helps provide more time to consider how the challenge can be managed in the medium term. The funding earmarked for the Prevention Programme has been maintained at £600k to enable this Transformation Project to progress.

The governance in respect of the development of service re-design and reduction proposals is currently unclear. There are risks associated with any assumption that service change can be designed and implemented quickly including:

- requirement for joint governance and risk assessments to avoid the potential for challenge;
- requirement for consultation with stakeholders and staff and adherence to national standards in this regard;
- unintended consequences of change due to insufficient time consultation and planning;
- reputational damage if changes are not implemented carefully;
- patient safety risks if alternative pathways are not formally put in place and agreed with NHS Highland/Greater Glasgow and Clyde;
- risk of breaching the new staffing legislation;
- inability to deliver savings due to restrictions on change management processes;
- management capacity to plan and deliver savings safely; and
- likely adverse impact on staff morale, industrial relations and recruitment processes.

The HSCP will continue to work with NHS Highland and Scottish Government on the development of financial plans and the approach to managing the remaining budget gap.

In summary, there is a £2.7m gap between the costs of services and available budget, equivalent to 1.1%. Greater clarity and direction from NHS Highland and Scottish Government is required to enable the IJB to plan service delivery and change. The expectation is that this will be addressed through:

- in year expenditure controls
- a share of brokerage from NHS Highland
- additional funding; and/or
- urgent service re-design and reductions.

The IJB are asked to approve the budget on the basis that additional actions are required to address the shortfall to enable the HSCP to operate within a reasonable financial framework from 1 April 2024. Members should consider this in the national context that is placing most NHS Boards in a similar position at this time.

HSCP Proposed Budget	Social Work £m	NHS £m*	HSCP £m
2023/24 Baseline	91.2	228.4	319.6
Cost and demand pressures & Underlying deficit	6.3	8.6	14.9
Revenue Savings	(2.4)	(3.3)	(5.7)
Expenditure Budget	95.1	233.7	328.8
Resourcing	93.9	228.5	322.4
Allocation of Pension Fund Saving	1.2	-	1.2
Allocation of HSCP Reserves	-	2.5	2.5
Brokerage / financial recovery savings	-	2.7	2.7
Anticipated Resources	95.1	233.7	328.8

*the NHS budget will increase as uplifts and pay awards are confirmed

The budget allocates £3.7m of non-recurring reserves to protect services and when added to the £2.7m remaining gap, the underlying deficit is £6.4m, this is not sustainable and requires to be addressed in addition to any future budget gap.

3.4 Transformation and Investment

The HSCP has the opportunity to continue to fund transformation through the non-recurring element of the pension fund saving held by the Council. When combined with remaining reserves there is some scope for investing in service change. The Transformation Programme is currently under review and this will take into account the drivers for change:

- demographic change;
- current and future staffing availability;
- technological change; and
- financial constraints.

Infrastructure investment is required as a consequence of many years of underinvestment. The shift toward maintenance rather than replacement may enable refurbishment of existing assets which are assessed as not being fit for purpose, assuming funds are allocated on a need rather than formula basis. The challenge relates to both physical and digital infrastructure which in turn impacts on the ability of the HSCP to effectively transform the way in which it operates. The reduction in capital resource for the next 2-5 years is a risk for the HSCP and requires review of the approach to long term investment planning.

3.5 Reserves

The plan assumes reserves will be allocated to help manage the short term financial pressure and protect services. This limits the resources available for investment in projects. Using reserves in this way enables services to continue to be delivered in the short term but masks an increasing budget gap in future years. The table below provides an indicative summary of the use of reserves.

	2023/24 £m	2024/25 £m	2025/26 £m
Opening Balance	16.9	9.4	2.9
Reserves - Deficit	(4)	(2.5)	(1.9)
Reserves - Projects & Other	(3.5)	(4)	(1)
Closing Balance	9.4	2.9	0

3.6 Scenarios and Risk

Identified risks are summarised below, using the standard assessment of probability and impact:

Risk	Like.	Impact		Mitigations
HSCP unable to identify and deliver sufficient	5	5	25	Development of and consultation on value for

savings in 2024/25 to balance the budget.				money strategy. Implementation of additional expenditure control measures. Potential requirement for NHS Brokerage and liaison with partners.
Demographic or population changes reduce the formula funding to the HSCP.	3	4	12	The Census data indicates that the formula is already disadvantaging A&B based on population numbers, this should be reviewed for the 2025/26 budget cycle.
One or both of the partners do not pass on anticipated funding allocated to Health and Social Care.	5	4	20	On-going partnership working and consultation. Increased risk reflects scale of challenge NHS Highland and Scottish Government are facing.
Cost and Demand pressures increase further or are not funded to the extent assumed in the model.	4	4	16	Engagement in sector networks, modelling based on Spending Review figures and draft Budget.
Increases in pay rates or employer on-costs are in excess of those allowed for in the budget. The Agenda for Change pay increase results in additional costs which are not funded.	5	4	20	Monitor progress with pay negotiations, commitment to fund within NHS. Nationally agreed assumptions used. These may not be realistic or SG may not have sufficient funds to resource 2024/25 agreements still to be negotiated.
Implementation of NCS diverts attention from operational priorities and financial management.	3	3	9	Seek to resource NCS project appropriately, however implementation is subject to delay and scale of anticipated change is reduced.
Service costs increase due to providers withdrawing from the market and / or ongoing workforce shortage.	4	4	16	Commissioning strategy and engagement with partners and care providers. Workforce planning and management of agency / locum contracts and additional funding to improve terms and conditions.
Funding reduced due to reserves held by HSCP and/or across sector.	4	5	20	Opportunity reduced as sector reserves are reducing. Progress key projects as quickly as possible.

System wide challenges result in decisions to control recruitment and spend being made outwith the control of the HSCP.	3	5	15	Ensure that implications of such decisions are communicated and understood. Ensure spend plans align with Strategic Plan.
HSCP pressed to implement service re-design change at short notice which has a detrimental impact on delivery of strategic plan and operational service delivery	4	5	20	Ensure that partners are aware of scale of financial challenge.

There are service and financial risks related to both partners. NHS Highland have a structural deficit to address which has been exacerbated by the zero uplift planning assumption. Argyll & Bute Council are also implementing savings, again due to funding allocations growing at a slower pace than costs. This presents risk to HSCP financial plans and to the level of service the HSCP and communities receive from partners. There is also an expectation that real terms cuts for other services and investment including housing and education may have an impact on local communities.

Longer Term Planning

The budget outlook presented in January is summarised below, these figures remain relevant and will be updated when the Scottish Government publishes its new spending review document in May 2024.

	2024-25 £m	2025-26 £m	2026-27 £m
Mid-Range Budget Gap	11.4	18.2	25.8
Health Worst Case Additional	3.0	6.0	9.0
Social Work Worst Case Additional	2.0	4.4	7.0
Worst Case Budget Gap	16.4	28.6	41.8

3.6.1 Workforce

Workforce risks are considered in detail in the Workforce Plan. Labour shortages are likely to constrain the ability of the HSCP to deliver services and improvement. The financial plan no longer assumes a net growth in workforce numbers, the Scottish Government is clear that the size of the workforce needs to reduce and it is not going to be possible to deliver balanced budgets and efficiency improvement without an impact on staffing structures. The shift from growth in recent years to retraction has been swift. However it is hoped that the HSCP will be able to reduce the vacancies it has within existing structures and significantly reduce its reliance on agency and locum staff to implement more cost effective, stable, safe and sustainable staffing. The change in the financial environment nationally and local service reductions will clearly be unsettling for staff and damaging for staff morale. The HSCP is mindful of this and will seek to be transparent and will involve staff in service re-design processes.

3.7 Alignment with Strategic Planning

The medium term financial plan sits alongside a range of HSCP strategic and operational planning documents. These include the Joint Strategic Plan and Commissioning Strategy. The Transformation programme and the budget to support it are important in facilitating some of the objectives set out in these documents, particularly in respect of service redesign and beginning the process of shifting of resources towards prevention. However, the financial context has deteriorated to such an extent that there may have to be some re-consideration of what is deliverable within the resource envelope available. The reduction in capital funding presents a further challenge to long term service re-design and transformation processes.

4. RELEVANT DATA AND INDICATORS

- 4.1 The budget is based on a number of assumptions. These are drawn from the Scottish Government's Budget, local modelling and guidance provided by policy teams. The assumptions used are considered carefully and will be reviewed and updated. There will be variations between the assumptions made at this stage of the budget planning process and the eventual funding allocations and cost and demand pressures.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This requires to be considered when options are developed to balance the budget and address the budget gap.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – The HSCP is required to set a balanced budget, the budget presented relies upon in-year savings and service reduction and/or NHS brokerage. NHS Highland are aware of this.
- 6.2 Staff Governance – None directly but there is a strong link between HR management and delivering financial balance.
- 6.3 Clinical Governance – the impact of the budget and financial context is likely to include increased clinical governance risk.

7. PROFESSIONAL ADVISORY

- 7.1 The budget proposals have been developed by the leadership team as whole including professional leads. Concerns have been raised and discussed throughout the process.

8. EQUALITY AND DIVERSITY IMPLICATIONS

- 8.1 None directly from this report, some of the proposals to address the estimated budget gap require equality impact assessments which are attached as annexes (currently under development and review).

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

- 9.1 None.

10. RISK ASSESSMENT

- 10.1 There are a variety of risks associated with the budget and medium term financial planning. To some extent these are quantified within the worst case scenario and further detail is provided within the report. Financial sustainability risks are increasing as a consequence of the budget outlook for 2024/25 and beyond. Management of finance by the HSCP and partners is expected to be an increasing priority in the coming period.

The consequential impact on service delivery, industrial relations and infrastructure are amongst other strategic risks that are perceived to be increasing at present.

11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 11.1 The HSCP conducted an improved on-line way of engaging with the public on its budget in early 2024. This generated an increased response with over 260 responses received. A summary of the responses is provided in Appendix 1.

12. CONCLUSIONS

This document seeks approval for the 2024/25 HSCP budget. The budget is reliant upon in-year savings which have not yet been identified and / or places some reliance on NHS brokerage. The longer term outlook and financial sustainability of services requires action on service transformation. The HSCP not currently operating on a financially sustainable basis and cannot continue to utilise reserves to achieve balance.

This report also outlines a process whereby national financial pressures may drive an urgent need for service reductions and change. There are concerns about governance, consultation processes and service safety in the event that the HSCP is required to deliver significant short term change to balance its budget. There are also the normal risks in respect of pay settlements.

The budget proposed in this report seeks to present a realistic budget which includes a challenging but reasonable savings plan whilst recognising that the HSCP will likely be required to operate on a financial recovery basis. The HSCP management team will seek to continue to work on future service delivery models and transformation on the basis that, as a minimum, the recurring funding gap will need to be addressed.

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	

The formal directions associated with this paper will be prepared once the funding position is fully agreed with both partners.

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Appendix 1 – Budget Consultation / Simulator

Appendix 2 – EQIA reports (1-3)

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Appendix 1 Argyll & Bute HSCP Budget Simulator Response.

Argyll & Bute ran a budget engagement exercise on behalf of the IJB as agreed by the Finance and Policy Committee between January 30, 2024 – March 10, 2024.

The exercise was specifically about engaging the public with where the budget is spent and seeking a response in how they would prioritise the available budget for 2024-25 in the context of an estimated £11.4million deficit.

Methodology

An online budget simulator tool was used utilising the previous years agreed budget. Instruction was provided in the opening page with some context as to the purpose of the exercise. People could indicate a preference using the sliders to make a percentage budget reduction (5, 10, 50 or 100%) or 3% increase.

A rounded budget total was provided for groupings of services to support general decision making. However it should be noted that the interdependence of integrated care is challenging to demonstrate in that removal of one aspect of the service can impact on other areas of the service.

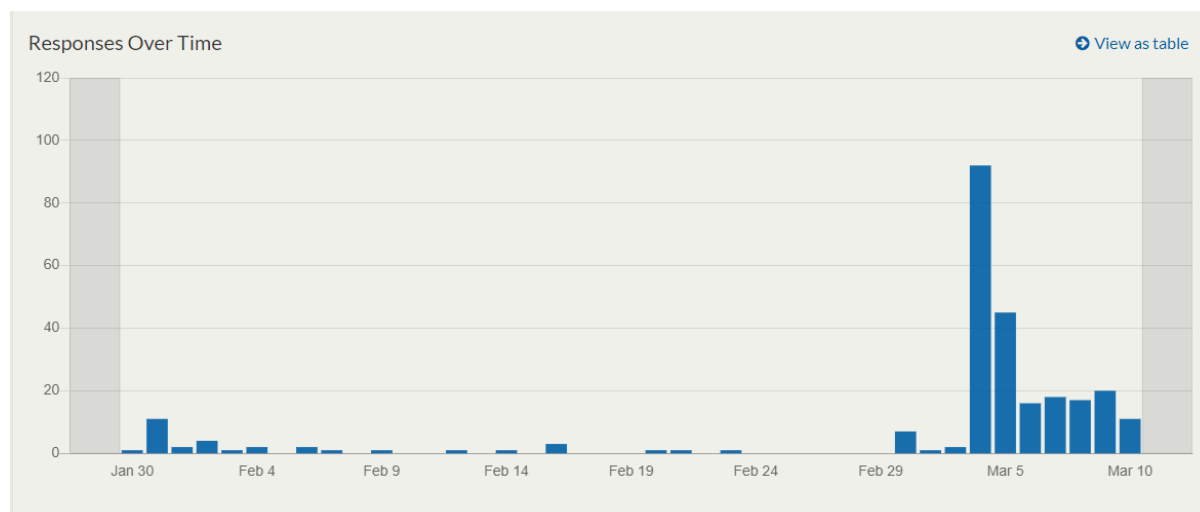
Explanatory narrative on the sliders was kept to a minimum using standard statements where possible given the volume of information presented.

The simulator was accessible on multiple electronic devices and an email address was provided should people wish to submit their opinion without completing the simulator.

Communication

A communications campaign circulated the simulator link at two points during the campaign, at the start and 7 days before closing. The second campaign elicited the greatest results.

The second campaign reflected a change in language removing the word simulator, showing an image of the online site and utilising a QR code.

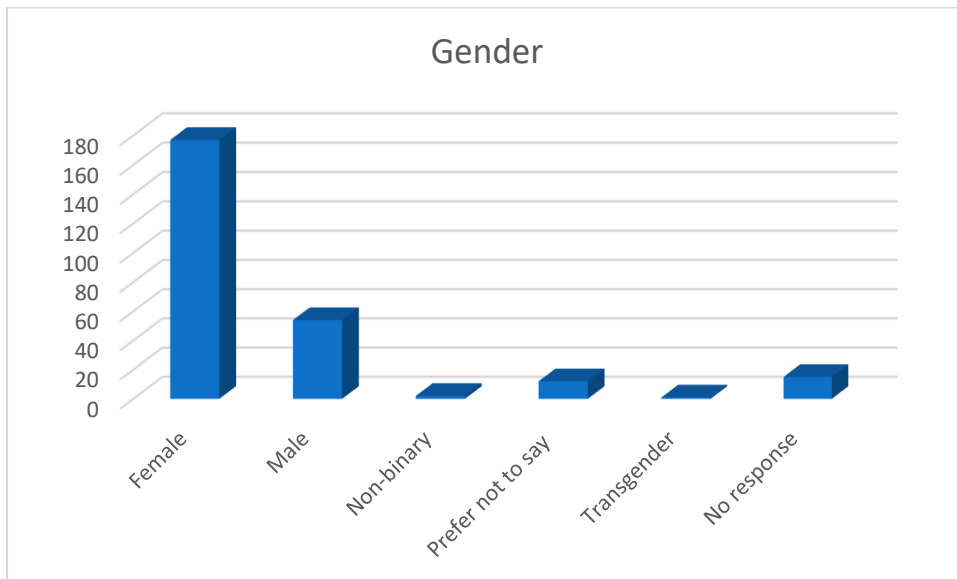


Communities and stakeholders were contacted via the following utilising their wider networks:

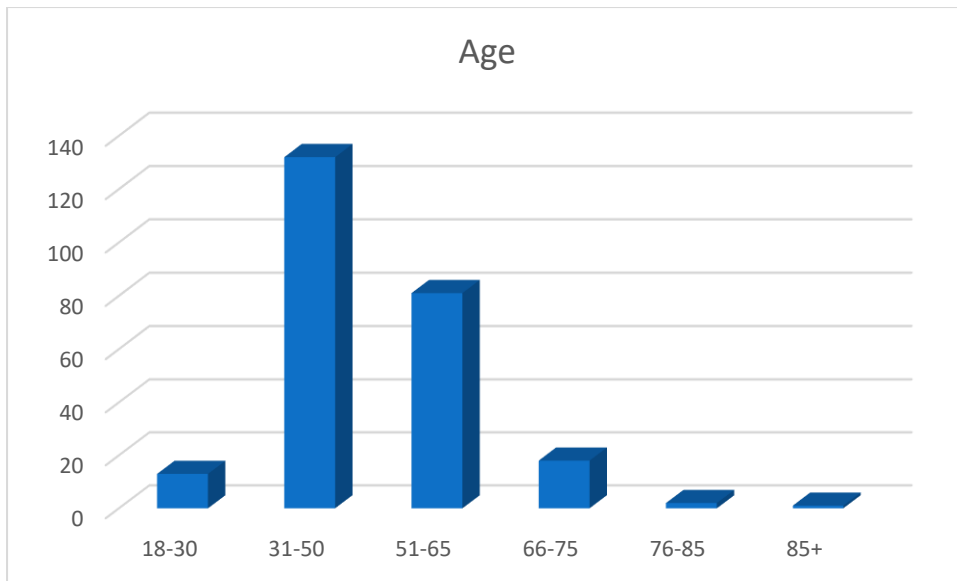
- Print media
- Social media channels
- Partner websites
- IJB members
- Elected members
- Community Councils
- Community Planning Partnership
- Locality Planning Group/Living Well Networks
- Staff Communications
- Printed staff posters
- School communications to target younger people and carers via Education at the discretion of the school

Demographics – Who responded?

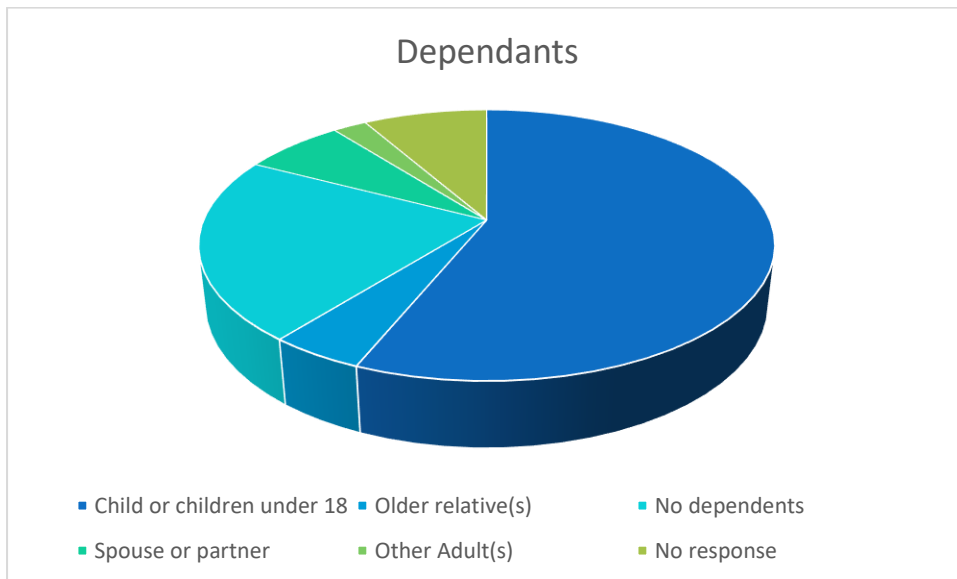
Not all demographics profiles were completed or completed in full with people given then option to provide this information.



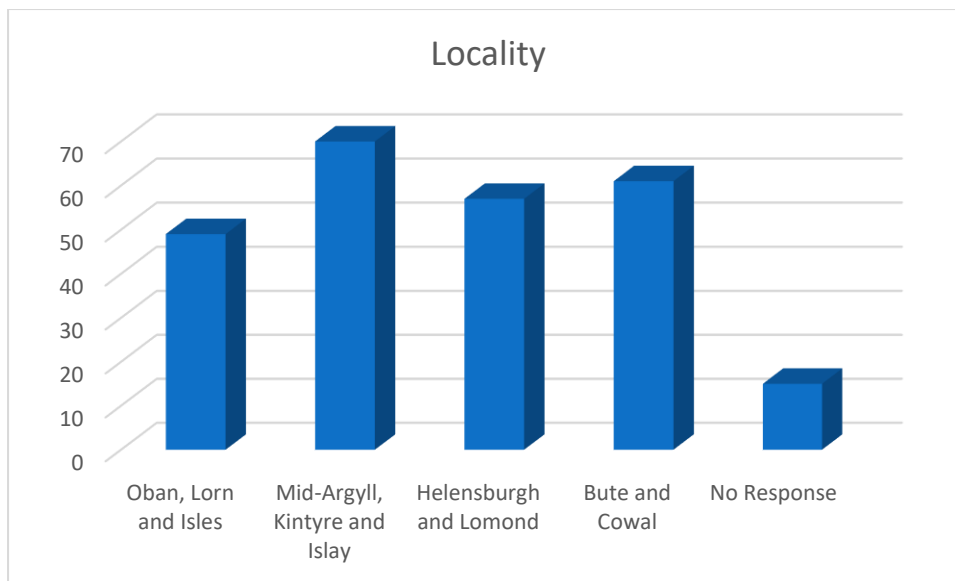
Gender notes a substantial response from the female category with 261 people in total providing their gender. This trend is comparable with previous consultations.



The demographic of response in comparison from previous engagement questionnaire is primarily among working age people with a peak at 31-50 as opposed to previous consultations where 51-65 was most popular . This is also reflected in the high number of people who express dependants under 18, 247 people provided their age.



We asked if people had a disability, were cared for by others or were young carers however on 45 people responded and the corresponding demographic information did not meet the age group of young carer (3), 6 noted they were cared for by others and 36 noted a disability. We would conclude that without disclosure we did not adequately communicate with people with this identified need.



There is not a significant difference between locality response with 252 responses in total.

Response

The simulator notes 262 responses one of which was a test response. The total number of independent respondents was 261.

Email

9 people responded by email some of whom noted they had completed the simulator and three people who noted they did not wish to be contacted further for response. One respondent wished to see further support in primary mainstream education for Autism.

A further response wanted more information on service detail and referenced the wider Scottish and UK detail.

One response noted that the software interaction did not allow for the allocation of greater funds (beyond 3%) and on the technical aspects of the systems. This will be provided to Delib for response.

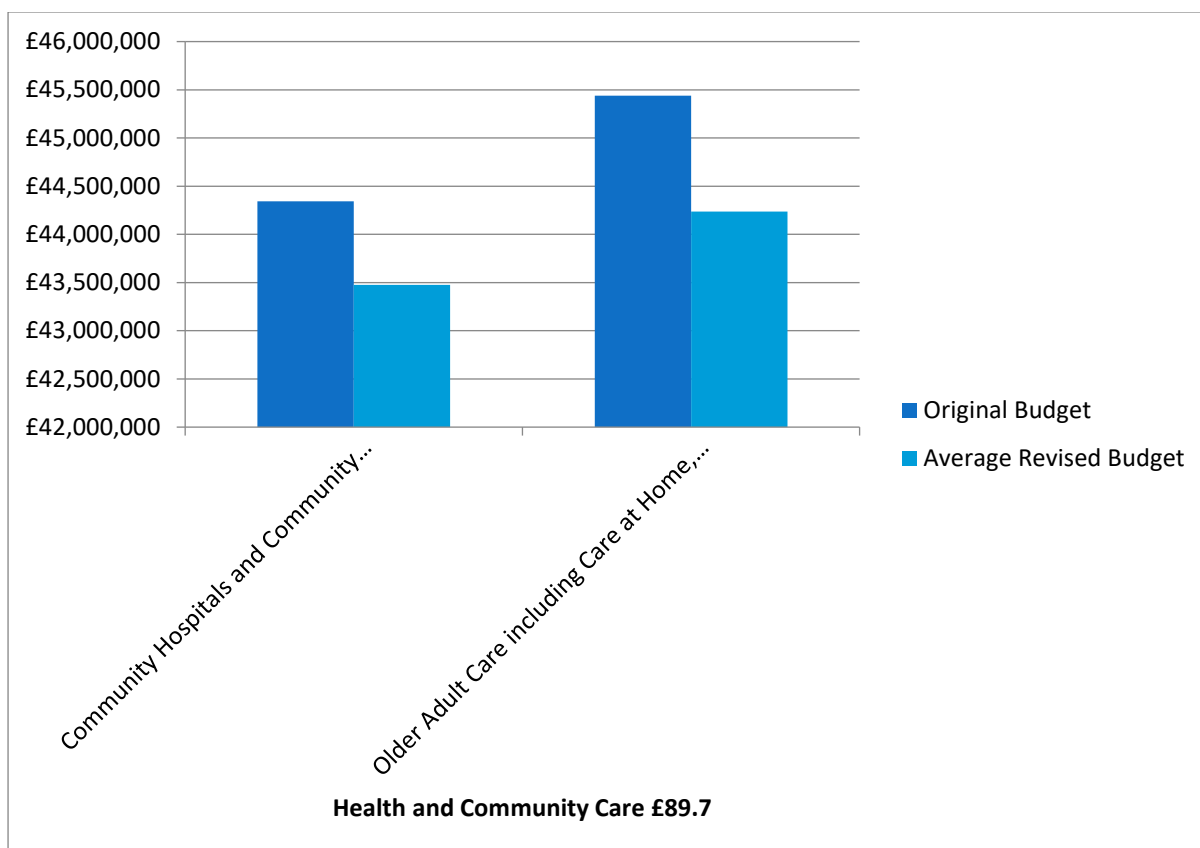
One respondent noted the housing pressure and more focus on promoting fostering as a positive role and after care for children and young people. They noted an “over-reliance on public health care and community care needs to build up self-management and individual capacity.”

They further noted the value of Community Link workers in their area and the positive relationship with the third sector in supporting health and social care and an holistic approach to your own health and the role of education in supporting this.

Simulator

The simulator summary response is based on the sections provided:

1. Health and Community care
2. Acute and Complex Care
3. Children, Families and Justice
4. Primary Care
5. Public Health
6. Corporate and Supporting Services



Within this section the average change for Community Hospitals and Community Integrated Services was a reduction of 1.96% and a reduction of 2.65% for Older Adult Care including Care at Home, Residential Care and Care Management which assesses and arranges the care, a total average reduction of 2.65%.

Comments in this section noted a desire to maximise placements in care homes and greater efficiencies in community hospitals. Further commentary was made on under utilisation of day supports, “top heavy management” and a lack of “co-location and shared resource.”

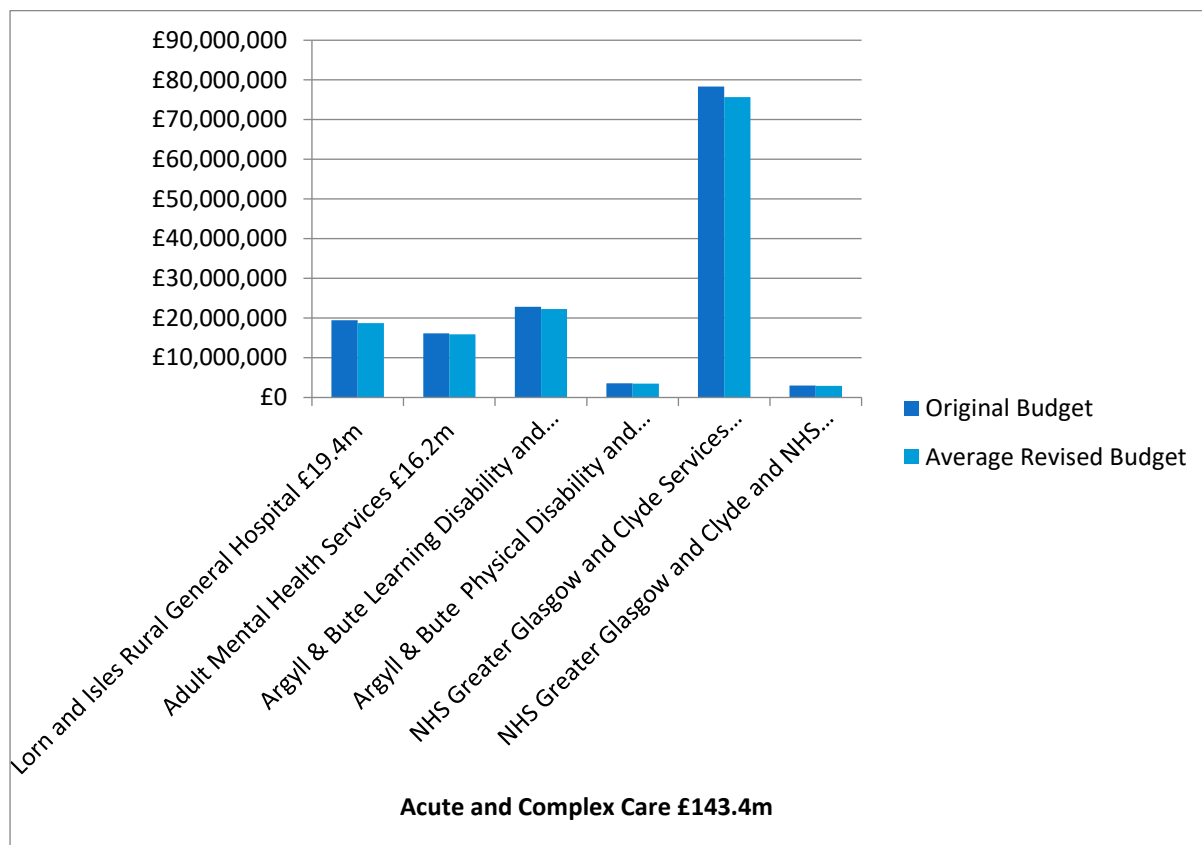
However further comment was made in sustaining community services to ensure the support of unpaid carers.

Comments in favour of investment in this area would note that it would “support those historic tax payers to access a better quality of life” and “reduce ambulance

evacuations, improve delayed discharge hold-ups and prove a longer term cost saving efficiency.”

Further investment was noted in “preventative work and change the model of care we will have to continue with funding but rationalise bed numbers and improve discharge services.” Patient transport was requested to be reviewed to tighten criteria and a request for more video consultation.

Further comment was made in “monitoring the use of agency staff to run nursing homes” on the islands and potential to move all care at home services to an “arm’s length not for profit company.”



The average percentage reduction in each area is as follows:

Lorn and Isles Rural General Hospital £19.4m	-3.56%
Adult Mental Health Services £16.2m	-1.60%
Argyll & Bute Learning Disability and Autism Services £22.8m	-2.47%
Argyll & Bute Physical Disability and Complex Health Care £3.5m	-2.07%
NHS Greater Glasgow and Clyde Services and NHS Other £78.3m	-3.36%
NHS Greater Glasgow and Clyde and NHS Other Mental Health and Learning Disability Services £3m	-2.42%

Comments in this section referenced waiting times for acute care provision. There was reference to use of agency, locum, delivery of appointments using telecommunications rather than in person, options for a reduction in costs to Glasgow or for Glasgow to

provide services if they can do so more effectively within their economies of scale, querying the ability of NHS Highland to provide services in area, recruitment and retention of skilled staff and provision of service at end of life.

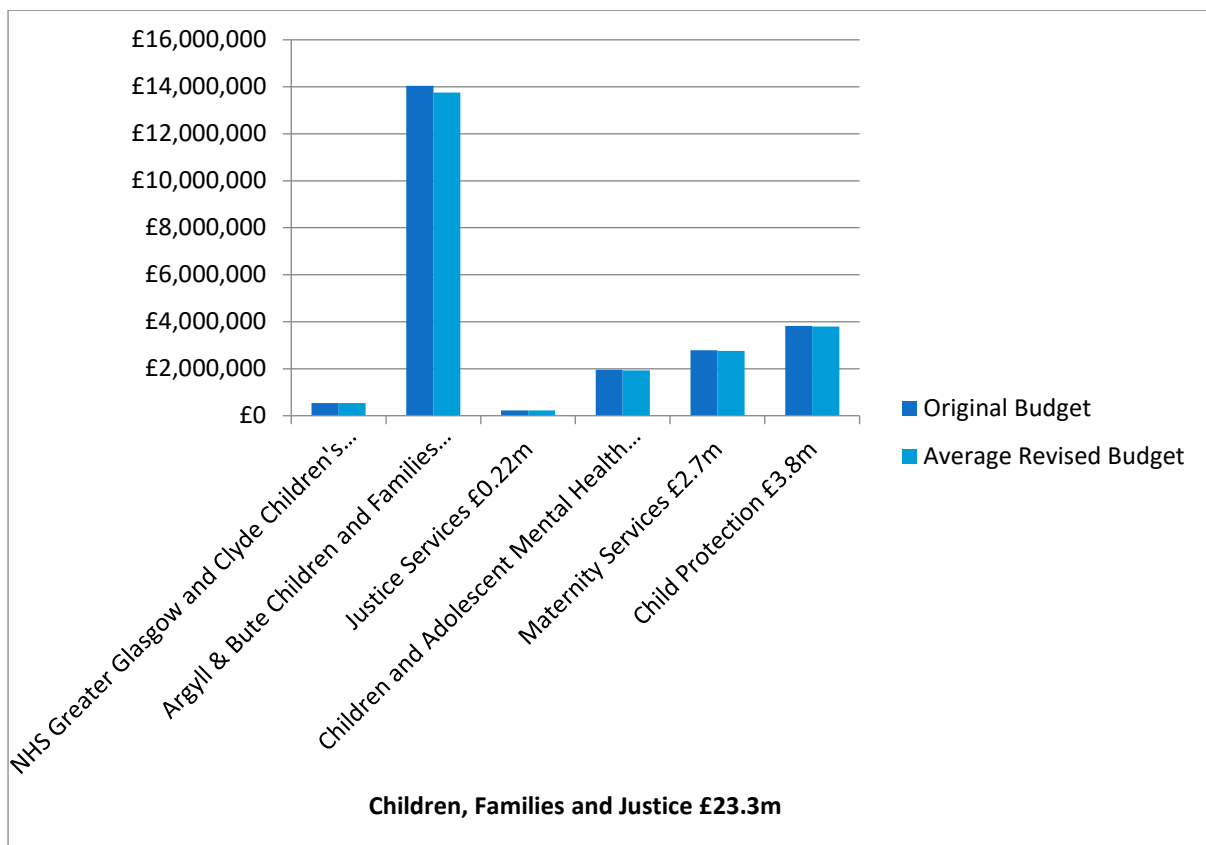
Further comment was made on the management of service level agreements and increase scrutiny.

Learning disability and mental health services received numerous comments noting this was not working for people in Argyll & Bute citing capacity and travel.

An early comment noted “There needs to be a review of the all the services and the organisational structure of Acute and Complex care” a further reflection was made on the number and capacity of management and clinical staff and the capacity to deliver the required services.

Consideration was given to estates and equipment noting “There needs to be a more robust review of equipment, structural changes and general wear and tear . Estates and medical physics need to be more proactive in reviewing contracts , equipment maintenance and not wait until there are major issues” .

Outwith this area but reflecting on wider hospital provision it was noted that “Service reviews for community hospitals - the expectation of the service needs to be re modelled and re- branded.”



The average percentage reduction in each area is as follows:

NHS Greater Glasgow and Clyde Children's Services and Other NHS £0.5m	-1.37%
Argyll & Bute Children and Families Integrated Care services £14m	-2.00%
Justice Services £0.22m	-1.85%
Children and Adolescent Mental Health Services £1.9m	-0.89%
Maternity Services £2.7m	-0.79%
Child Protection £3.8m	-0.56%

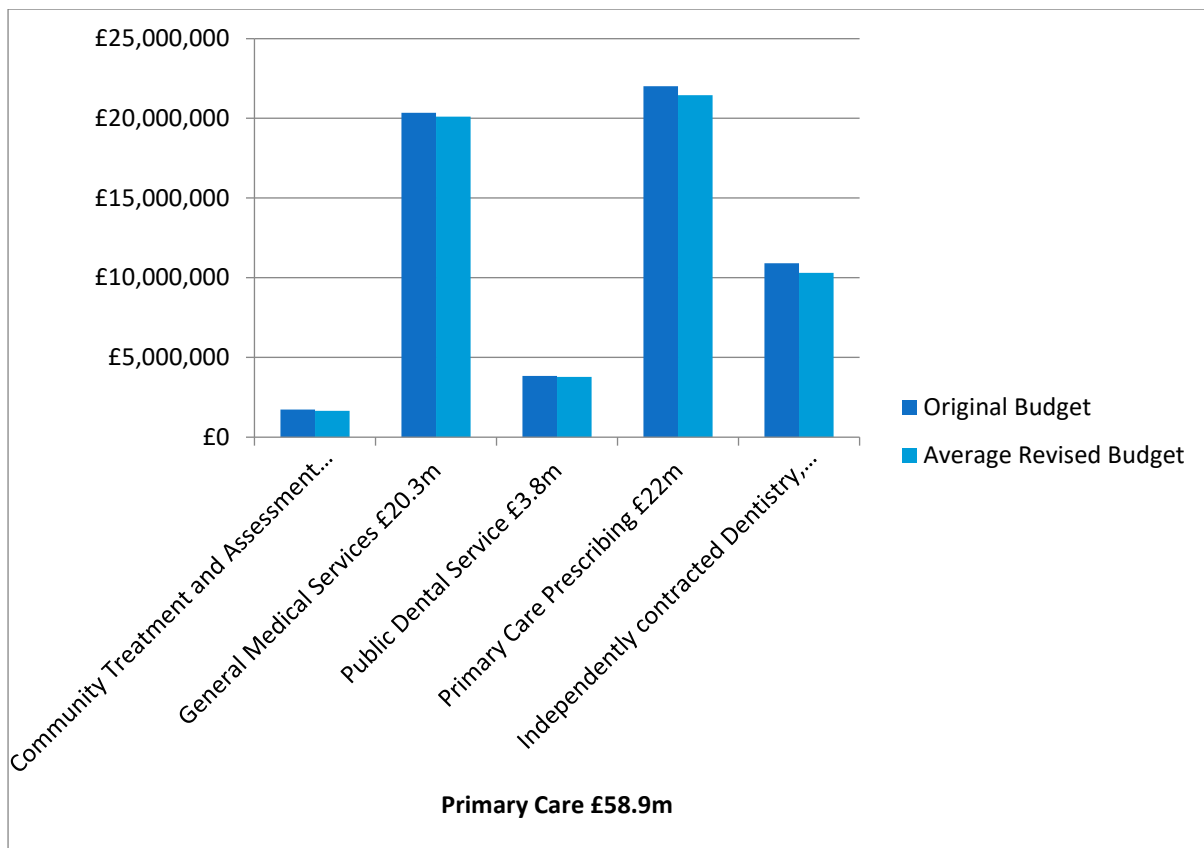
General commentary noted a query on the need for childsmile and supporting parents in this role, also a perception in whether the number of midwives impacted on birth choice and longer hospital stays.

Commentary on number of social workers available to support justice services and help vulnerable people.

A respondent noted the following “Declining population suggests need to redirect resources accordingly. Critical to retain protection & statutory provision & evidence for early intervention is clear in reducing crisis for young people. Hence mix of additional invest & redesign maximising use of digital technologies for delivery access & response.” Supporting resource and consideration of redirection of resource according to population need.

Childrens mental health services, social work and maternity service were expressed as “key to communities” with a request they were not impacted by financial deficit and concern for impact on effectiveness or sustainability. There is recognition of early and preventative investment with less need later for adult services.

Child and Adult protection were noted with potential to work together to achieve efficiency.



The average percentage reduction in each area is as follows:

Community Treatment and Assessment Centres/Vaccination £1.7m	-4.73%
General Medical Services £20.3m	-1.21%
Public Dental Service £3.8m	-1.57%
Primary Care Prescribing £22m	-2.48%
Independently contracted Dentistry, Pharmacy and Optometry £10.9m	-5.58%

Commentary in this area to “Tighten up on prescriptions that aren't necessary e.g. paracetamol to treat Acute symptoms. Also wasted medications. Reduce support staff on gp sites by having electronic check ins! Centralise GP surgeries, increase hospital drop in clinics.” Reduction in prescription of over the counter medications and “Greater scrutiny of General Medical Services being provided.”

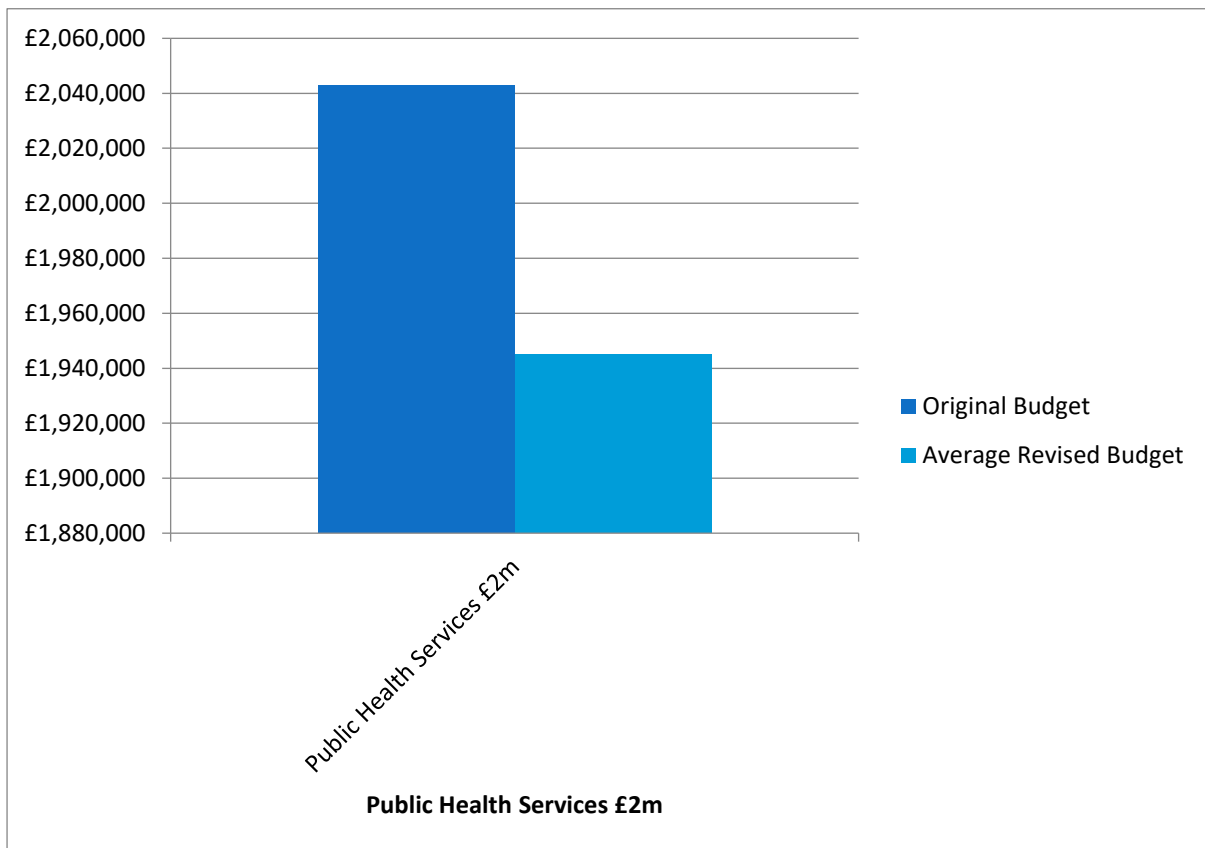
Charging for non-repeat or life saving medicines was also put forward and a redesign of independent contracting.

Pharmacy was a frequent comment noting the need to “push realistic medicine” “improve frailty support.” The GP Out of Hours model was noted as expensive and a request for a review of a model utilising nursing and paramedic practitioners and “reduction in payments” if no longer offering vaccination and treatment room.

Conversely there was a request to increase Primary Care Mental Health services in a proactive and early intervention model with a means test for prescriptions.

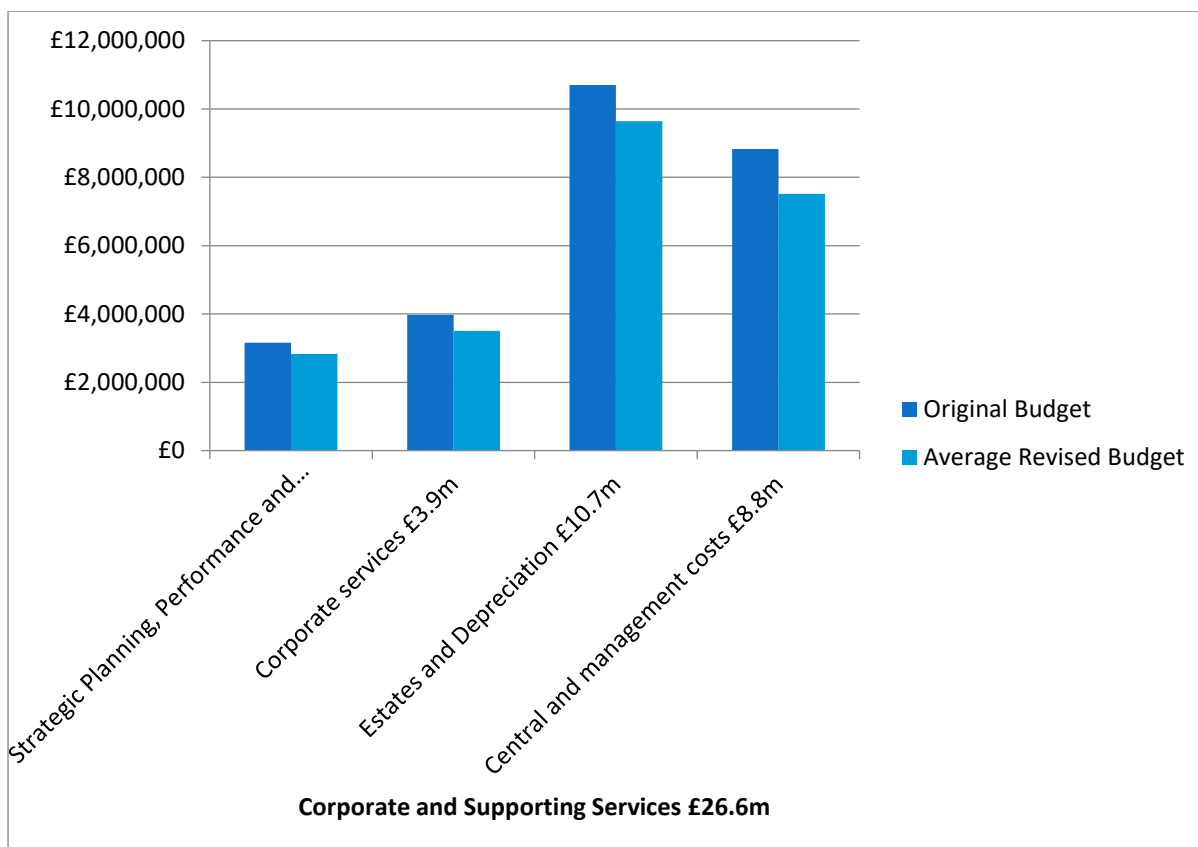
Further comment was made on length of time to wait on public dental and ophthalmology waiting lists and the “huge cost of GP locum services” .

Specific island comments note it is impossible even to register with a dentist privately off island and includes a full day round trip.



The average budget reduction for Public Health was 4.79%.

Public Health commentary indicated a lack of knowledge on the service provision, this was provided but there appears to be a lack of understanding in the role.



The average percentage reduction in each area is as follows:

Strategic Planning, Performance and Technology £3.1m	-10.32%
Corporate services £3.9m	-11.90%
Estates and Depreciation £10.7m	-9.93%
Central and management costs £8.8m	-14.86%

Final commentary in this area noted “too many planners in comparison with teams on the ground” and “too many managers in health versus council,” further commentary noted a redundancy policy.

Additional commentary offers comparison to the private sector with “managers appointed who are not able to do these jobs and this often results in new posts being created to accommodate for these poor performing staff.”

There was an expressed desire to “streamline” the management structure with increased expenditure on performance reporting to increase efficiency. Also a review of the role of the project managers, Estates, contracting and lease cars, “the frontline staff have better ideas about budgeting and cutting waste - let department heads have more input into service redesign and planning.”

Further comment noted better investment in technology.

General Comments

Review of HR and recruitment service to make Argyll and Bute an attractive place to work - this would in turn reduce the need for agency staff across all the specialities.

A further suggestion that “within all of these areas I would be looking at pension provision, payment by results rather than hours or salaries, bureaucracy, waste, and accountability of individuals. Without that being sorted no amount of money will be enough for decent services.”

Final submission comments

Twenty three respondents provided final summary comments. There was reiteration on management structure, terms and conditions, wider funding environment and peoples understanding of this.

It was reflected that a respondent would like to see an “Increase focus on community care, increase focus on strategic planning and development to innovate new solutions, Reduce community hospital budgets and renegotiate GG and C contract with more call off contracting processes, use strategic planning and development to drive service redesign.”

A further suggestion is that it “Very difficult to suggest where cut backs need to be made. I feel the first hit would need to be projects that can be postponed such as rebranding or upgrades unless there was a business need. I also feel where an out company supplies services they also need to look what there charges are and re-negotiate. For example temp staff vs staff. What the cost of medication is being marked up to by suppliers. Also looking at what the business model is on things purchased and negotiating better pricing with suppliers on reliable data.” Another respondent noted it was an impossible amount to save when the population is ageing.

Management structure and required skills to deliver strategies were a key task.

Also that “... requires radical redesign to meet the needs of our ageing population. More specialist clinics and diagnostics are required with cessation of General Surgery and review of the whole medical provision. CTAC services should be re-integrated with Primary Care as their introduction has been a very negative step.”

Improvement of access to mental health services and assessment for children and adults. There was reflection from respondents generally on need “each service has an affect on the other - Primary and Community Care with Public health services directly has an impact on Acute and Complex care - there they all require reform and re-modelling because the current incarnation is definitely pass its expiry date”.

However this does not change the fact that the NHS has been unfunded for years and cost has continue to rise with a population that is living longer but also getting older and sicker.”

There was an appreciation of the funding landscape and requested “focus on spend to save projects and whether greater use of technology can either assist with preventative work or service redesign” noting “current system is reactive and needs to be more proactive in preventing ill health the need for expensive secondary services or onward referrals”.

Summary

In summary the simulator offered an opportunity to engage with the public on their perspective for budget priorities and acknowledgement of the wider public sector funding environment.

It has managed to access a wider demographic but in future there may be a requirement for a more targeted approach for different age and care groups. This should specifically be considered where there are impacts.

Commentary noted a well informed response noting wider public sector funding issues with constructive feedback on the wider staff role, role of management and related skills and a number of potential areas for follow up which are in line with already identified areas or work.

Conversely the budget changes did not wholly match the commentary with marginal budgetary changes reflecting little appetite for large scale change or service reduction.

There is sufficient commentary to support development in a number of different areas to be scoped and the recommendation would be to further develop use of the tool directly in consultation for policy changes with outlined impacts.

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Equality and Socio-Economic Impact Assessments
Section 1: About the proposal

<p>Title of Proposal</p> <p>Proposed closure of HSCP provided day services for older adults:</p> <p>Struan Day Care in Dunoon Thomson Court Day Care in in Rothesay Lynnside in Oban</p>
<p>Intended outcome of proposal</p> <p>To contribute to an overall savings plan within the HSCP for the fiscal year 2024/25 and to seek to ensure that available staff and financial resources are used optimally to support vulnerable people across the whole area.</p> <p>An EQSEIA has been completed as this outcome would affect the delivery of service as it currently is.</p> <p>The withdrawal of service will be mitigated to some extent by the development, where possible, of community based approaches to day support, within the community and the more flexible use of Self-Directed Supports.</p> <p>The mitigation is contingent on available budget and resource.</p> <p>Impact: operational</p>
<p>Description of proposal</p> <p>Background</p> <p>Day services were closed during the COVID 19 pandemic and they reopened with a focus on delivering respite for carers, with fewer people attending and having very individual needs. This service is currently provided free of charge.</p> <p>The service largely moved away from the traditional building based model of support where people would attend day services to engage in a wide range of activities aimed at increasing independence and socialisation skills.</p> <p>People attending were previously charged for the service and this in turn contributed to the running of the service.</p> <p>At the present time the services ability to recruit and retain staff has been challenging, due in no small part to the increasing staffing crisis across the health and social care sector post pandemic across Scotland.</p> <p>Additionally, it should be noted that there is inequitable day service provision for older adults across Argyll and Bute and this would offer an opportunity to look at more equitable provision within communities.</p> <p>Proposal</p> <p>It is proposed that the HSCP withdraw from the provision of traditional building based day</p>

services from the three locations noted above. This will be done gradually to manage the staffing changes in a sensitive way and to seek to avoid redundancy.

For 2024/25 a savings target of £160k is reasonable and will be largely delivered through the non-replacement of currently vacant posts. Over the next financial year the service will examine the full savings to be made to the HSCP by ceasing operations within each of the three locations.

The service will seek to put in place alternative supports for current service users affected by these closures. As the HSCP already has a large number of unfilled comparable posts it will also seek to redeploy existing staff as the services are withdrawn.

HSCP Strategic Priorities to which the proposal contributes

The Strategic priorities for the Health and Social Care Partnership are detailed in the Strategic Plan 2022-25.

- Ensuring services deliver a more personalised type of support within the community.

Increasing financial constraints and service demands created by a growing older population is increasingly challenging. Essential services such as care home provision and care at home services are not presently being considered within the scope of savings targets but are being examined to ensure they are as efficient and effective as they can be.

In assessing the most efficient use of resource reducing the day service provision enables savings to be achieved and enables management time and available staffing resource to be focussed upon maintaining critical mainstream services which are experiencing increasing demand.

Lead officer details

Name of lead officer	Caroline Cherry
Job title	Head of Service
Department	HSCP
Appropriate officer details	
Name of appropriate officer	Simon Deveney
Job title	Senior Manager- Resources
Department	HSCP

Sign-off of EIA	Caroline Cherry
Date of sign-off	19th March 2024

Who will deliver the proposal?

Senior Manager Resources.
 Unit Managers of the 3 day centres.
 Support from the Unpaid Carers Lead, Dementia Lead, SDS Officer and Service Improvement Officer.
 HR
 Trade Union Support
 Advocacy where appropriate for service users.
 Social Work

Section 2: Evidence used in the course of carrying out EIA

Consultation / engagement

Unit managers-Direct discussion on the proposals and impact.
 Staff working in the services-A letter will inform that this proposal is being submitted to the IJB with further consultation and engagement planned.
 Trade union representatives-Email sent and representatives sit on the IJB.
 People using the services- A letter will inform that this proposal is being submitted to the IJB

with further consultation and engagement planned pending agreement by the IJB.

This work has not yet started so the in depth engagement processes have still to be developed.

Data

Financial Data– Social Work Finance Team
Staffing Data – HR/Finance
Service level and demand data.

Other information

Discussions to identify interest from third sector providers with a view to moving forward with more community based approaches within existing budget constraints.

Gaps in evidence

Identified individual needs within each area and longer terms service planning

Section 3: Impact of proposal

Impact on service users:

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age	X			
Disability	X			
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
Fairer Scotland Duty:				
Mainland rural population		X		
Island populations		X		
Low income		X		
Low wealth		X		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place	X			
Communities of interest	X			

If you have identified any negative impacts on service users, give more detail here:

The removal of these services from their respective communities will mean that there are no building based day centres for the older adults in their local area.
At the moment there are 33 older adults who would be affected.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

In the first instance, assessing current use and alternative supports.

How has 'due regard' been given to any negative impacts that have been identified?

Each individual's needs will be reviewed and alternative supports will require to be found.

Impact on service deliverers (including employees, volunteers etc.):

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age	X			
Disability				X
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
Fairer Scotland Duty:				
Mainland rural population	X			
Island populations	X			
Low income				X
Low wealth				X
Material deprivation				X
Area deprivation				X
Socio-economic background				X
Communities of place	X			
Communities of interest	X			

If you have identified any negative impacts on service deliverers, give more detail here:

At the present time, if the centres were to close all staff will be consulted over an alternative employment offer that will be in keeping with their existing employment terms and conditions.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Once service users' needs have been identified and staff redeployment opportunities.

How has 'due regard' been given to any negative impacts that have been identified?

Individual reviews of service user's needs. Short Life working group for staff.

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?	Yes
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Details of knock-on effects identified

Two of the current day services are delivered within existing internally managed HSCP care Homes – 1 in Dunoon and 1 on Bute.
The current attendees have high levels of need and the alternative care requirements may fall to care at home services or admission to long term care.

Mitigations

A number of third sector providers deliver supports to older adults in Cowal and Oban areas. Further discussion with these providers will be required to identify any possible interest in development of a more inclusive and preventative approach to day supports in all areas across Argyll and Bute for older adults, although budget constraints must be acknowledged.

Section 5: Monitoring and review

Monitoring and review
Short Life Working Group (staff) and service user working group.

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Equality Socio Economic Impact Assessment

Section 1: About the proposal

Title of Proposal	
Review of High Cost Care Package (LD/MH/PD)	
Intended outcome of proposal	
<p>This proposal is intended to deliver £150k in recurring savings during 2024/25. It is also intended to ensure that individuals are supported appropriately, maximising independence of service users and supporting them to live fulfilling lives in their own homes, for as long as possible.</p> <p>Impact: operational</p>	
Description of proposal	
<p>The £150k recurring saving proposed is a prudent estimate made in respect of known likely changes to high-cost packages across both Health and Social Care Packages, taking into consideration that some of the anticipated changes may not be deliverable due to users' individual circumstances or worsening of their condition.</p> <p>Assessment and Care Management Team's will assess and review existing high cost care packages as part of the Assessment and Care Management process, to ensure that individuals receive the correct level of support, maximising independence for service users and supporting them to live fulfilling lives in their own homes, for as long as possible.</p> <p>The review process will continue to ensure that individuals receive the correct level of support. Judgements on this will continue to be made on a needs assessment basis and will not be driven by the proposal to reduce costs. Relevant Scottish Government guidelines (or the guidelines applicable for each particular case) will continue to be applied for funding allocations for each case will be appropriate to individual circumstances and risk assessments.</p> <p>It should be noted this is a continuation of ongoing work.</p>	
HSCP Strategic Priorities to which the proposal contributes	
<ol style="list-style-type: none"> 1. Efficiently and effectively manage all resources to deliver best value 2. Maximise independence of service users and support them to live fulfilling lives in their own homes, for as long as possible 3. People in Argyll and Bute will live longer, healthier, independent lives 4. 24/25 Quality and Finance Plan 	
Lead officer details	
Name of lead officer	Jillian Torrens
Job title	Head of Adult Services

Department	Argyll and Bute HSCP
Appropriate officer details	
Name of appropriate officer	Gillian Maidment
Job title	Service Improvement Officer
Department	HSCP

Sign-off of EIA	
Date of sign-off	

Who will deliver the proposal?
Assessment and Care Management Teams, Health Professionals, Care Providers.

Section 2: Evidence used in the course of carrying out EIA

Consultation / engagement
Monthly meetings with Care Provider
Service User/Guardian consultation/engagement will take place as part of the assessment and care management process.

Data
Financial Data– Carefirst/Social Work Finance Team/NHS Finance Team Service User– SW/Health Assessment & Care Management Teams

Other information
N/A

Gaps in evidence
N/A

Section 3: Impact of proposal

Impact on service users:

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		X		
Disability			X	
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		x		
Fairer Scotland Duty:				
Mainland rural population		X		
Island populations		X		
Low income		X		
Low wealth		x		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place		X		
Communities of interest		x		

If you have identified any negative impacts on service users, give more detail here:

The proposal notes a positive rather than negative impact to maximise independence of service users with a learning disability/physical disability and/or complex mental health and support them to live fulfilling lives as independently as possible their own homes, for as long as possible.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Protected characteristics are not anticipated to be impacted but this will continue to be monitored and updated as required through reporting.

How has 'due regard' been given to any negative impacts that have been identified?

No negative impacts identified, changes will be risk assessed on a case by case basis taking into account the individual circumstances of each client.

Impact on service deliverers (including employees, volunteers etc.):

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		X		
Disability		X		
Ethnicity		X		
Sex	x			
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
Fairer Scotland Duty:				
Mainland rural population		X		
Island populations		X		
Low income	x			
Low wealth		X		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place		X		
Communities of interest		X		

If you have identified any negative impacts on service deliverers, give more detail here:

N/A

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Any changes will take account of available resources within the location and changes to care packages will not be driven by the savings target.

How has 'due regard' been given to any negative impacts that have been identified?

As above – care packages will not be changed to make a saving where a negative impact on an individual is identified.

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?	Yes
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Details of knock-on effects identified
<p>Proposal will free up valuable staffing resources within the locality which faces ongoing staff recruitment and retention issues within the social care sector.</p> <p>Fulfilment of this saving proposal, alongside a reduction in overall budget of Learning Disability services may have an adverse effect on the overall LD budget position. By declaring these changes to care packages as savings, the overall financial resource availability within this budget will be reduced and may present a challenge for any new or increased demand coming through for these services.</p>

Section 5: Monitoring and review

Monitoring and review
<p>6 monthly Care Reviews for all service users involved as part of assessment and care management process.</p> <p>Project will be monitored through the LD Management Group and LD/MH Savings Review Group.</p>



Equality Social Economic Impact Assessment

Section 1: About the proposal

<p>Title of Proposal</p> <p>Review of Individual Sleepover Provision through increased utilisation of available TEC</p>
<p>Intended outcome of proposal</p> <ul style="list-style-type: none"> - Future proofing available resources within the locality, utilising available TEC to in order to minimise the requirement for additional care staffing - Financial savings of approx. £80k - Maximise independence of service users and support them to live fulfilling lives in their own homes, for as long as possible - Impact: operational continuing current service change
<p>Description of proposal</p> <p>This proposal is part of the ongoing operational review of existing individual sleepover provision within care packages across A&B, looking at opportunities for shared overnight support or removal of individual sleepover provision where it is no longer considered necessary following appropriate risk assessment and implementation of supporting TEC/responder service.</p> <p>Care Management Team's will assess and review existing care packages as part of the Assessment and Care Management process, to ensure that the current provision continues to maximise independence for service users and support them to live fulfilling lives in their own homes, for as long as possible.</p> <p>Additionally, this will free up much needed staffing resources within the locality to meet current staffing issues and demand for services.</p> <p>The identified saving within the financial year will contribute to the required organisational saving with minimum care impact as supported by TEC and after consultation with clients and their family / carers.</p>
<p>HSCP Strategic Priorities to which the proposal contributes</p> <ol style="list-style-type: none"> 1. Efficiently and effectively manage all resources to deliver best value 2. Maximise independence of service users and support them to live fulfilling lives in their own homes, for as long as possible 3. People in Argyll and Bute will live longer, healthier, independent lives 4. 24/25 Quality and Finance Plan

Lead officer details	
Name of lead officer	Jillian Torrens
Job title	Head of Adult Services
Department	Argyll and Bute HSCP
Appropriate officer details	
Name of appropriate officer	Gillian Maidment
Job title	Service Improvement Officer
Department	HSCP

Sign-off of EIA	
Date of sign-off	

Who will deliver the proposal?
Learning Disability Operations Team, in partnership with Care Provider

Section 2: Evidence used in the course of carrying out EIA

Consultation / engagement
Monthly meetings with Care Provider
Service User/Guardian consultation/engagement will take place as part of the assessment and care management process.

Data
Financial Data– Carefirst/Social Work Finance Team
Service User/Guardian Feedback – SW Assessment & Care Management Teams
TEC – Telecare Teams
Staffing Requirements – Care Provider, UAA's

Other information
This ongoing operational review supports the strategic move to utilising technology to support individuals in their own home alongside robust care management.

Gaps in evidence
Service user reviews will inform changes in service provision supported by robust risk assessment and working with individuals and families.

Section 3: Impact of proposal

Impact on service users:

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		X		
Disability			X	
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		x		
Fairer Scotland Duty:				
Mainland rural population		X		

	Negative	No impact	Positive	Don't know
Island populations		X		
Low income		X		
Low wealth		x		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place		X		
Communities of interest		x		

If you have identified any negative impacts on service users, give more detail here:

The proposal will maximise independence of service users with a learning disability and support them to live fulfilling lives in their own homes, for as long as possible.

The impact is operational however supports the strategic development of Technology Enabled Care service provision.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Impacts will depend on each personal needs review and risk assessment. This information will be recorded appropriately with summary action provided in the appropriate governance forum.

How has 'due regard' been given to any negative impacts that have been identified?

Due regard will be given to the impact of reducing this in person service with appropriate review and care assessment and supporting use of technology. This has been assessed in respect of reducing this service to have the least impact on service delivery.

Impact on service deliverers (including employees, volunteers etc.):

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		X		
Disability		X		
Ethnicity		X		
Sex	x			
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
Fairer Scotland Duty:				
Mainland rural population		X		
Island populations		X		
Low income	x			
Low wealth		X		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place		X		
Communities of interest		X		

If you have identified any negative impacts on service deliverers, give more detail here:

Sleepover services continue to be reviewed operationally with the introduction of supporting technology where this can be safely deployed.

Disproportionate impacts on service delivery change are gender and low income based, no identified island impact at present as any changes will be based upon individual risk assessments and care management processes.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Impacts will be identified over the review period 2024-25 with a summary assessment through the identified governance in monitoring and review.

How has 'due regard' been given to any negative impacts that have been identified?

Negative impacts will be addressed through the care management process with due regard given to each individual review and circumstance.

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?

Yes

Details of knock-on effects identified

Proposal will free up valuable staffing resources within the locality which faces ongoing staff recruitment and retention issues within the social care sector.

Fulfilment of this saving proposal, alongside a reduction in overall budget of Learning Disability services may have an adverse effect on the overall LD budget position. By declaring these changes to care packages as savings, the overall financial resource availability within this budget will be reduced and may present a challenge for any new or increased demand coming through for these services.

Section 5: Monitoring and review

Monitoring and review

6 monthly Care Reviews for all service users involved as part of assessment and care management process.
Project will be monitored through the LD Management Group and LD/MH Savings Review Group.



Integration Joint Board

Date of Meeting: 27 March 2024

Title of Report: Carers Strategy

Presented by: Kirsty Mackenzie, Carers Act Implementation Officer; Mags Todd, Young Carer officer; Linda Currie, Associate Director Allied Health Professionals.

The Integration Joint Board is asked to:

- Endorse the 2024-2027 HSCP Carers Strategy

1. EXECUTIVE SUMMARY

The Carers (Scotland) Act 2016 requires that Local Authorities and relevant Health Boards have a local Carer Strategy.

Section 33(3) and (4) requires each local authority and relevant health board to ensure they jointly review their statutory local carer strategy at least every three years.

Attached to this paper is a draft copy of the revised Carer Strategy for A&B HSCP.

If this is endorsed, we will present this revised Strategy to the IJB in March with a planned public launch date in early spring 2024.

The strategy sets out our plan to identifying carers, provide support and services to adult and young carers, and provide information about local support available.

2. INTRODUCTION

Our Carer Strategy has been created through working closely and collaboratively with over 300 Carers, Our Carers Partnership, and our HSCP colleagues.

Consultation was very positive and we are requesting formal approval before the Strategy is finalised, printed, and shared.

3. DETAIL OF REPORT

The Strategy has been drafted following the guidance within the Carers (Scotland) Act 2016 statutory guidance.

There have been 9 draft versions of the strategy with consultation and feedback from Carers, Carer Partners, Education, and HSCP.

Our commitments cover 4 identified outcomes, with 31 areas for action.

1. All Carers are identified at the earliest opportunity and offered support to assist them in their caring role.
2. Young Carers are supported with their caring roles and enabled to be children and young people first.
3. Carers will have access to, advice, information and support services to improve their overall health and wellbeing and enjoy a life alongside their caring roles
4. Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role

We aim to create 4 Care Focus groups for; Parent Carers, Young Carers, Carers supporting with Alcohol or Addiction and Carers supporting a loved one with a Dementia diagnosis.

To ensure Carers can access information quickly, we will update our website and increase our communications.

As we are aware some Carers do not wish to initially access Carer Centres, we aim to ensure we promote and increase awareness of digital resources available to Carers.

Feedback on the draft strategy has been very positive with constructive comments asking which action points we will priorities over years 1,2 and 3 and how these would be measured, along with the size of the Strategy document.

This feedback has resulted in an Action Plan being created which shows annual priorities and how we will measure these and a one page plan which will highlight the 4 identified outcomes of the strategy. We did not feel we could reduce the size due to covering so many carer groups.

Our aim was to ensure we created an easy to read document and we received positive feedback that we succeeded in doing this.

Short breaks and our Short Break Statement is an area where we do need to finalise our processes. Our aim is to ensure we have a robust process before the next financial year starts. We will therefore request that we bring the Carers Act Guidance Policy and Short Breaks Statement to SLT in March 2024

4. RELEVANT DATA AND INDICATORS

See Action plan

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust support to carers is a fundamental aspect of our strategic vision and priorities. We also know that without unpaid carers we would be unable to meet the demand with statutory services. Supporting carers is also therefore critical in reducing demand on care at home services and achieving financial sustainability.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The partnership currently funds approximately £1,138,914 to the 4 Carers Centres and 1 youth development service across Argyll and Bute. We have renewed and updated contracts in place with specification aligning to our statutory duties with the Carers (Scotland) Act 2016 along with robust and managed Procurement and Commissioning processes.

6.2 Staff Governance

The majority of Carers services are supported by our existing Carers centres and third sector with a focus on prevention and innovative. Within these organisations there are over 80 support workers providing both Adult and Young Carer support. The staff providing these services are third sector and those contracts are managed by our procurement and commissioning team with close collaborative working across the partnership.

6.3 Clinical Governance

Through HSCP governance structures as appropriate.

7. EQUALITY & DIVERSITY IMPLICATIONS

An impact assessment will be carried out around any changes to current services or future planning of services. During planning the intention is to increase engagement with remote and rural carers and work towards identifying unknown carers. Some of this work is already underway by outreach workers within the centres.

8. RISK ASSESSMENT

There are risks associated with lack of engagement for 'unknown carers' and we hope to mitigate that with enhanced work identified in the implementation plan.

Other associated risks around funding and process of supporting carers will be overseen within our Carers Act Social Work group which is in early stages of being established.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Drafts of the Carers Strategy have been produced in conjunction with the multi-agency Carers Partnership and Carers across A&B. The strategy has been out

to consultation with a forms questionnaire, written questionnaires, and focus groups during the period of consultation and has been widely circulated across all sectors.

Feedback was excellent with 198 consultation questionnaires returned. Thanks also to our Carers Centres who supported the focused groups where 135 Carers met across the 4 locality areas to share their thoughts and lived experiences.

10. CONCLUSIONS

The group is asked to endorse the strategy and associated action plan and support the launch in early 2024.

CARERS' STRATEGY 2024 - 2027



CARING TOGETHER



Fiona Davies
Chief Officer

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- P4** - Introduction
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- P29** - Technology Enabled Care
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Argyll and Bute published its first Caring Together Strategy in 2018 in response to the Carers (Scotland) Act 2016.

This legislation supported how we work with unpaid carers in Argyll and Bute and provided an opportunity for us to focus and invest in them.

Scotland's National Carers Strategy was delivered on the 21 December 2022 and was timely given the work of unpaid carers in supporting the safety and wellbeing of those being cared for during the Covid-19 pandemic.

With our partners who support unpaid carers in Argyll & Bute we have reviewed our own strategy in this context, reflecting the national strategy, our collective learning since 2018 and aspirations in supporting and acknowledging the role of unpaid carers, especially as a vital part of care in our remote and rural geography.

Carers' Impacts

While we have moved on in our formal support with a focus on implementing the Act and providing support to young carers, ensuring that carers' impacts are considered within all strategy there is much to develop.

We have developed our representation on our Integration Joint Board and within planning structures to ensure we have the active voice of carers and opportunity for co-production throughout our planning process and in partnership across Argyll and Bute.

I'd like to note our two integration joint board members, Kirstie Reid and John Stevens whose

active involvement nationally and locally has been advantageous.

John Stevens sadly died earlier this year. He used both his experience and a measured approach to ensure that we consider carers' impacts across all our work. His skills and kindness will be missed but his approach will stay with us.

Support

We will continue to raise awareness of support for carer's of all ages and we thank the carer's organisations, Education and the 60 young carers who supported our ability to deliver this refreshed strategy to the benefit of unpaid carers who are known to us and those we do not yet know.

Being a carer can be both rewarding and exhausting but their role in our community is a key part of how we maintain a compassionate and caring society and provide dignity and respect to those who are vulnerable.

I am delighted to renew our strategic commitment and look forward to developing Argyll & Bute's continued support for carers.

APPENDIX

- Key Performance Indicators – what are they, what do they mean
- Engagement Framework
- Child Poverty Action Plan
- Children's Rights
- The Promise
- Our Commitments – Our Actions
- Carers (Scotland) Act 2016
- Getting it Right for Young Carers
- ADP Strategy
- Young Scot – Jargon Buster
- Dementia Strategy
- Carers UK Digital Resources
- Carers Act Guidance
- Document
- Home Energy Scotland
- Bute Advice
- AliEnergy
- CAB
- Sleep Scotland
- Silvercloud
- Enquire
- Carers Organisations
- Befrienders



Carers Strategy - Introduction

This strategy is for Adult and Young Carers

Carers (Scotland) Act 2016 & National Carer Strategy 2022

What is a strategy?

It is a plan which details work that we will do to support Unpaid Carers. It explains how we plan to do this and how we will monitor the commitments we make in it.

Why are we writing this strategy?

The Carers (Scotland) Act 2016 informs the Health and Social Care Partnership of the right of Carers and the duties we must provide to anyone looking after a relative or a friend who would struggle without their help.

It sets out our Vision for supporting Unpaid Carers

The Act refers to anyone caring for a loved one as an Unpaid Carer. In this strategy we will refer to an Unpaid Carer as a Carer as this is what Carers told us they prefer

What do we mean by the Health and Social Care Partnership (HSCP?)

Argyll and Bute HSCP means Health and Social Care services in Argyll and Bute working together.

The Health and Social Care Partnership works with colleagues and partners from a broad range of Independent and Third Sector organisations.

To support Carers in Argyll & Bute, some services have been commissioned and are provided by Carer Centres and other organisations

Who is this Strategy For?

The Argyll & Bute Health and Social Care Partnership has a duty under the Carers (Scotland) Act 2016, to provide supports and services for unpaid Carers, we do this by working together with colleagues, partners and Unpaid Carers.

This strategy is for anyone who cares for a friend or family member living within Argyll and Bute.



The Carers (Scotland) Act 2016 came into effect on 1 April 2018 and extended and enhanced the rights of carers to help improve their health and wellbeing, so that they can continue to care, if they so wish, whilst having a life alongside caring.

Following previous Carer Strategies implemented by UK Government and Scottish Government, the refreshed **National Carer Strategy** was published 21st December 2022 and declared that Scotland should be a place where all carers are recognised and valued for the contribution they make and where they are enabled to provide the right support for the people they care for while living full, rounded lives.

Getting it Right

Getting it Right for Young Carers: The principles and values embedded in the Getting it Right For Every Child approach apply for young carers. Getting it Right For Every Child is Scotland's approach to promoting and improving the wellbeing of

every child, including those who hold a caring role.

The Promise: The Promise implementation plan sets out our actions and commitments to Keep the Promise for care experienced children, young people, and their families. It contributes to our ambition for every child in Scotland to grow up loved, safe and respected so that they realise their full potential.

One of the key principles is "Family" it requires families to be kept together and are offered support together, nurtured as a family unit and are helped to overcome difficulties.

Within our strategy we will share information about Local and National strategies that are in place within Argyll & Bute that also support Carers.



Carers Living in Argyll & Bute

The Impact of Caring

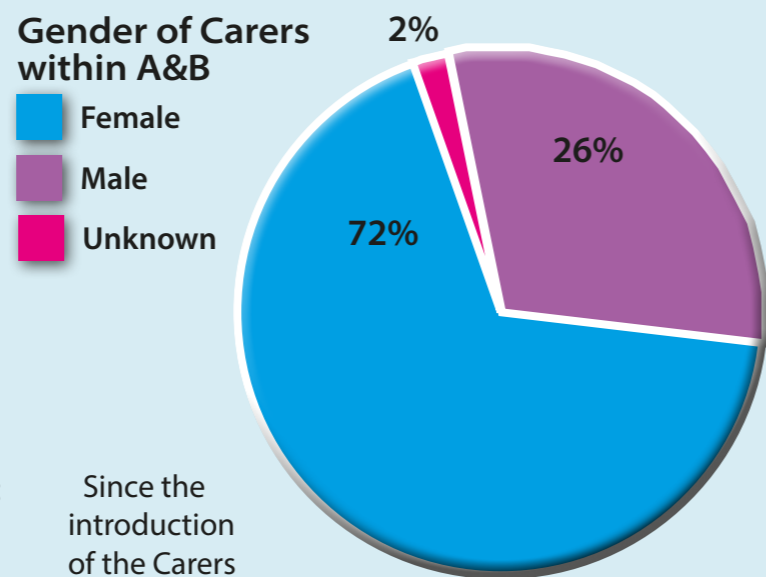
Who is a Carer?

A carer provides care and support to: **family members, partners, friends, or neighbours affected by physical or mental illness, disability, frailty or an addiction.**

Young Carers across Argyll & Bute are now supported from the age of 5 years in all areas of Argyll and Bute when caring responsibilities may start.

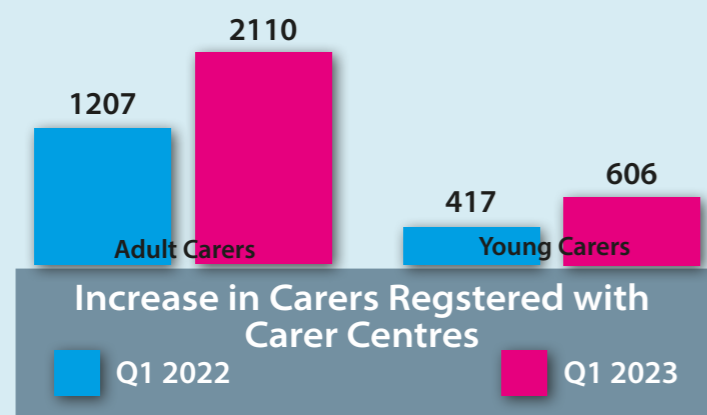
Carers may care intensively for a long period of time or may care for shorter periods and do not need to be living with the person they are caring for, to be recognised as a Carer.

For the purposes of this strategy, Adult Carers and Young Carers will be referred to as 'Carers'.

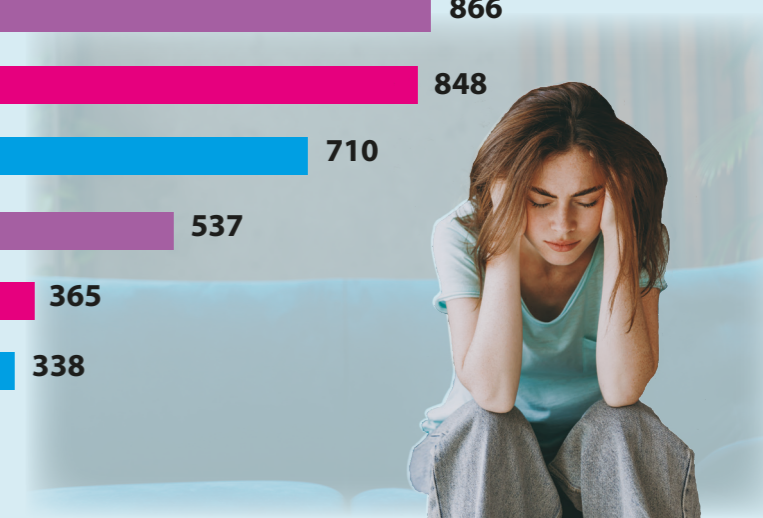
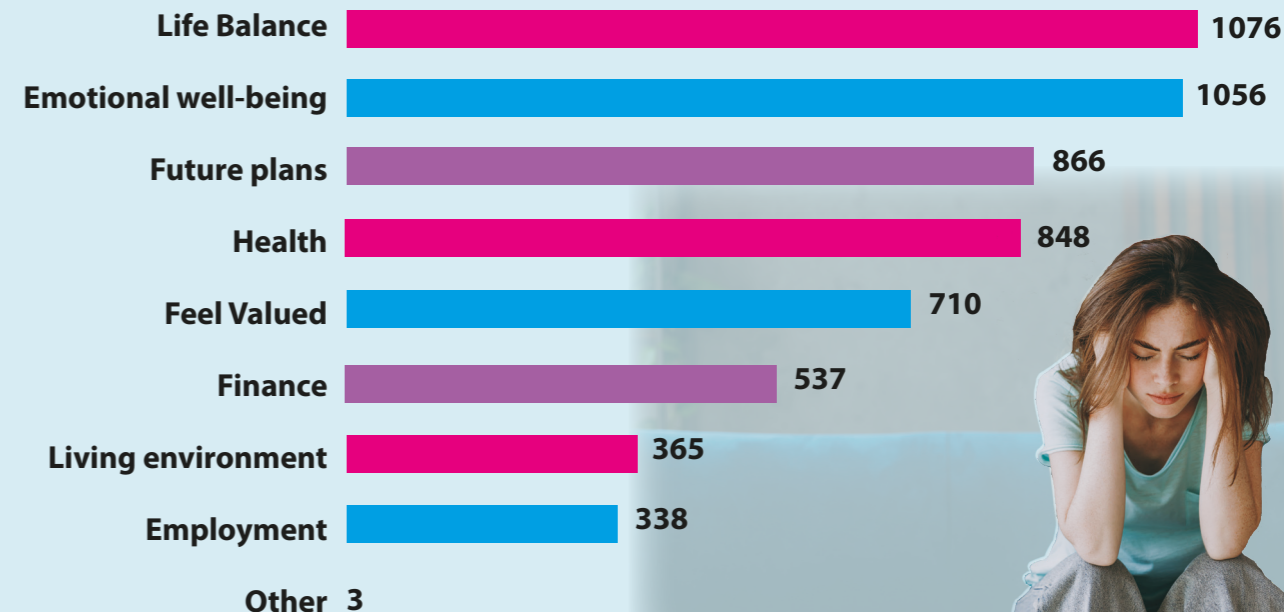


Since the introduction of the Carers (Scotland) Act 2016 we have recorded a steady growth in the number of Carers accessing information and being supported.

Argyll and Bute Health and Social Care Partnership recognises, values and respects the roles that Carers have, and are aware of the impact the caring role can have on so many parts of a Carers own life. We commit to continuing to raising awareness of the support available, promoting the benefits of seeking information and support early.



As many as 12,000 people aged 16+ provide unpaid care in Argyll and Bute with the highest proportion estimated to be residing in Bute, Cowal, and Kintyre (Estimated using Scottish Health Survey results and population estimates) [2].



A&B Carer Census Data 2022

Caring for someone can be bring feelings of wellbeing, fulfilment, and compassion, however Carers in Argyll and Bute also shared that it can be lonely, exhausting, and at times very frightening.

Carers told us the impact can be felt financially, within education, employment, personal finances, social life, relationships, and their mental and physical wellbeing.

Many carers still do not seek support that is available to them and struggle alone, we know from data that Carers caring for someone with an alcohol or drug addiction do not readily seek our support or see themselves as carers.

Every Carer will have a different caring journey, only they will know they true impact it has on them.

The National Strategy states that **29%** of Carers in the most deprived areas care for **35hrs or more each week – more than double** the level in the least deprived areas.

Scottish Government estimates that there are 696,000 Carers in Scotland. 28,000 are Young Carers under the age of 18 years.

Within our commitments we aim to provide increased support to Carers supporting someone with a drug or alcohol addiction, by working with colleagues and partners alongside Drug and Alcohol Addiction Partnership Teams.



What is in a young carer's school bag?

Bills and money worries

Is there any milk in the fridge

I can't concentrate

I need to check on home

I didn't sleep last night

What if?

I never see my friends

I'm so stressed I hope no-one notices

A Young Carer Statement, helps young people with caring responsibilities to identify and highlight their personal goals and any support that they may require as a young carer, as well as record who is responsible for providing that support.

In Argyll & Bute, our online Young Carers Statement provides Young Carers throughout Argyll & Bute with opportunities to talk to a trusted adult about their caring role, what they do, how it impacts on them and the individual supports they need.

Carers (Scotland) Act 2016 Jargon Buster for Young Carers created by Young Scot is an excellent resource to understand the Carers (Scotland) Act 2016.

Young carers love the person they care for and quite often do not realise they are a Young Carer, they develop good organisational skills, able to manage medication, time and budgets, are resourceful and can often appear more mature than their peers.

Reality

Young Carers should be seen as Children and Young People first, have opportunities to an education, achieve, have fun, develop, and enjoy their childhood. However, in reality, caring roles can lead to anxiety and worry, impact on mental health, social isolation, reduced educational attainment, lost days in education, reduced access to activities and fun, as well as bullying and stigma.

In Argyll & Bute we want to ensure that all Young Carers can access our Young Carers Statement and support that is meaningful to

them, this will help to ensure opportunities for short breaks, and caring roles are appropriate and not overwhelming.

By working with our colleagues in Education and the Health and Social Care Partnership, we commit to raising awareness of Young Carers, how to identify and offer support, how caring can impact Young Carers, as well as raising awareness amongst our young people.

Covid Impact

The impact the COVID-19 pandemic had on the mental health and wellbeing of Young Carers should not be underestimated. Pandemic restrictions and school closures led to children with caring responsibilities providing increased levels of care, having less opportunities to access breaks from caring and being isolated from their peers. Some Young Carers still provide higher levels of support to their loved ones than prior to the Covid-19 Pandemic.

We recognise that Scottish Government will be implementing Children's Rights within Scotland during the period of this strategy and that work to support this within Argyll & Bute is currently ongoing. Further details regarding Children's Rights in Argyll & Bute will be available on the Argyll & Bute website over the coming months, however reference can be found on the Scottish Government website.

At the time of writing this strategy the Youth Voice group for children and young people in Argyll & Bute has begun in its infancy and will enable children and young people to have a voice not only on Children's Rights in Argyll & Bute, but inform on challenges that affect them, and ensure children and young people are able to contribute to and participate in consultation and implementation of change.

Where did we start when refreshing the current strategy?

What did we do and how did we do it?

What is important to you in your caring role?

What is working well?

What could make your day difficult?

How could difficult times be improved?

If you don't access support what would help?

The National Carers Strategy, was published on the 21st December 2022.

In February and March 2023 we reviewed the National Strategy and met with Carer partners to discuss how this would reflect



Helensburgh & Lomond Carer Centre

within our Strategy.

The National Strategy highlighted five focus areas, these will be embedded in our Caring Together Strategy and our commitments.

In April and May 2023 we worked together with Carer Organisations to produce and share a consultation paper to gather feedback from Carers.

Focus was intentionally on the support in place, what currently worked well, and how this could be improved. 198 Carers responded and we appreciate the time taken in providing this feedback. (Engagement Framework

2023 (argyll-bute.gov.uk)

We also:

- Consulted Carers in person;
- Visited five Carer Centres where we held focus groups. 65 Adult Carers attended.
- 60 Young Carers provided their feedback including, at the annual Scottish Young Carers Festival hosted by Carers Trust Scotland.

Colleagues in the Health and Social Care Partnership were also approached for their feedback as colleagues and as Carers in a Consultation Survey.

Each individual submission from the Carers Consultation was reviewed.

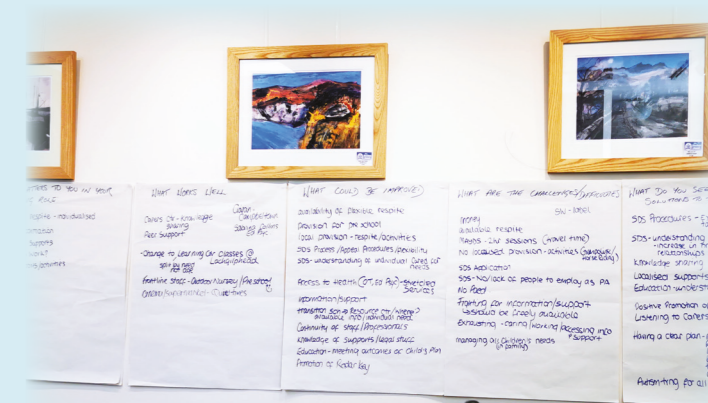
This gave us insight into Carer data in Argyll & Bute which helped inform on services for Carers. We were able to gather lots of information from open questions and took time to read and review all 198 replies.

Where did we start when refreshing the current strategy, what did we do and how did we do it?

Carers Organisations, Argyll & Bute Health & Social Care Partnership and an Integrated Joint Board Carer Representative, were involved in reviewing the 198 responses to five questions asked in the consultation.

Action plans of support for all 198 Individual carers were created.

We reviewed the recurring themes that stood out in the action planning process, alongside information gathered from in person sessions with 135 Adult and Young Carers.



Dochas Carers' Centre, Parents group



Our Commitment includes Four Outcomes for Carers in Argyll & Bute Caring Together Strategy 2023-2027

Our Commitments to Carers

National Carers Strategy

The Strategy was published on the 21st December 2023. We have reviewed the 5 focus areas and aligned them within our Caring Together Strategy.

<p>Outcome 1 All Carers are identified at the earliest opportunity and offered support to assist them in their caring role.</p>	<p>Outcome 2 Young Carers are supported with their caring roles and enabled to be children and young people first.</p>
<p><i>This strategy sets out our commitments to ensure Carers are supported and involved as equal partners</i></p>	
<p>Outcome 3 Carers will have access to, advice, information and support services to improve their overall health and wellbeing and enjoy a life alongside their caring roles.</p>	<p>Outcome 4 Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role.</p>



Working in Partnership

Carer Organisations

We commit to continuing practices of partnership working with Carers, organisations and local communities across Argyll and Bute.

The Carers Act Implementation Group meets every six weeks and is made up of members of the Health and Social Care Partnership, Carers Organisations, and the Carer Rep from the IJB.

Through this group actions identified within the strategy will be regularly discussed, reviewed, and monitored. The group provides a setting to discuss issues and concerns as well as, new ideas and solutions with all partners. This Strategy is one of many that make up A&B

HSCP Joint Strategic Plan Joint Strategic Plan 2022-2025

Through our partnerships, particularly our relationships with voluntary organisations, our partnerships will reach more Carers

throughout Argyll and Bute. Offering Carers a range of meaningful supports to meet their needs, in locations and times that suit them.

We commit to continuing to support organisations in Argyll & Bute providing support to Carers in many different ways.

More detail on Carer organisations on page 34

Five Carer Centres are located across Argyll & Bute providing far reaching supports tailored to Carers Outcomes.



When landslips meant that Young Carers on Islay could not reach their outdoor residential break in Lochgoilhead, the MAYDS team became creative and arranged for a sleepover and games night on the island. One of the Young carers even said: "Today was the greatest day of my life."

“ The services provided by the Carers Centre are a real blessing, with staff who are professional, understanding, non-judgemental, caring, proactive, and supportive, and provide opportunities for relief and respite on an ongoing basis as well as advice, information and help with any problems - *Quote from an A&B Carer* ”

Supports provided by Carers Organisations include:

Adult Carer Support Plans	Young Carer Statements	1 to 1 Support
Income Maximisation	Group & Peer Support	Short breaks
Information on Power of Attorney and Guardianship	Raising Carer Awareness	Bereavement Support
Signposting	Emotional Support	Hospital Discharge
Carers' Rights	Support & Information	Holistic Therapies
Emergency & Future care planning	Befriending Services	Training

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Short Break statement

A break from Caring – Time to be Care Free

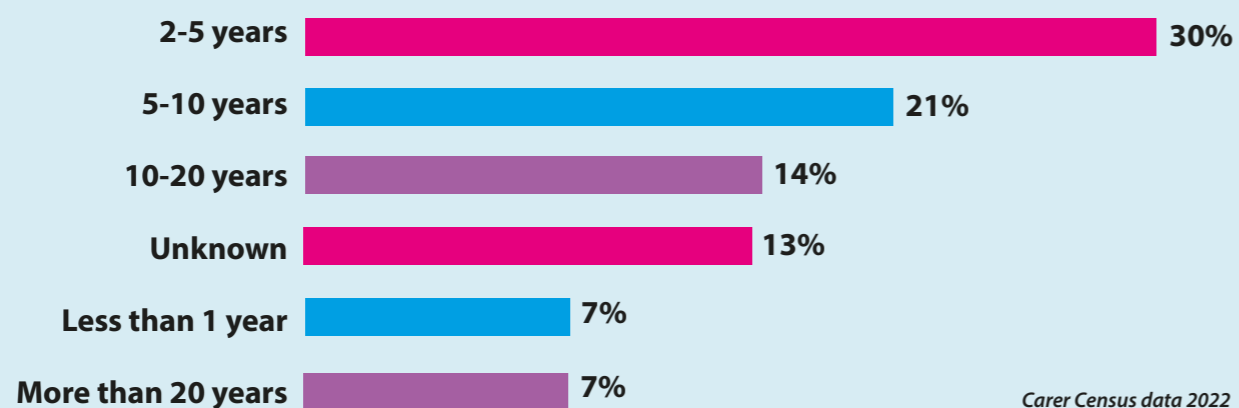


There is a duty to ensure the Health and Social Care Partnership provide, prepare, and publish a statement which sets out information on short break provision available to local carers and cared for persons.

Short break Statement Argyll & Bute

Our Commitment in this strategy is to work with our Carer partners to refresh and update the current statement.

How long a Carer has been providing care A&B (%)



Carer Census data 2022

A break enables carers to have sufficient and regular periods away from their caring routines or responsibilities.

Personalised, flexible short breaks can make a real difference for carers offering opportunities to relax, helping to sustain caring relationships, enabling carers to have time to themselves.

Breaks can be for short or for extended periods. Take place during the day or overnight; a break from home for the cared for person; support the Carer to have

valuable time for themselves; or replacement care whilst a Carer has a break.

Adult Carer Support Plans and Young Carers Statements provide opportunities to discuss Carer supports and breaks from caring.

A break will either be put in place by Carer Organisations or discussed with the Health and Social Care Partnership in line with the eligibility criteria and established procedures.

Spend on Replacement care: 5 Year Spend 2018-2023 Carer Centre and HSCP short breaks spend

Sum of YTD Actual	Year					Total
Classification	2018-19	2019-20	2020-21	2021-22	2022-23	
Carer's Centres	674,439	683,197	927,229	1,166,975	1,365,925	4,817,765
Children	246,215	248,714	191,548	134,421	179,178	1,000,076
Learning Disability	137,154	146,498	63,268	99,190	185,171	631,281
Mental Health	4,061	5,896	13,439	16,052	1,515	40,963
Older People	149,985	135,044	213,756	345,031	313,409	1,157,226
Physical Disability	16,134	12,864	13,985	25,011	27,843	95,836
Total	1,227,988	1,232,213	1,423,226	1,786,679	2,073,041	7,743,148



A break from Caring -Time to be Care Free

Case Studies

“ Sometimes when I say “I am OK” I just want someone to hug me tight and say “I know you are not” - Anon ”



Helensburgh & Lomond Carers' Centre



North Argyll Carers' Centre



Dochas Carers' Centre, Lochgilphead

Carers can often feel guilty in leaving their cared for person, which may mean Carers find it difficult to ask for a break.

However providing a break from caring enables Carers to take time to themselves, promotes physical, mental and emotional wellbeing.

Carers have told us of positive experiences, fun, and laughter they have when spending time with other Carers in similar situations, through the range of groups and activities Carers Organisations provide.

Carers do not always share how they feel with friends or family. One Carer stated that she felt **“it was something I have to get on with, I don't want to sound like a broken record”**.

Another carer mentioned how she had **“lost touch with my friends due to looking after my husband, I felt so lonely until I attended a group at a Carer Centre and met new friends”**. Both Carers attended groups at their local Carer Organisation, and as many other Carers shared with us, it was their lifeline to support and peer relationships.

Group and Peer support is not what every Carer will want or need, but knowing it is there can mean a warm welcome for a time when it may be needed. We will ensure communication about activities are shared widely and known about across the Health and Social Care Partnership.



G cares for her son A who has developmental delay, behavioural issues, epilepsy and is being assessed for ADHD.

A presents behaviour which could be disruptive, aggressive, controlling, destructive, and verbally abusive. **G** and her ex-partner were struggling due to the pressures and exhaustion of their caring for **A** which took a toll on their relationship.

G often needed to take more time away from work as the school could not cope with behaviours A was presenting. A crisis meeting was held at the Carers centre involving social work and community contacts. **G** was tearful and stated she felt hopeless.

Social worker **X** was able to explain options available to **G** and focus on the main issues affecting **G** and her son **A**. After discussion, it was felt that using Self Directed Support, option 1, to pay her daughter, as a personal assistant would enable **G** to return to work and provide A with continuity in pre and after school care.

G felt listened to, valued, and could see a way forward. In the long term, community contacts will look for a

Y helps to care for her sibling who has ADHD and mental health issues. The school that **Y** attends discussed the caring role **Y** has and shared the information about the local Carers Centre. With **Y**'s consent, a referral was made to the Carer Centre.

The Young Carer support worker initially met with **Y** in school and together they completed a Young Carers Statement. The Young Carers Statement identified the nature of **Y**'s caring role and the impact it was having on her.

Home life was becoming increasingly hard, and it was highlighted that **Y** would benefit from accessing emotional support and having regular 'breaks' away from her caring role. As a result of the Young Carer Statement, weekly 1-to-1 support with a Young Carer worker was started in the school. Information was also provided to **Y** about the groups that the Carer Centre provided and the benefits of meeting with other young Carers.

suitable PA. The social worker **X** agreed to contact the school and arrange a meeting to discuss the issues at school and at home.

After the meeting, **G** said she was feeling much more supported and could see things improving for her and her family. **G** said she was worried the meeting would be a waste of time but after the meeting, she felt much happier about things.

Quote from G

“I no longer feel on my own and meeting altogether at the carers centre was a huge relief, I feel confident that things will now change for **A** and my family. Meeting with **X** from social work face to face really helped, and also I could understand how this day package will fit with me and my family's needs. I cannot wait to get back to work and get me time away, as this helps me cope with my caring role and provide for my family. Many thanks to all concerned.”

Due to the nature of the caring role, **Y** was involved in a referral being made to the local Children and Families social work team and a child-planning meeting was established.

Y decided to join the youth group sessions provided by the Carer Centre and went on to enjoy day trips and residential breaks, which allowed her the time away from their caring role to have fun with other young Carers.

The Young Carer Statement, the Child plan and the support from the Carer Centre enabled **Y** to meet new people and try new things.

On Young Carers Action Day, **Y** spoke to the class about what her role as a Young Carer was like. Over the six months following the referral to the Carer Centre and a Young Carer Statement being completed **Y** gained enough confidence to become a **‘Young Carer Ambassador’** and promotes the support and services that are available.

Carer Centres are proactive in accessing funding from Shared Care Scotland to support Carer breaks. The funds are split into four programmes; Better Breaks, Creative Breaks, Time to Live micro-grants, and Take a break Scotland which provide direct grants to carers of disabled children and young people to support personalised short breaks.

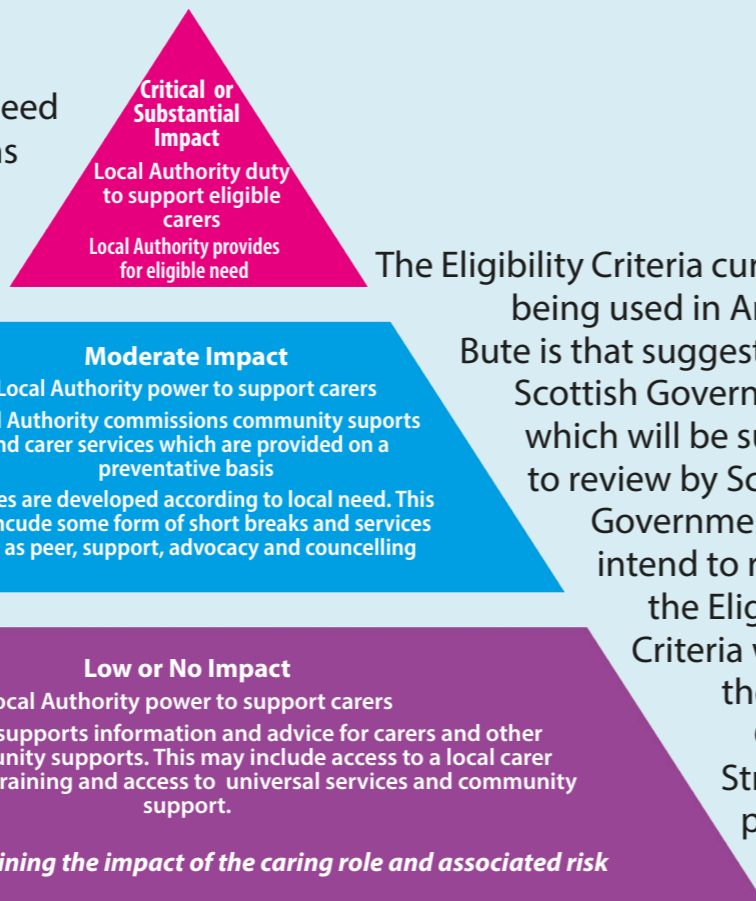
What is Self-directed Support?

Self-directed Support

SELF-DIRECTED SUPPORT is about giving choice and control over how support services are designed and ensure you receive the support that meets your needs. It enables people to choose how their support is provided by giving control over the money spent on support. The Carers Act makes it clear that Carers must be involved in any assessments for Self Directed Support options and decision-making for the supported person where appropriate.



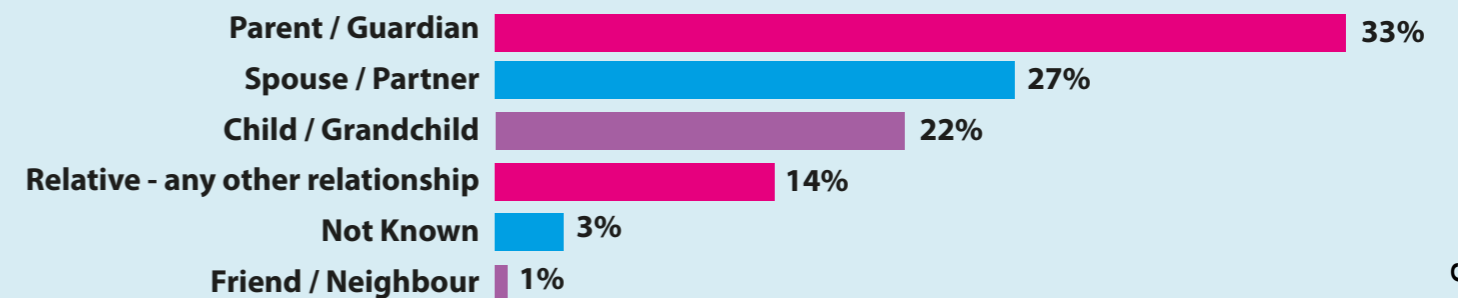
Our consultation highlighted Carers need a greater understanding of the options available to them and the cared for person. Having more flexibility to how breaks are provided could mean a more relaxed break for a Carer. Our commitment is to increase Carer awareness of the four Self Directed Support options, and work closer together in discussing creative breaks with Carers and colleagues within the Health and Social Care Partnership.



The Eligibility Criteria currently being used in Argyll & Bute is that suggested by Scottish Government, which will be subject to review by Scottish Government. We intend to review the Eligibility Criteria within the next Carers Strategy period.

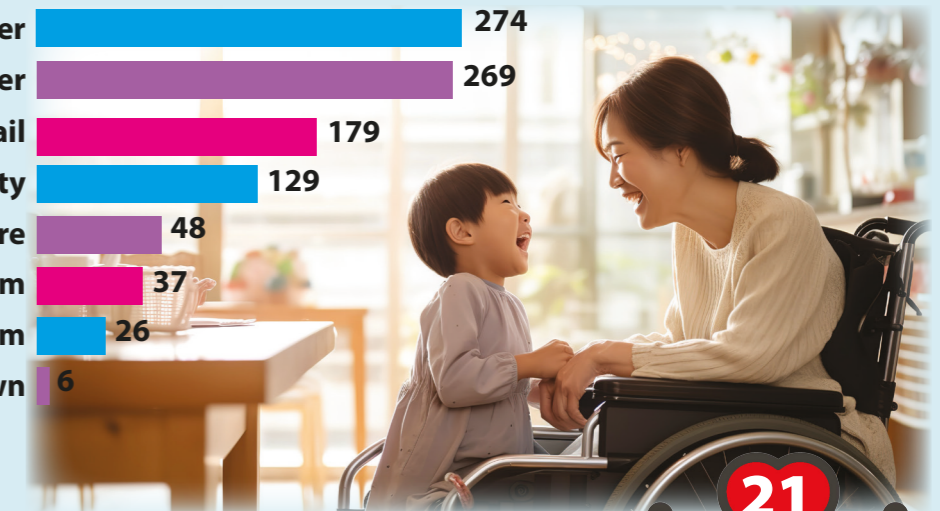
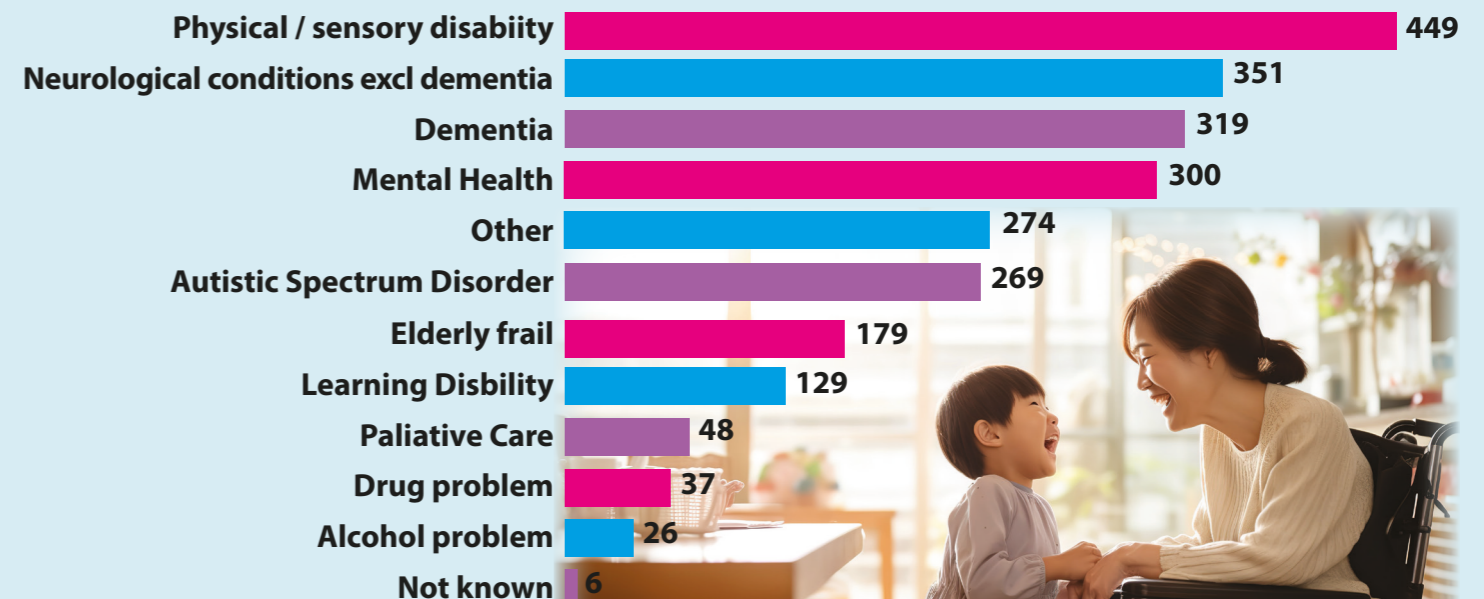
THE NATIONAL CARERS STRATEGY ACTION PLAN, included that, "In addition to updating the SDS Statutory Guidance, they will continue to work with and through delivery partners, including Local Authorities, to support and improve delivery of Self Directed Support consistently throughout Scotland and to support national conversations promoting improvement, early intervention, capacity-building, innovation and good practice".

Carer's relationship to Cared For across A&B (%)



My Choice My Support report (2020) up to 50% of people are not being offered the choice of all the Self Directed Support options.

Client group of Cared For person across A&B (%)



Dementia Strategy & Training Resources for Families

Parent Carers

dementia-scotland-everyones-story.pdf (www.gov.scot)

The Argyll & Bute Enhanced Community Dementia Service provides specialist assessment, diagnosis and post diagnostic support for people referred with suspected dementia.

The service aims to be responsive to need using a person-centred approach that aligns to the Standards of Care for Dementia in Scotland. This is aimed to empower people with dementia and their carers to make informed decisions about their future care to maximise quality of life.

The service promotes and supports carer education as being one of the most effective ways to help ensure optimum care for those with dementia.

Learning about the disease and knowing what to expect can help carers feel more in control and better able to plan ahead.

As part of this strategy we aim to help promote the awareness of support the service promotes and supports carer education as being one of the most effective ways to help ensure optimum care for those with dementia.

Learning about the disease and knowing what to expect can help carers feel more in control and better able to plan ahead.

As part of this strategy we aim to help promote the awareness of support available to anyone caring for a loved one and create a focus group where Carers' voices can be heard.



Parent carers provide support to their children, as a result of an additional support need, disability, mental health or substance use.

Parent carers are often less recognised as Carers, as parents often see themselves as a Parent first, before the additional caring elements they provide, and can be unaware of support that is available for them.

We commit to raising awareness of supports for Parent Carers, where they can access opportunities to share concerns they have about their child, family relationships, education, finances, employment, and long term future planning.

Together with colleagues in Education the Health and Social Care Partnership we aim to increase the support Parent Carers and Families can access.

Working with Parent Carers we aim to learn and identify how to best provide support and will continue this in our strategy.

Parents told us during our consultation about the 'constant fight' they have to have to 'access services' for their children, be 'involved in decision making' and recognised as an 'equal' when meeting with professional bodies.

Within Argyll & Bute, Parent Carers have started to form their own Charities which can provide support in ways that work best for them. Community led, created by them, working for them, used by them.

Our commitment is to help support Parents and Peer groups on this journey and work alongside them, to add to local resources and highlight National resources so that Parents feel included, supported, and knowledgeable about their rights and services.



22

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Parent Carer Support

Parent Carer Support

ENQUIRE supports Parent Carers in navigating the rights a child has in education, how to be involved in decision making and wealth of other areas that parents told us they struggle with

We commit to maximising the awareness of this charity.



What the law says about additional support for learning

Every child may need extra help with their learning at some point in their lives.

Enquire will be able to provide help and support to get the right outcomes for children.



Understanding the jargon

Some of the language around additional support for learning can be confusing.

Enquire's glossary cuts through some of the jargon you might hear when you are talking to your school about your child's support needs.



Who's who: professionals supporting your child

There will be lots of people involved in you child's care and support.

Enquire can help you find out more about their roles and responsibilities.

Kinship Carers

Kinship Carers may looking after a child with a disability or long term health condition on a full or part-time basis. Kinship Carers are usually a relative or close friend looking after a child or young person in place of their parents. The Health and Social Care Partnership have a duty to support Kinship Carers who have a caring role.

We commit to raising awareness of supports available to this group of Carers.



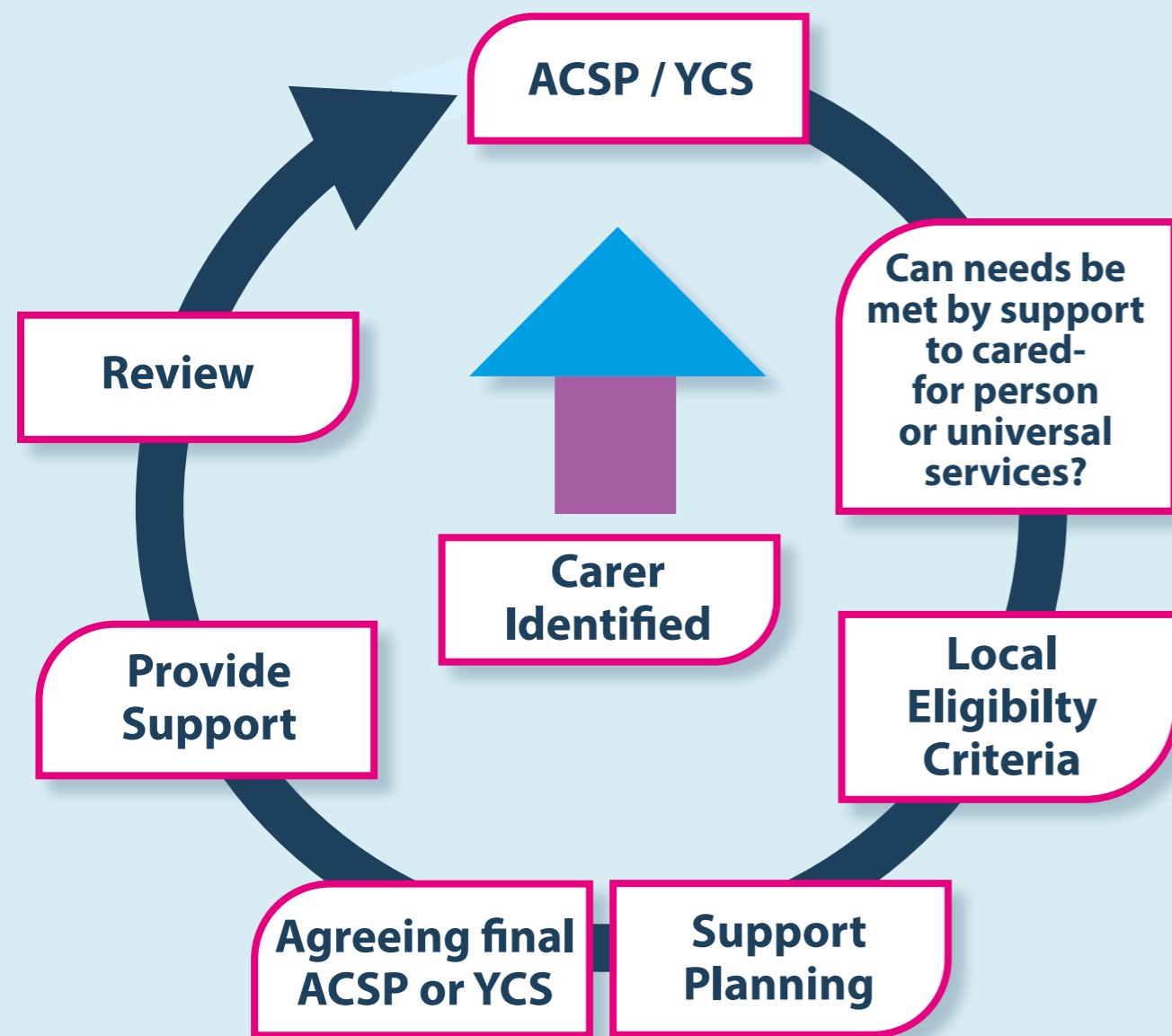
Gypsy/Traveller carers: MECCOP offers a dedicated support for carers within the Gypsy/Traveller community on resident on sites, roadside or living in 'bricks and mortar'. Support is available via the MECOPP Gypsy/Traveller Carer Support Worker.

We will continue to support the MECOPP in Argyll & Bute and provide opportunities for co-production with Gypsy/Traveller communities.



Carer Pathway

In April 2023 we distributed our Carer information leaflet and Carer Pathway to 42,000 homes and 12,000 households received a digital version. Carer centres recorded higher registration in the following quarter. Within this strategy we will **continue to work alongside Carer Organisations and support the work to highlighted carer support available across Argyll & Bute and Nationally.**



Carer Pathway

At the point of a carer being identified, we will ensure there is accessible information about supports available and a referral to Carers Centre offered. Our commitment aims to support Carers at the earliest opportunity in their caring journey. To help achieve this, we will **raise awareness of the Carer Pathway within the Health and Social Care Partnership**

Through consultation, we are aware not all Carers will need or wish to be supported.

To reach unidentified Carers, we will regularly share Carer information and resources, via Social Media, local posters, and attend community events to raise awareness of the Carers (Scotland) Act 2016, and the range of supports available.

Carer Centres have offices in; Dunoon, Helensburgh, Lochgilphead and Oban and have outreach Carer Support in various locations including Campbeltown, Isles of Islay, Tiree, Mull, Coll, Bute and Jura.

When a Carer is referred or self refers, a local Carers Organisation will contact the Carer and offer

an Adult Carer Support plan or Young Carer Statement. Carers Organisations are highly skilled and knowledgeable in providing support to Carers in their localities.

Carers needs can be vastly different, as a result we acknowledge the diverse range of skills, knowledge, and information Carers Organisations need to be aware of to support Carers.

We commit to **continuing to support continuous development, new learning, training, and sharing of opportunities and activities within the Health and Social Care Partnership to our partners and colleagues.**



Mental Health & Emotional wellbeing

Carers shared that at times Caring can be overwhelming and impact on their emotional and mental health.

The 123 out of 198 Carers who replied to the consultation told us how their mental health was impacted due to their caring role.

Carers talked about the guilt they feel, the emotional abuse they receive, the fear of doing something wrong or forgetting something, Carers desperate to off-load. Carer Centre staff provide

a fantastic resource for carers where they can share fears, worries, pressures about their caring role.

We commit to increasing the services and resources Carers Organisations can offer to Carers, such as; Silver Cloud and Distressed Brief Intervention.

To assist Carers Organisations **we will provide opportunities for training and learning to further knowledge and resources for Carers.**

We will provide links to national resources such as; Sleep Scotland and One Parent Families for Carers.



Sleep Scotland is the UK's oldest sleep charity and leading provider of sleep support, training and resources

Money related worries

The cost of living crisis has affected us all, the Carers Census 2022 reports 38% of Carers were impacted financially.

Through the Carers Consultation we have heard from Carers advising of the financial worries and concerns they face.

We want to ensure Carers know how to access benefit checks, financial advice and information, and will work with colleagues in a range of services such as; Bute Advice, the Citizens Advice Bureau and AliEnergy to reach Carers in Argyll & Bute.

Further information and how to access support can be found on the Argyll & Bute website.



Technology Enabled Care

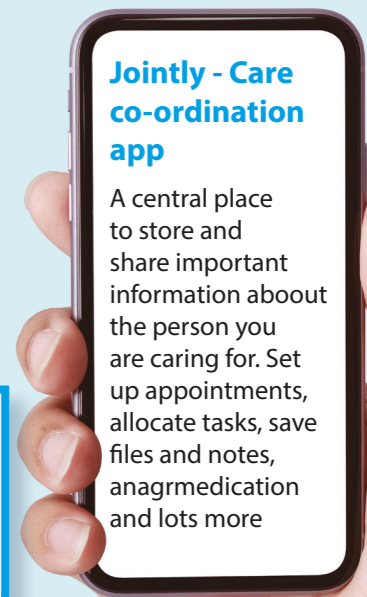
Carers shared Technology equipment extremely beneficial.

Within Argyll & Bute there are currently 2200 homes using Telecare devices. Within our strategy, we aim to **promote the benefits of equipment and raise awareness of how technology can**

provide reassurance and assistance to carers. Further information can be found at www.argyll-bute.gov.uk/tec



E-Learning - Building resilience
Designed to help carers access advice and information relevant to their situation, find resources and identify sources of support including technology, as well as promote carers' own health and well being



Jointly - Care co-ordination app
A central place to store and share important information about the person you are caring for. Set up appointments, allocate tasks, save files and notes, anagrmedication and lots more

Within the Digital resource we have links to each Carer Centre within Argyll and Bute.
As part of this Strategy, we will promote and raise awareness of Carer UK resources for Carers and the Health and Social Care Partnership.

Topic	Replies	Views
How To Get Husband To Doctors? Specific disabilities and conditions dementia	12	268
New to this forum as a carer for my wife New to Carers Connect	13	177



Emergency & Future Planning

For when the unexpected happens

Emergency & Future Planning

For when the unexpected happens



The Carers (Scotland) Act 2016 states Adult Carer Support Plans and Young Carers Statements should ask about Future and Emergency care planning. The Carer may wish to make a future plan, and can be supported in identifying their needs and personal outcomes for this through discussion. Emergency planning includes planning for events such as the carer not being able to care due to illness or medical appointments.

Our commitment in this strategy is to **review the current documentation with Carers and Carer Partners whilst looking to include information about anticipatory care planning processes.**

Diagnosis of Terminal illness

When a Carer is supporting someone with a Terminal Illness diagnosis, the Health and Social Care Partnership has clear timescales that have to be met.

At this time a light touch Adult Carer Support Plan or Young Carers Statement, must be offered and actioned following the timescale guidelines.

Data extracted from the 2022 Carer Census, highlighted that a relatively small number of Carers being supported with these plans versus those with a Terminal Illness diagnosis.

We commit to **increasing Carer awareness of the support available during this time, and continue to work closely with Health and Social Care Partners promoting the guidance of the Carers (Scotland) Act 2016**

Involving Carers in Hospital Discharge

Section 28 within the Carers (Scotland) Act 2016, requires the Health and Social Care Partnership to involve the Carer before a cared-for person is discharged from hospital.

It must do so by taking steps it considers appropriate to: inform the carer as soon as reasonably practicable of the intention to discharge the cared-for person; and invite the views of Carers about the discharge; and taking account, 'so far as it is reasonable and practicable to do so', of any views given by the Carer in making decisions relating to discharge of the cared-for person.

This duty only applies where:

- The Carer of the cared-for person can be identified 'without delay'; and

- Where it appears to the Health and Social Care Partnership that the cared-for person is likely to require care following discharge.



Carers during the consultation shared that they are not always fully involved, and at times can feel pressure to support a discharge when they do not feel fully prepared or are able to provide the care needed for the person.

We commit in this strategy to **increasing the resources and supporting the discharge planning process to ensure Carers are involved and included in discussions.**

Bereavement support

The death of a loved one is a traumatic time. For friends and family this time can bring many emotions.

Resources are in place within Carer Centres to support a Carer for 13



months after the passing of a loved one, recognising the isolation a Carer may experience.

Carers Centres are experienced and knowledgeable in the support a Carer may need after a loved one has passed away.





Our Strategy is about ensuring we listen and learn. Promote the positive support of Carers experience and review areas that Carers told us do not work so well.

We commit to developing four Focus groups with Carers and, Health and Social Care Partnership colleagues – Dementia support, Drugs and Alcohol, Parent Carer, and Young Carers.

Carers spoke about the good relationships they had with Social Work teams but noted the anxieties they had at the beginning. They highlighted the need to share good news stories

about the impact Care at Home, Home support and Health teams have in helping to support their friends and relatives, which can ease the pressure on their caring role.

Care Opinion is an online resource where Carers can share experiences of health or care services, 'At Care Opinion we make it safe and simple to share your story online and see other people's stories too.

You can see how stories are leading to change.'

We commit to **promoting Care Opinion and raising the awareness of this resource**



Care Opinion
What's your story?

Health and Social Care Partnership and Education

In the last strategy we committed to creating and sharing our Guidance document. This piece of work has been created in partnership with Carer Organisations, however as information on short breaks needs further development,

this has not been fully circulated across the partnership.

Sharing of information, our duties and the Carers (Scotland) Act 2016, however have been ongoing throughout the Health and Social Care Partnership and Education.

We commit to **embedding guidance, formalising and developing our training plan with Carer Organisations within this strategy.**

Website - a resource for everyone

Carer's advised us, that often issues arise from not knowing where to go for advice, information and support, and for others too much information can be overwhelming. We commit to refreshing and updating our website, raising awareness of Carers, making it accessible, interesting and Carer friendly.

We aim to **develop this resource in co-production with Carers, Health and Social Care Partnership colleagues, Carer organisations and Education.**




Learning Together

Our Commitment


The Health and Social Care Partnership would like to thank our Carer Organisations, the Staff teams and Board members, for their support to Carers, the input to the development of our services over the past five years and being at the tough end when individuals can be at their most vulnerable. Thank you

During the Carers Consultation over the spring and summer 2023, Adult Carers and Young Carers shared the challenges they face and what they feel is working well. In response to this we have focused on four Outcomes for this Carers Strategy.



Crossroads Cowal & Bute aims to enhance the quality of life for unpaid carers and their families, empower carers to maximise their rights and entitlements, raise awareness of carers and their needs, and their contribution to society. Crossroads provides a range of support for carers; support groups, peer support, Holistic therapies, counselling, short breaks etc. We provide a warm welcome, a listening ear, and a safe place for carers in need.

crossroadscowalandbute.org.uk



Crossroads (North Argyll) is a locally managed charity in North Argyll covering Oban, Lorn and the Isles. They aim to provide a local respite service to enable those looking after a relative/friend/neighbour to have some time to themselves. Even a brief period of respite can benefit the Carer to cope better in their daily lives. This helps to promote and maintain independence and choice for both the individual Carer and the Cared-for.

Crossroads North Argyll | Oban




We have been supporting unpaid carers in Mid Argyll, Kintyre, Islay and Jura for many years; with friendly staff located in each of the areas we cover. We have years of knowledge, skills and experience of working with and supporting carers; offering a variety of emotional, practical and group supports to meet individual needs. We pride ourselves in providing a warm welcome, a listening ear, and the time carers need.

dochas.scot




HLCC has adopted the following Mission Statement: "To make a positive difference to the lives of unpaid carers." This is underpinned by a commitment to place carers at the heart of the organisation; respect and learn from them as experts in their own lives; give them a voice in service design, delivery and review; help them achieve better outcomes; and ensure that services are accessible and effective for all intended users, regardless of their caring situations or personal circumstances.

www.hlcc.org.uk



MAYDS have been providing support services to young carers across Mid Argyll, Kintyre and Islay for several years. Along with undertaking Young Carer's statements and also provide support in a number of other ways including short breaks via residential or other activities, counselling and emotional support, support to access grants and funding if needed and transitional support to further education, employment etc. They provide a person centred approach to make sure each Young Carer has the particular support they need not only to manage their role but to have positive outcomes for the future.

www.mayds.org.uk



We are an independent charity, supporting unpaid carers across the Oban, Lorn and Isles area, making a positive difference to their lives and ensuring their voices are heard. We provide person-centred emotional and practical support to unpaid carers over the age of 5, with support tailored to individual need. We are a team of 17 staff with Carer Support Workers based at our office on Albany Street in Oban, on Mull and Iona, Coll and Tiree, and an outreach team covering the rural mainland. For more information about what we can offer you please visit

northargyllcarers.org.uk

resources meaningful language exams therapy equipment
 peers income at technology understanding
 work time anonymous diagnosis hospital
 bus individualised trust helplines listening
 legal telecare respite confidentiality
 online assessments gps breaks unpaid
 future money specialised sds discharge legislation
 island funding finances counselling speech
 ferry pharmacy appointments quality school
 government training emergency groups

OUTCOME ONE

All Carers are identified at the earliest opportunity and offered support to assist them in their caring role.



Emotional & Practical support to navigate the Health & Social Care System

Someone to chat to when things are difficult

Knowing who to contact for help

Feeling lonely & isolated

Juggling work and caring, it's a lot

Help in the early stages

Feeling lonely & isolated

A clear map of available assistance, sort of one stop shop, so where to turn is clear and available

Someone to take time to listen and help



Our Commitment

We commit to:

- 1.1** Working with partners to identify Carers early and prevent a crisis situation.
Key Performance Indicators will show numbers of new Carers receiving support and will be received by the Health & Social Care Partnership quarterly from organisations commissioned to support Carers.
We will provide annual Carers Surveys to understand what is working well and what the challenges may be.
Increased numbers of Carers will report feeling supported through a variety of means; Carers Organisations, Health and Social Care Partnership, online resources.
- 1.2** Work with partner organisations to raise awareness of Carers and improve accessibility to supports.
The Health and Social Care Partnership and Carer Organisations will strive to raise awareness of Carers in Argyll & Bute through Healthcare settings, Education, community events, social media, websites and other appropriate means.
- 1.3** Refresh and update Argyll & Bute Health and Social Care Partnership 'Carers' website and produce an online 'Booklet' resource.
We will work with Carers and Carers Organisations in Focus Groups to identify information and supports of arrange of services, to develop a resource of information on the Argyll & Bute Health and Social Care Partnership website.
- 1.4** Work with Four Focus Groups of Carers to identify the best routes to reach unidentified and support Carers – Dementia, Drug and Alcohol, Parents Carers and Young Carers.
We will work with known Carers, Carers Organisations, and partners in developing a pathway to access support, resources, and information to raise awareness of support for Carers in these groups.

- 1.5** Share resources with Carers so that they may access appropriate resources and information at a time and place that suits individual need, such as; Enquire, Carers UK Digital.
Promotion of information, resources, and supports through social media, website, and community events will be shared by Argyll & Bute Health and Social Care Partnership and Carers Organisations.
We will listen to Carers at every opportunity.
- 1.6** Completing and sharing Health and Social Care Partnership Guidance.
A Guidance Document will be produced and circulated to colleagues within the Health and Social Care Partnership, to support this we will provide learning sessions to colleagues in Health and Social Care.
- 1.7** Work with Health and Social Care Partnership colleagues in the Discharge planning process.
We will promote and work with colleagues in the Discharge planning process by increasing resources to support this work.
- 1.8** Raise awareness of the duty in response to support for Carers faced with a loved one with a Terminal illness diagnosis.
Ensure colleagues and partners have access to learning opportunities of the key elements of the Carers (Scotland) Act 2016.
- 1.9** Raise awareness of Kinship carers who have caring roles and supports available to them.
Promote awareness of the supports available through Carers Organisations, Education and the Health and Social Care Partnership.



Our Commitment

OUTCOME TWO

Young Carers are supported with their Caring roles and enabled to be children and young people first.

Young Carers told us:



My class teacher doesn't understand when things are tricky at home

My own mental health

Fear of something happening when I am not there

People don't understand my role as a carer

We would like to know people care for us too

School staff being trained in what a young carer is and a better understanding of their needs

Reducing the stigma

Someone to understand and help when needed

Breaks, time out, respite with other people that understand



Our Commitment

Our Commitment

We commit to:

- 2.1** Work with partners in Education, the Health, and Social Care Partnership to increase awareness of Young Carers.
We work with Carers organisations and provide annual surveys will advise increased numbers of Young Carers will feel understood and supported.
- 2.2** In partnership with Carers Organisations we will provide awareness sessions to partners both online and in person.
Colleagues and partners working with Young Carers will be able to identify and understand the needs of Young Carers.
- 2.3** Provide information sheets and 'how to' guidance to partners to identify and support Young Carers.
We will work with a Focus Group of Young Carers to understand Young Carers challenges and needs as Carers.
- 2.4** Refresh information & resources on Argyll & Bute Health & Social Care Partnership's website.
Young Carers will be able to access information and resources through the Argyll & Bute website.
- 2.5** Provide a platform for Carers Organisations and partners to undertake Young Carers Statements with Young Carers.
We will ensure Carers Organisations have access and training in the use of the Argyll & Bute Young Carers Statements.
Young Carers will be able to access Young Carers Statements and support through Carers Organisations in Argyll & Bute.

- 2.6** Work with Carer Organisations to raise awareness of Young Carers in Argyll & Bute enabling Young Carers to feel supported and have opportunities for fun and short breaks.
Increased numbers of Young Carers will advise they feel supported and listened too through evaluations and Carers surveys.
Colleagues and partners working with Young Carers will be able to identify and understand the needs of Young Carers.
- 2.7** Work with Argyll & Bute Educations Services to ensure Young Carers are recorded on SEEMiS.
We will support Carers Organisations to share data with Argyll & Bute Education Services for the purposes of SEEMiS.
- 2.8** We will offer an Annual Consultation to all Carers to identify what is working well and challenges they may be experiencing.
We will listen and respond to Young Carers feedback through consultations, surveys and feedback.



OUTCOME THREE

Carers will have access to; advice, information and support services to improve their overall health and wellbeing and enjoy a life alongside their caring roles.



Caring has left me isolated, people don't understand

Having support to manage difficult conversations would help

Respite at a time that suits me

I want support but I don't want to go to a Carers Centre, I want to stay anonymous

Talking therapy would help, access to counselling, information and advice

How to support someone with Dementia

Befriender for my cared for so I can have a break

Communication, Communication, Communication

Online support for my cared for person's condition

Our Commitment

We commit to:

- 3.1** We commit to reviewing and refreshing our current Short Break statement in line with National Guidance and involvement of Carers, Carers Organisations and Argyll and Bute Health and Social Care Partnership.
Through a Short Life Working Groups we will produce a revised Short Break Statement which will be distributed in 2024.
- 3.2** We will continue to actively support Breaks away from Carers roles, following National Guidance and Eligibility Criteria.
We will provide clear information on routes to Short breaks that Carers can access.
We will continue involvement in Carer resource allocation groups focusing on replacement care.
- 3.3** We will work with Self Directed Support Teams to assist Carers in accessing and raise awareness of the four Self Directed Support options.
We will increase resources in Self Direct Support.
We will raise awareness of Self Direct Support options.
- 3.4** We will update and refresh our website and provide links to National Specialist organisations to support Carers.
Carers will be able to access supports, information, and resources from the Argyll & Bute Health and Social Care Partnership website.
We will invite specialist organisations to raise awareness of their services to Carers and Carers Organisations in Argyll & Bute.
- 3.5** Argyll & Bute Health and Social Care Partnership will keep up to date in National Policy and contribute to decision making processes locally and nationally that involve Carers.
We will share information and policy with the Carers Act Implementation Group and wider partnerships within Argyll & Bute, Health and Social Care Partnership and Carers Organisations.
- 3.6** We will help Carers and Carers organisations in Argyll & Bute identify specialist services and raise awareness of those services.

- We will promote the Community Directory provided by the Third Sector Interface (TSI) in Argyll & Bute.
- We will invite specialist services to share their specialisms with Carers and Carers Organisations, developing opportunities for learning and increasing knowledge.
- We will regularly ensure resources, information and advice are disseminated through Social Media.
- We will offer an Annual Carers Consultation to Carers in Argyll & Bute.
- 3.7** We will identify and advertise supports for Carers where they wish to remain anonymous or would prefer online support.
We will promote the Carers UK App, Silvercloud, Sleep Scotland and other identified resources to Carers throughout Argyll & Bute.
- 3.8** We will work with Carers Organisations in developing learning and knowledge of services and supports available to support Carer Mental Health.
Through opportunities for skills development and learning Carers Organisations will have increased knowledge of supports and services available.
- 3.9** We will review existing methods of Emergency and future planning with Carers and identify a 'what would work well' approach for Carers.
Focus groups will review the current documentation and advice on changes.
Carers Organisations will be involved in the process of developing new documentation.
- 3.10** We will work with Carers supporting loved ones through Substance use to identify, build upon and raise awareness, of a range of supports meaningful to them.
We will work with Focus groups and Carers Organisations to identify and implement a range of resources and supports that meet their needs.



Our Commitment

OUTCOME FOUR

Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role.

Unpaid Carers told us:



Financial help to free up time from doing daily tasks would give me a break

We are struggling to manage as a family, I can't work because of my caring role, and the money we get doesn't go very far

Where can we get advice for future planning?

Money! We struggle to get by. I'm firefighting!

Information about my rights as a carer from a legal perspective

Access to funding to manage our own support

Advice on Power of Attorney

Being kept informed by professionals as the Carer for my person

Being included, listened too and respected



Our Commitment

Making a Difference

We commit to:

4.1 We will work with the National strategy and the Carers (Scotland) Act 2016 in support of Carers in Argyll and Bute.

We will provide opportunities for Carers to have their voices heard through Carers Surveys and Focus Groups.

We will contribute to local and national strategy on behalf of Carers, working alongside colleagues nationally, feeding back to Carers and Carers Organisations.

4.2 We commit to Carers and Carers Organisations having access, knowledge, and training to provide Adult Carer Support Plans and Young Carers Statements.

We will review the current Adult Carer Support Plan with Carers and Carers Organisations.

We will provide a platform for Young Carers Statements for Young Carers and Carers Organisations.

4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports. We will increase resources in Self Direct Support.

Carers will have access and knowledge of services to support them in their caring roles.

We will increase resources to access services such as; the Citizens Advice Bureau.

We will invite partners, colleagues, and Specialist Supports to share their areas of support, information, and resources to reach Carers in Argyll and Bute.

We will support opportunities for Carers Organisations to increase knowledge and build upon resources to support Carers.

Carers will advise increased awareness of their rights and have access to services for Benefits Reviews.

We will support Parent Carers in accessing advice and information in Argyll & Bute Health and Social Partnership, Education and specialist supports.

4.4 We will commit to ensuring information, advice and support is accessible on the Argyll & Bute Website.

Contact information for Carers Organisations, Specialist Supports will be available on the Argyll & Bute website and reviewed and refreshed.

Carers will advise information is accessible during Carers Surveys.

We will share details of partner Organisations and services which may be useful via Argyll and Bute Social Media.



We asked carers: "What's making the difference for unpaid Carers in Argyll & Bute?" They told us:

- My Carers Centre runs a good Parent Carer support group
- Physio have been so helpful
- Our Care Package
- Our family – great support
- Good support from Family and Friends, Teacher and Physio
- A new charity to meet the needs of the Cared for Person
- Respite from a Carer a few hours each week
- I get support from the carer centre which is extremely important as they give you and outlet to chat and be listened to
- I arrange my own Carers so I can have time out
- Good Parkinson's Doctor
- Help is from Epilepsy Scotland who are amazing
- Support from a Counsellor
- Carer centre is wonderful. And I get to the gym free for an hour a week
- Friends, social worker, carers centre, dementia link worker have been a great support
- Specialised Nurse in Glasgow
- The Carers Centre have been amazing in helping me access support
- Occupational therapy have been truly wonderful, assisting me to continue my Cared for Person's independence at home for as long as possible and then helping to make my home accessible when she moved in with us
- Social worker has been supportive and proactive and liaised with everyone and keeping us all informed
- Care company staff are amazing and supportive
- The Carers Centre advocacy on our behalf has been really good
- The Carers Centre has been a lifeline
- Health Visitor has been a good support
- Carers Centre is amazing for support and a chat
- Good support from family, Carer Centres, Health adviser, Occupational Therapy, Physio, district nurses
- Support from likeminded Carers
- Funding, support and a listening ear from the Carers Centre
- Support from Social Work to apply for Self Directed Support
- Our Nurse and GP have been a great support
- Support for direct payment is excellent
- Carers Centre always available for a chat, empathise and have given us a respite break this year
- Social Worker is very helpful
- Excellent GP care
- Friends, family, school teachers is working well for us
- Carers Centre is great and is a good place to talk and find out information as well as take advantage of the therapies they offer
- Carers Trust Scotland
- Telecare Support
- Help from carers centre is great as is help & support from social work
- School is a massive support, as has the health visitor team
- Mental health team and friends
- MacMillan Advice Line
- The help we've been given from Occupational Therapy, Physio and Telecare
- Carer Centre advice and my friends have cheered me up
- Support from Dementia Link Worker
- Support from Carers Centre is really good if you can make it
- The Recovery Café
- NHS staff and Care Workers
- Shopper-Aide and a Hairdresser that comes to the house
- Knowledgeable Social Worker
- Specialist groups and walking groups
- Yoga, massages and counselling
- Dementia Centre
- The services provided by the Carers Centre are a real blessing, with staff who are professional, understanding, non-judgemental, caring, proactive and supportive, and provide opportunities for relief and respite on an ongoing basis as well as advice, information and help with any problems
- Health professionals are helpful

A number of Carers told us how important their relationships with family and friends were to them, and that support from Carers Centres, Social Workers, GPs, Telecare had been very much appreciated.

We would like to thank Carers in Argyll & Bute for sharing their stories, successes, and challenges with us. They have been so valuable to help inform the writing of the Carers Strategy for 2023 -2027.



THANKS TO ALL OF YOU

**This Report has
been prepared and
produced by**

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Carers Strategy 2023 - 2026

Outcome 1 All Carers are identified at the earliest opportunity and offered support to assist them in their caring role.

Commitment	Narrative	Accountability	Date for Completion	Evidence	Owner/Completed by	Index
1.1 Working with partners to identify Carers early and prevent a crisis situation.	Key Performance Indicators will show numbers of new Carers receiving support and will be received by the Health & Social Care Partnership quarterly from organisations commissioned to support Carers.	Carers Organisations, HSCP Carers Act	Ongoing	KPIs, Data Reports		1
1.1 Working with partners to identify Carers early and prevent a crisis situation.	We will provide annual Carers Surveys to understand what is working well and what the challenges may be.	HSCP Carers Act, Carers Organisations	Year 1	Survey responses, Data reports		2
1.1 Working with partners to identify Carers early and prevent a crisis situation.	Increased numbers of Carers will report feeling supported through a variety of means; Carers Organisations, Health and Social Care Partnership, online resources.	HSCP Carers Act, Carers Organisations	Year 2	Survey responses, Data reports		3
1.2 Work with partner organisations to raise awareness of Carers and improve accessibility to supports.	The Health and Social Care Partnership and Carer Organisations will strive to raise awareness of Carers in Argyll & Bute through Healthcare settings, Education, community events, social media, websites and other appropriate means.	HSCP Carers Act, Carers Organisations	Year 1	Numbers of sessions provided, Web analysis data		4
1.3 Refresh and update Argyll & Bute Health and Social Care Partnership 'Carers' website and produce an online 'Booklet' resource.	We will work with Carers and Carers Organisations in Focus Groups to identify information and supports of arrange of services, to develop a resource of information on the Argyll & Bute Health and Social Care Partnership website.	HSCP Carers Act, Carers Organisations, Focus Groups	Year 1	Focus Groups	Drug & Alcohol and Parent Carers	5
1.3 Refresh and update Argyll & Bute Health and Social Care Partnership 'Carers' website and produce an online 'Booklet' resource.	We will work with Carers and Carers Organisations in Focus Groups to identify information and supports of arrange of services, to develop a resource of information on the Argyll & Bute Health and Social Care Partnership website.	HSCP Carers Act, Carers Organisations, Focus Groups	Year 2	Focus Groups	Dementia and Young Carers	6
1.4 Work with Four Focus Groups of Carers to identify the best routes to reach unidentified and support Carers – Dementia, Drug and Alcohol, Parents Carers and Young Carers.	We will work with known Carers, Carers Organisations, and partners in developing a pathway to access support, resources, and information to raise awareness of support for Carers in these groups.	HSCP Carers Act, Carers Organisations, Focus Groups	Year 3	Focus Groups, Pathway		6
1.5 Share resources with Carers so that they may access appropriate resources and information at a time and place that suits individual need, such as; Enquire, Carers UK Digital.	Promotion of information, resources, and supports through social media, website, and community events will be shared by Argyll & Bute Health and Social Care Partnership and Carers Organisations.	HSCP Carers Act, Carers Organisations	Year 1	Web Analysis Data, KPIs		7
1.5 Share resources with Carers so that they may access appropriate resources and information at a time and place that suits individual need, such as; Enquire, Carers UK Digital.	We will listen to Carers at every opportunity.	HSCP Carers Act, Carers Organisations	Year 1	Annual Survey, ACSP, YCS		8
1.6 Completing and sharing Health and Social Care Partnership Guidance	A Guidance Document will be produced and circulated to colleagues within the Health and Social Care Partnership, to support this we will provide learning sessions to colleagues in Health and Social Care.	HSCP Carers Act, Carers Organisations	Year 1	Guidance Document		9
1.7 Work with Health and Social Care Partnership colleagues in the Discharge planning process.	We will promote and work with colleagues in the Discharge planning process by increasing resources to support this work.	HSCP	Year 2	Survey, Data Analysis Report		10
1.8 Raise awareness of the duty in response to support for Carers faced with a loved one with a Terminal illness diagnosis	Ensure colleagues and partners have access to learning opportunities of the key elements of the Carers (Scotland) Act 2016.	HSCP Carers Act, Carers Organisations	Year 1	Number of sessions, Data Anlysis Report		11
1.9 Raise awareness of Kinship carers who have caring roles and supports available to them.	Promote awareness of the supports available through Carers Organisations, Education and the Health and Social Care Partnership.	HSCP Carers Act, Carers Organisations	Year 1	Literature, sessions provided		12

Carers Strategy 2023 - 2026

Outcome 2 Young Carers are supported with their Caring roles and enabled to be children and young people first.

Commitment	Narrative	Accountability	Date for Completion	Evidence	Owner/Completed by	Index
2.1 Work with partners in Education, the Health, and Social Care Partnership to increase awareness of Young Carers.	We will work with Carers organisations and provide annual surveys will advise increased numbers of Young Carers will feel understood and supported.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Data Analysis Reports, Annual Surveys		1
2.2 In partnership with Carers Organisations we will provide awareness sessions to partners both online and in person.	Colleagues and partners working with Young Carers will be able to identify and understand the needs of Young Carers	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Data Analysis Reports, Annual Surveys		2
2.3 Provide information sheets and 'how to' guidance to partners to identify and support Young Carers	We will work with a Focus Group of Young Carers to understand Young Carers challenges and needs as Carers	HSCP Carers Act, Carers Organisations	Year 2	Annual Surveys, Young Carers Focus Group		3
2.4 Refresh information & resources on Argyll & Bute Health & Social Care Partnership's website	Young Carers will be able to access information and resources through the Argyll & Bute website	HSCP	Year 2	Annual Surveys, Web Analysis Data		4
2.5 Provide a platform for Carers Organisations and partners to undertake Young Carers Statements with Young Carers	We will ensure Carers Organisations have access and training in the use of the Argyll & Bute Young Carers Statements.	HSCP Carers Act	Year 1	KPIs, Young Carers Statement Data		5
2.5 Provide a platform for Carers Organisations and partners to undertake Young Carers Statements with Young Carers	Young Carers will be able to access Young Carers Statements and support through Carers Organisations in Argyll & Bute	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Young Carers Statement Data		6
2.6 Work with Carer Organisations to raise awareness of Young Carers in Argyll & Bute enabling Young Carers to feel supported and have opportunities for fun and respite	Increased numbers of Young Carers will advise they feel supported and listened too through evaluations and Carers surveys.	HSCP Carers Act, Carers Organisations	Year 2	KPIs, Annual Surveys, Young Carers Focus Group		7
2.6 Work with Carer Organisations to raise awareness of Young Carers in Argyll & Bute enabling Young Carers to feel supported and have opportunities for fun and respite	Colleagues and partners working with Young Carers will be able to identify and understand the needs of Young Carers	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys, Young Carers Focus Group		8
2.7 Work with Argyll & Bute Educations Services to ensure Young Carers are recorded on SEEMIS	We will support Carers Organisations to share data with Argyll & Bute Education Services for the purposes of SEEMIS.	HSCP Carers Act, Argyll & Bute Education Services, Carers Organisations	Year 1	SEEMIS Reporting, KPIs, SEEMIS Data Analysis		9
2.8 We will offer an Annual Consultation to all Carers to identify what is working well and challenges they may be experiencing	We will listen and respond to Young Carers feedback through consultations, surveys and feedback.	HSCP Carers Act, Carers Organisations	Year 1	Annual Surveys, Young Carers Focus Group		10

Carers Strategy 2023 - 2026

Outcome 3 Carers will have access to; advice, information and support services to improve their overall health and wellbeing and enjoy a life alongside their caring roles.

Commitment	Narrative	Accountability	Date for Completion	Evidence	Owner/Completed by	Index
3.1 We commit to reviewing and refreshing our current Short Break statement in line with National Guidance and involvement of Carers, Carers Organisations and Argyll and Bute Health and Social Care Partnership.	Through a Short Life Working Groups we will produce a revised Short Break Statement which will be distributed in 2024.	HSCP	Year 1	Short Break Statement		1
3.2 We will continue to actively support Breaks away from Carers roles, following National Guidance and Eligibility Criteria.	We will provide clear information on routes to Short breaks that Carers can access.	HSCP, Carers Organisations	Year 2	KPIs, Short Break Statement		2
3.2 We will continue to actively support Breaks away from Carers roles, following National Guidance and Eligibility Criteria.	We will continue involvement in Carer resource allocation groups focusing on replacement care.	HSCP Carers Act	Year 1	CRG		3
3.3 We will work with Self Directed Support Teams to assist Carers in accessing and raise awareness of the four Self Directed Support options.	We will increase resources in Self Direct Support.	HSCP	Year 1	Annual Surveys, KPIs, Data Analysis		4
3.3 We will work with Self Directed Support Teams to assist Carers in accessing and raise awareness of the four Self Directed Support options.	We will raise awareness of Self Direct Support options.	HSCP Carers Act, Carers Organisations	Year 1	Annual Surveys, KPIs, Data Analysis		5
3.4 We will update and refresh our website and provide links to National Specialist organisations to support Carers	Carers will be able to access supports, information, and resources from the Argyll & Bute Health and Social Care Partnership website	HSCP	Year 2	Web Data Analysis, Annual Surveys		6
3.4 We will update and refresh our website and provide links to National Specialist organisations to support Carers	We will invite specialist organisations to raise awareness of their services to Carers and Carers Organisations in Argyll & Bute	HSCP Carers Act, Carers Organisations	Year 1	KPIs		7
3.5 Argyll & Bute Health and Social Care Partnership will keep up to date in National Policy and contribute to decision making processes locally and nationally that involve Carers	We will share information and policy with the Carers Act Implementation Group and wider partnerships within Argyll & Bute, Health and Social Care Partnership and Carers Organisations.	HSCP, Carers Act Implementation Group	Year 1	KPIs, Data Analysis		8
3.6 We will help Carers and Carers organisations in Argyll & Bute identify specialist services and raise awareness of those services	We will promote the Community Directory provided by the Third Sector Interface (TSI) in Argyll & Bute	HSCP Carers Act, Carers Organisations	Year 1	Annual Surveys		9
3.6 We will help Carers and Carers organisations in Argyll & Bute identify specialist services and raise awareness of those services	We will invite specialist services to share their specialisms with Carers and Carers Organisations, developing opportunities for learning and increasing knowledge.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys		10
3.6 We will help Carers and Carers organisations in Argyll & Bute identify specialist services and raise awareness of those services	We will regularly ensure resources, information and advice are disseminated through Social Media	HSCP Carers Act, Carers Organisations	Year 1	Social Media Data Analysis		11
3.6 We will help Carers and Carers organisations in Argyll & Bute identify specialist services and raise awareness of those services	We will offer an Annual Carers Consultation to Carers in Argyll & Bute	HSCP Carers Act, Carers Organisations	Year 1 - 3	Annual Surveys		12
3.7 We will identify and advertise supports for Carers where they wish to remain anonymous or would prefer online support	We will promote the Carers UK App, Silvercloud, Sleep Scotland and other identified resources to Carers throughout Argyll & Bute.	HSCP Carers Act, Carers Organisations	Year 1	Social Media, Website, KPIs		13
3.8 We will work with Carers Organisations in developing learning and knowledge of services and supports available to support Carer Mental Health.	Through opportunities for skills development and learning Carers Organisations will have increased knowledge of supports and services available.	HSCP Carers Act, Carers Organisations	Year 1 - 3	KPIs, Annual Surveys		14
3.9 We will review existing methods of Emergency and future planning with Carers and identify a 'what would work well' approach for Carers	Focus groups will review the current documentation and advice on changes.	HSCP Carers Act, Carers Organisations, Focus Groups	Year 2	Focus Groups, Revised documentation		15
3.9 We will review existing methods of Emergency and future planning with Carers and identify a 'what would work well' approach for Carers	Carers Organisations will be involved in the process of developing new documentation.	Carers Organisations	Year 2	Focus Groups, Revised documentation		16

3.10 We will work with Carers supporting loved ones through Substance use to identify, build upon and raise awareness, of a range of supports meaningful to them	We will work with Focus groups and Carers Organisations to identify and implement a range of resources and supports that meet their needs.	HSCP Carers Act, Carers Organisations, Focus Groups	Year 1 - 3	Focus Groups, increased resources		17
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Carers Strategy 2023 - 2026

Outcome 4 Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role

Commitment	Narrative	Accountability	Date for Completion	Evidence	Owner/Completed by	Index
4.1 We will work with the National strategy and the Carers (Scotland) Act 2016 in support of Carers in Argyll and Bute.	We will provide opportunities for Carers to have their voices heard through Carers Surveys and Focus Groups.	HSCP Carers Act, Carers Organisations	Year 1 - 3	Annual Surveys, Focus Groups		1
4.1 We will work with the National strategy and the Carers (Scotland) Act 2016 in support of Carers in Argyll and Bute.	We will contribute to local and national strategy on behalf of Carers, working alongside colleagues nationally, feeding back to Carers and Carers Organisations.	HSCP Carers Act, Carers Organisations	Year 1 - 3	Local & National Strategy		2
4.2 We commit to Carers and Carers Organisations having access, knowledge, and training to provide Adult Care Support Plans and Young Carers Statements.	We will review the current Adult Carer Support Plan with Carers and Carers Organisations.	HSCP Carers Act, Carers Organisations	Year 2	Revised Adult Carer Support Plan for Argyll & Bute		3
4.2 We commit to Carers and Carers Organisations having access, knowledge, and training to provide Adult Care Support Plans and Young Carers Statements.	We will provide a platform for Young Carers Statements for Young Carers and Carers Organisations.	HSCP Carers Act	Year 1	Young Carers Statement App, KPIs		4
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	Carers will have access and knowledge of services to support them in their caring roles.	HSCP Carers Act, Carers Organisations	Year 2	KPIs, Annual Surveys		5
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	We will increase resources to access services such as; the Citizens Advice Bureau.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys		6
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	We will invite partners, colleagues, and Specialist Supports to share their areas of support, information, and resources to reach Carers in Argyll and Bute.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys		7
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	We will support opportunities for Carers Organisations to increase knowledge and build upon resources to support Carers.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys		8
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	Carers will advise increased awareness of their rights and have access to services for Benefits Reviews	HSCP Carers Act, Carers Organisations	Year 2	KPIs, Annual Surveys		9
4.3 We will promote Carers Rights, Benefit entitlements, access to National Policy and specialist supports.	We will support Parent Carers in accessing advice and information in Argyll & Bute Health and Social Partnership, Education and specialist supports.	HSCP Carers Act, Carers Organisations	Year 1	KPIs, Annual Surveys, Web Data Analysis		10
4.4 We will commit to ensuring information, advice and support is accessible on the Argyll & Bute Website	Contact information for Carers Organisations, Specialist Supports will be available on the Argyll & Bute website and reviewed and refreshed.	HSCP Carers Act	Year 2			11
4.4 We will commit to ensuring information, advice and support is accessible on the Argyll & Bute Website	Carers will advise information is accessible during Carers Surveys.	HSCP Carers Act, Carers Organisations	Year 2	Annual Surveys		12
4.4 We will commit to ensuring information, advice and support is accessible on the Argyll & Bute Website	We will share details of partner Organisations and services which may be useful via Argyll and Bute Social Media	HSCP Carers Act, Carers Organisations	Year 1	Social Media		13

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Integration Joint Board

Date of Meeting: 27th March 2024

Title of Report: Health & Social Care Partnership - Performance Report - FQ3 (Oct - Dec 2023/24)

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

The Board is asked to:

- Acknowledge performance for FQ3 (October - December 2023/24) and performance against the previous quarter
- Acknowledge supporting performance commentary across 8 key service areas
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for December 2023 (**Appendix 2**)
- Note Delayed Discharge Sitrep as of 15 January 2024 (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for FQ3 (October – December) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on the eight key service areas. Overall performance for FQ3 notes an overall decrease in the number of measures reporting as on target against the previous quarter. 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. National Health & Wellbeing Indicators performance is included alongside performance and trend overview with regards to System Pressures and the National Delayed Discharge Sitrep. The use of the new performance dashboard within SharePoint is designed to offer a more focussed approach to the access and analysis of data, offering scope for self-service.

1. INTRODUCTION

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team. The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board and recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard. This report includes an overview of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures. To support the use of the dashboard, HSCP Performance & Information Team analysts have been identified for each of the Heads of Service and Service Leads to support and check performance across eight key service areas. This bespoke and individual analyst input and support will be available during each quarter going forward and will work to build more robust performance reporting with management commentary.

2. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for Financial Quarter 3 (October - December 2023/24) highlighting key performance trends across the 93 KPIs (Key Performance Indicators). In addition, the report includes performance updates across eight service areas. Latest National Health and Wellbeing Outcomes Indicators are reported (Appendix 1). Also included is an update on System Pressures (Appendix 2) and Delayed Discharges (Appendix 3).

3. RELEVANT DATA & INDICATORS

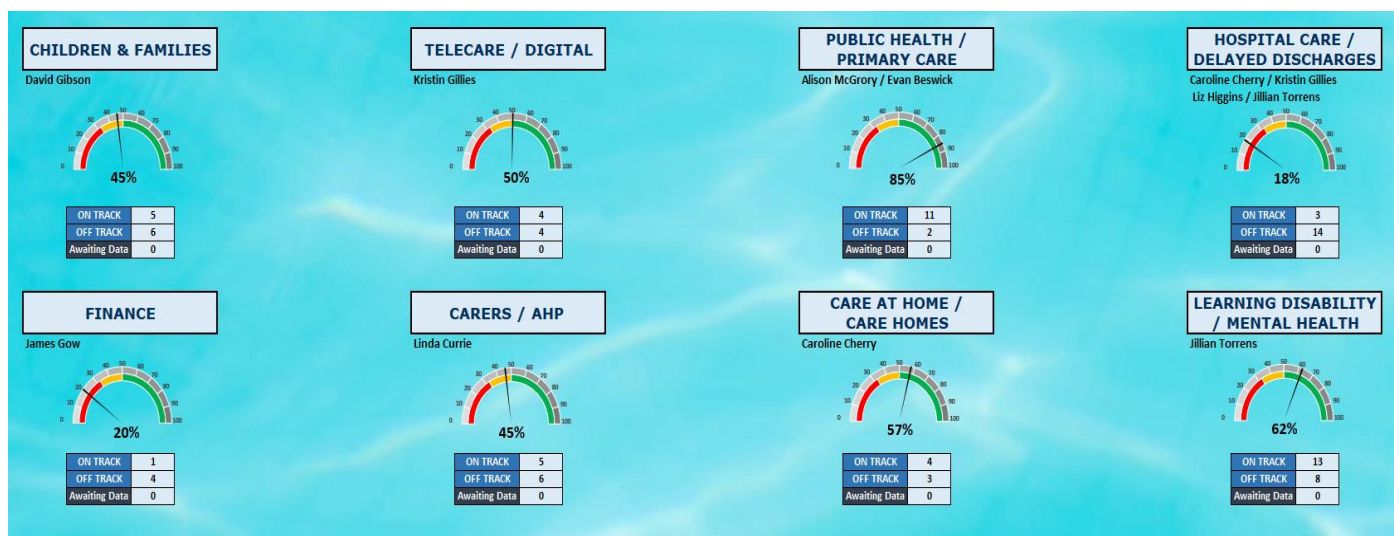
3.1 FQ3 (October- December) 23/24 Performance Summary



Overall performance for FQ3 notes that 49% of KPI's are scoring against target, with 46 reporting as on-track and 47 off-track, this is a slight decrease (-6%) against previous FQ2 performance. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators. The use of the green, amber and red graphics within the Dashboard is used to give an overview of the total performance for each of the eight services and 93 KPI's. The use of only green and red for the KPI's is used to focus delivery with regards to sustaining performance on or above target.

3.2 Analysis of Key Performance

This analysis identifies performance across the 8 service reporting categories within the Integrated Performance Management Framework (IPMF) and performance commentary is provided as part of Head of Service and Service Leads one-to-one sessions with analysts.



3.2.1 Children & Families

Across 11 KPIs, C&F services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set in Q3 23/24. This is an increase from 27% on track reported (+18%) variance on the previous quarter performance. It is recognised that some of this is an artefact of phasing of targets and other elements are due to data collection issues. Work is continuing to rectify these issues to give a truer picture of actual performance.

Performance on or above target:

- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 21% above target performance and increase above target from Q2 23/24 of 3%. There is a positive trend over time well above the set target.
- Increasing the number of public sector staff receiving VAWG basic training is on track, noting 39% above target, an improvement on Q2 which was 30% off target. The performance in Q2 and Q3, matches expectation, with the expected drop in numbers being trained over the summer period (Q2), and the subsequent catch-up in Q3, with the resumption of training.

Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after living in residential care commissioned out with A&B has declined due to noted increased this quarter to 50% above target, of all children looked after. The number of children cared for in 'external placements' is small and any resultant % changes, positive or negative, should be treated with extreme caution. Experience and analysis would now lead us to believe that we have reached the long-term low for those placed out with.
- Performance with regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ3 noting 68.5% against a 90% target. This is a decrease of 9% on previous quarter's performance. Viewed over the longer term the trend is decreasing performance in this area.
- Performance to reduce the % of young people referred to the Emotional, Health and Wellbeing Pathway remains off track noting 71% against a 100% target, however this is an improvement of 21% over Q2. The trend over the longer term is decreasing performance in this area.

3.2.2 Telecare and Digital

Benchmarked performance across the 8 Key Performance Indicators against target notes a slight decrease (1) in the number of KPI's reporting on-track with Q2 noting (5) 63.0% on track against FQ3 reporting (4) 50.0%. 4 KPI's remain off –track against target for FQ3.

Performance on or above target:

- The number of new Telecare service agreements continues to exhibit growth.
- The number of 'Near Me' clinic appointments has remained stable and on target.
- The digitalisation of telecare equipment has surpassed expectations, achieving the year-end target last quarter and further growing by 8%.

- Both the usage of Just Checking equipment and Buddi hubs has rebounded after a period of lower performance in the last quarter.

Performance below target & areas for improvement:

- Despite efforts, the number of outstanding annual telecare reviews continues to be below the target. However, Q3's figures provide a more accurate reflection of the actual outstanding reviews, and efforts are underway to address this issue.
- Silver Cloud referrals fell short of the target this quarter, with 4 fewer referrals than the previous quarter.
- Some (1) freedom of information requests were not completed on time in the last quarter.

3.2.3 Public Health and Primary Care

Q3 performance notes 11 (85%) KPIS on track, with 2 (15%) reporting off track. This is a slight decrease from 92% on track in Q2. Across the Public Health KPIs, Health performance notes 5 (100%) are on track set against the targets in Q3 2023/24. 8 KPI covering Primary Care notes 6 (75%) on track, with 2 (25%) off track.

Performance on or above target:

- Increasing the monthly number of quit dates has increased by 10% on Q2 and sitting above target, currently 11 against a target of 10.
- Monitoring contracts and KPIs of all PH commissioned contracts is exactly on target of 100%. This follows a 100% trend from Q3 2022/23.
- Increasing the number of engagement activities delivered in communities and supported through the living well shows a quarterly increase. It has increased by 18% on Q2, currently 26 against a target of 1.
- Increasing the number of people in A&B attending Money Counts, Behaviour change shows a quarterly increase. It has increased by 9% on Q2 and above a rolling target, currently 58 against a target of 51.
- Increasing the number of referrals to community link workers supported by “We are with you” has increased by 24% on Q2 and above target, currently 148 against a target of 101.

Performance below target & areas for improvement:

- All Public Health targets are being achieved.
- During Quarter 3, the delivery of winter vaccinations fell short of the established target, achieving only 62% coverage for Covid and 55% for Influenza among eligible recipients. It should be noted that Scotland wide has only achieved 57% and 53% coverage for Covid and Influenza respectively during the winter 23/24 program.

- Only 93% of practices have access to Community Treatment Assessment Centre services.

3.2.4 Hospital Care & Delayed Discharge

Across all 17 measures, 3 (18%) are reported as on track 11. This is a decrease from Q2 where 6 (35%) reported as on track. Q3 Hospital Care performance notes 1 (9%) on track, with 10 (91%) off track against the targets. This is a decrease from 36% on track reported last quarter. The one KPI showing on track is the number of unplanned admissions to hospital reported due to a Fall. This KPI is impacted by data lag, and Q3 only includes Oct & Nov data.

Across 6 KPIs, Delayed Discharge Q3 performance notes 2 (33%) on track, with 4 (67%) off track against the targets. This is a decrease from 50% on track reported in Q2 performance.

Performance on or above target:

- The occupied bed days for people delayed in hospital due to AWI (Adults with Incapacity) has reduced significantly by 57% on Q2. It now stands at 283 against a target of 589.
- The occupied bed days for people delayed in hospital awaiting care home placement continues to meet target. It shows further improvement with 13% decrease on Q2 bed days. It now stands at 1029 against a target of 1632.

Performance below target & areas for improvement:

- Unplanned admissions to hospital for 65+ remain above target, and although down slightly on Q2.
- Compared with previous quarter, the average length of stay has increased by 33% (from 6 days to 8). Average crude LOS in each A&B hospital ranged between 6-13 days. The Number of Falls being reported in hospital setting shows a 23% decrease on Q2, and now only slightly above target. Performance on outpatient waiting times continues to be off track, although both KPIs are down slightly on Q2. Waiting times for cancer appointments at the 31 and 62 day targets have increased to 10, from zero in Q2. Instance of medication errors, tissue viability and infections have all increased this quarter and are all above target.
- The number of people delayed in hospital is off track in Q3. The number of people delayed has risen by 22% on Q2, it now stands at 161 against a target of 132.
- Reduce the overall length of stay in hospital (Delayed Discharge Bed Days) continues off target. There has been improvement with a 32% decrease on Q2, which stands at 3343 against a target of 3025.
- The number of people delayed in hospital due to care at home availability continues off target. It shows a 26% increase on Q2 and stands 122 against a target of 80.
- Increase the number of inpatients 18+ who are discharged without delay is slightly of target in Q3 with a 7% decrease on Q2. It now stands at 1154 against target of 1222.

3.2.5 Finance

Across 5 KPIs, Financial services performance notes 1 (20%) on track, with 4 (80%) off track against the targets set in Q3 23/24. This is the same % reported on track reported as the previous quarter performance.

Performance on or above target:

There is currently one KPI's on or above target

- The performance on reducing the % of clients with high-cost packages of care KPI is improving and noting 6% above target performance.

Performance below target & areas for improvement:

- Performance around the reduction in value of assessed unmet need for care at home remains off track with costs increased this quarter on previous quarter.
- Performance with regards to reducing the cost of hospital stays because of delayed discharge remains off track, with FQ3 noting 33% above target, an increase of 9% on previous quarter's performance.
- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ2 noting 11% above target, an improvement by a decrease of 5% above target on the previous quarter.
- Performance on reducing the costs of agency nursing staff in A&B hospitals remains off track, with FQ3 noting 6% above target, matching the % above target on the previous quarter.

3.2.6 Carers & Allied Health Professionals (AHP's)

Across 11 KPI, Carers / AHP services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set. This is a decrease from 64% on track reported (-19%) variance on the previous quarter performance.

Performance on or above target:

- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase – up 4% on last quarter.
- There has been another slight increase this quarter in the number of completed Adult Carer Support Plans – continues to be on target.
- The number of AHP community patients discharged this quarter has increased significantly – 14% - well above the target set.
- The rate of New Outpatient AHP referrals seen as a proportion of all referrals seen continues to be on track. The current rate of 29% well above target set (25%).

Performance below target & areas for improvement:

- Although Outpatient referral waits are currently off-track, they have improved this quarter. There is a slight improvement of 1% this quarter of those Outpatients waiting more than 4 weeks for MSK (Muscular Skeletal), and a significant improvement of 12% for Outpatients waiting over 12 weeks for AHP services.
- AHP Outpatient completed waits slightly down on last quarter – this is due to significant drop-off in patients discharged in December 2023. This is likely to be down to the holiday period impacted with reduced staffing levels.
- Community AHP referral waits breaching over 12 week waits have significantly increased this quarter – up 87% – although slightly lower than Q1.
- Young Carers Statements Completed have decreased this quarter. As mentioned previously, this target will need to be revised due to the unique aspects of gathering information from Young Carers.

3.2.7 Care at Home and Care Home

Across 7 KPIs, Care at Home/Care Homes performance notes 4 on track, with 3 off-track against the targets. The overall picture has improved, as only 2 KPIs were on track in Q2 (29%). As before, proxy data has been used in Q3 for the 2 on track KPIs (49 and 50), as it was not possible to obtain data from Eclipse.

Performance on or above target:

- The number of Older People who waited > 6 months for their homecare monitoring review has improved and is on target.
- There has been a big drop in unplanned admissions to A&B hospitals from a care home, which now stands at 26 against a target of 36, this is on target.

Performance below target & areas for improvement:

- Performance on % of Older People receiving nursing care home service continues a plateau of 8 to 9% below target.
- The % of Older People in receipt of Care at Home receiving >15 hours per week has improved by 1% and is now 2% below target.
- Occupancy rates across A&B care homes continue to improve, and now stand just 1% below target.

3.2.8 Learning Disability & Mental Health

Across 21 KPI, Learning Disability / Mental Health/ Adult Support & Protection / Alcohol & Drugs Partnership performance notes 13 (62%) on track, with 8 (38%) off track against the targets set. This is a decrease from 71% on track reported (-9%) variance on the previous quarter's performance.

Performance on or above target:

- People with dementia supported by a Care at Home service continues to increase in Q3. Since the last quarter it has risen by 23 (48%) to 71.
- Post Diagnostic Support referrals has increased again this quarter rising from 62 to 75 (+21%).
- The number of HSCP staff completing Adult Support Protection Training has significantly increased this quarter – up from 95 to 172 (+81%) – and is now on target.

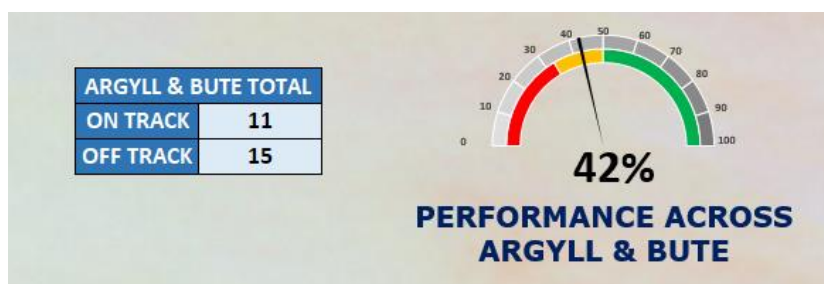
Performance below target & areas for improvement:

- The number of people with needs assessed via Universal Adult Assessments by the A&B Dementia teams has dropped below target this quarter. This has decreased from 24 to 8 over the quarter (-67%).
- The number of people waiting more than 12 weeks for a new Mental Health Outpatient service continues to increase over recent quarters. At Q3 2023/24 there were 532 waiting, an increase of 21% on previous quarter.
- ASP duty to inquire completion times saw a significant decrease, falling further below target from 58% to 32%, with only a third being completed within the designated 5 days.
- ASP investigation times also fell off target, dropping from 77% to 60% completion within the specified 15 days. The review of case conferences within 3 months of the initial meetings failed to meet targets, dipping from 100% to 50%

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

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

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



The latest data in relation to 26 HWBOI and MSG Indicators reports 42% on track, with 11 on track and 15 off track. An overview of A&B HSCP’s latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national

indicator measures, with some measures reported quarterly affected by national reporting data lag. The next update for this data will be reported at FQ4.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

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

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

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

6.2 Staff Governance

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

6.3 Care and Clinical Governance

Clinical Governance and patient safety remain at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement. The development of the IPMF is focussed on moving away from previous traditional styles of reporting to a fully collaborative approach with Head of Service and Service Lead commentary.

7. PROFESSIONAL ADVISORY

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

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

10. RISK ASSESSMENT

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

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

12. CONCLUSION

The Integration Joint Board is asked to consider and acknowledge FQ3 (October- December) 2023/24 performance as detailed in the IPMF Dashboard

13. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Email: douglas.hunter@argyll-bute.gov.uk

Appendix 1 – HWBOI & MSG Integration Indicators – Latest Available (as at 30 Jun 2023, due to national data lag the next update will be available for FQ4)

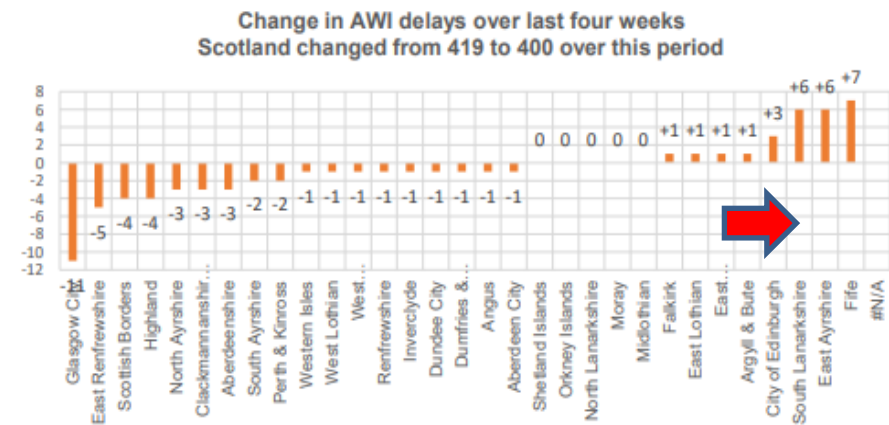
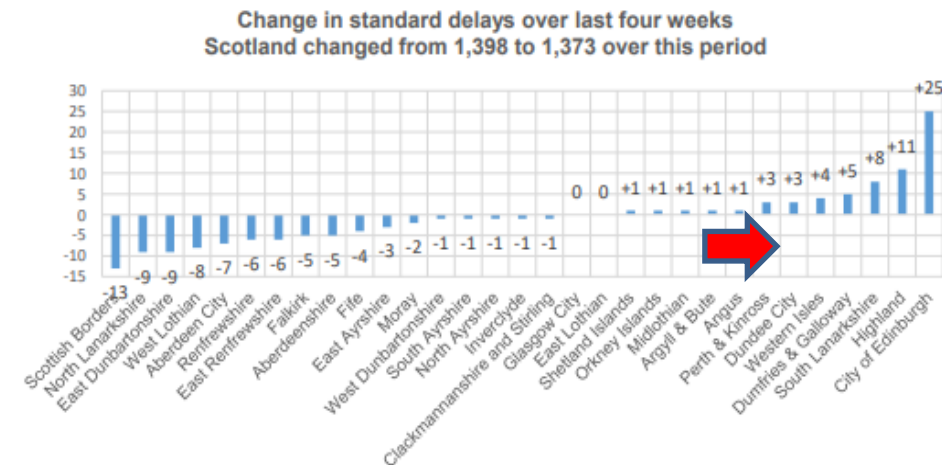
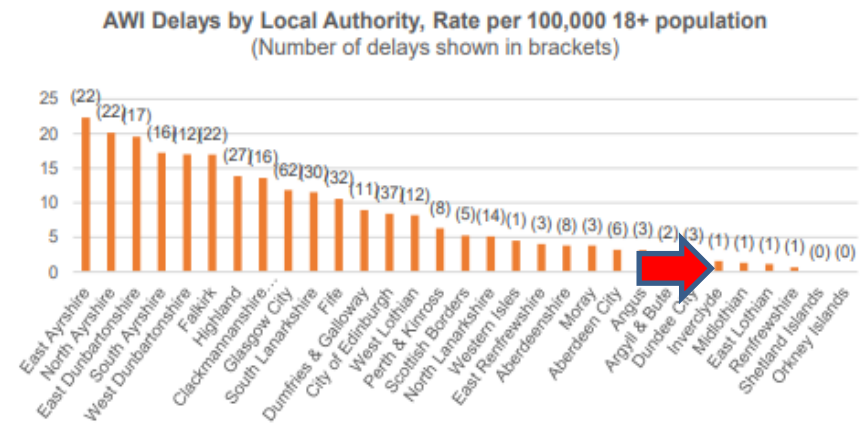
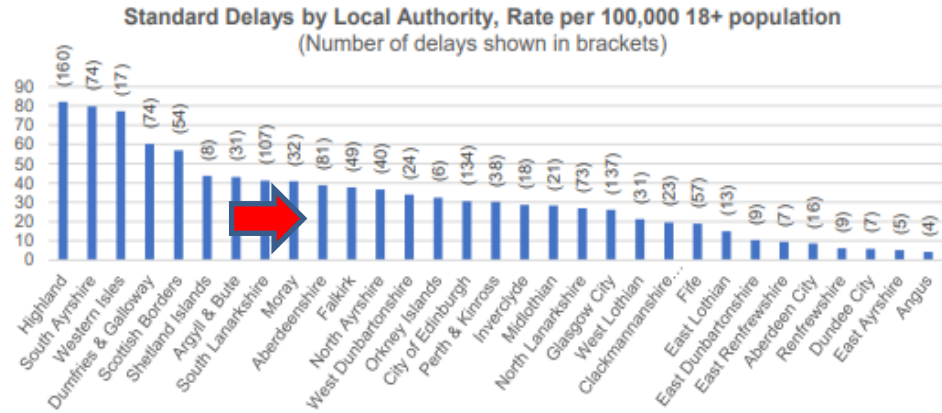
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
1	HWBOI Outcomes	1	% of adults able to look after their health very well or quite well	90.9%	90.8%	R
2	HWBOI Outcomes	2	% of adults supported at home who agree they are supported to live as independently	78.8%	75.0%	R
3	HWBOI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

15	HWBOI Data	5	Proportion of last 6 months of life spent at home or in a community setting	89.8%	92.6%	G
16	HWBOI Data	6	Falls rate per 1,000 population aged 65+	22.6	30	R
17	HWBOI Data	7	% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	75.8%	80.0%	G
18	HWBOI Data	8	% of adults with intensive needs receiving care at home	64.6%	72.2%	G
19	HWBOI Data	9	No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	748	764	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
19	MSG	1.1	Number of emergency admissions - A&B	8505	8559	R
20	MSG	2.1	Number of unplanned bed days acute specialties - A&B	63655	77477	R
21	MSG	2.2	Number of unplanned bed days MH specialties - A&B	12475	9388	G
22	MSG	3.1	Number of A&E attendances - A&B	16120	20683	R
23	MSG	3.2	% A&E attendances seen within 4 hours - A&B	95.0%	83.3%	R
24	MSG	4.1	Number of DD bed days occupied - A&B	7528	11944	R
25	MSG	5.1	% of last six months of life by setting community & hospital - A&B	89.8%	90.8%	G
26	MSG	6.1	% of 65+ population at Home (unsupported) - A&B	92.3%	92.6%	G

Appendix 2- System Pressures Reporting- December 2023

Argyll and Bute Systems Pressures Summary Report – Jan 2024 Update													
Key Metric	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Trend
Overall Emergency Admissions to A&E (LIH)	645	595	721	718	750	846	821	892	757	679	654	661	↑
A&B Hospitals – Inpatient Admissions (Month)	409	371	458	367	420	395	413	446	414	370	369	410	↑
A&B Hospitals – Inpatient Discharges (Month)	386	371	430	343	393	382	389	418	396	340	356	383	↓
A&B Hospitals – Occupied Bed Days	3435	2713	3096	3121	3131	2932	2830	3259	2969	3124	2868	3060	↑
A&B Hospital Stays – bed occupancy %	77.9%	66.4%	75.4%	75.4%	81.7%	71.5%	75.0%	77.9%	79.1%	74.5%	70.5%	72.4	↑
A&B Hospitals – Average Length of Stay (days)	8.2	6.8	4.7	7.4	11.9	7.8	5.8	5.7	6.4	5.1	5.2	9.7	↑
Delayed Discharges – Total Delays	47	36	27	29	39	35	40	45	34	40	38	28	↓
Delayed Discharges – Total Bed Days Lost	1663	1613	1074	956	1340	1560	1966	2227	1918	1633	1453	1094	↓
Care Home – Bed Occupancy	81%	82%	83%	82%	81%	81%	82%	82%	83%	85%	84%	89%	↑
Care Home Bed Vacancies	33	31	20	24	34	39	29	29	31	25	25	14	↑
Unmet Need – People Waiting	70	63	45	42	43	49	53	55	59	73	71	82	↑
Unmet Need – Hours of Care	716	639	507	370	344	338	460	420	508	676	541	711	↑

Delayed Discharge Sitrep – Local Authority Comparisons – 15 January 2024



4 week period runs from 18 December 2023 to 15 January 2024

**Integration Joint Board****Agenda item:****Date of Meeting: Wednesday 27th March 2023****Title of Report: Workforce Report Quarter 3 (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 October 23 – 31st December 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 December 2023

CONTENT

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

INTRODUCTION

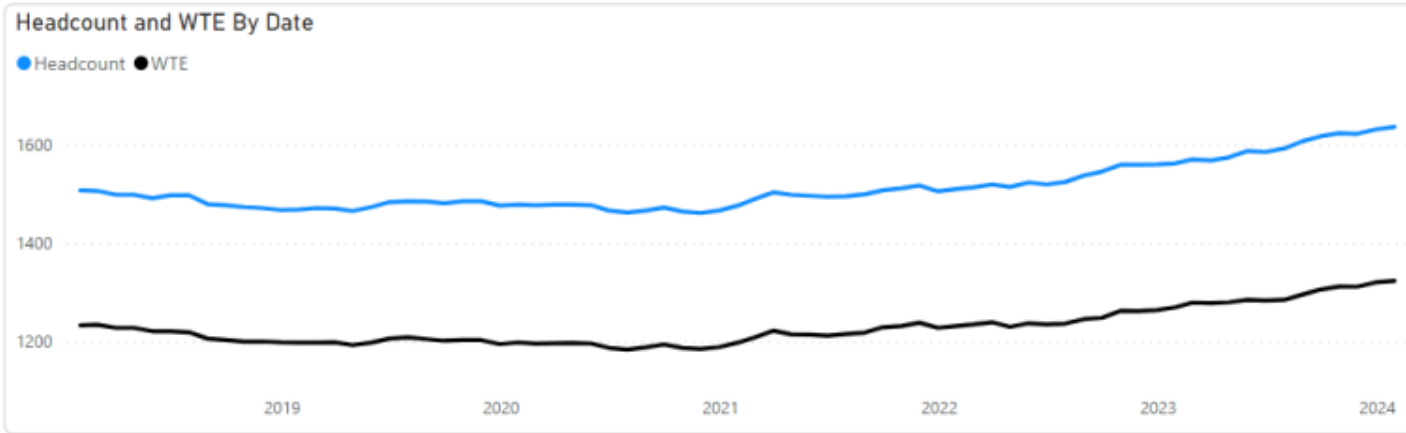
The Workforce Report considers the workforce position as of 31st December 2023, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted. Note trend lines represents date range 31st January 2018 – 31st December 2023.

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.

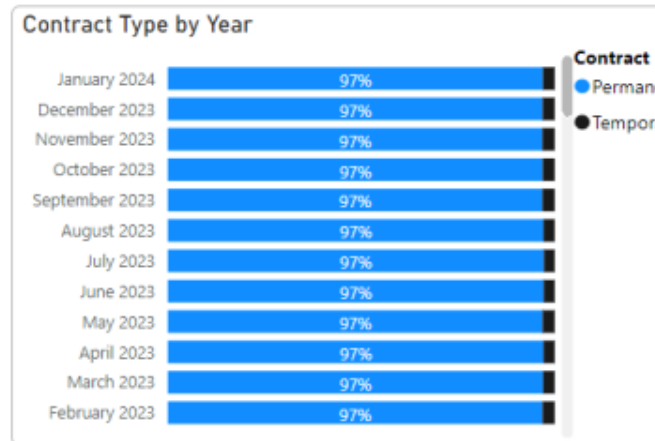
The Workforce Systems Teams proactively assesses data quality based on agreed data quality principles that are part of the data quality framework and addresses data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. 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
January 2024	1636	0.31%	0.86%	4.74%
December 2023	1631	0.55%	0.49%	4.55%
November 2023	1622	-0.06%	0.31%	4.04%
October 2023	1623	0.37%	1.00%	4.11%
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%



Key points:

4.74% increase of workforce from in the last 12months

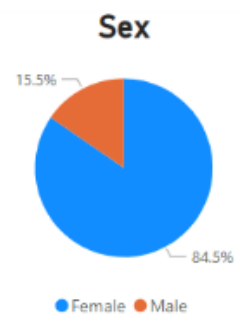
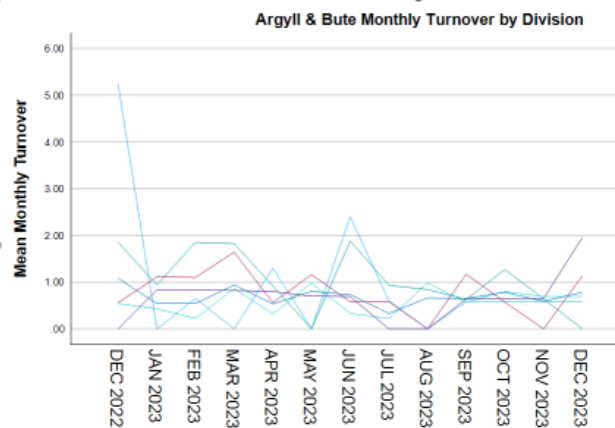
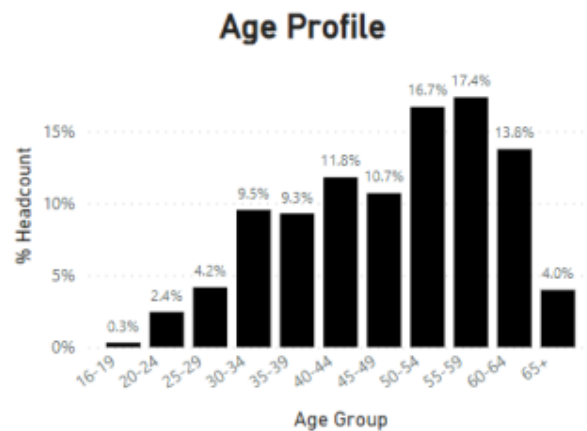
December 2023 in post figure of **1,631** (headcount) of Substantive Staff an increase of 0.86% in the last 3 months

97% of our contacts are permanent and this has been a consistent position since December 2022

Personal and Social Care Workforce show an increase of 2% and an increase of 8% in Nursing since December 2022.

NHS WORKFORCE PROFILE

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	297	236.5
ALLIED HEALTH PROFESSION	185	150.5
DENTAL SUPPORT	36	27.5
HEALTHCARE SCIENCES	28	25.1
MEDICAL AND DENTAL	51	29.7
MEDICAL SUPPORT	2	1.2
NURSING/MIDWIFERY	733	611.4
OTHER THERAPEUTIC	57	49.4
PERSONAL AND SOCIAL CARE	51	41.4
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	206	149.1
Total	1636	1,322.7



Key points:

847 employees are over 50, with 290 over 60 years old (18 % of the workforce) with 65 over 65 (4% of the workforce) an increase in age profile since the last quarter of more than 4%.

84.5% of our workforce is female

51.6% of our workforce are part time a 0.2 decrease since reported in June

59 employees are fixed term an decrease of 1 since last quarter.

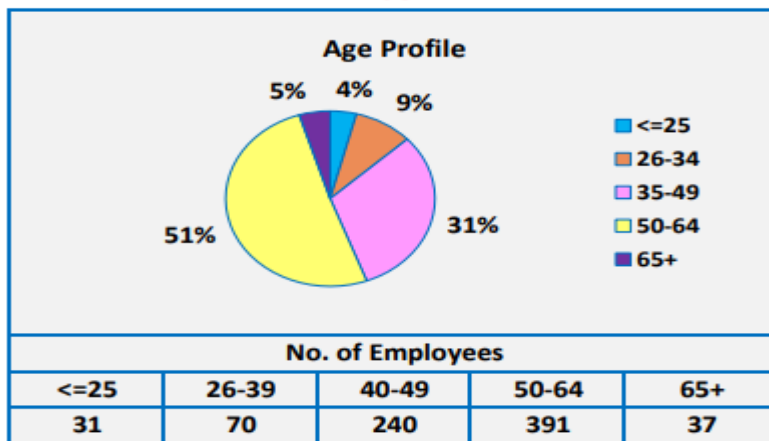
45 employees are under 25 which has increased by 5 since June 2023

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

A&B have had 37 Leavers since September 2023, To date we have only received 4 Exit Feedback Surveys which indicates more awareness and promotion of this process is required

COUNCIL WORKFORCE PROFILE

HSCP



HSCP

No. of Employees in Post After 12 Months
555

%age of Temporary Employees Who Left Prior to End of Contract
0%

Voluntary Staff Turnover Rate
2%

	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	317	303	84	32
Temporary	16	26	2	3
	333	329	86	35
Total Emps	783			
Casuals Paid	343			

MODERN APPRENTICES	HSCP	Council
New Starts	20	76
Completed	17	55
Secured Job	82%	73%
	<i>(cumulative)</i>	

Key points:

- 54% of the workforce are over 50 with 5% over 65
- 85% of our workforce is female.
- 46% of our workforce are part time
- 5% of our workforce are temporary (47 fixed term)
- Voluntary Turnover rate has reduced from a constant 3% to 2%
- No temporary employees leaving prior to end of contract

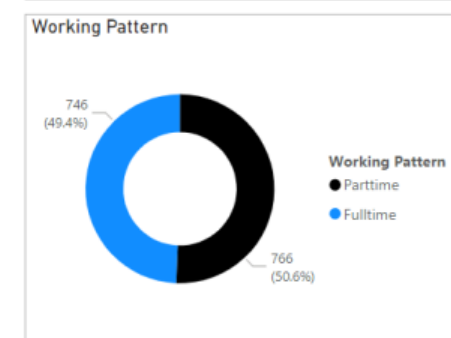
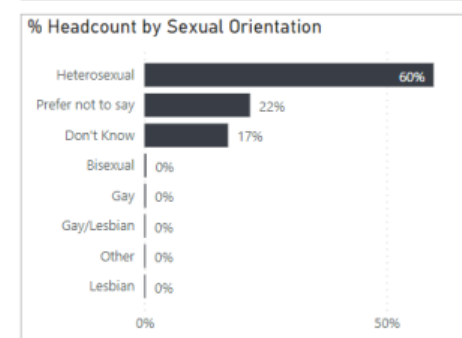
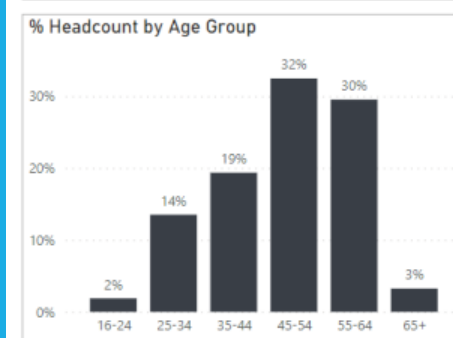
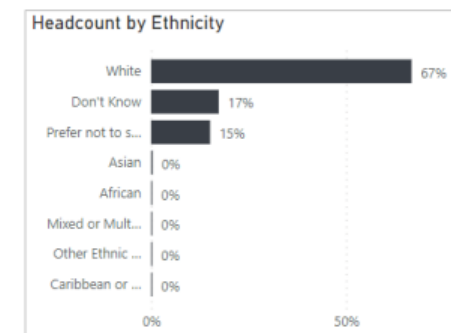
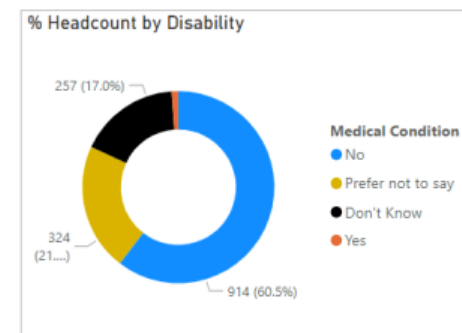
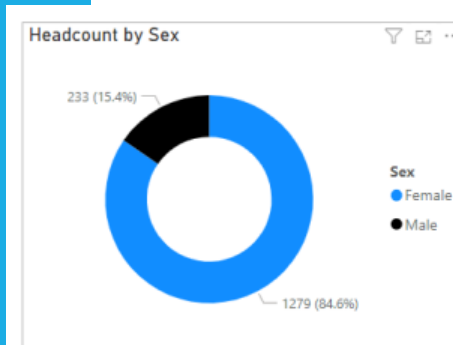
EQUALITY AND DIVERSITY

Key points:

Minor change to the E&D metrics with only an increase of 1 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 will assist this and allows staff to update their Equalities information and a focused exercise is due to commence in quarter 3, encouraging this completion.



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 83 days to fill while the NHS average is 210 days. This can be accounted for by a number of factors, or which notice period is just one. There has been incremental improvement over the reporting period with December being the best month on record.

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 finalised for future reporting. This will assist in identifying the source of delays.

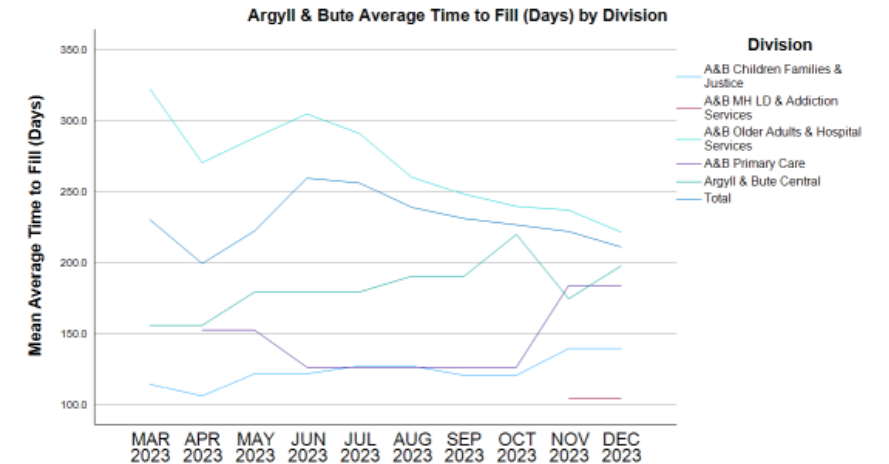
For comparison the average Board time to fill is 129.18 (as of December 23) days so there is still work to be done to identify and remove barriers to streamline the process. Scotland wide benchmarking is also being sought and will be used for comparison when available.

Council time to fill has also improved this quarter, reducing from 100 – 83 days with an increase in the numbers of vacancies advertised. At the end of December there were 29 positions that remained unfilled

Council

POSTS	HSCP	Council
No. Advertised	115	434
No. Unfilled	29	93
Average No. of Days to Fill Post	83	77

NHS



Period		Average Time to Fill (Days) By Division											
		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	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	.	0	260.0	48	126.3	3	190.3	4	238.8	59	
SEP 2023	120.7	3	.	0	248.0	49	126.3	3	190.3	4	230.8	59	
OCT 2023	120.7	3	.	0	239.4	51	126.3	3	219.7	3	226.4	60	
NOV 2023	139.5	4	104.0	1	236.7	53	183.8	6	174.5	2	221.7	66	
DEC 2023	139.5	4	104.0	1	221.3	61	183.8	6	197.6	5	210.8	77	

HSCP CURRENT VACANCIES

NHS vacancies

		Total Number of Vacancies
A&B Children Families & Justice	Administrative Services	1
	Allied Health Professions	1
	Nursing and Midwifery	7
	Other Therapeutic	1
	Total	10
A&B MH LD & Addiction Services	Administrative Services	2
	Allied Health Professions	7
	Medical and Dental	1
	Nursing and Midwifery	15
	Total	25
A&B Older Adults & Hospital Services	Administrative Services	12
	Allied Health Professions	27
	Healthcare Sciences	2
	Medical and Dental	15
	Nursing and Midwifery	58
	Other Therapeutic	3
	Personal and Social Care	1
	Senior Managers	1
	Support Services	18
	Total	137
A&B Primary Care	Administrative Services	3
	Dental Support	1
	Medical and Dental	2
	Nursing and Midwifery	4
	Other Therapeutic	1
	Total	11
Argyll & Bute Central	Administrative Services	3
	Allied Health Professions	1
	Nursing and Midwifery	2
	Personal and Social Care	7
	Total	13
Grand Total		196

Administrative Services	21
Allied Health Professions	36
Nursing and Midwifery	86
Other Therapeutic	5
Medical and Dental	18
Healthcare Sciences	2
Personal and Social Care	8
Senior Managers	1
Support Services	18
Dental Support	1
Total	196

This slide provides a detailed breakdown of the vacant posts at the end of December.

Board wide vacancy monitoring has resumed and there is weekly scrutiny of the posts going out to advert. The HSCP process feeds into this.

Workforce planning meetings also review vacancies and consider skill mix and alternative methods of delivery.

COUNCIL CURRENT VACANCIES

	Oct-23		Nov-23		Dec-23	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	1	16	1	18	5	5
Adult Services – Acute & Complex	1	7	1	6		2
Children, Families and Justice	2	10	1	5		2
Strategy P&P						1
HSCP PL3 DIRECTORATE						2
	4	33	3	29	5	12
Totals	37		32		17	
	(Temp 6) (Perm 31)		(Temp 5) (Perm 27)		(Temp 5) (Perm 12)	
Overall Total	86					

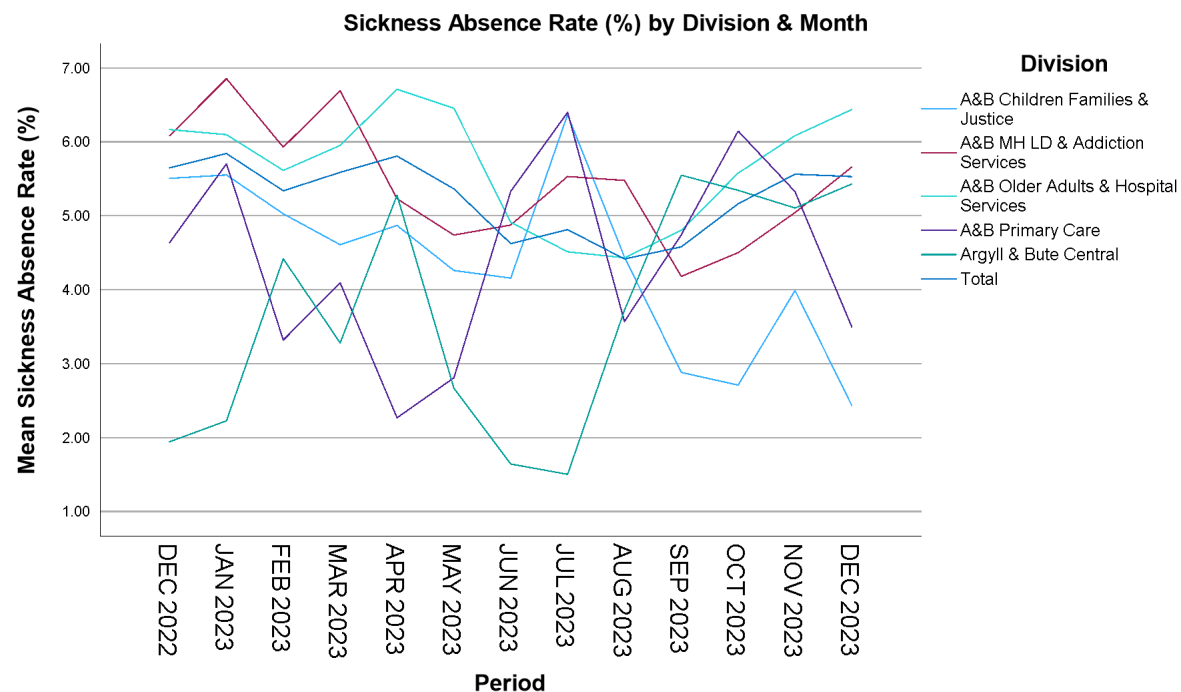
NHS SICKNESS ABSENCE

The graph presents absence rates across our AB Divisions.

The table presents the average absence based on the AB Division rates and a comparison against NHSH absence rate overall and the NHS Scotland national average per month.

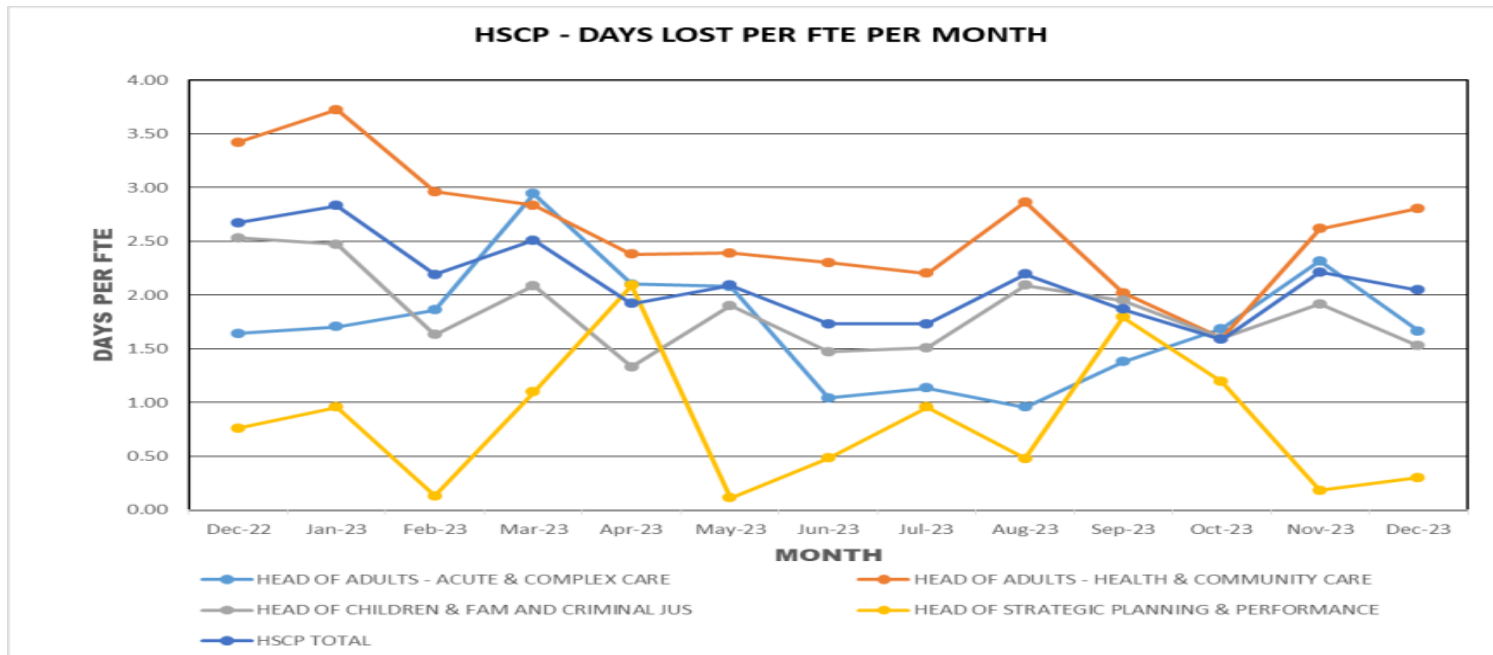
Absence rates during the winter period October – December are lower than 2022.

A&B is in the main consistently lower than the highland wide and National average. We await national average rates for December 2023.



	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Argyll and Bute HSCP Total	5.8%	5.3%	5.6%	5.8%	5.4%	4.6%	4.8%	4.4%	4.4%	4.9%	5.1%	5.53%
NHS Highland Total	6.6%	5.6%	6.5%	6.1%	6.0%	6.0%	6.2%	5.5%	6.7%	6.7%	6.6%	6.5%
NHS Scotland Average	6.8%	6.9%	5.6%	6.3%	5.9%	5.8%	5.8%	6.3%	5.9%	6.05%	6.45%	TBC

COUNCIL SICKNESS ABSENCE



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

Q3 has seen similar sickness absence levels when compared to last quarter and an improvement when compared to the same period last year.

June July and October levels are the months with the lowest recorded absence and correspond with the common / school holiday periods

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
HEAD OF ADULTS - ACUTE & COMPLEX CARE	1.64	1.70	1.86	2.94	2.10	2.08	1.04	1.13	0.95	1.38	1.68	2.32	1.66
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	3.42	3.73	2.96	2.84	2.38	2.39	2.30	2.20	2.86	2.02	1.60	2.61	2.80
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	2.53	2.47	1.63	2.09	1.33	1.90	1.47	1.51	2.09	1.95	1.60	1.92	1.53
HEAD OF STRATEGIC PLANNING & PERFORMANCE	0.76	0.96	0.13	1.10	2.09	0.11	0.48	0.96	0.48	1.79	1.19	0.18	0.30
HSCP TOTAL	2.67	2.83	2.19	2.51	1.92	2.09	1.73	1.73	2.19	1.87	1.58	2.21	2.04

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

Absences with an unknown cause/not specified remaining high (accounting for around 31.83%). Managers continue to be asked to ensure that an appropriate reason is recorded and continuously updated. System solutions and prompts are also being investigated.

Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.

For committee purposes absence reason is reported at HSCP level. Heads of Services receive their own divisional 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 5.24% of our absences.

COUNCIL SICKNESS REASONS & RTW

Top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue Back & Neck Problems Medical Treatment	Stress/Depression/Mental Health/Fatigue Infections Stomach, Liver, Kidney & Digestion

Previous Months Total for Comparison	No of RTWI completed	No of RTWI not completed	RTWI %	Average Time taken to complete (Days)
MAY 2023	38	48	44%	7
JUNE 2023	26	35	43%	3
JULY 2023	30	39	43%	9
AUGUST 2023	25	53	32%	6
SEPTEMBER 2023	33	47	41%	5
OCTOBER 2023	34	38	47%	5
NOVEMBER 2023	44	69	39%	6
DECEMBER 2023	34	57	37%	15
Average since May 2023	33	48	41%	7

Absence Reasons

Similar to the national absence profile Stress /Depression /Mental Health remains the top reasons for absence this quarter in both short and long term categories. Back /neck and medical treatments are the 2nd and 3rd top reason for long term absence.

RTW

RTW completion is consistently reducing despite monthly reminders and this is replicated across the council. The average for Council staff in HSCP is 41% and there a 43% completion rate evident across the council.

HR have resumed attendance at service management meetings to promote the completion and resolve any outstanding barriers to completion.

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.

EMPLOYEE RELATIONS

Summary of activity between 1st October and 31st December 2023.

Highlights comparative end of quarter totals.

NHS

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sept 23	Dec 23
DAW	3	4	1	2	1	2	8	9
Disciplinary	1	4	1	2	2	2	2	1
Grievance	2	3	3	4	3	4	3	4
Capability	0	0	0	0	0	0	0	0
Total	6	11	5	8	6	8	13	14

Since the last quarterly report there has been 2 cases opened (one Dignity at work and one grievance) with one disciplinary concluded. As detailed in previous reports a few of the DAW cases are group cases which in some way accounts for the higher numbers in this area.

Council

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Dec 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	0
Capability	0	0	0	0	0	0	0
Total	3	3	4	3	4	2	1

HSCP Council Disciplinary and Grievance cases are consistently low. In Q3 there was only one disciplinary

REDEPLOYMENT

As of the 31st December there were 31 employees on the redeployment register, a reduction of 2 since 30th September with 33 employees.

22 of 31 individuals are retained on the register due to their pay protection status. This individuals are in roles but have a protection element.

The protections sit across bands 2 in Support Services and Bands 3 in Nursing.

The 'other' category may include:

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

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.

JobFamily andBand	Grievance outcome	Pay Protection	Other	Grand Total	
ADMINISTRATIVE SERVICES			3	3	
Band 3.			2	2	
Band 4.			1	1	
ALLIED HEALTH PROFESSION			1	1	
Band 3.			1	1	
NURSING/MIDWIFERY	1		8	9	
Band 3.	1		7	8	
Band 6.			1	1	
OTHER THERAPEUTIC			1	1	
Band 2.			1	1	
SUPPORT SERVICES			9	8	17
Band 1.			3	3	
Band 2.			4	5	9
Band 4.			1	3	4
Band 6.			1	1	
Grand Total	1		22	8	31

MANDATORY TRAINING

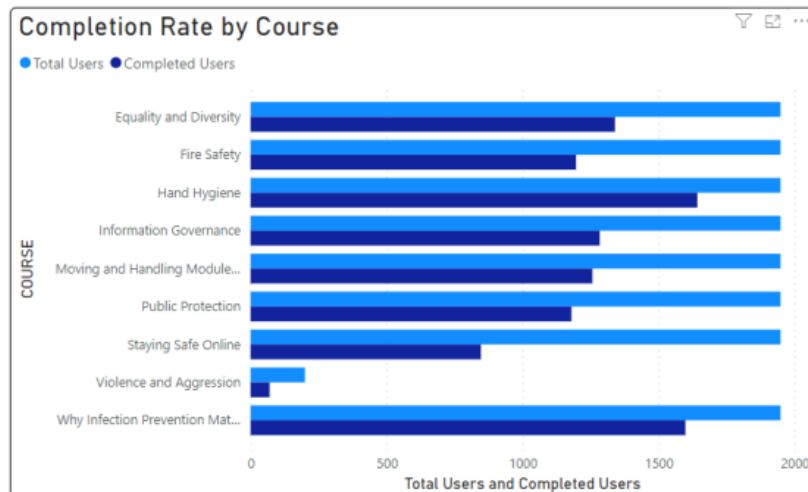
AB report a Mandatory Training completion rate of 66% overall, an increase since August where 63.97% was reported

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

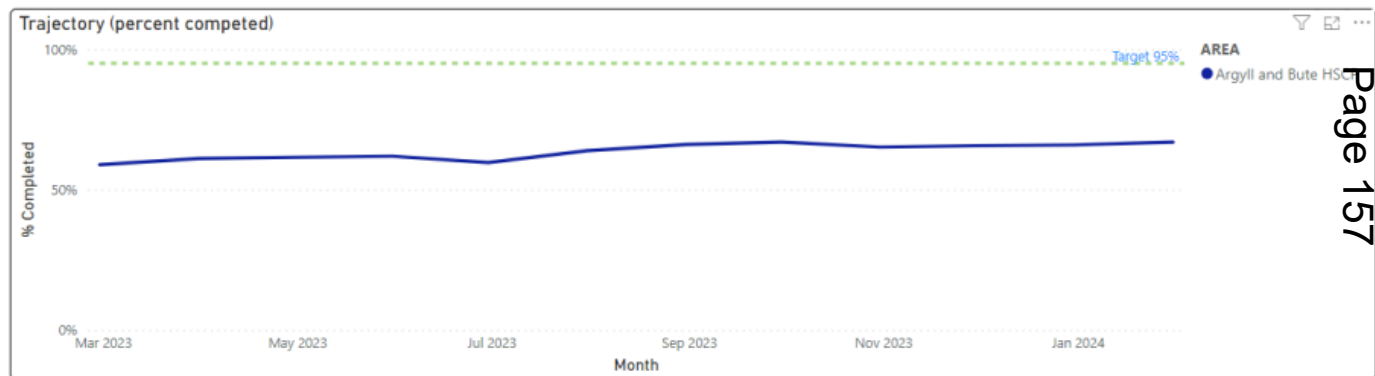
There remains low levels of compliance in Staying Safe Online elearn for Violence and Aggression which is for those who are not in public facing roles. Anyone in a public facing roles receive mandatory practical training on both violence and aggression and moving and handling

There is now an established Statutory Mandatory monitoring and training implementation programs across the board, with focused attention on improvement through chief officers and HOS. This includes a 6-month improvement plan with targets for RAG rating, which require to be met by all services in each month.

With this in place it is anticipated that Board wide the 95% compliance target will be achieved and thereafter maintained.



Course	Current Completion Rate
Equality and Diversity	68.8%
Fire Safety	61.4%
Hand Hygiene	84.3%
Information Governance	65.9%
Moving and Handling Module A	64.5%
Public Protection	60.5%
Staying Safe Online	43.5%
Violence and Aggression	35.0%
Why Infection Prevention Matters	82.0%
Total	66.0%



Month	Equality and Diversity	Fire Safety	Hand Hygiene	Information Governance	Moving and Handling Module A	Public Protection	Staying Safe Online	Violence and Aggression	Why Infection Prevention Matters
February 2023	66%	55%	82%	62%	65%	47%	15%	33%	80%
March 2023	68%	58%	83%	65%	64%	52%	21%	34%	80%
April 2023	67%	58%	83%	65%	63%	53%	25%	34%	81%
May 2023	68%	58%	84%	65%	61%	54%	28%	34%	81%
June 2023	68%	59%	84%	66%	62%	54%	30%	36%	82%
July 2023	68%	60%	85%	66%	62%	57%	33%	39%	82%
August 2023	68%	60%	84%	66%	62%	57%	33%	39%	82%
September 2023	68%	60%	85%	66%	63%	58%	38%	38%	82%
October 2023	68%	60%	85%	65%	64%	59%	40%	36%	82%
November 2023	69%	60%	85%	66%	64%	60%	42%	35%	82%
December 2023	69%	61%	84%	66%	64%	61%	43%	35%	82%

MANDATORY TRAINING (COUNCIL)

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

Similar to the NHS compliance there is varying degrees of compliance.

The Council have been working on a new process on the training management system LEON to make it easier for employees to stay on top of their mandatory training.

LEON now notifies employees when their training is due and sends them and their managers reminders. This is the first time this has been in place for council employees and it is hoped it will improve the overall compliance rates going forward.

Mandatory course	Number of HSCP employees completed course prior to Q3	As a percentage of the HSCP total workforce	Number completed in FQ 3	As a percentage of the HSCP total workforce who completed in FQ 3	Total Completion rate
E&D	268	35%	0	0%	35%
Data Protection	539	71%	0	0%	71%
Fire Safety Awareness	703	92%	45	6%	98%
Freedom of information	466	61%	38	5%	66%
PREVENT	184	24%	0	0%	24%
Positive Customer Care	440	58%	37	5%	62%

TOTAL 120

HSCP total workforce end Q3 763

|



Date of Meeting: March 2024

Title of Report: Culture and Wellbeing Update

Presented by: Geraldine Collier

The IJB is asked to:

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

1. EXECUTIVE SUMMARY

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

2. INTRODUCTION

- 2.1 The culture and wellbeing Group continue to meet bi-monthly focusing on; employee engagement, culture monitoring, learning and development, management development, wellbeing promotion, communication, systems and processes and improving data capture to inform decisions.

3. DETAIL OF REPORT

- 3.1 This report focuses on the wellbeing activity over the last 6 months since the last report in September 2023.

4. RELEVANT DATA AND INDICATORS

People strategies

- 4.1 Both NHS and Council have been working on their people strategies. The council people strategy is attached in Appendix one and sets out the councils updated strategic objectives until 2028. This was approved by the Policy and Resources Committee on the 15th February 2024. The High level themes are:
- Attracting and keeping talent
 - Providing a positive employee experience
 - Creating one Council, one place culture
 - Supporting learning and Growth
 - Championing change and Innovation

4.1.2 NHS Highland have also been developing their people strategies concentrating on the following strands of work which all contribute to Culture and wellbeing:

- Health and wellbeing
- Culture and Leadership
- Communication and engagement

4.1.3 Each of these themes has a working group reporting to the NHHSH portfolio board on activity and progress. Progress in these groups feed into and from the HSCP culture and wellbeing group to inform and support Board and local activity.

4.2 Health and wellbeing

4.2.2 The local Culture and wellbeing working group continue to meeting bi-monthly and progress local, board and council wide initiatives.

4.2.3 NHS Highland is currently developing and consulting on their health and wellbeing strategy encapsulating physical, mental and financial health. This is intrinsically linked to the activity in the culture and leadership and communication and engagement work streams and there is close working across the groups.

4.2.4 Each employer has a developed wellbeing sites which can be found here [Council wellbeing site](#) and [NHS wellbeing site](#) which are regularly reviewed and updated to be used as a reference point for employees and managers.

4.2.5 While there are differences in how the employer strategies are presented the action across employers focuses on the same themes and activities. These aligns with the 3 pillars of wellbeing as detailed in the Scottish Government wellbeing strategy - Promotion, Prevention and Provision of services.

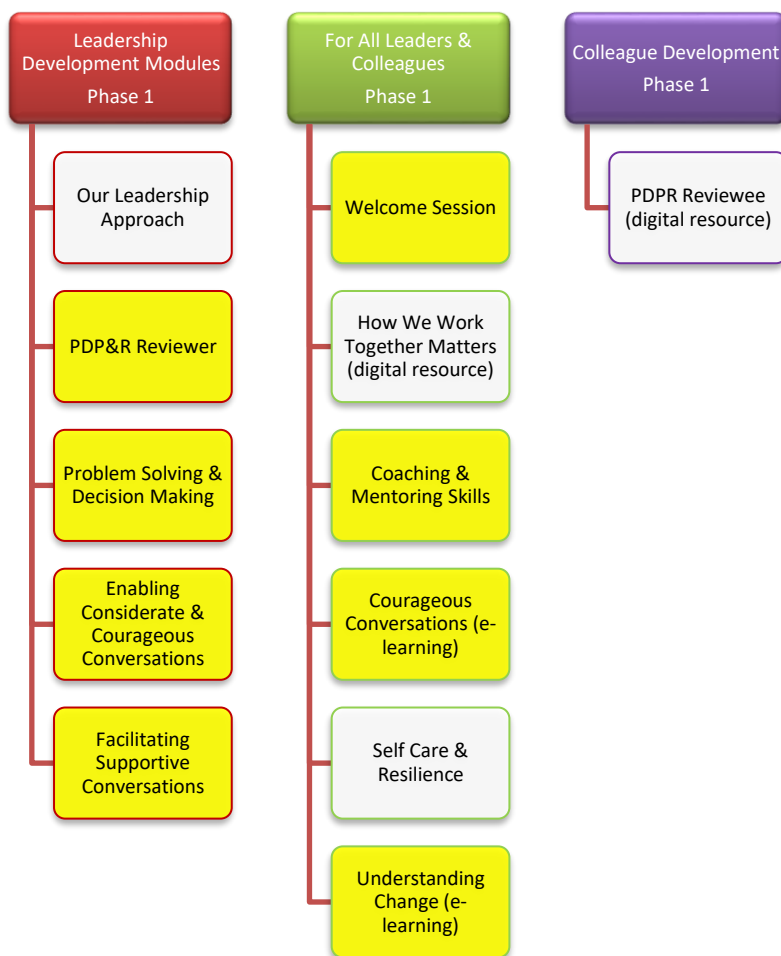
4.3 Culture and Leadership

4.3.1 The Culture and Leadership framework was approved by COG in October 2023, outlining a 4 phase project plan focussing on Our Learning System, Leadership and Management Development and Colleague Development. The full framework is attached in Appendix 2

4.3.2 The plan prioritises those interventions which are expected to have greatest impact on the behavioural and cultural changes we seek. A modernised, refreshed and blended approach to structuring the learning experience is being embarked upon to maximise participant accessibility, attendance, and learning outcomes whilst minimising time away from substantive posts.

4.3.3 We are currently in phase 1 of this plan and much of the refreshed/new Phase 1 content is now available to book through Turas

(highlighted in yellow) with the remaining expected to be available from April 2024 onwards.



4.3.4 A Developing Careers post has also been recruited to and is linked into appropriate work streams within A&B, and the ELOD team continue to support the Culture & Wellbeing Group within A&B.

4.3.5 PDP / Quality conversations

As outlined in previous updates and the table above appraisal / PDP completion is an area of focus for NHS Highland and the HSCP. Completion rates are low and this is a recognised area of focus and improvement.

4.3.6 The council moved away from PDP's to a quality conversation approach focusing on the quality of the conversations and communication between line managers and their employees. It reaffirms the expectation that all employees will have time with their manager to discuss their objectives, behaviours, performance and career aspirations. The council are currently running a survey to monitor the quality conversations approach to make sure it is achieving the desired outcomes.

4.4 Employee Engagement

4.4.1 The usual preparation for the I-matter survey has commenced to be prepared for the launch in May. This year the Imatter team hierarchies will be linked with the ees workforce systems team groups and

hierarchies. It is anticipated that this will improve data recording and reporting. The I matter output will be collated from June onwards and reported to IJB following this

4.4.2 Strong employee engagement remains a priority for the HSCP and building on the progress made last year, the feedback through I matter and previous staff engagement exercises an employee engagement deep dive exercise is being developed to take place through August /September. This deep dive will concentrate on gathering qualitative feedback to explore the themes previously identified, namely:

- Visibility of leaders
- Being involved in decisions
- Performance management
- Celebrating success

4.4.3 The deep dive will be carried out via face to face and virtual sessions and involve all HSCP employees. The findings will then be triangulated with absence, turnover, length of service and any exit and on-boarding feedback data held. Led by colleagues from People Planning, Analytics and Reward there will also be a read across to vacancy and supplementary staffing usage. Findings and action will be reported back to IJB when complete

5 CONTRIBUTION TO STRATEGIC PRIORITIES

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

HSCP Values - **Compassion, Integrity, Respect, Continuous learning, Leadership, Excellence (CIRCLE)**

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

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

6.3 Staff Governance

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

6.4 Clinical Governance

None

7 PROFESSIONAL ADVISORY

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

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

8 EQUALITY & DIVERSITY IMPLICATIONS

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

9 DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendices

- Appendix 1: A&B People Strategy
- Appendix 2: NHS Culture and Leadership framework

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People Strategy 2024 - 2028





Argyll and Bute Council People Strategy

Every day our workforce finds creative ways to overcome the challenges of reducing budgets and our vast geography, to deliver services to the communities of Argyll and Bute. As the council transforms its operating model to deliver our **Connect for Success** principles, our people remain the single most important asset we have in delivering on our ambitious corporate outcomes. This **People Strategy** outlines the strategic objectives we will achieve in relation to our people over the period until 2028


Linked to our **People Strategy** are our **Strategic Workforce Planning** priorities. We review our strategic workforce planning outlook and assumptions annually and any actions from this review, will be incorporated into our annual people strategy delivery plan.




PEOPLE STRATEGY THEME	EXPLANATION	COMMITMENTS OVER THE LIFE OF THE STRATEGY	CONNECT FOR SUCCESS THEME
<p>Attracting and Keeping Talented people</p> 	<p>In the post-pandemic labour market attracting and retaining talented people is proving challenging in a number of areas: from national shortages in the social work and social care workforce, to the local challenges we face staffing some of our lifeline ferry services to the Islands. Attracting and retaining talent will be key to our council's success over the life of this strategy.</p> <p>We have a lot to offer as an employer. Our unique area means we have to find unique and creative ways to deliver our services. We think that makes us stand out as an employer with interesting roles and opportunities. We can directly contribute to the Council's abplace2b aspirations by developing our employer brand and marketing the varied career paths and favourable employment deal on offer by the council and by continuing to develop a pipeline of talent into our workforce through our Growing Our Own activities.</p>	<p>Developing and market our employer brand</p>	<p>Purpose and Mission</p>
		<p>Deliver an employment deal that supports business need and workforce planning priorities</p>	<p>Purpose and Mission</p>
		<p>Redesign our approach to recruitment</p>	<p>Purpose and Mission (abplace2b)</p>
		<p>Grow Our Own talent linked to our risk based workforce planning</p>	<p>Purpose and Mission Data and Evidence Driven Agile</p>
		<p>Deliver actions to support our strategic workforce planning priorities</p>	<p>Purpose and Mission Data and Evidence Driven Agile</p>
		<p>Collect and review data to better understand our recruitment and retention challenges</p>	<p>Data and Evidence Driven</p>

PEOPLE STRATEGY THEME	EXPLANATION	COMMITMENTS OVER THE LIFE OF THE STRATEGY	CONNECT FOR SUCCESS THEME
<p>Providing a positive employee experience</p> 	<p>We want our employees to have a positive experience of working for the council. We know that when our employees have the right tools and a positive working environment they can achieve great things. Our goal is to create an environment where everyone can thrive.</p> <p>The Connect for Success programme outlines a desired operating model for the council, built on a culture of trust, inclusion, empowerment, collaboration and learning. We aim to make that the experience of everyone who joins our team.</p>	<p>Provide a safe and healthy working environment</p>	<p>Empowerment</p>
		<p>An employment relationship built on quality conversations, trust and psychological safety</p>	<p>Empowerment</p>
		<p>We are an inclusive employer</p>	<p>One council one place Empowerment</p>
		<p>Develop ways to involve employees and capture their voice</p>	<p>Empowerment Involvement</p>
		<p>Leaders will provide clarity on our goals, priorities and standards empowering employees to find innovative ways of achieving them</p>	<p>Empowerment</p>
		<p>Create agile jobs and ways of working.</p>	<p>Agile</p>

PEOPLE STRATEGY THEME	EXPLANATION	COMMITMENTS OVER THE LIFE OF THE STRATEGY	CONNECT FOR SUCCESS THEME
<p>Creating a One Council, One place culture</p> 	<p>We have big ambitions for our council and our area and we recognise that working together with each other and with our partners is the best and most effective way to achieve those ambitions. To support our Connect for Success programme our leaders will collaborate across team and organisational boundaries for the greater good of our area. They will empower their teams to come up with creative and cost effective approaches to delivering the services that support achievement of our mission and purpose</p> <p>As a leader for our area, we want to make it as easy as possible for individuals and groups to work with us in achieving the best outcomes for Argyll and Bute.</p>	<p>Identify opportunities for and ways to make partnership, codesign and collaboration easier</p>	<p>One council one place</p>

PEOPLE STRATEGY THEME	EXPLANATION	COMMITMENTS OVER THE LIFE OF THE STRATEGY	CONNECT FOR SUCCESS THEME
<p>Supporting Learning and Growth</p> 	<p>We want to encourage and develop a growth mind-set at individual, team and organisational level. We will create a culture where reflection and learning is celebrated and helps us to improve and continuously develop our approach at all levels. Our leaders will take their own development and growth seriously, adopting a growth mindset, championing change and embedding a culture of reflection and learning within their teams.</p>	<p>Embed coaching to support learning and change</p>	<p>Learning council Empowerment</p>
		<p>Redesign our corporate learning programme</p>	<p>Learning council Empowerment</p>
		<p>Redesign our leadership development to deliver our target operating model and make our council a great place to work</p>	<p>Learning council Empowerment</p>
		<p>Acknowledge and celebrate our successes and share learning when things don't go to plan</p>	<p>Learning council Empowerment One council one place</p>

PEOPLE STRATEGY THEME	EXPLANATION	COMMITMENTS OVER THE LIFE OF THE STRATEGY	CHANGE PROGRAMME THEME
<p>Championing Change and Innovation</p> 	<p>We will continue to champion change and find innovative ways to deliver our services. In the context of a challenging financial climate we will focus on using data and evidence to support our decision making ensuring the changes we make will have the biggest impact on our priorities.</p>	<p>Redesign our approach to performance management to support our target operating model</p>	<p>Purpose and Mission Learning council</p>
		<p>Improve and simplify our people processes</p>	<p>Empowerment Making the most of technology</p>
		<p>Our workforce are digitally enabled</p>	<p>Making the most of Technology</p>
		<p>Our workforce are data literate</p>	<p>Data and Evidence Driven</p>



**CONNECT
FOR
SUCCESS**

FURTHER INFORMATION

For further information please contact:

HR Advice Line

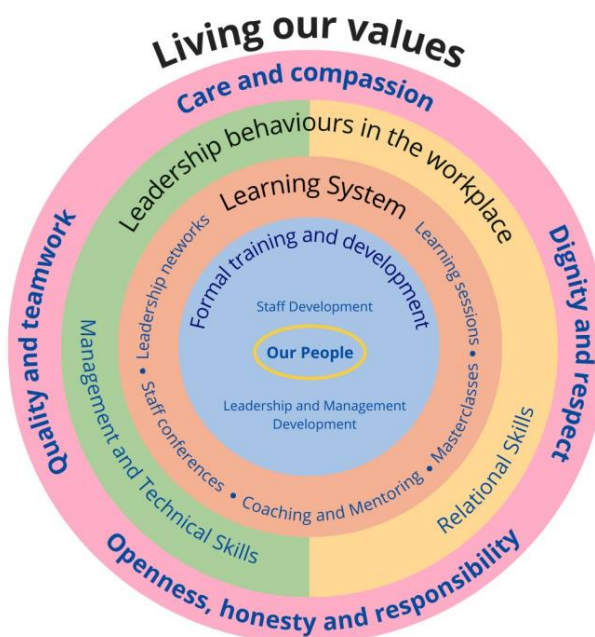
HRemployeerelationsenquiries@argyll-bute.gov.uk

Telephone number – 01546 605513 Option 2

Our Culture and Leadership Framework

Proposal Paper

This paper outlines the proposed changes to strengthen our culture and leadership framework across NHS.



The proposal has been developed collaboratively by colleagues within Education, Learning & Development, and Organisational Development teams. Feedback from module participants, data from OD casework and facilitator feedback have all been considered to establish next steps for each of the following tasks, as outlined by COG:

- **Leadership and Culture Framework**

Development and approval of a framework that sets out how we seek to achieve the behavioural changes that lead to the cultural changes we seek

- **Leadership and Management Development Programme**

Development and delivery of an updated programme to include new modules that the COG prioritise as having the most impact on behavioural and cultural change

- **Staff (Colleague) Development Programme**

Development and delivery of an updated programme to include new modules that the COG prioritise as having the most impact on behavioural and cultural change.

A high level, overarching phased project plan will be outline for each to support prioritisation of those interventions which will have greatest impact on the behavioural and culture changes we seek. A phased approach to this development work is proposed, in recognition of the scale, complexity and resource implications. This also aligns this proposed plan within the timeline of the Together We Care strategy and the annual delivery plan schedule.

	Timeline
Phase 1	September 2023 – March 2024
Phase 2	April 2024-March 2025
Phase 3	April 2025 – March 2026
Phase 4	April 2026 – March 2027

Programme scope and approach

The phased approach will develop and embed a robust, fully rounded leadership development programme over the next 3 years. However, there is also a need to continue delivery of leadership courses over the next 6 months to support our ongoing journey of enhancing our organisational culture.

There are finite resources available to support development of the refreshed culture and leadership framework and continue delivery of leadership courses in the immediate future. The phased approach and timelines outlined in this paper reflect the current resource available. It may be possible to accelerate delivery of this programme with additional resources. In the absence of additional resource we will need to prioritise the capacity we have to deliver courses so we are able to progress the development of the programme.

The following are proposed as priorities for delivery in the next 6 months whilst we continue to develop the leadership courses:

- **New leader** – services will be asked to identify and prioritise individuals who are relatively new to role for participation in this course over the next 6 months
- **Developing leader** – services will be asked to identify and prioritise individual swho are established in their role and have had development needs identified by their line manager for participation in this course over the next 6 months

The key criteria for prioritisation will be:

- **First line management level** – leaders of teams at service delivery level such as charge nurses, senior charge nurses, social work team leads, AHP team leads
- **Leaders of teams who have self-identified** that they need further development to support them to improve their individual effectiveness and the team’s effectiveness including aspects such as culture, team dynamics, inter-personal relationships as well as quality of service provided
- **Leaders of teams who have been identified** by their line management as requiring further development to improve their individual effectiveness and the team’s effectiveness

Synergy between and across each aspect of the framework is ongoing and further development of this will enhance the connectivity and shared vision. In particular, further work is required to ensure a common and consistent language is achieved across the entire framework and this is reflected in the phased project plan for each section.

The next 3 sections will focus on the recommendations and outcomes to be achieved. Each section has a phased project plan through to 2027.

Sections are:

1. Our Learning System
2. Leadership and Management Development Programme
3. Colleague Development Programme



1. Our Learning System

Our learning system will be inclusive and operate across our system. The approaches will incorporate review of previous experience, with learning, best practice and new thinking applied to create an effective system which supports learning, leadership and culture at all levels. The system will incorporate Conferences, Networks, Master classes, Peer Learning and Coaching and Mentoring. The organisation currently has approximately 70 active mentors and 10 active coaches. A key deliverable for this part of the programme will be expanding our mentoring and coaching capacity.

Learning System Project Plan

	Outcomes
Phase 1 Sept 23 – March 24	<ul style="list-style-type: none"> ▪ Collate learning providers across NHS and invite to establish network ▪ Reflect, review and share best practice from mentoring network and apply learning ▪ Develop a Coaching & Mentoring policy, articulating scope, strands (individual, executive, team, peer), single door access, training commitment and supervision. ▪ Develop a common consistent language across the culture and leadership framework ▪ Horizon scan to stay informed of new learning system approaches, applying a continuous improvement approach
Phase 2 April 24- March 25	<ul style="list-style-type: none"> ▪ Deliver staff development conference ▪ Establish Educational Governance group ▪ Establish NHS wide learning providers network – scope ToR ▪ Establish a leadership network - scope ToR – using this as a vehicle to further expand and coproduce thematic networks, action learning sets and master class topics. ▪ Co-produce a plan for master class topic guest speakers (informed by leadership network) with associated budget where needed. ▪ Develop FAQ document for accessing Coaching and Mentoring service ▪ Develop coaching and mentoring network ToR ▪ Scope cpd requirements for coaches and mentors ▪ Develop quarterly/annual reporting template ▪ Continue horizon scan
Phase 3 April 25- March 26	<ul style="list-style-type: none"> ▪ Deliver leadership and management conference ▪ Scope option for regional all staff conferences/learning sessions and trial ▪ Establish a monthly topic in focus – share resources, peer connections space and sharing best practice/experience. ▪ Reflect and review evaluation/feedback data ▪ Embed business as usual and continue horizon scan
Phase 4 April 26- March 27	<ul style="list-style-type: none"> ▪ Deliver staff development conference ▪ Embed approach ▪ Continue horizon scan



2. Our Leadership and Management Development Programme

Recommendations

2a. Leadership and management level descriptors are simplified and renamed to maximise participants understanding of which level is most appropriate to their stage of leadership/management experience:

- **Aspiring/Emerging Leader**
 - Not currently in a formal leadership/managerial role.
 - Career aspiration to move into formal leadership/managerial role.
 - Identified through succession planning/PDP&R as a future leader/manager.
- **New Leader**
 - Identified through internal/external recruitment process.
 - In first formal leadership/managerial role within NHS.
 - Operational leadership and people management responsibility.
- **Developing/Experienced Leader**
 - Has developed leadership/managerial competence and skills.
 - Operational leadership responsibility for people, projects and finances, inputting to strategic direction.
- **Senior Leader**
 - Holds strategic responsibility for geographic area/site.
 - Leading on complex issues, policy development and large change/redesign projects.
- **Executive Leader**
 - Strategic responsibility for Directorate/Organisational risk and performance.
 - Member of/reports to EDG and Board.

2b. Standard Operating Procedures (SOP's) are being established to provide governance accountability and structure to the development, design, evaluation, sign off, reporting and review processes. HR Subgroup will be the sign off route for module development.

2c. Modules will be mapped to these new levels and also to the Knowledge and Skills Framework and the nationally defined leadership capabilities: Self-Leadership, Creativity and Innovation, Collaborating and Influencing, Vision, Motivating and Inspiring, Empowering.

2d. The current programme structure has been reviewed and will be enhanced to include, where possible and appropriate to the content, modules that are suitable for all levels. This will be content and learning outcomes driven.

2e. Our approach to structuring the learning experience will be enhanced to maximise accessibility and attendance, and the learning outcomes for participants. This refreshed approach is used by many modern learning providers and although already embarked upon in some modules, this approach will be widened across all appropriate modules. This will also minimise participants time away from their substantive post – a common reason given for not accessing learning opportunities.

Using a blended approach, incorporating e-learning technology, we will assign pre-work where necessary to develop the knowledge base of participants in order that attendance at modules focuses on application of the knowledge/theory to practice, developing confidence in skills practice within a safe space and the opportunity to engage in peer learning and sharing experiential discussions.

2f. Reference is given within the refreshed leadership and management framework to those modules identified as Core and others which are CPD. Core modules which develop our leaders relational, caring, compassionate and inclusion focussed knowledge and skills are highlighted as a priority and these will be developed during phase 1.

2g. Nationally available content will be sourced and permissions sought if changes are needed to make it appropriate for NHS needs. Local content will be developed to wrap around and fill the gaps where needed.

2h. Once for Scotland policy sessions will become core modules for all new leaders to complete, and for existing managers who have not yet done so, embedding our person centred, supportive and early resolution approach. People Services colleagues will lead on and facilitate these sessions, with collaboration from ELOD at design stage. This will align with the modernised learning experience approach outlined in point 2e.

2i. Collaboration across our system is a central feature of this plan, ensuring we are maximising the talent and resource of all colleagues, including subject matter experts (SME). SME's have not yet been involved in the development of this project plan; however an outline of SME support required is given in Appendix 1. COG is asked to consider this as a critical component of ensuring this plan is progressed and that SME's are provided the time to engage in this process, which may include consultation, design and/or delivery of content.

Leadership and Management Development Project Plan

	Outcomes
Phase 1 Sept 2023 – March 2024	<ul style="list-style-type: none"> ▪ Develop Project Plan, submit to COG ▪ Finalise SOP ▪ Develop and introduce priority L&MD modules <ul style="list-style-type: none"> - How we work together matters (core/new/e-learning) Culture, caring & compassionate behaviours, Living our values, Civility principles, team conversations principles, etc., Self, team, service, organisation, communities, stakeholders, patients. Collaboration with Medical Education colleagues required. - Our Leadership Approach (core/update/blended) Relational and compassionate, values driven, people and performance focussed. Leadership approaches/styles explored - collaborative, systems, complexity, situational. Respecting/valuing difference EDI. Patient experience/outcomes focussed, impact of civility etc. Content drawn from existing and new materials. - Self Care & Resilience (CPD/update/e-learning) Principles, practices, responsibilities and supports. Link to Wellbeing hub, HealthHero (EAP) etc.

	<ul style="list-style-type: none"> - PDP&R Reviewer (core/update/blended) System, process, setting, agreeing, reviewing objectives. Managing performance. - PDP&R Reviewee (core/new/blended) System, process, setting, agreeing, reviewing objectives. Personal performance responsibilities. ▪ Refresh modules requiring minimal updates – highlighted in Appendix 1 ▪ Engage with SME collaborators to begin planning for phase 2 activity ▪ Develop reporting template (quarterly and annual) ▪ Engage with Communications team to discuss marketing approach ▪ Develop a common consistent language across the culture and leadership framework ▪ Horizon scan to stay informed of new leadership thinking/research, applying a continuous improvement approach
Phase 2 April 2024- March 2025	<ul style="list-style-type: none"> ▪ Develop and introduce phase 2 L&MD modules <ul style="list-style-type: none"> - Developing your team culture (CPD/new/blended) Capacity building to develop your skills and confidence to hold team conversations which support caring, compassionate, supportive and positive team dynamics. Co-produce Team Charters, values, behaviours - acceptable and unacceptable within team. - Aspiring/Emerging leader opportunities session (CPD/new/blended) Short session to outline opportunities available, take questions and signpost. - New Leader welcome session (update & new/blended) Include applicable content from Essentials of Management Signposting to core and CPD opportunities, internal and external (SAQ etc), Sources of support in your leadership career (Mentor, Education Learning and Organisational Development, People Services, Staffside, Guardians etc) - Facilitation Skills development – facilitating your team events (CPD/new/blended) Capacity building, developing your facilitation skills and confidence to plan and deliver team events, learning, development days/sessions. - Working in Collaboration & Partnership (CPD/new) Develop in partnership with Staffside. Collaboration, consensus building, resolving differences, early resolution approaches/benefits to all. - Organisational change (core/update)– Influencing, implementing and leading complex change. Theories, approaches, tools, policies, support. Collaboration with Quality

	<p>Improvement/Transformation team.</p> <ul style="list-style-type: none"> - Financial Management (core/new) Role, responsibilities, support etc. Collaboration with Finance team <ul style="list-style-type: none"> ▪ Collaborate with People Services colleagues to refresh Once for Scotland policy sessions ▪ Conduct annual review of evaluation data and agree actions ▪ Scope organisational readiness to undertake training needs analysis ▪ Co-deliver and promote national leadership programmes ▪ Identify external programmes to add value/complement internal or expand development options ▪ Explore certified vocational/academic routes to learning ▪ Horizon scan to stay informed of new leadership thinking/research, applying a continuous improvement approach
Phase 3 April 2025 – March 2026	<ul style="list-style-type: none"> ▪ Conduct annual review of evaluation data and agree actions ▪ Analyse participation rates ▪ Develop positive action plan to address low levels of participation ▪ Develop best practice narratives/participant experience to promote participation ▪ Align with succession planning approach/activity ▪ Test training needs analysis approach ▪ Horizon scan to stay informed of new leadership thinking/research, applying a continuous improvement approach
Phase 4 April 2026 – March 2027	<ul style="list-style-type: none"> ▪ Embed approach ▪ Further build relationships with HE institutions to promote availability of certified vocational/academic routes ▪ Extend training needs analysis approach ▪ Horizon scan to stay informed of new leadership thinking/research, applying a continuous improvement approach

Appendix 2

- Internal leadership and management development modules with readiness status

Appendix 3

- External leadership and management development provision, national NES/L2C.
- Further exploration of Turas module availability



3. Our Colleague Development Programme

The colleague development framework is in development. Succession planning has been considered to ensure we start to articulate the career pathways available to colleagues, and priorities are established in phase 1 to strengthen the cultural dimensions of the programme.

3a. Induction

A new Induction/welcome session was introduced in the last year and has received positive feedback in providing a warm welcome to new employees. Sections on getting to know you, diversity and inclusion, raising concerns and signposting to core learning as part of induction have all received positive feedback. Improvements have been identified as:

- Culture section – provide overview and signpost to How We Work Together Matters new core module for all staff and leaders.
- EDG Video updates required

3b. Colleague Development

The colleague development framework has been mapped to KSF core competencies and has been designed around 4 key domains – Maximising Communication, Organisational Context, Developing Self-Awareness and Workplace Knowledge. Modules outlined within each domain have a Standard option – knowledge, skills and behaviours required from all; and Advanced option where colleagues can develop advanced behaviours, skills and knowledge.

- Maximising Communication
 - A1 Communicating with Impact
 - A2 Working with Others
 - A3 Engaging and Influencing
- Organisational Context
 - B1 Organisational Awareness
 - B2 Change and redesign
 - B3 Workplace Conflict
- Developing Self-Awareness
 - C1 Courageous Conversations
 - C2 Self-Management
 - C3 Developing Personal Talent
- Workplace Knowledge
 - D1 Building and Motivating Relationships
 - D2 Delivering an Effective Service
 - D3 Problem Solving and Decision Making

Those modules which focus on desired behaviours will be prioritised. Content creation will follow the approach outlined in the leadership and management development programme refresh, adhering to the SOP (design process, evaluation etc), maximising accessibility (blended learning

approach), minimising impact on substantive post whilst maximising the development opportunity and participant learning.

	Outcomes
Phase 1 Sept 23 – March 24	<ul style="list-style-type: none"> ▪ Develop and introduce priority colleague development standard modules – relational focus ▪ Link to priority modules identified in leadership development programme as highlighted suitable for all: <ul style="list-style-type: none"> - How We Work Together Matters (core/new/e-learning) Culture, caring & compassionate behaviours, Living our values, Civility principles, team conversations principles, etc., Self, team, service, organisation, communities, stakeholders, PATIENTS - PDP&R Reviewee (core/new/blended) System, process, setting, agreeing, reviewing objectives. Personal performance responsibilities. - Self Care & Resilience (CPD/update/e-learning) Principles, practices, responsibilities and supports. Link to Wellbeing hub, HealthHero (EAP) etc. ▪ Scope of developmental frameworks/career progression in collaboration with job families to ensure that both internal and external delivery of qualifications is embedded into our offering and available to all as appropriate ▪ Develop reporting template (quarterly and annual) ▪ Engage with Communications team to discuss marketing approach ▪ Develop a common consistent language across the culture and leadership framework ▪ Horizon scan to stay informed of new thinking/research, applying a continuous improvement approach
Phase 2 April 24 – March 25	<ul style="list-style-type: none"> ▪ Develop and introduce phase 2 colleague development standard modules ▪ Link to phase 2 modules identified in leadership development programme as highlighted suitable for all: <ul style="list-style-type: none"> - Developing your team culture (CPD/new/blended) Capacity building to develop your skills and confidence to participate in team conversations which support caring, compassionate, supportive and positive team dynamics. Co-produce Team Charters, values, behaviours - acceptable and unacceptable within team. - Working in Collaboration & Partnership (CPD/new) Develop in partnership with Staffside. Collaboration, consensus building, resolving differences, early resolution approaches/benefits to all. - Aspiring Leader Opportunities session (CPD/new/blended)

	<p>Short session to outline opportunities available, take questions and signpost.</p> <ul style="list-style-type: none"> ▪ Conduct annual review of evaluation data and agree actions ▪ Scope organisational readiness to undertake training needs analysis ▪ Identify external programmes to add value/complement internal or expand development options ▪ Roll out of developmental frameworks/career progression in collaboration with job families ▪ Horizon scan to stay informed of new thinking/research, applying a continuous improvement approach
Phase 3 April 25 – March 26	<ul style="list-style-type: none"> ▪ Develop and introduce phase 3 colleague development advanced modules – relational focus ▪ Conduct annual review of evaluation data and agree actions ▪ Analyse participation rates ▪ Develop positive action plan to address low levels of participation ▪ Develop best practice narratives/participant experience to promote participation ▪ Align with succession planning approach/activity ▪ Test training needs analysis approach ▪ Horizon scan to stay informed of new thinking/research, applying a continuous improvement approach
Phase 4 April 26 – March 27	<ul style="list-style-type: none"> ▪ Develop and introduce phase 2 colleague development advanced modules ▪ Embed approach ▪ Further build relationships with FE institutions to promote availability of certified vocational/academic routes ▪ Extend training needs analysis approach ▪ Horizon scan to stay informed of new thinking/research, applying a continuous improvement approach

Next Steps

COG is asked to consider and approve:

- the proposed phased approach including timelines to balance delivery of courses with development of new content
- the prioritisation approach for delivery of courses in the immediate future

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Integration Joint Board

Date of Meeting: 27 March 2024

Title of Report: Health & Care Staffing Act Implementation Update

Presented by: Linda Currie Associate AHP Director

The Board is asked to:

- Note the update on activity for assurance.
- Delegate action to the Clinical and Care Governance Committee to receive regular reporting from the Argyll & Bute Implementation Group and plan annual reporting

1. EXECUTIVE SUMMARY

The Health and Care Staffing Act (HCSA) will come into force on 1st April 2024 and at this stage statutory guidance will also be published. This paper provides a brief overview of the NHS Highland programme arrangements for implementation of the act the reporting, integration authority role and associated governance arrangements that will be required.

2. INTRODUCTION

On 16th February a summary paper was provided to the NHS Highland Staff Governance Committee for assurance. Employing partners and the IJB has responsibilities within the legislation to implement the act.

The Health and Care Staffing Act (HCSA) will come into force on 1st April 2024 and at this stage statutory guidance will also be published. NHS Highland has appointed an HCSA lead who is collaborating with colleagues across the organisation to prepare for the implementation of the act. This paper provides a brief overview of the programme governance arrangements for implementation of the act and the reporting and associated board governance arrangements that will be required.

3. DETAIL OF REPORT

The HCSA was approved by Scottish Government in 2019 and implementation was delayed due to the pandemic. The act will come into force on 1st April 2024 and:

- Makes provision about staffing in the NHS and in care services.

- Seek to enable safe and high-quality care and improved outcomes for service users and people experiencing care.
- Build on arrangements already in place for local and national workforce planning.
- Promotes transparency and an open and honest culture.

The act states that the main purposes of staffing for health care and care services are:

- To provide safe and high-quality services, and
- To ensure the best health care or (as the case may be) care outcomes for service users.

The Act then goes on to list a range of factors that should be taken into account, in so far as they are consistent with these main purposes, when relevant organisations are arranging staffing.

This is further articulated in the guiding principles of the act:

- Improving standards and outcomes for people using services
- Taking account of the views of staff and people using services
- Taking account of the particular needs, abilities, characteristics and circumstances of different people using services
- Ensuring the wellbeing of staff
- Allocating staff efficiently and effectively
- Respecting the dignity and rights of people using services
- Being open with staff and people using services about decisions on staffing
- Promoting multi-disciplinary services as appropriate

The act applies care provided by the NHS and Local Authorities including integrated services.

The act also places a requirement on NHS Boards, Local Authorities and integration authorities to ensure care providers they commission and services they procure can demonstrate compliance with the act.

The duties under the act for staffing in the NHS are:

- Duty to ensure appropriate staffing.
- Duty to have real-time staffing assessment in place.
- Duty to have arrangements to address severe and recurrent risks.
- Duty to ensure appropriate staffing: number of registered healthcare professionals etc.
- Duty to ensure appropriate staffing: training of staff.
- Reporting on staffing

- Duty to ensure appropriate staffing: agency workers.
- Duty to have risk escalation process in place.
- Duty to seek clinical advice on staffing.
- Duty to ensure adequate time given to clinical leaders.
- Duty to follow the common staffing method, types of health care and training and consultation of staff.
- Ministerial guidance on staffing

The duties under the act for staffing in Care Services are:

- Duty on care service providers to ensure appropriate staffing.
- Training of Staff
- Annual report on staffing in care services
- Ministerial guidance on staffing
- Functions of Social Care and Social Work Improvement Scotland regulations in relation to staffing methods
- Development of staffing methods
- Regulations: requirements to use staffing methods
- Review and redevelopment of staffing methods.
- Review of duty on care service providers to ensure appropriate staffing.
- Duty to consider multi-disciplinary staffing tools.

Care services currently have a duty to ensure appropriate staffing and staff training under Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. On 1st April this will be revoked, and care services will need to comply with the Act instead.

The requirements under the Act and under Regulation 15 are similar but there are some differences:

- Inclusion of volunteers more explicit
- Need to follow the guiding principles.

Reporting in health will require an annual report to be reviewed and published by the board. There is also a requirement for quarterly reports on compliance with the Act, are to be provided to the board by individuals with lead clinical professional responsibility for a particular type of health care and that the board must have regard to these reports.

The intent in this section of the Act is for compliance reports to members of the relevant organisation to be prepared and presented by the Executive-level clinicians on the board who have responsibility for clinical professions in the workforce in their board remit – currently the Executive Directors of Medicine and Nursing. These reports must cover all staff groups covered by the Act,

and the Executive level clinicians should liaise as necessary with heads of other professions when preparing these reports.

Reporting for care services will be through the existing mechanisms for Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

NHS Highland has been preparing for implementation through use of self-assessment tools and this work is ongoing to develop an action plan. This action plan will set out where we need to strengthen or put in place systems, processes and governance to comply with the act.

NHS Highland has implemented a Programme Board with each operational area and the Health and Social Care Partnership. The partnership has representation at board level and its own operational group which is integrated and will consider both employer staffing groups. Groups will meet monthly and be co-chaired by the Associate Director for AHP and the Head of Adult Services for Acute and Complex care.

The project group will provide regular status update reports to the Health and Care Staffing Programme Board and through HSCP reporting structures as appropriate with a recommendation that the Clinical and Care Governance Committee has oversight for the IJB outwith the required annual reporting.

What does the Integration Authority specifically require to do?

The Integration Authority specifically requires to adhere to guiding principles and have regard to the guidance issued by Ministers.

It requires to publish annual reporting on steps taken to meet compliance and ongoing risk and mitigation.

Both Health Improvement Scotland and Social Care and Social Work Improvement Scotland must consult with the Integration authority in respect of guidance and changes in guidance.

4. RELEVANT DATA AND INDICATORS

The act requires real time staffing methodologies and Argyll & Bute are scoping the capability to deliver this data outwith current practice.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Contribute to the safe delivery of care and supporting the workforce.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

There are potential financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

6.2 Staff Governance

The HCSA is fundamentally about provide appropriate staffing to deliver services.

Boards and Scottish Government along with Healthcare Improvement Scotland have been working together to prepare for implementation of the HCSA. This includes testing a self-assessment tool which forms the basis of both reporting on compliance with the act and determining what actions the board needs to take to address any gaps or weaknesses identified.

It is recognised by Scottish Government officials that implementation of the HCSA will be the start of a continuous improvement approach where self-assessment will identify areas for improvements. So it is expected that 'full compliance' with the act will be challenging.

6.2 Clinical and Care Governance

The HCSA is intended to support delivery of safe, high quality services.

7. PROFESSIONAL ADVISORY

Both the programme board and operational implementation will be led by professional leadership and incorporate wider advisory. The recommended link to the Clinical and Care Governance Committee will provide regular oversight.

8. EQUALITY & DIVERSITY IMPLICATIONS

No specific additional requirements in addition to current guidance.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not specifically applicable to this paper.

10. RISK ASSESSMENT

Within the operational implementation group we will continue to assess and develop:

1. how well we meet the staffing requirements.
2. that risks associated with staffing challenges are managed, mitigated and escalated appropriately.

3. professional advice is embedded and demonstrable in our day to day management of staffing and service delivery.

We will use the information from assessing staffing requirements and routine assessment of staffing risks and issues ‘in practice’ to develop short, medium and long term plans to provide appropriate staffing.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None required for this report.

12. CONCLUSIONS

The Integration Joint Board is asked to note and give consideration of work being undertaken to move towards the implementation of the Health and Social Care Staffing Act and potential impacts for strategic planning. Also their specific role in the act and requirement to develop reporting on an annual basis.

13. DIRECTIONS

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

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