

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **ON A HYBRID BASIS IN THE COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD AND BY MICROSOFT TEAMS** on **WEDNESDAY, 29 MAY 2024** at **1:00 PM**, which you are requested to attend.

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST (IF ANY)**
3. **MINUTES** (Pages 3 - 8)
Argyll and Bute HSCP Integration Joint Board held on 27 March 2024
4. **MINUTES OF COMMITTEES**
 - (a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 4 April 2024 (Pages 9 - 12)
 - (b) Argyll and Bute HSCP Audit and Risk Committee held on 9 April 2024 (Pages 13 - 14)
5. **CHIEF OFFICER'S REPORT** (Pages 15 - 22)
Report by Interim Chief Officer
6. **APPOINTMENT OF MEMBERS TO THE INTEGRATION JOINT BOARD** (Pages 23 - 28)
Report by Business Improvement Manager
7. **FINANCE**
Reports by Head of Finance and Transformation
 - (a) Budget Monitoring 2023/24 and Provisional Year End (Pages 29 - 42)
 - (b) Financial Regulations (Pages 43 - 66)
8. **BUDGET PLANNING PROCESS AND TIMELINE** (Pages 67 - 70)
Report by Interim Chief Officer
9. **ARGYLL AND BUTE HSCP PERFORMANCE REPORT: QUARTER 4** (Pages 71 - 84)
Report by Head of Strategic Planning, Performance and Technology
10. **RENEWAL OF JOINT STRATEGIC PLAN AND JOINT STRATEGIC COMMISSIONING PLAN** (Pages 85 - 90)
Report by Head of Strategic Planning, Performance and Technology

- 11. WORKFORCE REPORT QUARTER 4 2023/24** (Pages 91 - 114)
Report by People Partner
- 12. HSCP STRATEGIC WORKFORCE PLANNING - UPDATE** (Pages 115 - 118)
Report by People Partner
- 13. CHILDREN'S RIGHTS REVIEW** (Pages 119 - 158)
Report by Chief Social Work Officer
- 14. DIRECTION LOG UPDATE - FOR NOTING** (Pages 159 - 160)
Report by Business Improvement Manager
- 15. DATE OF NEXT MEETING**
Wednesday 25 September 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, 27 MARCH 2024**

Present: Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Kieron Green, 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
Emily Woolard, NHS Highland Non-Executive Board Member

Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Associate Director 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, Performance and Technology, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Douglas Hendry, Executive Director / IJB Standards Officer, Argyll and Bute Council
Elizabeth Higgins, Lead Nurse, NHS Highland
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Kirsty MacKenzie, Carers Act Implementation Officer, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Stuart McLean, Committee Manager, Argyll and Bute Council
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
Fiona Thomson, Lead Pharmacist, NHS Highland
Angela Tillery, Principal Accountant, Argyll and Bute Council
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Susan Ringwood, Julie Hodges and Angus MacTaggart.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Integration Joint Board held on 31 January 2024 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 February 2024 were noted.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 20 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 20 February 2024 were noted.

The Chair of the Committee, Councillor Kieron Green, advised that members of the Committee had the opportunity to meet auditors at the conclusion of the meeting.

(c) **Argyll and Bute HSCP Finance and Policy Committee held on 23 February 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 23 February 2024 were noted.

(d) **Argyll and Bute HSCP Strategic Planning Group held on 14 March 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Strategic Planning Group held on 14 March 2024 were noted.

(e) **Argyll and Bute HSCP Finance and Policy Committee held on 22 March 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 22 March 2024 were noted.

5. CHIEF OFFICER REPORT

The Board gave consideration to the Chief Officer report for March 2024 which included detail under the headings - Interim HSCP Chief Officer; 2024-2027 Carers Strategy; National Audiology Review and HSCP Response; Locality Information Profiles; National Care Service Bill; Improving the Nation's Diet; Minimum Unit Pricing Rise; Good Food Nation Plans Published; Argyll and Bute Telecare Service Keeps you Safer at Home; Power of Attorney; Quit Smoking and Embrace Smoke Free Life; Braw Initiative to Tackle Deconditioning; and Cowal Heart Start Team.

Decision

The Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 27 March 2024, submitted)

The Chief Officer, as this was her last Board meeting, recorded her thanks to all staff in the HSCP, current and former Board Members, the community and members of the public, the partners NHS Highland and Argyll and Bute Council, and both Chief Executives.

The Chief Officer then extended her thanks to Jillian Torrens, for her contribution in her role as Head of Adult Care, as this was also her last Board meeting.

The Chair thanked the Chief Officer on behalf of the Board for her service to Argyll and Bute, adding that she was pleased she would still have some overview of Argyll and Bute in her new role as Chief Executive of NHS Highland.

The Chair also recorded her thanks on behalf of the Board to Jillian Torrens, Head of Adult Care.

6. FINANCE

(a) **Budget Monitoring - 10 months to 31 January 2024**

The Board gave consideration to a report providing a summary of the financial position of the HSCP as at the end of February 2024. Information was provided in respect of the year to date position, forecast outturn, progress with the savings plan and reserves spend.

Decision

The Integration Joint Board –

1. noted that a small underspend of £151k was forecast;
2. noted that savings of £7.4m had been delivered, 83% of target; and
3. noted that reserves of £7m had been committed to date.

(Reference: Report by Head of Finance dated 27 March 2024, submitted)

(b) **Budget 2024/25 and Consultation**

The Board gave consideration to a report seeking approval of the budget and savings proposals for 2024/25. The report advised that the financial context was difficult and work had been ongoing for a number of months to address the budget gap that had been identified.

Decision

The Integration Joint Board –

1. noted that the HSCP was seeking approval for its budget for spend of £329m which relied upon financial recovery, in-year savings and/or brokerage via NHS Highland totalling £2.7m;
2. agreed to amend the budget and savings plan for 2024/25 as outlined in the submitted report by:

- a) removing the £160k saving within Older Adult Day Services for 2024/25, to be funded by increasing the allocation of Pension Fund Savings by £160k; and
 - b) revising the proposed review of Older Adult Day Services to emphasise that this would be led by engagement with staff, service users, their families and wider communities, and would not have any associated assumption of savings, service closures, or direction of users to alternative provision;
3. noted that Equality Impact Assessments had been completed for relevant savings proposals and that these were publicly available;
 4. noted that the Social Work Budget was partly funded by non-recurring pension fund savings to be held by Argyll & Bute Council for this purpose and for transformation;
 5. noted that the HSCP expected to be operating on a financial recovery basis in 2024/25;
 6. noted that there may be a requirement to develop and implement additional service reduction plans urgently, and that these were likely to involve service cuts. Any such proposals would be brought back to the IJB and subject to full public consultation, with a process to be agreed through the Finance and Policy Committee;
 7. noted that opening offers and directions were being finalised with partners and were expected to align with the budget; and
 8. noted that the HSCP was proposing to utilise non-recurring funding to support services and that future funding gaps were substantial.

(Reference: Report by Head of Finance dated 27 March 2024, submitted)

7. CARERS STRATEGY

The Board gave consideration to a report seeking endorsement of the 2024-2027 HSCP Carers Strategy. The Strategy set out a plan for identifying carers, providing support and services to adult and young carers; and information about local support available.

Decision

The Integration Joint Board endorsed the 2024-2027 HSCP Carers Strategy.

(Reference: Report by Carers Act Implementation Officer dated 27 March 2024, submitted)

8. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT - FINANCIAL QUARTER 3 (OCT - DEC 2023/24)

The Board gave consideration to a report presenting the Health and Social Care Partnership Performance Report for financial quarter 3.

Decision

The Integration Joint Board –

1. acknowledged performance for FQ3 (October - December 2023/24) and performance against the previous quarter;
2. acknowledged supporting performance commentary across 8 key service areas;
3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators as detailed at Appendix 1 to the submitted report;
4. noted the System Pressure Report for December 2023 as detailed at Appendix 2 to the submitted report; and
5. noted the Delayed Discharge Sitrep as of 15 January 2024 as detailed at Appendix 3 to the submitted report.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 March 2024, submitted)

9. WORKFORCE REPORT QUARTER 3 (2023/24)

The Board gave consideration to the workforce report which is part of the staff governance suite of reports and focused on workforce data for financial quarter 3 (October to December 2023).

Decision

The Integration Joint Board –

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

(Reference: Report by People Partner dated 27 March 2024, submitted)

10. CULTURE AND WELLBEING UPDATE

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

Decision

The Integration Joint Board –

1. noted the content of the report and the progress being made in the Culture and Wellbeing environment; and
2. discussed and asked questions on elements within the submitted paper.

(Reference: Report by People Partner dated 27 March 2024, submitted)

11. HEALTH AND CARE STAFFING ACT IMPLEMENTATION UPDATE

The Board gave consideration to a report providing a brief overview of the NHS Highland programme arrangements for the implementation of the Health and Care Staffing Act, which will come into force on 1 April 2024.

Decision

The Integration Joint Board –

1. noted the update on activity for assurance; and
2. delegated action to the Clinical and Care Governance Committee to receive regular reporting from the Argyll & Bute Implementation Group and plan annual reporting.

(Reference: Report by Associate AHP Director dated 27 March 2024, submitted)

12. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 29 May 2024 at 1.00pm.

The Chair, on behalf of the Board, thanked Fiona Davies for her hard work and commitment in her time as Chief Officer of Argyll and Bute Health and Social Care Partnership, and wished her well in her new role as Chief Executive of NHS Highland. The Chair then took the opportunity to welcome Evan Beswick in his new role as Interim Chief Officer.



NOTE of INQUORATE MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on THURSDAY, 4 APRIL 2024

Present: Graham Bell (Chair)

Karen Karen Leach
Rebecca Helliwell

Kevin McIntosh
Alison McGrory

Attending: Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services – Health and Community Care, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services – Acute and Complex Care , Argyll and Bute HSCP
Fiona Thomson, Associate Director of Pharmacy, NHS Highland
Simon Deveney, Senior Manager – Resources, Argyll and Bute HSCP
Lucy Dornan, Interim Clinical Governance Manager, Argyll and Bute HSCP
Fiona McCallum, Committee Officer, Argyll and Bute Council

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of David Gibson, Fiona Broderick, Elizabeth Higgins and Kristin Gillies.

The Chair advised that due to a change in Political Leadership at a special meeting of Argyll and Bute Council on 4 April 2024, there would be no Councillors joining this meeting. It was noted, therefore, that due to there being no representation from Argyll and Bute Council, this meeting was inquorate.

It was agreed to go ahead with the meeting with agenda items being noted and that any decisions made would be ratified at the next meeting.

2. MINUTES

(a) Note of Inquorate Meeting of the Clinical and Care Governance Committee held on 1 February 2024

The Note of Inquorate meeting of the Clinical and Care Governance Committee, held on 1 February 2024, was noted. This would be approved as a correct record and any decisions taken at that meeting would be homologated at the next meeting of the Committee scheduled for 6 June 2024.

(b) **Minute of Clinical and Care Governance Group held on 22 February 2024**

The Minute of the Clinical and Care Governance Group, held on 22 February 2024 was noted.

3. ACTION LOG

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

- Action 1 To remain on the Action Log.
- Action 2 As Elizabeth Higgins not in attendance at this meeting the Chair agreed to liaise with Evan Beswick on what the schedule would be for bringing this item forward.
- Action 3 Having noted that this was on the agenda for discussion at item 6 (Health Complaints Overview), it was agreed that this action be removed from the Action Log.
- Action 4 Continued to next meeting.
- Action 5 Continued to next meeting.
- Action 6 Having noted that this was on the agenda for discussion at item 7 (Overview of Registered Services for Older Adults), it was agreed that this action be removed from the Action Log.
- Action 7 Now complete, to be removed from Action Log.

4. HEALTH & SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT - FQ3 (OCT - DEC 2023/24)

The Committee gave consideration to a report which presented the Health and Social Care Partnership's (HSCP's) performance details for FQ3 (October to December) 2023/24. The report included information in relation to the performance against each of the service areas and the 93 supporting Key Performance Indicators; National Health and Wellbeing Indicators and performance and trend overview with regards to System Pressures. Information relating to the Health and Wellbeing Outcome Indicators and Ministerial Steering Group Integration measures was also provided.

Discussions were held regarding the level of data received in respect of residents from Argyll and Bute receiving health care from Greater Glasgow and Clyde Hospitals; Hospital at Home Services following a successful pilot service in Oban and where or not this would be rolled out further; and an increase in young people moving into the area under the National Transfer Scheme for Unaccompanied Asylum-Seeking Children which was not currently recorded under a separate indicator.

It was noted that consideration would be given to bringing a report to a future meeting on the Hospital at Home Service.

Decision

The Clinical and Care Governance Committee:-

1. Acknowledged performance for FQ3 (October to December 2023/24) and performance against the previous quarter.
2. Acknowledged supporting performance commentary from Heads of Service and Service Leads.
3. Acknowledged the 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 December 2023 as contained within Appendix 2 to the report.
5. Noted the Delayed Discharge Sitrep for 15 January 2024, as detailed within Appendix 3 to the report.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 4 April 2024, submitted)

5. DASHBOARD REPORT

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

It was noted that consideration would be given to bringing reports to a future meeting of the Committee on inpatient falls and medication errors.

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. HEALTH COMPLAINTS OVERVIEW

Consideration was given to a report which provided an overview of health complaint activity during the period between 1 September 2023 and 1 March 2024, with a specific focus on stage 2 complaint activity.

A discussion was had about providing the Committee with information on social work complaints activity and it was noted that this suggestion would be taken to the Clinical and Care Governance Group.

Decision

The Clinical and Care Governance Committee noted the content of the paper in relation to health complaints.

(Reference: Report by Interim Clinical Governance Manager, dated 4 April 2024, submitted)

7. OVERVIEW OF REGISTERED SERVICES FOR OLDER ADULTS

The Committee gave consideration to a report which provided an overview of registered social care services in Argyll and Bute for older adults. The report highlighted inspections undertaken in 2023-2024 by the Care Inspectorate for older adult services and presented the assurance functions that underpin registered services.

A discussion was had about providing a spreadsheet on the overlap of other inspections which were carried out for other services, for example, learning disability services.

Decision

The Clinical and Care Governance Committee:-

1. Noted the overview of registered services for older adults in Argyll and Bute.
2. Noted the inspection activity undertaken in 2023-2024 and associated outcomes.
3. Noted the assurance functions for registered services for older adults in Argyll and Bute.

(Reference: Report by Head of Adult Services – Health and Community Care, dated 4 April 2024, submitted)

8. 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, 6 June 2024.



REPORT OF INQUORATE MEETING OF ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held BY MICROSOFT TEAMS on TUESDAY, 9 APRIL 2024

Present:

Attending:

Advance notification was received that this meeting would be inquorate. The meeting was cancelled and no business was transacted.

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**Integration Joint Board****Agenda item:****Date of Meeting: 29 May 2024****Title of Report: Chief Officer Report****Presented by: Evan Beswick, Interim Chief Officer****The Integration Joint Board is asked to:**

- Note the following report from the Interim Chief Officer

Introduction

Welcome to what is my first report as Interim Chief Officer. I would like to thank everyone for supporting me in my new role and I would especially like to thank our previous Chief Officer, Fiona Davies, for her hard work over the last three years and for continuing to be a source of ongoing support.

I've recently been out on site visits and met with staff, it has been a real pleasure for me to see the exceptional health and social care service that they deliver for the people of Argyll and Bute and I would also like to express my gratitude for the professional and compassionate manner in which they provide care. I'd like to extend my thanks to staff for the warm welcome and continued support they have offered.

Service updates in the report this month include our care home task force, spotlight on community nursing in Helensburgh and Lomond, welcoming our international nurses, developments in our Living Well activity and appointments to partnership and public protection committees.

I am also delighted to highlight the recent recruitment of four mental health nurses from Nigeria who have joined the team within Succoth Ward in Mid Argyll Hospital and Community Care Centre. This has been a positive experience for all concerned and highlights that we are looking at all avenues of recruitment to ensure that we can continue to provide a high standard of care for the people who use our services.

In the news section of my report I have spotlighted the Helensburgh & Lomond District Nursing Team and the amazing work that they are carrying in the community. They really have a great relationship with patients and families and are making a real positive difference for the people who need their services which

include management of long term complex care needs, palliative and end of life care.

There is also some good news around a recent investment of £1.7m in refurbishing and developing the Tigh-A-Rudha Residential Home on Tiree. This is a Council owned facility and it has been an excellent example of partnership approach in sourcing the funding for this project.

I hope you find my report interesting and informative and please do not hesitate to contact me if you have any suggestions or ideas for future reports.

Thank you.

HSCP Updates

Argyll and Bute Alcohol and Drug Partnership Chair

I would like to welcome Tracey McFall as the new chair of the Argyll and Bute Alcohol and Drug Partnership (ADP). She brings with her more than 25 years of experience in the social care sector during which she has overseen the development and management of various social services.

Throughout her career development Tracey has gained professional experience within a diverse range of policy areas such as justice, homelessness, mental health, and substance use focusing on marginalised demographics such as children, youth, adults, families, and communities.

In addition, she has occupied senior positions within the Scottish Government, national third-sector organisations, and universities; she also acts as the Vice Chair of the Criminal Justice Voluntary Sector Forum and is part of The Promise Oversight Board. Further information on her appointment is available [here](#).

Living Well Strategy Community Development Officer

The Living Well Strategy 2019-2024 aims to support people to live well with long term health conditions and to work across communities and partners to prevent health problems from arising. The community assets for the living well workstream recognises that strong and vibrant local support improves everyone's health and wellbeing.

Mahailia Kateryna Scott is the community development worker based within the Third Sector Interface (TSI) and her post is funded jointly by the HSCP and Macmillan Cancer Support. She works closely with the Community Link Workers to ensure there is a good understanding of the support that already exists across Argyll and Bute using the TSI's community directory and will also support the development of new community activities such as walking groups to support health and wellbeing.

Service Updates

Medically Assisted Treatment (MAT) Standards

Each Alcohol and Drug Partnership (ADP) is required to submit annual reports to Public Health Scotland to demonstrate progress towards implementing the 10 Medically Assisted Treatment (MAT) Standards for substance use.

The MAT Standards were developed from the recommendations of the Drug Deaths Taskforce which was set up in September 2019 and the aim is to reduce drug related deaths, other related harms and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centred.

2023/2024 was the second year of the reporting timeframe whereby ADPs were required to demonstrate the progress made upon the first year. All ADPs were required to submit numerical, experiential and process reporting and report on twenty measures and capture data relating to referrals, retention in service, access to treatment and treatment provision.

Argyll and Bute ADP Support Team are delighted to report they have received the maximum scores possible for both numerical and experiential reporting for each of the three reports.

Care Home Task Force

We would like to thank the members of the Care Home Task Force for their hard work and dedication to building a strong foundation for the provision of care home services across Argyll and Bute. The Task Force, which came together during the significant challenges that the sector faced during the COVID pandemic, managed to collaborate fully on the safety and wellbeing of residents and staff.

We would also like to thank all participants in the Task Force for their honesty and compassion, in particular the Health Protection Team, the Care Inspectorate, Argyll and Bute Council colleagues, Public Health, Scottish Care, NHS Highland colleagues and the co-chair who represented the sector and fought for the views of care home staff on the ground.

As we now have a Manager's Forum and Collaborative Care Home Group in place, and there has been a shift in focus to a more strategic approach, we have been liaising with care home owners and providers on a proposal to move away from the Task Force set up and instead introduce a strategic stakeholder group which will focus on the future and sustainability of the care home sector in Argyll and Bute.

Mental Health Services International Recruitment

In October 2023 Argyll and Bute Mental Health Services team participated in its first ever international recruitment programme. They were supported in this by the North of Scotland International Recruitment Team and participated alongside inpatient services in New Craigs Hospital as part of an NHS Highland wide pilot.

The programme began with NHS Highland wide interviews to recruit nurses specifically for the inpatient mental health ward (Succoth) in Mid Argyll Hospital and Community Care Centre in Lochgilphead. Staff from the ward, and across the wider HSCP mental health service, were invited to support interviews.

In November 2023 four candidates from Nigeria were successful and accepted offers of a permanent post in Succoth Ward. The nurses arrived in Aberdeen in January 2024 and participated in a 3 week induction and preparation for the OSCE (Objective Structured Clinical Examination) test of competence for individuals who arrive from overseas and wish to work in the UK. Part of the induction focused on the practicalities of relocating to a different country and the Mental Health Services team were able to meet with them virtually to welcome them and answer any questions about the local area and the ward.

In February, the nurses arrived in Lochgilphead and were met by staff to welcome them to their new accommodation and support them to settle in the local area. A welcome pack and local information was provided and they were supported to make contact with the wider international community locally. All four nurses have since passed the OSCE and are now registered with the NMC (Nursing & Midwifery Council) and settling into the ward as registered nurses.

The participation in the international recruitment programme has been extremely positive – especially given the ongoing staffing challenges in rural areas. Being able to secure and support four skilled and experienced mental health nurses has played a crucial role in ensuring optimal staffing levels and upholding exceptional standards of care across our mental health inpatient services.

National Updates

Minimum Unit Pricing Rise

The minimum price per unit of alcohol will increase by fifteen pence after the Scottish Parliament approved plans to continue with the public health measure. As part of a 'sunset clause' when Minimum Unit Pricing (MUP) legislation was introduced in 2018, it had been due to end on 30 April.

In addition, a price increase was required to counteract the effects of inflation, with a rise to 65p selected as the Scottish Government seeks to increase the positive effects of the policy. The increase will take effect on 30 September 2024. Further information is available [here](#).

Record Number of Junior Doctors Take up Posts

Applications for medical training posts in Scotland are at record levels with more junior doctors joining the NHS than ever before.

Data from NHS Education for Scotland shows that 1,231 posts were advertised throughout 2023 and 94% (1,156) of these filled successfully. This includes all entry-level posts in anaesthetics, radiology, emergency medicine, surgery and psychiatry. GP training programmes have been filled at 100% for the first time.

Further information is available [here](#). We will continue to review what opportunities this may present for rural healthcare.

News

Helensburgh and Lomond District Nursing Team

The Helensburgh and Lomond District Nursing Team are based in the Jeanie Deans building at the Victoria Integrated Care Centre in Helensburgh. The team consists of District Nurses, Community Staff Nurses, Healthcare Support Workers and the team is also supported by an administrative officer.

They provide care in the local community wherever possible and deliver nursing and healthcare services to patients who are housebound, either living in their own homes or in a care setting, and who are therefore unable to attend their GP Practice for the nursing care that they require.

The team are caring, compassionate and fully skilled in all that they do and they have good relationships with patients, and their families, some of whom they have known over many generations. Further information and a photo of the team is available [here](#).

£1.7 Million Investment in Tigh-A-Rudha Residential Home on Tiree

The HSCP was delighted to announce recently a £1.7 million contract to refurbish and develop Tigh-A-Rudha Residential Home on Tiree. The contract was awarded to CKR Island Construction Ltd who are based on the island and work began on the project on 18 March 2024.

This significant investment on the HSCP's facilities on the island of Tiree will create a 'Care Hub' which will provide 6 overnight GP beds, 2 respite beds, 1 medical care bed, 5 high grade residential rooms, upgrades to the current medical and respite rooms, a newly upgraded common room and upgraded accommodation on the site which will be made available to by key workers.

In May 2023 Argyll and Bute Council, on behalf of the HSCP, was successful in applying for funding of £450k from the Scottish Government's Islands Programme to assist with the modernisation and reconfiguration of the Council owned facility. The remainder of the funding came from the following sources:

£180k - Argyll and Bute Council Strategic Housing Fund

£300k - Argyll and Bute HSCP contribution

£770k - Argyll and Bute Council Capital Asset Sustainability Block Allocation

Congratulations to the Helensburgh Dental Team

Many congratulations to the Helensburgh Dental Team for winning the Public Service Award at the recent Celebrating Forces Families Award Night. The competition had been tough and the final three nominations were from NHS Highland, North East London NHS Foundation Trust and Oxfordshire County Council.

Armed Forces families face regular moves across not only the UK but also the world, and with each move comes significant change. You change your GP and dentist, you may have to transition from one list to another, you may need to resume ongoing treatment with new specialists in a new hospital - it can be a challenge.

The team in Helensburgh have spent the last two years trying to make those moves smoother, easier and less stressful. They have worked collaboratively with the Naval Family Federation to resolve any issues as quickly as possible and identified potential issues to mitigate them before they could occur. If you'd like to find out more about what the team were nominated for, their stories are included in the Awards Night Programme which you can view [here](#).

Argyll and Bute Child Poverty Action Group

As Interim Chief Officer I have also taken over the lead for the Child Poverty Action Group (CPAG). This Group came into being in response to the 2017 Child Poverty (Scotland) Act which aimed to put in place measures that would reduce the increase in child poverty, both on a national and local level. The CPAG is a multiagency group, including key third sector partners, and is led by the Chief Officer. The group works closely with the Argyll and Bute Financial Advice and Inclusion Group which shares a remit for addressing poverty and the impacts of poverty.

The CPAG seeks to bring organisations together to share information about services and resources as well as the identified needs of people who may be living in poverty. It sets strategy around identified need and determines actions required to lift children out of poverty.

Staffing Updates

Head of Adult Services (Mental Health, Acute and Complex Care)

We would like to welcome back Julie Lusk who has taken up post as Head of Adult Services (Mental Health, Acute and Complex Care). Julie had been on a secondment with the Scottish Government, and we are delighted that she has come back to join us when her secondment came to an end.

Julie is returning to the post vacated by Jillian Torrens who has recently left the organisation to take up a new role. I would like to thank Jillian for her huge contribution to the Argyll and Bute team and to the services she led.

iMatter and Employee Engagement Surveys

Strong employee engagement remains a priority for the HSCP as it is important that the voice of our staff is heard and acted upon. This is also a focus of the local Culture and Wellbeing Group and a priority for both our NHS and Council partners.

The council's employee engagement survey, launched on the 24th April, is for all council employees and is linked to the recently launched people strategy. It seeks to understand where the council is doing well as an employer and where there are opportunities to make improvements.

The annual iMatter staff survey was launched on 13 May and is for all employees across the HSCP, both NHS and Council employees. I am very hopeful that we will improve upon the 48% completion we saw last year and I am committed to acting

on the information we obtain both to celebrate what we do well and to further improve where this is required. Both surveys will be followed up by focus groups and we will do these in as joined up a way as possible to gather all the relevant information across the partnership and inform our activity going forward.

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Integration Joint Board

Date of Meeting: 29 May 2024

Title of Report: Appointment of members to the Integration Joint Board

Presented by: Charlotte Craig

The IJB is asked to:

- Note changes in the membership of the IJB and impact on the representation throughout the Committee structure.
- Appoint two members to the IJB Audit and Risk Committee
- Appoint two members to the IJB Clinical and Care Governance Committee
- Appoint two members to the IJB Finance and Policy Committee
- Appoint one member to the IJB Strategic Planning Group
- Note thanks to previous members
- Note current recruitment to unpaid care vacancy

1. EXECUTIVE SUMMARY

Following the recent change of Council administration and subsequent changes to elected member representation on the IJB there is a requirement to appoint new members to ensure representation across the committee structure.

Each committee/group requires two elected members either in the chair or vice chair role of the committees and as a member of the Strategic Planning Group.

The chair/vice chair of the Finance and Policy Committee should not be the chair/vice chair of the Audit and Risk Committee.

The IJB Chair is required to undertake some roles in line with the terms of reference and these have been populated in appendix 1.

The IJB welcomes Councillor Dougie MacFadzean as the IJB chair and Councillor Ross Moreland and a welcome to returning IJB members Councillors, Mulvaney and Green.

The IJB also offers thanks for the service to the board to Cllr Amanda Hampsey and Councillor Dougie Philand.

The IJB should also note current recruitment underway for an unpaid carer member.

2. RECOMMENDATIONS

Appendix 1 notes a recommendation to the IJB for appointments to the committee structure and the IJB is asked to approve this.

3. DETAIL OF REPORT

The Terms of reference indicate the current requirement of members for the committee structures, this also includes professional advisors and wider partners on the Strategic Planning Group.

The tables in appendix 1 indicate the required IJB membership on committees and current gaps.

Two elected members are required for each committee and one elected member at the Strategic Planning Group.

One elected member on each committee should be the chair or vice chair with no conflict between the Finance and Policy and Audit and Risk Committees.

Other than changes to the elected member representation on these committees the membership is assumed to be unaffected and in line with the requirements of the Terms of Reference.

The IJB is seeking completion of the Unpaid carer representative by early June. This has been an open public process.

4. RELEVANT DATA AND INDICATORS

Provision of notification of the change of appointed members to the IJB from council.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

6. The IJB require to have appropriate arrangements in place to provide robust governance and partner representation on the IJB.

7. GOVERNANCE IMPLICATIONS

- 6.1 **Financial Impact** none
- 7.2 **Staff Governance** none
- 7.3 **Clinical and Care Governance** none

8. PROFESSIONAL ADVISORY

None required for this report

9. EQUALITY & DIVERSITY IMPLICATIONS

The Board requires as a public body to ensure it pays due regards to gender balance. All members are appointed by partners bodies.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable

9. RISK ASSESSMENT

Risk of non-compliance with the Terms of Reference, capacity to make decisions with agreed governance and agreed representation on Committees if new elected members are not nominated and confirmed.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Partner appointment of elected representatives, open public recruitment of unpaid carer representative.

11. CONCLUSIONS

The IJB are required to nominate new member representatives to the IJB Committees and Strategic Planning Group to replace the elected members no longer part of the Integration Joint Board. These arrangements would be effective immediately and within the Terms of Reference

12. DIRECTIONS

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

13. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)
N/A			

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
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Clinical & Care Governance Committee		
Role	Current	Membership
Chair IJB Member (Council or NHS)	Graham Bell	Member
Vice Chair IJB Member (Council or NHS)	Dougie McFadzean	Member
IJB Member	Karen Leach	Member
IJB Member	Proposed Ross Moreland	Member

Audit & Risk Committee		
Role	Current	Membership
Chair IJB Member	Proposed Cllr Kieron Green	Member
Vice Chair IJB Member	Susan Ringwood	Member
IJB Member	Emily Woolard	Member
IJB Member	Proposed Ross Moreland	Member
IJB Member		Member
IJB Member		Member

Finance & Policy Committee		
Role	Current	Membership
Chair	Dougie McFadzean	Member
Vice Chair	Graham Bell	Member
IJB Member	Karen Leach	Member
IJB Member	Proposed Gary Mulvaney	Member
IJB Member		Member
IJB Member	Kenny Matheson	Member

SPG Role	Current Member	Role
Co chair	Kristin Gillies	Head of Strategic Planning, Technology and Performance
Co chair (IJB member)	Proposed Ross Moreland	Elected member
Chief Officer	Evan Beswick	(Interim) Chief Officer Health and Social Care
IJB Member NHS	Graham Bell	IJB Vice Chair
IJB Member Council	Dougie McFadzean	IJB Chair

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Integration Joint Board

Date of Meeting: 29 May 2024

Title of Report: Budget Monitoring 2023/24 and Provisional Year End

Presented by: James Gow, Head of Finance

The Integration Joint Board is recommended to:

- Note that the HSCP is reporting an improved position and a provisional year end underspend against budget of £2.6m or 0.7%.
- Note that savings of £7.4m have been delivered, 83% of target.
- Note that the HSCP holds general reserves of £7.8m and earmarked reserves of £12.1m (£19.9m total) at the end of 2023/24.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a provisional summary of the year-end financial position which is subject to final accounting adjustments and external audit. The position has improved, for health services, and the HSCP is reporting an overall underspend of £2.6m against its budget of £355m. Additional funding was confirmed in the last month of the year and some favourable movements against forecast were also identified which reduced spend, particularly relating to drugs costs. Overall, this enabled the HSCP to maintain its reserves at a higher level than anticipated. Additionally, £4.7m of new non-recurring funding has been allocated to reserves to assist with future sustainability.
- 1.2 The improved performance provides funds for investment and enables the HSCP to take a longer term approach to addressing the financial challenges it faces going forward. It believes it now has resources in place to cover its budget gap for 2024/25 and to progress infrastructure and transformation projects without having to identify and implement additional savings plans. Financial risks remain high despite the favourable performance, a new spending review is expected from the Scottish Government in June 2024, this will help inform medium term financial planning.

2. INTRODUCTION

- 2.1 This report provides a summary of performance against budget for 2023/24 and provides the IJB with a provisional year end position which is subject to final accounting adjustments and external audit. The report provides the indicative outturn, final savings report and reserves balances.

3. DETAIL OF REPORT

3.1 12 Months to 31 March 2024

The table below provides a summary of performance against budget. The reported overspend on Social Work is funded through an additional allocation from general reserves and the NHS underspend is added to the general reserve and carried forward. Appendix 1 provides an analysis of the variances:

Service	Actual £000	Budget £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	91,882	91,717	-165	-0.2%
HEALTH SERVICES TOTAL	260,826	263,624	2,798	1.1%
GRAND TOTAL	352,708	355,341	2,633	0.7%

3.1.1 The position improved in month 12, mainly due to additional allocations of funding from the Scottish Government and corrections made to medicines and national services data / costs (NHS budget). The Social Work budget deteriorated slightly at the year end due to the cost of a staff termination arrangement. The overall impact is that the general reserves held by the IJB have not reduced as previously anticipated. This is analysed later in the report.

3.1.2 Social Work Outturn

As has been reported all year, several social work budgets have been under severe pressure and older people services overspent significantly (by £2.4m or 5%). This was partly offset by the planned use of reserves, underspends on other services and vacancies. The overspend was as a result of increased care home placements and higher demand and costs for care at home services. The budgets where large overspends are reported:

Adult Services	Budget	Spend	Overspend
External Residential Placements – demand led @ national contract rate	£10.0m	£11.1m	£1.1m
Care @ Home Service	£18.4m	£19.5m	£1.1m
Internal Care Home Placements	£7.3m	£7.9	£0.6

The overspending includes the additional costs relating to interim arrangements in the care at home service while the new contract 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 overspend was partly offset by savings in other areas including Children's services and Learning Disability budgets. The Older People service also took on the direct staffing and management of care at home services in Kintyre towards the end of year, this added slightly to the overspend. The Social Work budget was balanced through the increased use of general reserves which reduced by slightly more than anticipated as a result.

Social Work	£'000
Opening Social Work General Reserve	3,556
Budgeted reliance on reserves	(623)
Revenue overspend 2023/24	(165)
General Reserves Spend – Infrastructure & Transformation	(170)
General Reserves - funding requirement and spend	(958)
Closing General Reserve	2,598

The Transformation and Infrastructure spend includes spend on strategic development work with Hub North and additional costs relating to the Eclipse implementation.

3.1.3 Health Services Outturn

The health position improved markedly in the final month. This was due to additional funding allocations, central funding of some national costs which were expected to be charged to IJBs and Boards and improved nationally provided information on drug costs. The reduced actual spend on drugs has a recurring impact as a higher level of spend was assumed in the budget for 2024/25. While the overall outturn is favourable there were a number of budgets which overspent:

- Medicines – national tariffs and prescribing volumes increased during the year, the final overspend was £1.2m, less than expected but still 3% above budget. The Finance & Policy Committee is to consider a more detailed analysis of spend in June along with a proposal for a favourable adjustment to the 2024/25 budget;
- Acute Services – £0.8m overspend largely due to on-going spend on agency and locum staff; and
- Estates - overspent by £0.4m due to failure to achieve workforce related savings and the cost of reactive emergency repairs at the year end.

The national initiative to end the use of non-framework providers had some impact on reducing agency nursing rates towards the year end but utilisation of staff remained high due to vacancies. Monthly costs were circa £50k lower in the second half of the year.

NHS Services	£'000
Opening General Reserve	5,542
Allocated to Prevention Programme	(600)
Less new NRAC parity and sustainability funding returned to NESH	(2,297)
Project Spend	(227)
Underspend added to general reserve	2,798
Closing General Reserve	5,216

Due to the financial challenges within NHS Highland, the HSCP share of additional in-year resource was returned following discussions at Board level. Additionally, the HSCP spent some of its general reserve on the hospital bed replacement programme and other smaller projects.

The relatively favourable financial position achieved by the HSCP has been due to careful and prudent management of budgets and savings. It is the fourth year in succession where the HSCP has performed better than budgeted and this has provided funding for projects, such as the purchase of the Kintyre Care Centre and redesign and refurbishment of Tigh a Rudha, as well as providing some financial resilience and flexibility.

3.2 Forecasting

The finance teams have worked hard to accurately forecast expenditure to ensure financial management processes are robust and longer term planning is based upon appropriate assumptions and modelling. In recent years financial performance has been better than forecast at the year end and this is the case again, although to a smaller extent, within NHS services (1%). The main drivers for this were:

- Scottish Government confirming funding allocations late in the year, a recurring issue in recent years and not predicable by the HSCP;
- During 2023/24 there were national reporting issues relating to medicines and prescribing data which meant forecast figures were not based upon accurate information and a prudent approach was taken which resulted in an over-estimate of spend; and
- Charges from Glasgow for some specialist activity were also lower than had been expected based upon historical data.

To a large extent these factors are difficult to manage and a prudent approach has ensured that the financial sustainability of the HSCP has been maintained. The main learning point is that operational relationships with NHS Greater Glasgow and Clyde require improvement to ensure there is a better shared understanding of likely costs at touchpoints throughout the year.

With Social Services budgets the main concern has been increased spend on older people services, this exceeded budget significantly and an improved focus on budgetary control and modelling is required in this area.

3.3 Savings Delivery

Delivery of the savings programme is an important element of the financial management process. The final position for 2023/24 was that £7.4m (83%) of the £8.9m target was achieved:

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%

The remaining savings, listed in appendix 2b, will be carried into the new year. The most significant saving relates to the implementation of the new Care at Home contract, this is out to tender at present and the deliverability will be

reviewed once the tenders are evaluated and new contracts awarded. Work is underway to assess how the savings related to the medical model at Cowal Community Hospital can be delivered despite the pause in the capital project.

The 2025/26 savings plan will be reported in detail to the Finance and Policy Committee and in IJB budget monitoring report throughout the year.

3.4 Reserves

3.4.1 Earmarked reserves of £17m were carried into 2023/24. Of this, £6.2m was spent, less than planned due to the improved in year performance meaning that budgeted allocations to cover the NHS deficit were not required. The analysis in appendix 3 details reserves spend during the year.

3.4.2 In addition there are a number of funding streams that were received into reserves, these consist of specific allocations by Scottish Government which were not spent during the year, usually as a result of late confirmation of funding or inability to recruit staff. Additionally, the Scottish Government allocated the HSCP £4.7m via NHS Highland in March 2024 for Sustainability and Value. It is anticipated that the HSCP will be required to balance its budget in 2024/25 without reliance on additional funding from NHS Highland as a consequence of receiving this resource. Some of it will be required to fund elements of the Agenda for Change pay settlement and to assist with addressing waiting times.

3.4.3 The table below summarises the reserves movement, Council held reserves reduced by £1.6m to £3.4m. Total reserves increased by £2.9m, however this would have been a net decrease of around £1.8m had the additional funds referred to above not been allocated at the end of the year.

	Opening £	Spend in 2023/24 £	New Reserves £	Carried Forward to 24/25 £
Held by NHS	11,984,433	4,397,390	8,902,789	16,489,832
Held by Argyll & Bute Council	5,006,099	1,826,239	209,157	3,389,017
Total	16,990,533	6,223,629	9,111,946	19,878,850

Of the total, around £7.8m can be considered to be IJB general reserves, equivalent to 2.2% of spend (or 8 days). These reserves will be allocated to fund specific projects and will provide some degree of financial resilience going forward. The Transformation Board and Infrastructure Group will be reviewing priorities in the coming months. Commitments have already been made to:

- Tigh a Rudha remodelling
- Coll key worker accommodation refurbishment
- Kintyre Care Centre improvement plan and Care Home Maintenance
- Campbeltown X-Ray project (subject to NHSH approval)
- Care Homes and Housing Strategic Development

The use of some of the HSCP reserves to assist with Estates related works helps reduce infrastructure risk and enables important operational improvements to take place. However, it is also compensating for lack of investment by both partners over a number of years which has left the HSCP

in a position whereby essential backlog maintenance costs now exceed available funding allocated by both partners by some margin. This will be further considered by the Finance & Policy Committee and within HSCP risk management processes.

Additionally, some of the strategic development work has been paused due to capital funding constraints, the Care Homes and Housing element of this is planned to continue. Failure to continue with this work will further increase infrastructure and service risks in the longer term. A detailed revised plan for the investment of reserves is being developed and will be reported in the coming weeks. The HSCP is acutely aware that its budget for 2024/25 remains reliant upon the use of reserves and non-recurring funding and investment priorities require to take into account the need for future savings and effect service transformation.

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. The IJB has also indicated that it has a low risk appetite for financial risk.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact – the forecast outturn position is a small underspend, this has enabled the HSCP to maintain its reserves for investment priorities and to assist with future financial challenges. The return of funds to 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 Financial Risk continues to be regarded as very high:

- Continuing impact of inflation and service demand;
- 2024/25 pay settlements and funding;
- Potential for recovery of reserves; and
- Delivery of the savings programme.

The public sector financial outlook remains concerning and financial risk is perceived to continue to be very high as reported in the Strategic Risk Register.

NHS Highland, and the Health Service more widely, continue to be under severe pressure, this is a risk to the HSCP as reserves may be clawed back or funding withheld or reduced in 2024/25.

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 project plans where appropriate. The unaudited annual accounts for 2023/24, which present financial performance in a different format, will be publicly available from the end of June 2024.

12. CONCLUSIONS

12.1 This report provides a provisional overview of financial performance during 2023/24. It outlines a better position than previously forecast and the reasons for this. The main advantage associated with the improved performance is that the HSCP has more funds for investment in projects than anticipated and expects to be able to balance its budget in 2024/25 without resorting to short term cost reductions although financial controls will continue to be increased to reflect the longer term outlook.

12.2 Good progress was made with 83% of the savings programme delivered during the year. The reserves position is also healthy as a consequence of the improved financial performance and allocation of additional funding at the year end by Scottish Government.

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	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)
<i>SLT</i>	<i>Budget Monitoring 2023/24</i>	<i>15/05/24</i>	<i>N/A</i>

APPENDICES:

Appendix 1 – Provisional Year End Position

Appendix 2a and 2b – Savings Programme

Appendix 3 – Reserves

AUTHOR NAME: James Gow, Head of Finance

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
REVENUE BUDGET MONITORING SUMMARY - PROVISIONAL YEAR END POSITION AS AT 31 MARCH 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	635	1,202	567	47.2%	Underspend is due to an over-recovery on vacancy savings (£155k) combined with underspends on centrally held funds (£566K).
Service Development	465	474	9	1.9%	Outwith reporting criteria.
Looked After Children	7,803	8,162	359	4.4%	Underspend is as a result of demand for fostering, kinship and adoption placements and on supporting young people leaving care. There was also receipt of additional income from the Home Office for unaccompanied asylum seeking children. This was partially offset by demand for external residential placements and payroll overspends in the children's houses.
Child Protection	3,359	3,747	388	10.4%	Underspend is mainly due to vacancies.
Children with a Disability	990	1,001	11	1.1%	Outwith reporting criteria.
Criminal Justice	168	269	101	37.5%	Underspend is due to vacancies within the Criminal Justice team as well as funding allocated at year end
Children and Families Central Management	3,793	3,779	(14)	(0.4%)	Outwith reporting criteria.
Older People - Homecare	19,520	18,355	(1,165)	(6.3%)	Overspend due to demand, agency costs and smarter commissioning payments.
Older People - Internal Residential	7,901	7,281	(620)	(8.5%)	Overspend due to staffing bank and agency costs, offset by underspends against contracted posts and additional income.
Older People - External Residential	11,106	10,018	(1,088)	(10.9%)	Overspend reflects demand for service based on package commitments.
Older People - Other	8,985	9,437	452	4.8%	Underspend due to vacancies across assessment and care management teams, progressive care and integrated care teams, offset partially by agency cover.
Physical Disability	3,508	3,517	9	0.3%	Outwith reporting criteria.
Learning Disability	19,301	19,357	56	0.3%	Small underspend reflects demand for Residential Placements partially offset by overspends on Supported Living and Respite and by redundancy payments incurred at year end.
Mental Health	3,594	3,631	37	1.0%	Outwith reporting criteria.
Adult Services Central Management Costs	754	1,487	733	49.3%	Underspend is mainly due to underspends on centrally held funds and staff vacancies.
COUNCIL SERVICES TOTAL	91,882	91,717	(165)	(0.2%)	
HEALTH SERVICES:					
Explanation					
Health & Community Care Services	45,415	45,865	449	1.0%	Saving due to reduced cost per case activity with other Health Boards and vacancies
Acute & Complex Care Services	40,328	39,519	(809)	(2.0%)	Overspend due to agency nursing, medical & AHP costs in both LIH & Mental Health Services
Children & Families Services	10,265	10,324	59	0.6%	Increased cost of consultant outreach services from GGC
Commissioned Services - NHS GG&C	77,845	78,397	552	0.7%	Reduced cost per case activity and additional drug rebates
Commissioned Services - Other	4,796	4,664	(132)	(2.8%)	Overspend due to the extension of an out of area placement
Primary Care Services inc Dental	28,791	29,006	214	0.7%	Saving due to vacancies, mainly in Dental Services
Other Primary Care Services	10,741	10,741	0	0.0%	Outwith reporting criteria.
Prescribing	24,084	22,918	(1,166)	(5.2%)	Overspend due to increasing cost of drugs and amendments to drug tariff.
Public Health	2,602	2,605	3	0.1%	Outwith reporting criteria.
Lead Nurse	1,664	1,844	181	9.8%	Saving due to short term vacancies.
Management Service	2,491	2,478	(12)	(0.5%)	Outwith reporting criteria.
Planning & Performance	2,466	2,386	(81)	(3.4%)	Overspend due to failure to achieve savings.
Budget Reserves	0	3,819	3,819	0.0%	Favourable variance due to slippage on budget reserves spend and additional SG allocations.
Income	(2,008)	(1,894)	115	(6.1%)	Additional income from re-charges for activity in A&B Hospitals due to increased activity.
Estates	11,346	10,953	(393)	(3.6%)	Overspend due to unachieved savings & emergency works
HEALTH SERVICES TOTAL	260,826	263,624	2,798	1.1%	
GRAND TOTAL	352,708	355,341	2,633	0.7%	

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Appendix 2a - 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	Reduce external placement budget by 1 - C&F	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 2b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M12 £' 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		Sustainability of providers remains a risk, new contract being progressed
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		

Appendix 3 - Reserves

	Opening Reserves	Spend during 2023/24	Additional Reserves 2023/24	Closing Reserves Balance	
	£	£	£	£	
Primary Care Improvement fund	609,522	609,522		0	
Other Primary Care Projects	108,507	21,012	9,277	96,772	
Technology Enabled Care (Near Me)	100,202	69,300		30,902	
Technology Enabled Care	18,000	17,385		615	
ADP Funding	430,763	369,300	433,410	494,873	
Best Start - Maternity Services (Board re-provision)	82,451		28,322	110,773	
Supporting Improvements to GP Premises	178,441			178,441	
Scotgem Funding	14,000		7,420	21,420	
Covid-19 support	8,356	8,356		0	
Childrens Mental Health Services (CAHMS)	645,170			645,170	
Community Living Change Fund	239,688	151,543		88,145	
Primary Care OOH Funding	139,394		94,969	234,363	
Insulin Pumps	69,720	69,720		0	
ASC Nurse Director Support IPC	61,066	48,400		12,666	
Trauma Network Tranche 1 / Tranche 2	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	159,518	279,498	
Perinatal MH Funding	19,887			19,887	
Mental Health Officer Training / Recovery	63,953	35,166		28,787	
Type 2 Diabetes Framework	66,972	21,593		45,379	
Trauma Training Programme	90,567	54,850	50,000	85,717	
Wellbeing Funding	77,428	37,900		39,528	
Oban Accommodation	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		81,700	717,913	
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	159,500	159,500	
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	65,879	131,248	
Medical Equipment - Dental	84,285			84,285	
Eating Disorders	59,238	59,000		238	
Ventilation Improvement	29,200			29,200	
Mental Health Recovery Services	38,931			38,931	
Whole Family Wellbeing Fund	278,737		159,157	437,894	
Care at Home Funding	417,896	417,896		0	
Multi Disciplinary Teams	84,000	40,000		44,000	
Interim Care	229,123	118,036		111,087	
General Reserves - Service Transformation & Estates	2,767,789	170,007		2,597,782	
General Reserves - Social Work Budget Gap 2023/24	788,000	788,000		0	
Social Work Workforce	103,990	65,000		38,990	
Nurse Director Support for Care Homes	62,386			62,386	
Digital Therapies	0		58,773	58,773	
GDS element of the Public Dental Service	278,500			278,500	
Hospital at Home Project	250,000	91,300	256,367	415,067	
Learning Disability Health Checks	37,640		37,604	75,244	
Mental Health after Covid Hospitalisation / Long Covid	26,348		14,805	41,153	
Recovery Children's Oral Hlth & Dent(Childsmile)	10,827			10,827	
Sustainability & Value	0		4,697,000	4,697,000	M12 Allocation from SG
Prevention Programme	600,000			600,000	
General Reserves	3,500,000	2,296,580	2,798,245	4,001,665	£2.3m return to NESH plus underspend
General Reserves - Estates & Transformation Projects	1,229,972	15,100		1,214,872	
General Reserves - Hospital Bed Replacement Programme	212,200	212,200		0	
Total	16,990,533	6,223,629	9,111,946	19,878,850	
Held by NHS	11,984,433	4,397,390	8,902,789	16,489,832	
Held by Argyll & Bute Council	5,006,099	1,826,239	209,157	3,389,017	
Total	16,990,533	6,223,629	9,111,946	19,878,850	

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Integration Joint Board

Date of Meeting: 29 May 2024

Title of Report: Financial Regulations

Presented by: James Gow, Head of Finance

The Integration Joint Board is recommended to:

- Note that the Financial Regulations have been reviewed by officers and have been shared with both partners; and
- Approve the Financial Regulations.

1. EXECUTIVE SUMMARY

The IJB is required to have in place financial regulations which are designed to contribute to the system of governance, assurance, financial management and control of the activities delegated to the IJB. The Financial Regulations should be reviewed on a regular basis, this report is seeking IJB approval for these following review by the Chief Finance Officer and the Strategic Leadership Team. The revised Financial Regulations have been re-shared with both partners. No substantive changes are being recommended.

It is proposed that the Financial Regulations will next be reviewed in three years unless there is a requirement to undertake this at an earlier date.

2. DETAIL OF REPORT

The Financial Regulations have been reviewed by officers of the HSCP and only minor changes to wording have been made, largely to reduce repetition. The purpose of the regulations is primarily to outline the governance arrangements and responsibilities concerning the operation of the IJB. The document is heavily focussed upon financial management processes and responsibilities of the Chief Financial Officer, Chief Officer and budget holders within the HSCP. It also outlines the responsibilities of the Director of Finance of NHS Highland and the Section 95 Officer of Argyll & Bute Council in relation to supporting the governance of the HSCP / IJB.

The Financial Regulations are supported by operational processes and procedures within both partner organisations and focus on setting the high level framework for financial governance within the IJB only.

The Financial Regulations also confirm that the IJB does not own the assets it utilises and cannot incur capital spend, such responsibilities are held by both

partners. Officers of the IJB are expected to contribute to the development of business cases to support and direct capital investment and maintenance.

Overall, the review of the Financial Regulations has not resulted in any material changes and the review provides management assurance that the financial management and governance framework operating within the IJB is compliant with these regulations. External assurance is provided through the internal and external audit processes which include regular review of key governance documents and their implementation.

3. RELEVANT DATA AND INDICATORS

None

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Financial sustainability and sound management of public funds administered by the IJB are important strategic priorities.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None directly from the review of the Financial Regulations. The process of regular review provides the IJB with the opportunity to re-consider financial governance arrangements.

5.2 Staff Governance

The Financial Regulations outline the responsibilities of senior staff within the HSCP / IJB and partners. They also seek to ensure processes are in place to monitor and control expenditure in line with budget, in practise this has staff governance implications.

5.3 Clinical and Care Governance

None directly arising from the contents of this report.

6. PROFESSIONAL ADVISORY

6.1 The revised financial regulations have been considered by the full Strategic Leadership Team.

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 There are no equality and diversity implications associated with the contents of this report.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

8.1 None

9. RISK ASSESSMENT

9.1 The Financial Regulations seek to ensure that clear financial governance arrangements are in place. These in turn contribute to the governance

and financial control framework and contributes to the mitigation of a number of financial, reputational and governance risks.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10.1 The Financial Regulations are publicly available.

11. CONCLUSIONS

The Financial Regulations have been reviewed and no material changes are being recommended. They are considered to continue to be appropriate, it is recommended that they will next be reviewed in three years time.

12. DIRECTIONS

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

13. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)
<i>Strategic Leadership Team</i>	<i>Financial Regulations</i>	<i>07/05/24</i>	<i>Recommended to the IJB</i>

APPENDICES:

Appendix 1 – Financial Regulations

REPORT AUTHOR AND CONTACT

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ARGYLL AND BUTE INTEGRATION JOINT BOARD FINANCIAL REGULATIONS V2.0

Document control

Title	Financial Regulations
Author	James Gow
Creation date	7/05/2024
Date of version	7 May 2024

Version history

Version	Comments
V0.1	Draft
V1.0	Draft, review and update regulation and add document control
V1.1	Review by SLT 1 May 2024
V2.0	Approved by IJB on 29 May 2024. Review by 31 May 2027.

1. SCOPE AND OBSERVANCE

- 1.1. Argyll and Bute Integration Joint Board is a legal entity created by Parliamentary Order, following Ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board, in particular:

Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs, including:

- Approve the financial systems;
- Approve the duties of officers operating these systems; and
- Maintain a written description of such approved financial systems including a list of specific duties.

- 1.2. These financial regulations should be read in conjunction with the Standing Financial Instructions of NHS Highland and the Financial Regulations and Codes of Financial Practice of Argyll and Bute Council, which would apply to resources transferred to them by the Integration Joint Board.

- 1.3. Elected and appointed Members of the Integration Joint Board together with Officers appointed or seconded to the Integration Joint Board or Officers of NHS Highland and Argyll and Bute Council managing resources on behalf of the Integration Joint Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

- 1.4. The key controls and control objectives for financial management standards are:

- The promotion of the highest standards of financial management by the Board;
- A monitoring system to review compliance with the financial regulations;
- Preparation and approval of an annual budget;
- Regular comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the Integration Joint Board, NHS Highland and Argyll and Bute Council;
- Preparation of appropriate documents that inform the medium term financial planning and decision making of the Integration Joint Board;
- An effective and independent internal audit function; and
- Preparation of annual accounts to be submitted for external audit.

2. FINANCIAL MANAGEMENT AND PERFORMANCE

2.1. RESPONSIBILITY OF THE INTEGRATION JOINT BOARD

2.1.1. The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Highland and Argyll and Bute Council. In relation to financial management it specifies:

- The establishment of Argyll and Bute Integration Joint Board as a “joint operation” as defined by IFRS 11;
- The Integration Joint Board will make arrangements for the proper administration of its financial affairs by appointing a Chief Financial Officer to discharge the responsibilities within Section 95 of the Local Government (Scotland) Act 1973;
- The financial management arrangements including treatment of budget variances;
- Reporting arrangements between the Integration Joint Board, NHS Highland, and Argyll and Bute Council;
- The method for determining the resources to be made available by NHS Highland and Argyll and Bute Council to the Integration Joint Board; and
- The functions which are delegated to the Integration Joint Board by NHS Highland and Argyll and Bute Council.

2.1.2. The Integration Joint Board will lead the preparation of the Strategic Plan with its stakeholders. The requirements include:

- The payment from Argyll and Bute Council to the Integration Joint Board for delegated social care services; and
- The payment from NHS Highland to the Integration Joint Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer.

2.2. RESPONSIBILITY OF THE CHIEF OFFICER

2.2.1. The Chief Officer is the accountable officer of the Integration Joint Board. The Chief Officer will discharge their duties in respect of the delegated resources by:

- Ensuring that the strategic plan meets the requirement for economy, efficiency and effectiveness in the use of the Integration Joint Board’s resources; and
- Giving directions to NHS Highland and Argyll and Bute Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities within available resources.

2.2.2. In his/her operational role within NHS Highland and Argyll and Bute Council, the Chief Officer has no “accountable officer” status but is:

- Accountable to the Chief Executive of NHS Highland for the financial management of the revenue budget; and
- Accountable to the Chief Financial Officer (Section 95 officer) of Argyll and Bute Council for the financial management of the revenue budget; and
- Accountable to the Chief Executive of NHS Highland and the Chief Executive of Argyll and Bute Council for the operational performance of the services managed by the Chief Officer.

2.3. **RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER**

2.3.1. The Chief Financial Officer is the proper officer for the purposes of Section 95 of the Local Government (Scotland) Act 1973. The Chief Financial Officer has a statutory duty to ensure proper administration of the financial affairs of the Integration Joint Board. The Chief Financial Officer may issue financial instructions to clarify any of the matters set out in these financial regulations.

2.3.2. The Chief Financial Officer will work closely with the Chief Officer, the Director of Finance of NHS Highland, the Section 95 Officer of Argyll and Bute Council and the Audit Committee of the Integration Joint Board to ensure effective management of the financial resources.

2.3.3. The Integration Joint Board will have regard to the current CIPFA guidance on the role of the Chief Financial Officer in Local Government and any Scottish Government or professional guidance in the operating parameters of the Chief Financial Officer.

2.3.4. CIPFA’s guidance sets out five key roles for the Chief Financial Officer:

- Maintaining strong financial management underpinned by effective financial controls;
- Supporting and advising members of the Integration Joint Board;
- Contributing to corporate management and leadership;
- Supporting and advising officers in their operational roles; and
- Leading and managing an effective and responsive financial service.

2.3.5. The Chief Financial Officer and Chief Officer will discharge their duties in respect of the delegated resources by:

- Establishing and maintaining financial governance systems for the proper use of the delegated resources; and
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources.

2.4. RESPONSIBILITY OF HEALTH BOARD ACCOUNTABLE OFFICER; NHS HIGHLAND DIRECTOR OF FINANCE & SECTION 95 OFFICER OF ARGYLL AND BUTE COUNCIL

- 2.4.1. The Health Board Accountable officer and the Section 95 Officer of Argyll and Bute Council discharge their responsibility - as it relates to the resources that are delegated to the Integration Joint Board - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.
- 2.4.2. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and to ensure that adequate systems of internal control are established by the Integration Joint Board.
- 2.4.3. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council will provide ongoing support and advice to the Chief Officer and Chief Financial Officer in the delivery of operational services within NHS Highland and Argyll and Bute Council.

3. FINANCIAL PLANNING

- 3.1. The Integration Joint Board is responsible for the production of a Strategic Plan that sets out the services for their population over a three year term. This should include, or align with, the financial plan or budget.
- 3.2. NHS Highland and Argyll and Bute Council will provide indicative three year rolling funding allocations to the Integration Joint Board to support the Strategic Plan and medium term financial planning. Such indicative allocations will remain subject to annual approval by both organisations.
- 3.3. It is the responsibility of the Chief Officer and the Chief Financial Officer to develop a business case (or budget) for the Integration Joint Board based on the Strategic Plan and to present this to NHS Highland and Argyll and Bute Council for consideration and agreement within each organisation's budget setting process. This should take account of factors such as:
- Activity Changes - The impact on resources in respect of increased demand (e.g. demographic and morbidity changes) and for planned activity changes;
 - Cost inflation - Pay and supplies cost increases;
 - Efficiencies - All savings (including increased income opportunities and

service rationalisations/cessations) should be agreed between the Integration Joint Board, NHS Highland and Argyll and Bute Council as part of the financial planning process to ensure transparency;

- Performance on outcomes - The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by NHS Highland and Argyll and Bute Council.
- Legal requirements - Legislation may entail expenditure commitments that should be considered in adjusting the payment;
- Budget savings required to ensure budgeted expenditure is in line with the funding available including an assessment of the impact and risks associated with these savings; and
- Due diligence of the NHS Highland and Argyll and Bute Council contributions.

3.4. The method for the determination of contributions to the Integrated Budget is stated in the Integration Scheme.

4. LIMITS ON EXPENDITURE

4.1. No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration Budget and Strategic Plan, except:

- Where additional funding has been approved by NHS Highland and/or Argyll and Bute Council and the Integrated Budget/Strategic Plan updated appropriately; or
- Where a supplementary budget has been approved by the Integration Joint Board; or
- In emergency situations within the terms of the scheme of delegation; or
- As provided for in the Virement rules as described in paragraph 5 below.

5. VIREMENT

5.1. Virement is the transfer of an underspend on one budget head to finance additional spending on another budget head. It is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or from one service to another.

5.2. Virements require approval and will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:

- Virement must not create an additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year. Where the virement involves the

transfer of up to £100,000 between operational budget headings, and will not affect the execution of existing Integration Joint Board policy, the transfer will be approved jointly by the Integration Joint Board Chief Financial Officer and Chief Officer.

- Where the amount is over £100,000 or where the transfer of any amount would affect the execution of existing Integration Joint Board policy, approval of the Integration Joint Board is required.
- The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies.

6. FINANCIAL MONITORING

6.1. The Chief Financial Officer will provide comprehensive financial monitoring reports that are timely, relevant and reliable to the Integration Joint Board on a regular basis (at least quarterly). These reports will set out information, analysis and explanation on:

- Actual expenditure and budget for the year to date;
- Forecast outturn against annual budget;
- Significant variances from budget;
- Action required in respect of significant variances;
- Progress with achievement of any budgetary savings;
- Financial risks;
- Use of reserves; and
- Issues in relation to the review of medium and longer term financial strategy to support delivery of the 3 year strategic plan.

6.2. A copy of the regular financial report to the Integration Joint Board, described in 6.1 above, will be shared with both partners in advance and will be publicly available. Following consideration of the regular financial report by the Integration Joint Board the Chief Financial Officer will promptly advise the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council on the outcome.

6.3. The Chief Financial Officer will report monthly to the Chief Officer on the financial performance and position, where appropriate liaising with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council. These reports will be timely, relevant and reliable and will include information, analysis and explanation in relation to:

- Reviewing the 3 year strategic plan;
- Reviewing the medium and longer term financial strategy to support delivery of the 3 year strategic plan;

- Review of the annual budget setting process;
- Reviewing budget savings proposals;
- Actual income and expenditure;
- Forecast outturns and annual budget;
- Explanations of significant variances;
- Reviewing action required in response to significant variances;
- Identifying and analysing financial risks; and
- Use of reserves.

6.4. The Chief Financial Officer will work with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council to ensure managers are provided with monthly financial reports that are timely, relevant and reliable. These reports will include information and analysis in relation to:

- Budget available to managers;
- Actual income and expenditure; and
- Forecast outturns.

6.5. Managers are required to:

- Review and consider the financial reports provided by the Chief Financial Officer;
- Provide updated forecast outturn information;
- Provide explanations of significant variances;
- Identify action required to address significant variances;
- Identify and assess financial risks;
- Identify and assess future medium to longer term budget implications; and
- Report progress with delivery of savings to the Chief Financial Officer.

6.6. The Chief Finance Officer will work with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council to support managers in discharging these requirements.

7. VARIATIONS FROM PLANNED EXPENDITURE

7.1. Managers must report any potential deviation from the planned outturn to the Chief Financial Officer at the earliest opportunity.

7.2. Where instructed by the Chief Financial Officer managers must prepare a report that identifies the cause of the forecast overspend and sets out proposals for a recovery plan to address the forecast overspend and return to a breakeven position. This report is to be provided to the Chief Financial Officer who in conjunction with the Chief Officer will consider the action required.

- 7.3. Variations from planned outturn and recovery plans will be incorporated into the regular financial reports to the Integration Joint Board and Chief Officer and through these reports will also be advised to the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.
- 7.4. Where a potential deviation from planned outturn is significant and there is a reasonable likelihood of it materialising then this along with a proposed recovery plan should be reported by the Chief Financial Officer to the Chief Officer and the Integration Joint Board at the earliest opportunity. In such cases these reports will also be submitted to the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.
- 7.5. A recovery plan should aim to bring the forecast expenditure of the Integration Joint Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved then any recovery plan that extends into later years should ensure that over the period of the strategic plan forecast expenditure does not exceed the resources made available. Where a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by the Integration Joint Board. Any recovery plan extending beyond in year will require prior approval of NHS Highland and Argyll and Bute Council in addition to the Integration Joint Board.
- 7.6. Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the parties will be required to make additional payments to the Integration Joint Board. Where there is a requirement for additional payments an analysis of the requirement for additional payments will be carried out by the Chief Financial Officer to determine the extent to which they relate to either budgets delegated back to or activities managed by NHS Highland or Argyll and Bute Council with the allocation of the additional payments being based on the outcome of this analysis. Any additional payments by NHS Highland and/or Argyll and Bute Council may then be deducted from future years funding/payments.
- 7.7. The Integration Joint Board may retain any underspend to build up its own reserves however this will be subject to review as part of the general financial management and budgeting arrangements for NHS Highland and Argyll and Bute Council.

8. REPORTS TO THE INTEGRATION JOINT BOARD

- 8.1. All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been

discussed and agreed with the Chief Financial Officer prior to lodging of reports.

9. LEGALITY OF EXPENDITURE

- 9.1. It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint Board. In cases of doubt the Chief Officer should consult the respective legal advisors of NHS Highland and/or Argyll and Bute Council before incurring expenditure. Expenditure on new service developments, contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

10. RESERVES

- 10.1. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the Integration Joint Board to hold reserves, which should be accounted for in the financial records of the Integration Joint Board.
- 10.2. Unless otherwise agreed any unspent funds will be transferred into reserves of the Integration Joint Board at the end of each financial year.
- 10.3. A policy on reserves will be prepared by the Chief Financial Officer and submitted to the Integration Joint Board for approval. The Chief Financial Officer must consult with Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council in preparing the policy on reserves. The Policy should be reviewed annually.
- 10.4. The Integration Joint Board may earmark amounts within reserves for specific purposes. Proposals for earmarking of amounts within reserves must be approved by the Integration Joint Board. Prior to consideration by the Integration Joint Board proposals to earmark amounts within reserves should be submitted to the Chief Officer and Chief Financial Officer of the Integration Joint Board and shared with the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council for comment.
- 10.5. The Chief Financial Officer will report regularly to the Integration Joint Board throughout the year (at least quarterly) on the level of reserves and expenditure against earmarked amounts. This report will also be shared with the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council.
- 10.6. As any underspend will be held by Argyll and Bute Council on behalf of the Integration Joint Board and only adjusted through subsequent allocations from the Integration Joint Board no interest will be credited to the Integration Joint

Board for balances held.

11. FINANCIAL STATEMENTS

- 11.1. The legislation requires that the Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).
- 11.2. Unaudited financial statements will be prepared and circulated to members of the Integration Joint Board and its Audit Committee in accordance with relevant legislation and professional guidance. The audit of financial statements will be completed and audited financial statements and the auditors' report on the financial statements will be considered by the Integration Joint Board and its Audit Committee in accordance with legislative requirements and professional guidance.
- 11.3. Financial statements will be prepared to comply with the Code of Practice on Local Authority Accounting and other relevant professional guidance.
- 11.4. The financial statements will be signed in line with the governance arrangements for the integrated joint boards and as specified in regulations under section 105 of the Local Government (Scotland) Act 1973.
- 11.5. Following the end of the financial year the Chief Financial Officer will report to the Integration Joint Board on actual outturn income and expenditure compared to budget for the preceding financial year with an explanation of significant variances.
- 11.6. A copy of the unaudited accounts, audited accounts, auditors report on the accounts, audit certificate and report on outturn income and expenditure compared to budget will be submitted to the Director of Finance of NHS Highland and Section 95 Officer of Argyll and Bute Council prior to consideration by the Integration Joint Board.
- 11.7. The Chief Financial Officer will supply any information required to support the development of the year-end financial statements and annual report for both the NHS Highland and Argyll and Bute Council.
- 11.8. The Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council will supply the Chief Financial Officer with any information required to support the development of the year-end financial statements and

annual report of the Integration Joint Board.

- 11.9. Prior to 31 January each year the Chief Financial Officer will agree with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.
- 11.10. Sufficiently in advance of the end of the relevant financial year the Chief Financial Officer will prepare and issue to relevant staff guidance, instructions and a timetable in relation to the procedures to be followed at the end of the financial year and to support preparation of the financial statements. The guidance, instructions and timetable will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.
- 11.11. Sufficiently in advance of the end of the relevant financial year the Chief Financial Officer will submit a report to the Audit Committee of the Integration Joint Board summarising the arrangements in hand for the end of the financial year and preparation and audit of the financial statements. This report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

12. FINANCIAL RECORDS

- 12.1. The Chief Financial Officer is responsible for ensuring appropriate systems and processes are in place to:
 - Allow execution of financial transactions;
 - Ensure an effective internal control environment over such transactions;
 - Maintain a record of the income expenditure, assets and liabilities of the Integration Joint Board;
 - Enable reporting of the financial performance and position of the Integration Joint Board; and
 - Maintain records of budgets, savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.
- 12.2. Where funds are allocated to Argyll and Bute Council by the Integration Joint Board for operational delivery of services on behalf of the Integration Joint Board, all financial transactions and activities will be processed, recorded and undertaken using the existing financial systems of Argyll and Bute Council and in compliance with all of the requirements defined in the financial regulations of Argyll and Bute Council.
- 12.3. Where funds are allocated to NHS Highland by the Integration Joint Board for operational delivery of services on behalf of the Integration Joint Board, all

financial transactions and activities will be processed, recorded and undertaken using the existing financial systems of NHS Highland and in compliance with all of the requirements defined in the financial regulations of NHS Highland.

- 12.4. NHS Highland will initially maintain the accounts of the Integration Joint Board under the direction of the Chief Financial Officer. This will be subject to review annual by the Chief Financial Officer to ensure that the financial information needs of the Integration Joint Board are met. The Chief Financial Officer, in consultation with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute council, will determine which partner maintains the accounts of the Integration Joint Board.
- 12.5. As and when required the Chief Financial Officer, after consulting the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council, will report the outcome of any review of the arrangements for maintaining financial records and systems and the proposed actions to the Integration Joint Board.

13. CAPITAL EXPENDITURE AND NON-CURRENT ASSETS

- 13.1. The Integration Joint Board will not receive any capital allocations, grants or have the power to invest in capital expenditure nor will it own any property or other non-current assets. Argyll and Bute Council and NHS Highland will:
- Continue to own any property or non-current assets used by the Integration Joint Board;
 - Have access to sources of funding for capital expenditure; and
 - Manage and deliver capital expenditure on behalf of the Integration Joint Board.
- 13.2. The Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare and maintain the asset registers of property and non-current assets used by the Integration Joint Board.
- 13.3. The Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare an asset management plan for the Integration Joint Board to be approved by the Integration Joint Board within a timescale to be agreed annually by NHS Highland and Argyll and Bute Council. The asset management plan will set out suitability, condition, risks, performance and investment needs related to existing property and other non-current assets identifying any new or significant changes to the asset base.
- 13.4. Alongside the asset management plan the Chief Officer will work with the relevant officers in NHS Highland and Argyll and Bute Council to prepare a bid

for capital funding for property and other non-current assets used by the Integration Joint Board. This should be approved by the Integration Joint Board within a timescale to be agreed annually with NHS Highland and Argyll and Bute Council. A business case approach should be adopted to set out the need and assess the options for any proposed capital investment. Any business case will set out how the investment will meet the strategic objectives of the Integration Joint Board and set out the associated revenue costs.

- 13.5. Whilst responsibility for managing and delivery of capital expenditure remains the responsibility of NHS Highland and Argyll and Bute Council the relevant officers in NHS Highland and the Council will work with the Chief Officer to report regularly on progress with capital expenditure related to property or other non-current assets used by the Integration Joint Board.
- 13.6. Argyll and Bute Integration Joint Board, the Council and NHS Highland will work together to ensure capital expenditure and property or other non-current assets are used as effectively as possible and in compliance with the relevant legislation on the use of public assets.
- 13.7. Depreciation of property or other non-current assets used in the services within the scope of the Integration Joint Board will be charged to the accounts of the Integration Joint Board and incorporated in the budgets and payments to the Integration Joint Board.
- 13.8. Revenue costs from property and other non-current assets used in the services within the scope of the Integration Joint Board will be charged to the accounts of the Integration Joint Board and incorporated in the budgets and payments to the Integration Joint Board.
- 13.9. Any gains or losses on disposal of property and other non-current assets used in the services within the scope of the Integration Joint Board will be retained within the accounts of the NHS Highland or Argyll and Bute Council and not charged to the Integration Joint Board.
- 13.10. Capital receipts will be retained by NHS Highland or Argyll and Bute Council.

14. VAT

- 14.1. Argyll and Bute Integration Joint Board will apply and treat VAT in accordance with the professional guidance issued by the Integrated Resources Advisory Group established by the Scottish Government and will adapt its practices and processes in accordance with any changes to the Integrated Resources Advisory Group professional guidance.

15. PROCUREMENT/COMMISSIONING OF SERVICES

- 15.1. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Integration Joint Board may enter into a contract with any other person in relation to the provision to the Integration Joint Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.
- 15.2. The commissioning and procurement of goods and services undertaken by the partners on behalf of the Integration Joint Board will be subject to the financial regulations and procurement strategy and procedures of the partner that procures/commissions the goods and services.
- 15.3. As a result of VAT and accounting issues associated with the Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Highland Director of Finance, the Section 95 Officer of Argyll and Bute Council and the Integration Joint Board Chief Financial Officer prior to any direct procurement exercise.

16. IJB MEMBERS' EXPENSES, GIFTS, HOSPITALITY AND REGISTER OF INTERESTS

16.1 IJB MEMBERS' EXPENSES

- 16.1.1 Members of the Argyll and Bute Integration Joint Board and associated governance groups and committees will from time to time incur expenses in performing their duties. A policy has been approved to ensure that all Members are appropriately reimbursed for expenditure necessarily incurred in performing their duties.
- 16.1.2 Members of the IJB who are Argyll and Bute Council elected members or NHS Board members or employees of either organisation will continue to claim business expenses in accordance with the policy of their respective organisations. This policy therefore covers all other IJB Members and includes individual members who represent the views of carers or people who use services. These members are recruited as volunteers under NHS Highland's volunteering policy and procedures and related policy for out of pocket expenses for volunteers.
- 16.1.3 Expenses will only be reimbursed where wholly, exclusively and necessarily incurred on IJB business and are supported by receipts or other evidence. The Chief Officer's Personal Assistant will ensure that a record of all expenses paid under this policy is maintained.

16.2 GIFTS, HOSPITALITY AND REGISTER OF INTERESTS

- 16.2.1 Members and employees should comply with the IJB's code of conduct when offered gifts, gratuities and hospitality. Argyll and Bute Council and NHS Highland

both maintain a register of gifts and hospitality offered. A separate central register will be maintained by the IJB's Standards Officer for all IJB Members which includes individual members who represent the views of carers or people who use services.

17. AUDIT

17.1. INTEGRATION JOINT BOARD AUDIT COMMITTEE

17.1.1. Argyll and Bute Integration Joint Board will establish an Audit Committee to be responsible for overseeing the system of corporate governance and internal controls. The Audit Committee should operate in accordance with professional guidance for Audit Committees. The Integration Joint Board will approve terms of reference for the Integration Joint Board Audit Committee. The Audit Committee will ensure effective liaison and co-ordination between internal and external audit activity.

17.1.2. The Audit Committee will review the terms of reference annually and report any proposed changes to the Integration Joint Board for consideration.

17.1.3. The terms of reference for the Audit Committee and the outcome of the annual review of the terms of reference will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council for consultation prior to consideration by the Integration Joint Board.

17.1.4. The Audit Committee will prepare a report for submission to the Integration Joint Board following the end of each financial year summarising the work of the Audit Committee during the year and the Audit Committee's opinion on the effectiveness of arrangements for corporate governance and internal controls. A copy of this report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

17.2. EXTERNAL AUDIT

17.2.1. The Accounts Commission will appoint the external auditors to the Argyll and Bute Integrated Joint Board. The external auditor will submit an annual external audit plan to the Audit Committee prior to the start of each audit year. All reports prepared by the external auditor will be submitted to the Audit Committee. Copies of all external audit reports will also be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council.

17.3. INTERNAL AUDIT

17.3.1. Argyll and Bute Integration Joint Board will establish adequate and proportionate internal audit arrangements to review the adequacy of the

arrangements for risk management, governance and control of the delegated resources.

- 17.3.2. The Integration Joint Board will appoint a Chief Internal Auditor to provide internal audit services. The Chief Internal Auditor will report to both the Audit Committee and Chief Officer of the Integration Joint Board. The Chief Internal Auditor of Argyll and Bute Integration Joint Board will liaise effectively with the Chief Internal Auditors of NHS Highland and Argyll and Bute Council to ensure effective delivery of internal audit that is risk based, proportionate and avoids duplication.
- 17.3.3. An annual internal audit programme will be prepared by the Chief Internal Auditor for approval by the Audit Committee of the Integration Joint Board. Progress against the internal audit plan, the outcome of each audit review and progress against implementation of audit recommendations will be reported to the Audit Committee. The Chief Internal Auditor will submit an annual report summarising audit activity and with an overall audit opinion to the Audit Committee of the Integration Joint Board following the conclusion of each financial year.
- 17.3.4. Copies of the proposed annual internal audit programme, individual audit reports and the annual internal audit report will be shared with the Director of Finance of NHS Highland and the Section 95 Officer of Argyll and Bute Council prior to consideration by the Audit Committee of the Integration Joint Board.

17.4. ARGYLL AND BUTE COUNCIL AND NHS HIGHLAND AUDIT REPORTS

- 17.4.1. The Section 95 Officer of Argyll and Bute Council and the Director of Finance of NHS Highland will share with the Chief Financial Officer and Chief Internal Auditor of Argyll and Bute Integration Joint Board copies of internal and external audit reports that are relevant to the work of the Integration Joint Board.

18. RISK MANAGEMENT AND INSURANCE

18.1. RESPONSIBILITY FOR INSURANCE AND RISK

- 18.1.1. The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.
- 18.1.2. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board and for which it is the general custom to insure. This will include the provision of appropriate

insurance in respect of Members of the Integration Joint Board acting in a decision making capacity.

18.1.3. Legislation will provide that the Integration Joint Board may become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) – a risk transfer and financing scheme. The Chief Officer and the Chief Financial Officer will review the requirement for membership of CNORIS on an annual basis.

18.1.4. The NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

18.2. **RISK STRATEGY AND RISK REGISTER**

18.2.1. The Chief Officer will be responsible for establishing the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management Strategy will be approved by the Integration Joint Board.

18.2.2. NHS Highland and Argyll and Bute Council will continue to identify and manage within their own risk management arrangements risks they have retained under the integration arrangements. The Health Board and Council will continue to report risk management to existing committees, including the impact of the integration arrangements.

18.3. **NOTIFICATION OF INSURANCE CLAIMS**

18.3.1. The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

19. **ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)**

19.1. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:

- The resources delegated to the Integration Joint Board by NHS Highland and Argyll and Bute Council; and
- The resources paid to NHS Highland and Argyll and Bute Council by the Integration Joint Board for use as directed and set out in the Strategic Plan.

19.2. The Integration Joint Board has a duty to put in place proper arrangements for

securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full Member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It will be the responsibility of the Integration Joint Board to provide Best Value.

- 19.3. The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

20. PARTNERSHIPS

- 20.1. The Integration Joint Board will put in place appropriate governance arrangements to record all joint working arrangements entered into by the Integration Joint Board.

21. OBSERVANCE OF FINANCIAL REGULATIONS

21.1. RESPONSIBILITY OF THE CHIEF OFFICER AND THE CHIEF FINANCIAL OFFICER

- 21.1.1. It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.

21.2. BREACH OF REGULATIONS

- 21.2.1. Any breach of these regulations should be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Highland Chief Executive, Argyll and Bute Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

21.3. REVIEW OF FINANCIAL REGULATIONS

- 21.3.1. These Regulations will be reviewed regularly by the Chief Financial Officer in consultation with the NHS Highland Director of Finance and the Section 95 Officer of Argyll and Bute Council, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval.



Integration Joint Board

Date of Meeting: 29 May 2024

Title of Report: Budget Planning Process and timeline

Presented by: Evan Beswick, Interim Chief Officer

The IJB is asked to:

- Approve the approach and timeline

1. EXECUTIVE SUMMARY

Following 2024-25 budget preparations the HSCP officers agreed with the Integration Joint Board to scope and deliver a budget preparation proposal for year 2025-26 based on the medium to high risk forecast for 2025-26 rather than wait for budget allocation. Priority is to ensure the delivery of safe and effective care in line with regulatory requirements and clinical standards and inclusive of our requirement to gain consent from the IJB and fulfil requirements for Equalities and engagement responsibilities.

2. RECOMMENDATIONS

Recommendation is to accept and endorse the process and timeline.

3. DETAIL OF REPORT

The senior leadership team conducted a short workshop session exploring the requirements of Budget Preparation for the year 2025-26 taking cognisance of the forecast financial position, reflecting on previous process and in the current operating context.

The team considered a operational process and timeline, enabling tools, a collective and consistent approach and responsibility, context roles and support.

Primary considerations are priorities for delivery that support core service delivery delivered in a safe and effective way that also supports staff. The proposal further noted consideration of risk, the importance of a collaborative approach and whole system risk and impacts, considering what is not working, whether a service is mature enough to move to an outcome based approach of delivery. We also considered what data would inform and support this and how that compares to the narrative provided by stakeholders.

Community engagement is key with service changes and types and levels of engagement based on types of proposals were reviewed.

Roles were outlined and that this was led strategically by budget holders in terms of setting the direction of travel against our strategic priorities but

offering a whole system approach in terms of delivery. Care impacts as identified by professional advisory remain a key factor in any change to service provision.

Members reviewed the process and the consultation and decision approach noting points of internal and external governance.

In the current budget climate extensive change resource is not available but consideration requires to be given to the facilitation of the volume of activity required. Different tools and resources were outlined.

The timeline was outlined and is provided below. This references already existing processes, infrastructure meeting e.g. budget meetings to minimise additional work. Specialist support such e.g. communications will be available on a planned basis to support specific attendance and input.

Action	Timeline
Scope and develop	current
Approve draft proposals	SLT 5 June 2024
First review IJB	Finance and Policy Committee 28 June
Second Review IJB	Finance and Policy Committee August 2024 (Workshop)
Full board review and consent to move to consultation	IJB Development 25 September 2024
Consultation period	September-January/February 2025
Budget Proposal IJB	26 March 2025

4. RELEVANT DATA AND INDICATOR

Performance a reporting data across the HSCP, performance against regulatory and clinical standards.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The presentation notes a potential review of year 3 strategic priorities and whether within current financial allocation these can be delivered or require review.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact Delivery of safe care in line with regulatory and clinical standards remains the key priority but this requires to be planned within the forecast financial position and any potential impacts on capacity.

6.2 Staff Governance processes are in place.

6.3 Clinical and Care Governance requirements Clinical and care governance framework is in place.

7. PROFESSIONAL ADVISORY Professional advisory in place.

8. EQUALITY & DIVERSITY IMPLICATIONS

8.1 *Consideration during the process should be given as to how any decisions required impact on The Rights of the Child (UNCRC), Islands. Fairer Scotland, Socio-economic Duty, Equalities and protected characteristics, this will be informed through consultative process and subsequent EQSEIA's.*

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Applicable where required within scope.

10. RISK ASSESSMENT

10.1 *In scoping proposals a collaborative approach will be taken to ensure that there are no subsequent impacts across the system based on a change or that risk can be mitigated.*

10.2 *Further commentary should be scoped in terms of impact on any Strategic, Operational or Climate risk if required.*

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Proposals will be scoped for consultation with approval for proposals sought from the Integration Joint Board with subsequent consultation taking place between September – February. This will ensure a fully informed report and EQSEIA for the IJB prior to any budget decision making.

12. CONCLUSIONS

The recommendation is to approve and endorse the approach with a view to presenting to the Integration Joint Board for assurance.

It recognises the iterative process required within a whole system and collaborative approach minimising overall risk.

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	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)
Senior Leadership Team	Budget Planning Process and timeline	01/05/24	Agreed to proceed to IJB

REPORT AUTHOR AND CONTACT

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Integration Joint Board

Date of Meeting: 29th May 2024

Title of Report: Health & Social Care Partnership - Performance Report – FQ4 2023/24 (Jan - Mar)

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

The Board is asked to:

- Acknowledge performance for FQ4 2023/24 (January - March) 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 March 2024 (**Appendix 2**)
- Note Delayed Discharge Sitrep as of 15 April 2024 (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for FQ4 2023/24 (January – March), the performance outputs are taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on the eight key service areas. Overall performance for FQ4 notes an overall increase in the number of measures reporting as on target 49 (53%) against 43 (46%) in 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 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 4 2023/24 (January – March) highlighting key performance trends across the 93 KPIs (Key Performance Indicators). In addition, the report includes performance updates across eight service areas. The latest performance against the National Health and Wellbeing Outcomes Indicators is reported (Appendix 1). Also included is an update on System Pressures (Appendix 2) and Delayed Discharges (Appendix 3).

3. RELEVANT DATA & INDICATORS

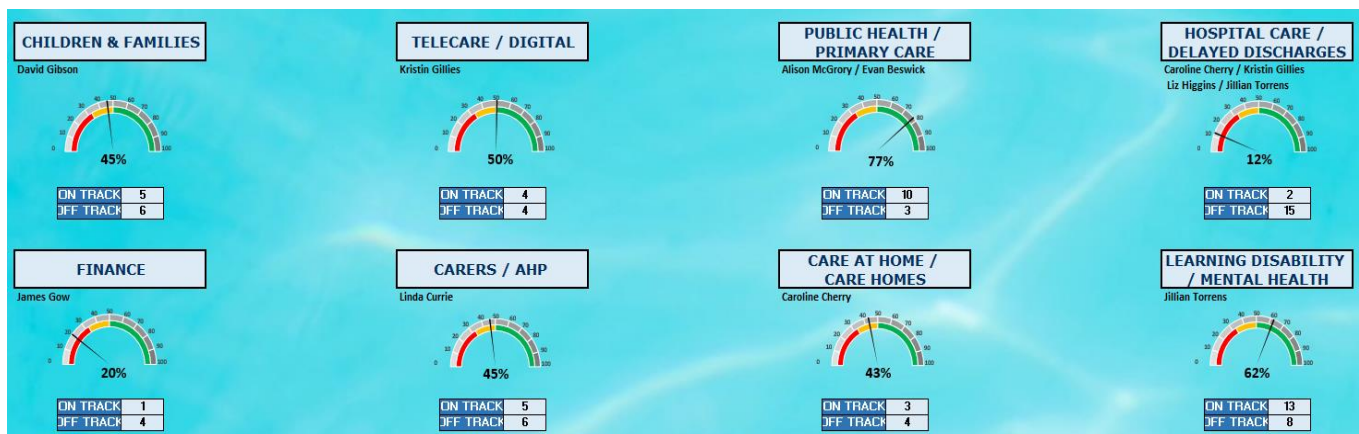
3.1 FQ4 2023/24 (January – March) Performance Summary



Overall performance for FQ4 notes that 53% of KPI's are scoring against target, with 49 reporting as on-track and 44 off-track, this is a slight increase (+7%) against previous FQ3 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 KPI, C&F services performance notes 3 (27%) on track, with 8 (73%) off track against the targets set in Q4 23/24. This is a decrease from 36% on track reported (-9%) variance on the previous quarter 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 24% above target performance.
- VAWG training is as achieving 250 staff trained against a target of 100 being trained.

Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after away from home has failed to meet target of 94, with 109 residing out with the home, 69% of all care experienced children, with no improvement on the previous quarter.
- Performance with regards to the number of children accepted onto the Emotional and Wellbeing Pathway is below the target of 100%, with 81% accepted. This is an improvement on Q3 where performance was 71%.
- It is noted that recording issues on Eclipse has resulted in several KPI's not accurately reflecting performance on the ground, this will be addressed in the 2024/25 version of the IPMF, which is currently under development.

3.2.2 Telecare and Digital

Benchmarked performance across 8 Key Performance Indicators (KPIs) for Telecare and Digital Services shows an increase in the overall Quarter 4 performance, with 6 KPIs (75%) remaining on track compared with 5 (50%) on track at Quarter 3. 2 KPIs (25%) are reported as off track against target for FQ4.

Performance on or above target:

- The number of new Telecare service agreements continues to exhibit growth, indicating a promising trend.
- The number of 'Near Me' clinic appointments has continued to rise, now showing a clear increasing trend after a post-COVID slump.
- The digitalisation of telecare equipment has further increased by 6% to reach 40%, surpassing the 25% target.
- The utilisation of Buddi hubs has increased by 43% this quarter.
- Freedom of Information requests are now back to being completed on time at a rate of 100%, after falling off target last quarter.

Performance below target & areas for improvement:

- The number of Telecare annual reviews overdue continues to decline, remaining below target.

- Silver Cloud referrals have decreased a further 6%.
- Only one installation of the Just Checking system was completed during this quarter

3.2.3 Public Health and Primary Care

Public Health and Primary Care Quarter 4 performance notes 10 (77%) measures on track, no change from Quarter 3. Public Health have achieved 100% target performance across all 5 KPIs in Q4 of 2023/24. Out of the 8 Key Performance Indicators (KPIs) for Primary Care services, 3 (37.5%) are currently off track, while 5 (62.5%) are on track to meet their set targets. This overall performance aligns with Q3, however, there have been changes in which specific KPIs are meeting or not meeting their targets.

Performance on or above target:

- IPMF No 63: In Q4, we increased the number of quit dates set by achieving 20, exceeding the target of 10, representing an 82% increase from Q3. Noted we were on target in Q2, exceeded by one in Q3 with a significant change in Q4.
- IPMF No 64: Our actual performance of monitoring contracts and KPIs has consistently matched the target of 100% for each quarter of 2023/24, remaining at 100%.
- IPMF No 65: In Q4, we achieved 31 engagement activities, significantly exceeding the target of 1, marking a continuous improvement throughout each quarter of 2023/24 and a 19% increase from Q3.
- IPMF No 66: We successfully achieved the rolling training target of 68 with an actual count of 69. Our actual performance has shown steady increase in each quarter of 2023/24, representing a 19% improvement compared to Q3.
- IPMF No 67: In Q4, we achieved 163 referrals to community link workers, exceeding the target of 101. Our performance has seen a consistent trend above the target each quarter, and we improved by 10% compared to Q3.
- The "ChildSmile: Enroll 100% of eligible nurseries into Daily Toothbrushing Programme" demonstrated exceptional performance, reaching 97%, well above the 80% target.
- The Fluoride Varnish Programme remains consistent, still implemented in 29% of eligible schools for P1-P3 pupils.
- Vaccination transfer from GP practices has been successfully accomplished.
- "Community Link Workers within Primary Care settings established within areas with the highest level of deprivation" achieved full compliance, meeting the target of 100%.
- Significant progress was observed in the reduction of instances of 2C practices entering contingency measures, with a remarkable 96% improvement from Q3. The number decreased from 56 occurrences to only 2 during Q4.

Performance below target & areas for improvement:

- All Public Health targets are being achieved.
- Vaccination delivery during autumn, winter, and spring booster programs for COVID-19 reached 58%, below the targeted 80%. It's noteworthy that the Scottish National average achieved only 56.6% coverage.
- The establishment of Community Treatment Assessment Centres (CTAC) across Argyll and Bute fell short of the 100% target, reaching 93%. This includes 2 practices outside of rural flexibility arrangements that have yet to offer this service.
- The metric assessing practices operating at Level zero within the Practice Escalation policy, with no reduction in services, attained 93%, slightly under the 100% target.

3.2.4 Hospital Care & Delayed Discharge

Hospital Care & Delayed Discharge Quarter 4 performance notes 4 (24%) measures on track, an increase from 12% in Quarter 3. Across 11 Hospital Care KPIs, performance notes 1 (9%) on track, with 9 (82%) off track against the targets. In terms of the 6 Delayed Discharge KPIs, there was an improvement in Quarter 4 with 3 (50%) on track, compared to 33% in Quarter 3.

Performance on or above target:

- Number of unplanned admissions to hospital reported as a result of a fall. This has been reported as on track however it is acknowledged this is likely to be due to lag with the full quarter data. This measure will be subject to review at year end.
- Reduce the number of bed days for people delayed due to AWI. Whilst staying on target, there has been an increase in actual occupied bed days during Q4 of 35% from Q3. The actual stands at 381 against a target of 589.
- Reduce the number of occupied bed days for people delayed awaiting a care home placement. Continuing to stay on target each quarter of 2023/24, we've seen an increase in actual occupied bed days during Q4 of 19% compared to Q3. The actual stands at 1227 against a target of 1632.
- Increase the number of inpatients 18+ who are discharged without delay. Q4 shows an improvement of 15% from Q3, and we're back on target after being slightly off track in Q3. The actual stands at 1328 against a target of 1222.

Performance below target & areas for improvement:

- There has been an unusually large increase in unplanned admissions to hospital, with the Q4 total up 15% on Q3.
- Reduce the Average Length of Stay (ALOS) for inpatients in A&B Hospitals - Although we missed the target, there was a 13% improvement from Q3, achieving an ALOS of 7 against a target of 6.

- A&E Attendances in LIH meet the 4 hours wait target - Throughout each quarter of 2023/34, we consistently fell short of the 95% target, with our performance being sustained at 90% for Quarter 4.
- The Number of Falls being reported in a hospital setting shows a 38% decrease on Q3. The biggest contributor to this was Mid Argyll, which in March reported 20 falls – over twice the average for that hospital.
- Waiting times for cancer appointments at the 31 and 62-day targets are down by 71% from the Q3 peak, but still some way above the zero target.
- Outpatient waiting time breaches >12 weeks are down 9% on Q3, but long waits (>52 weeks) are up by 9%.
- Instances of infections and medication errors increased for the 2nd quarter in a row, whereas instances of tissue viability decreased by 6% (but still 41% above target).
- Reduce the number of people delayed in hospital In Q4, we were off track again, with actual increasing by 4% from Q3. The actual stands at 167 against a target of 132
- Reduce the overall length of stay in a hospital (delayed discharge bed days) It is noted that despite remaining off target in Q4, there has been a trend of improvement in slightly reducing the overall stay over quarters 2, 3 and 4. The actual stands at 3212 against a target of 3025.
- Reduce the number of people delayed in hospital due to care at home availability. There has been a consistent trend of staying off target each quarter in 2023/24, with a slight 3% reduction from Q3. The actual is 118 against a target of 80.

3.2.5 Finance

Across 5 KPIs, Financial services performance notes 3 (60%) on track, with 2 (40%) off track against the targets set in FQ4 23/24. This is an improvement in the % reported on track for the previous quarter performance.

Performance on or above target:

- The performance on reducing the % of clients with high-cost packages of care KPI is improving and below target and 1% improvement on last quarter.
- Performance around the reduction in value of assessed unmet need for care at home is 27% improvement on previous quarter
- Performance on reducing the costs of agency nursing staff in A&B hospitals is above track, with FQ4 noting 21% compared to the previous quarter. This represents a reduction of circa £50k per month on spend.

Performance below target & areas for improvement:

- Performance with regards to reducing the cost of hospital stays due to a delayed discharge remains off track, with FQ4 noting 28% above target, a decrease of 4% on previous quarter's performance.

- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ4 noting 32% variance in expenditure on 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 form FQ4 23/24. No 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 5% 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.
- Community Patient Discharges have again increased this quarter – up 10% on last quarter.

Performance below target & areas for improvement:

- Referral waits are currently off-track, although Outpatients waiting over 12 weeks for AHP services has continually decreased over recent quarters.
- AHP Outpatient completed waits again slightly down on last quarter.
- Young Carers Statements Completed have increased this quarter although still off-track. The target for this measure, and other Carers and AHP KPIs, are going to be revised in the new IPMF which begins next quarter (Q1 2024/25).

3.2.7 Care at Home and Care Home

Across 7 KPIs, Care at Home/Care Homes performance notes 3 on track (43%), with 4 off reporting as track against target for FQ4 23/24. The overall picture has declined slightly, as 4 KPIs were reported as on track in Q3. However, there is a noted data lag in recording of Unplanned Admissions to Hospital directly from a Care Home. As before, proxy data has been used in Q4 as it is not currently possible to obtain this data from Eclipse. Annual review of these KPIs from 2024/25 should resolve this.

Performance on or above target:

- Unplanned admissions to A&B hospitals from a care home are showing a drop of 42% against Q3, although it is likely this number is underreported.

Performance below target & areas for improvement:

- The number of Older People who waited >6 months for their homecare monitoring review increased by 21% from Q3.
- Occupancy rates across A&B care homes dropped in Q4 for the first time in a year, by 1%.

- Performance on % of Older People receiving nursing care home service continues on a plateau of 8 to 9% below target. Note there are concerns from the service about the legitimacy about this target.

3.2.8 Learning Disability & Mental Health

Across 21 KPIs Learning Disability / Mental Health performance notes 15 (71%) on track, with 6 (29%) off track against the targets set for FQ4 23/24. This is an increase from 62% 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 Q4. Since the last quarter it has risen by 20 (28%) to 91.
- The number of people with needs assessed via Universal Adult Assessments by the A&B Dementia teams has increased this quarter and now on target. This has increased from 21 to 27 over the quarter (+29%).
- The number of HSCP staff completing Adult Support Protection Training has again significantly increased this quarter – up from 171 to 260 (+52%) – and remains on target.
- ASP training for HSCP staff continued to perform well compared to previous quarters, exceeding the 2023/24 yearly target by 20%.
- ASP investigation completion times improved significantly, with 100% completed within the specified 15 days, an increase from 60% the previous quarter.

Performance below target & areas for improvement:

- Post Diagnostic Support referrals after recent quarterly increases has decreased this quarter from 75 to 39 (-48%).
- ASP duty to inquire completion times experienced a notable decrease, falling further below target from 32% to 26%, with only a quarter being completed within the designated 5 days.
- The review of case conferences within 3 months of the initial meetings failed to meet the target again, remaining at 50% completion on time.

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 27 HWBOI and MSG Indicators reports 37% on track, with 10 on track and 17 off track. An overview of A&B HSCP's latest performance against the 27 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 after Jul 2024.

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.

8.1 PROTECTED CHARACTERISTICS

Performance detailed within this report acknowledges the rights of the Child (UNCRC), Islands. Fairer Scotland, Socio-economic Duty, Equalities - protected characteristics.

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.

10.1 STRATEGIC, OPERATIONAL OR CLIMATE RISK

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 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 FQ4 2023/24 (January - March) 2024 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	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)

REPORT AUTHOR AND CONTACT

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Appendix 1 – HWBOI & MSG Integration Indicators.

Core Suite of Integration Indicators

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	● 90.8%		90.9%
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	● 75.0%		78.8%
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	● 66.9%		70.6%
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	● 66.0%		66.4%
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	● 68.6%		75.3%
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	● 77.6%		66.5%
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	● 76.7%		78.1%
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	● 38.0%		29.7%
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	● 76.4%		79.7%
11 - Premature mortality rate per 100,000 persons	393	403	398	386	● 398		442
12 - Emergency admission rate (per 100,000 population)	12,938	12,403	10,701	12,004	11,969	● 12,107	11,614
13 - Emergency bed day rate (per 100,000 population)	112,235	108,094	91,064	106,155	118,552	● 118,488	110,257
14 - Readmission to hospital within 28 days (per 1,000 population)	82	82	95	91	85	● 85	104
15 - Proportion of last 6 months of life spent at home or in a community setting	89.6%	90.6%	92.2%	91.2%	89.4%	● 89.7%	89.2%
16 - Falls rate per 1,000 population aged 65+	26	25	27	29	28	● 28	23
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	● 79.0%		75.8%
18 - Percentage of adults with intensive care needs receiving care at home	68.4%	70.8.0%	72.3%	72.1%	72.2%	● 68.3%	64.8%
19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	540	343	570	804	● 912	902
20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.0%	22.0%	N/A	N/A	N/A	N/A	N/A

Indicators 1-9. The results of the 2024 HACE survey will be published by the Scottish Government on 28 May 2024, and will be updated and included in the PHS Core suite publication on 2 July 2024.

Indicators 12,13,14,15,16,18 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

PHS has not provided information for indicator 20 beyond 2019/20 because detailed PLICS cost information is not available. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

Ministerial Steering Group Integration Indicators

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
MSG 1.1 - Number of emergency admissions*	8,374	8,231	6,917	7,820	7,925	● 8,159
MSG 1.2 - Number of Admissions from A&E*	5,244	4,945	3,668	5,040	4,957	● 5,074
MSG 2.1 - Number of unplanned bed days acute specialties*	65,794	64,008	53,390	67,255	77,102	● 75,400
MSG 2.2 - Number of unplanned bed days MH specialties *	13,382	12,841	10,843	8,684	8,847	● 10,998
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	● 17,460
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	● 83.2%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,944	● 12,720
MSG 5.1 - % of last six months of life by setting community & hospital*	90.0%	89.6	90.80%	90.8%	89.6%	● 89.6%
MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	● 93.2%	

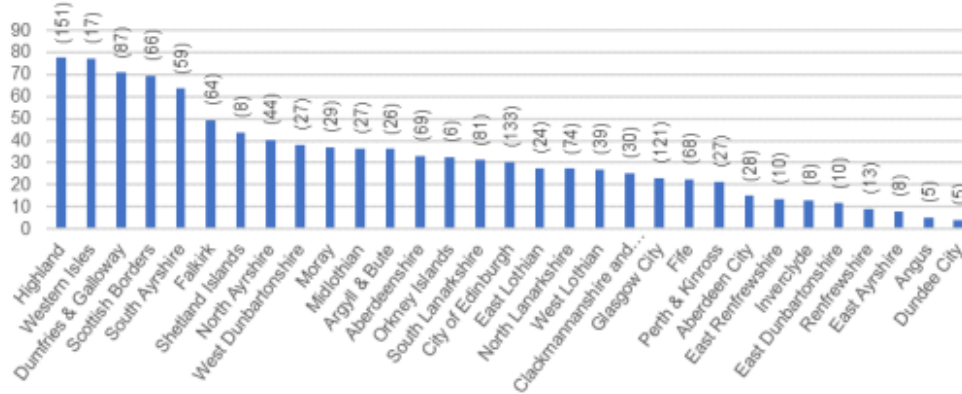
Indicators 1.1,1.2, 2.1, 2.2,5.1 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

Appendix 2- System Pressures Reporting - April 2024

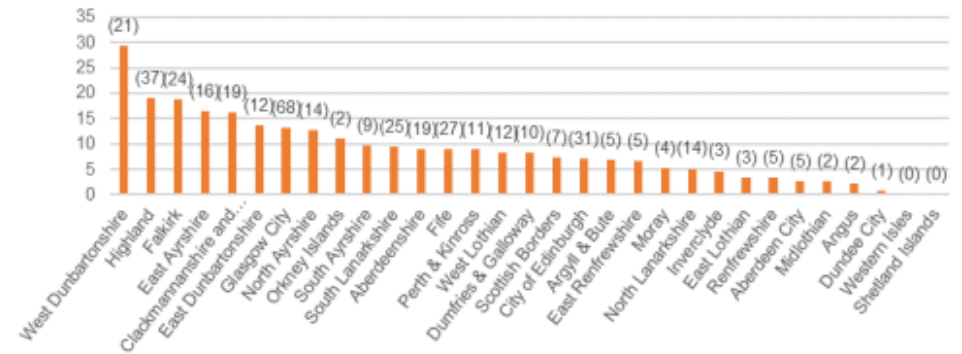
Argyll and Bute Systems Pressures Summary Report – April 2024 Update														
Key Metric	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan-24	Feb-24	Mar-24	Trend
Overall Emergency Admissions to A&E (LIH)	721	718	750	846	821	892	757	679	654	661	730	680	727	↑
A&B Hospitals – Inpatient Admissions (Month)	458	367	420	395	413	446	414	370	370	411	477	450	433	↓
A&B Hospitals – Inpatient Discharges (Month)	430	343	393	382	389	418	396	340	357	384	443	436	410	↓
A&B Hospitals – Occupied Bed Days	3096	3121	3131	2932	2830	3259	2970	3124	2868	3060	3229	3048	3163	↑
A&B Hospital Stays – bed occupancy %	73.3%	75.8	76.6	74.6	69.8	79.0	74.7	76.5	72.1	74.6	78.1	78.4	76.4%	↑
A&B Hospitals – Average Length of Stay (days)	6.1	7.4	6.8	6.3	6.3	6.3	6.3	7.2	6.0	6.6	6.1	5.9	6.2	↑
Delayed Discharges – Total Delays	27	27	40	30	39	42	35	42	36	31	32	33	30	↑
Delayed Discharges – Total Bed Days Lost	497	414	677	615	834	812	695	996	649	598	625	446	655	↑
Care Home – Bed Occupancy	83%	82%	81%	81%	82%	82%	83%	85%	84%	89%	81%	89%	88%	↑
Care Home Bed Vacancies	20	24	34	39	29	29	31	25	25	14	33	17	18	↑
Unmet Need – People Waiting	45	42	43	49	53	55	59	73	71	82	70	62	71	↑
Unmet Need – Hours of Care	507	370	344	338	460	420	508	676	541	711	716	516	542	↑

Delayed Discharge Sitrep – Local Authority Comparisons – 15 April 2024

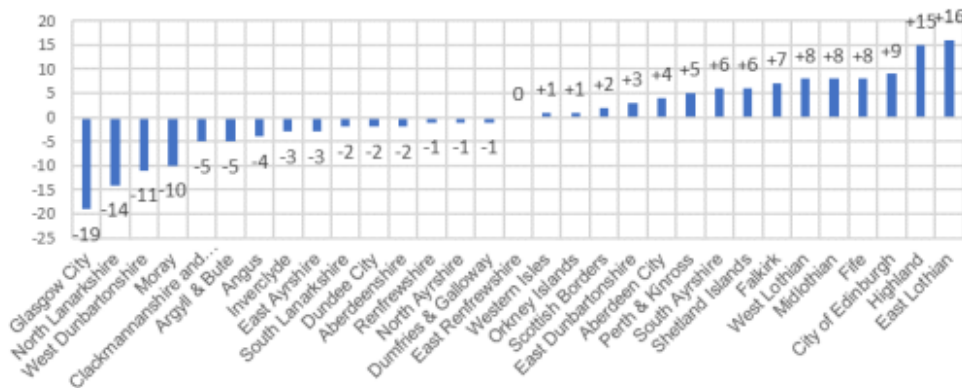
Standard Delays by Local Authority, Rate per 100,000 18+ population
(Number of delays shown in brackets)



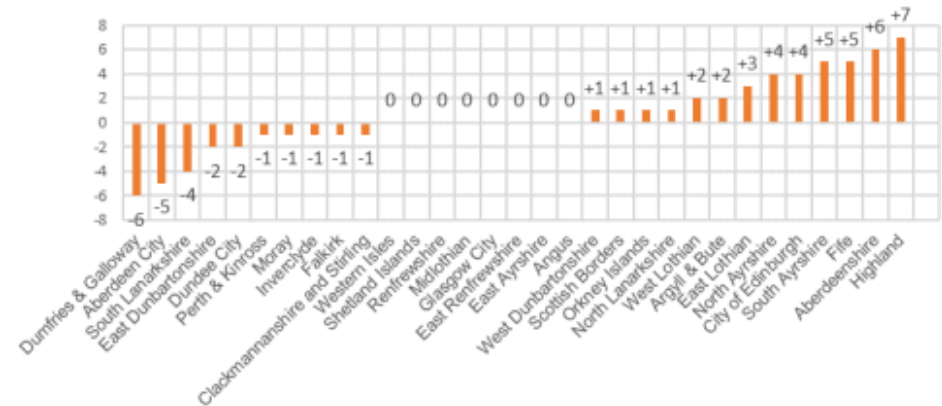
AWI Delays by Local Authority, Rate per 100,000 18+ population
(Number of delays shown in brackets)



Change in standard delays over last four weeks
Scotland changed from 1,372 to 1,383 over this period



Change in AWI delays over last four weeks
Scotland changed from 395 to 413 over this period



4 week period runs from 18 March 2024 to 15 April 2024



Integrated Joint Board

Date of Meeting: 29 May

Title of Report: Renewal of Joint Strategic Plan and Joint Strategic Commissioning Plans

Presented by: Kristin Gillies, Head of Strategy, Performance, Planning and Technology

The IJB is asked to:

- note the project plan for the renewal of the HSCP's Joint Strategic Plan and Strategic Commissioning Plan, including indicative timelines
- note Strategic Planning Group's support for a document that covers 5 years and combines both plans.
- Endorse approach

1. EXECUTIVE SUMMARY

- 1.1 SLT is asked to note the initial project plan for the renewal of the **Joint Strategic Plan (JSP) and Joint Strategic Plan and Strategic Commissioning Plan (JSCP)** to cover the period 1 April 2025 to 31 March 2030.
- 1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a JSP plan for integrated functions and budgets that they control, reviewing the plan at least every three years.
- 1.3 The JSP is a high level strategy which sets out our vision, strategic objectives and priorities. The JSP are closely linked with the Joint Strategic Commissioning Strategy which sets out priorities for commissioning and market messages for providers.
- 1.4 The JSCP sets out priorities to facilitate and encourage the flourishing of a sustainable, effective range of providers and types of support in an area.
- 1.5 The development of the JSP and JSCP will be overseen by the Strategic Planning Group (SPG).
- 1.6 The project team that will ensure appropriate information is collected and analysed. They will be supported by an editorial group to inform the layout of the strategies the content.

- 1.7 The SPG supported the idea that both JSP and JSCP should be combined into one document for the upcoming planning cycle. The group also supported a longer time frame, extending the duration of the JSP/JSCP from three to 5 years.
- 1.8 The project team use existing service plans and will work with Heads Of Service and their teams to ensure that priorities are accurately captured and reflected in the new strategy.

2. RECOMMENDATIONS

- 2.1 IJB is asked to note the timeline for the development of the new strategies.
- 2.2 IJB is asked to note SPG's support for a document that covers 5 years and combines both plans.
- 2.3 IJB is asked to endorse the process.

3. DETAIL OF REPORT

- 3.1 The HSCP is responsible for the planning and delivery of high quality health and social care services to and in partnership with the communities of Argyll and Bute to achieve the National Health and Wellbeing Outcomes (NHWBO) and the Children and Young People Outcomes.
- 3.2 The Joint Strategic Plan (JSP) covers the below :
 - High level vision, strategic objectives and priorities that all services will work towards and how these link to the NHWBO
 - How we will measure our performance
 - How the HSCP will effectively use allocated resources, and set budgets- and a financial strategy to meet what is outlined within the strategic plan
 - What the current and future needs are as set out within a Joint Strategic Needs Assessment (JSNA)
 - How we engaged with the public, staff and other stakeholders and the results of the engagement
 - How we plan to transform services over the next three years
 - How each operational area is planning to meet their three year priorities
- 3.3 The JSCP sets out priorities to facilitate and encourage the flourishing of a sustainable, effective range of providers and types of support in an area.
- 3.4 The current JSP and JSCP expire on 31 March 2025 and work has begun on the new plans.

- 3.5 A Joint Needs Assessment, which is currently being taken forward by Public Health colleagues, will provide an overview of current service need and support the forecasting of future needs.
- 3.6 The development of the JSP and JSCP will be overseen by the SPG and regular updates will be submitted.
- 3.7 At their meeting on 14 March 2024, SPG supported the idea that both JSP and JSCP should be combined into one document for the upcoming planning cycle. The group also supported a longer time frame, extending the duration of the JSP/JSCP from three to 5 years.
- 3.8 There will be a project team that will ensure appropriate information is collected and analysed. They will be supported by a wider editorial group to inform the layout and the content of the strategies.
- 3.9 The workplan is outlined below.

JSP/JSCP Tasks and Milestones	Status	2024										2025		
		Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1. Joint Strategic Needs Assessment (Public Health)	Started			1 st draft										
2. EQESIA	Being Scoped													
3. Other information gathering	Being Scoped													
4. Stakeholder engagement	Being Scoped													
5. 1 st draft finalised	Not due													
6. 1 st draft feedback (SLT, SPG, IJB)	Not due													
7. Amendments	Not due													
8. Sign off (SLT, SPG and IJB)	Not due													SLT, SPG, IJB
9. Publication (by 1 April)	Not due													

4. RELEVANT DATA AND INDICATORS

- 4.1 Joint Strategic Needs Assessment
- 4.2 Data and indicators from the Integrated Performance Framework should be used to inform key priorities
- 4.3 Financial Data: Analysis of budgets and actual expenditure; procurement information
- 4.4 Service data
- 4.5 User experience and provider feedback

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The plans set the strategic priorities for A&B HSCP.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The contents both strategies will shape the financial planning processes for 2025-30 and onwards. The financial planning will need to align with both plans and will be submitted to the IJB for approval each year.

6.1 Staff Governance

No impact currently. There may be an impact on some staff. If so the change processes detailed in our staff governance arrangements will be applied working with our trade union partners.

6.2 Clinical and Care Governance

No impact currently. There may be an impact on services. If so, clinical governance arrangements will be followed.

7. PROFESSIONAL ADVISORY

Engagement with professional groups took for plans for 2022-2030 and will be carried out for the new plans.

8. EQUALITY & DIVERSITY IMPLICATIONS

An equality impact assessment will be carried out to cover both strategies.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No impact on GDPR or current data sharing agreements anticipated.

9. RISK ASSESSMENT

Risks will be noted in the project plan and will be reviewed regularly. SPG, and if required SLT and IJB, will be updated about any material risks to the delivery of the project.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public engagement was carried out for the current plans and will be carried out for the new plan. Work is ongoing to mitigate against consultation fatigue and to ensure that engagement activities across the HSCP are coordinated.

11. CONCLUSIONS

The delivery of both strategies will be a significant undertaking for the HSCP and partners. Regular updates will be provided to the SPG, SLT and IJB.

12. DIRECTIONS

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

13. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)
SPG	<i>Renewal of Joint Strategic Plan and Joint Strategic Commissioning Plans</i>	14 March 2024	<i>Support for 5 year document and to combine both plans</i>

REPORT AUTHOR AND CONTACT

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 Email: anke.roexe2@nhs.scot

**Integration Joint Board****Agenda item:**

Date of Meeting: Wednesday 29th May 2023

Title of Report: Workforce Report Quarter 4 (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. DETAIL OF REPORT

- 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	

14. PREVIOUS REVIEW OF THE REPORT

NIL

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

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WORKFORCE REPORT

Argyll & Bute
IJB March 2023

CONTENT

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

INTRODUCTION

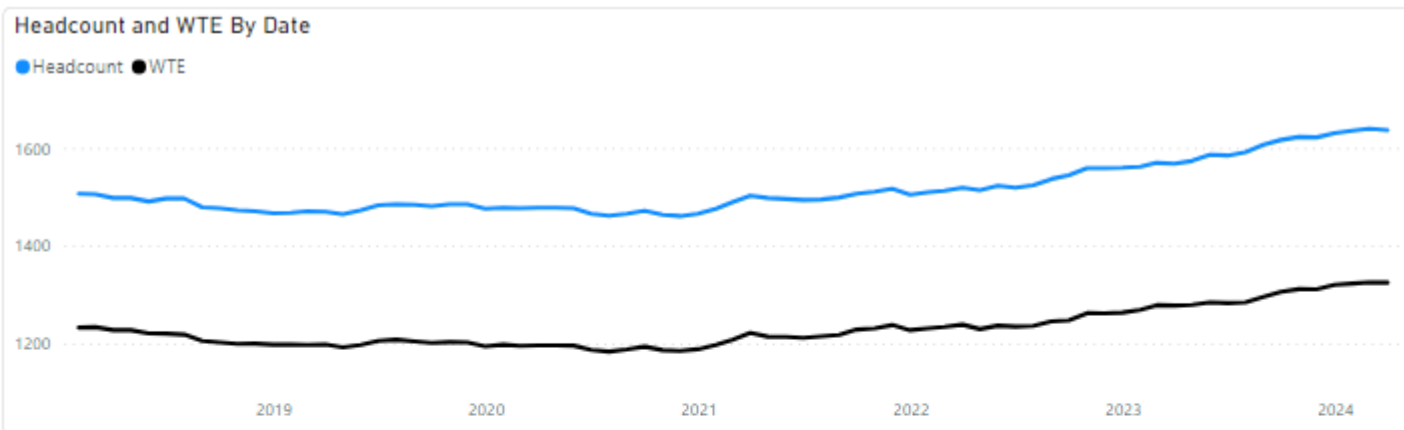
The Workforce Report considers the workforce position as of 31st March 2024, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted.

The report has been developed in partnership with our People Partner and aims to show 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.

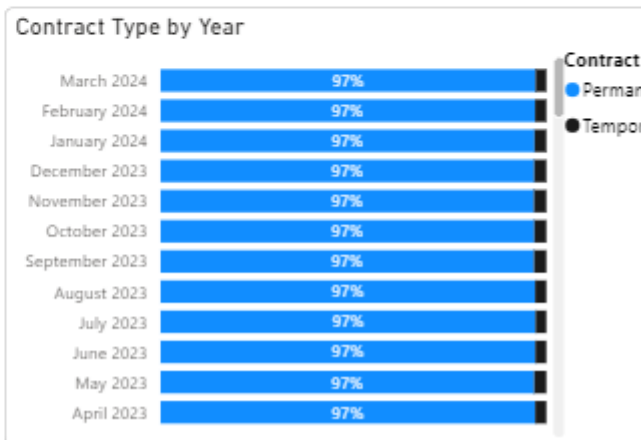
The Workforce Systems Teams proactively assess data quality based on agreed data quality principles that are part of the data quality framework and address data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. 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
March 2024	1637	-0.18%	0.06%	4.40%
February 2024	1640	0.24%	0.55%	4.46%
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%



Key points:

4.44% increase of workforce from in the last 12 months.

March 2024 in post figure of **1,637** (headcount) of Substantive Staff an increase of 0.06% in the last 3 months, a reduction of 3 headcount in the last month.

97% of our contracts are permanent and this has been a consistent position since December 2022

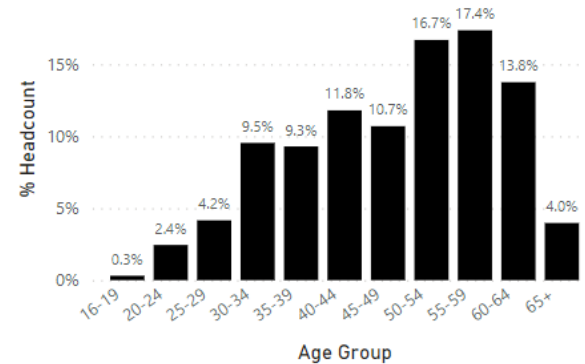
In the last 12 months the workforce has changed across all job families:

Support Services increased by 2%, Personal and Social care reduced by 11%, Other therapeutic increased by 18%, Nursing and Midwifery increased by 7%, Medical and Dental increase by 4%, Dental support reduced by 3%, AHPs increased by 3%, Administration Services increased by 0.3%.

NHS WORKFORCE PROFILE

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	299	237.7
ALLIED HEALTH PROFESSION	188	154.1
DENTAL SUPPORT	36	27.5
HEALTHCARE SCIENCES	27	24.1
MEDICAL AND DENTAL	53	30.4
MEDICAL SUPPORT	3	2.1
NURSING/MIDWIFERY	728	607.9
OTHER THERAPEUTIC	59	51.4
PERSONAL AND SOCIAL CARE	50	40.4
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	205	148.2
Total	1637	1,324.8

Age Profile



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%.

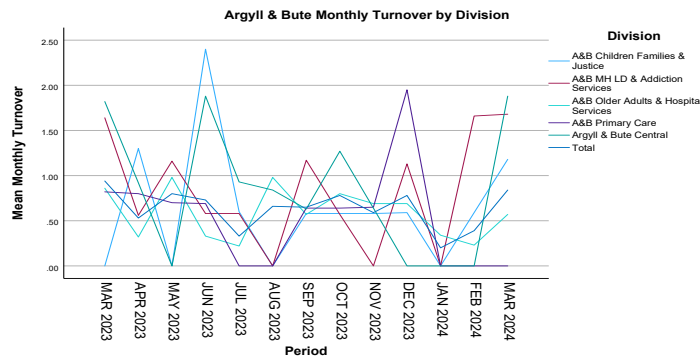
84.5% of our workforce is female

51.6% of our workforce are part time a 0.2 decrease since reported in June

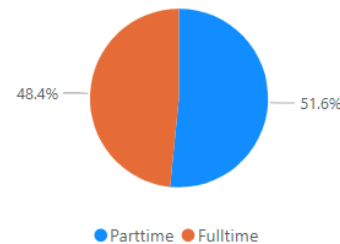
59 employees are fixed term an decrease of 1 since last quarter.

45 employees are under 25 which has increased by 5 since June 2023

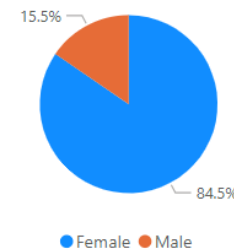
Turnover remains stable and in line with the Board average. We continue to see leavers relating to retirements.



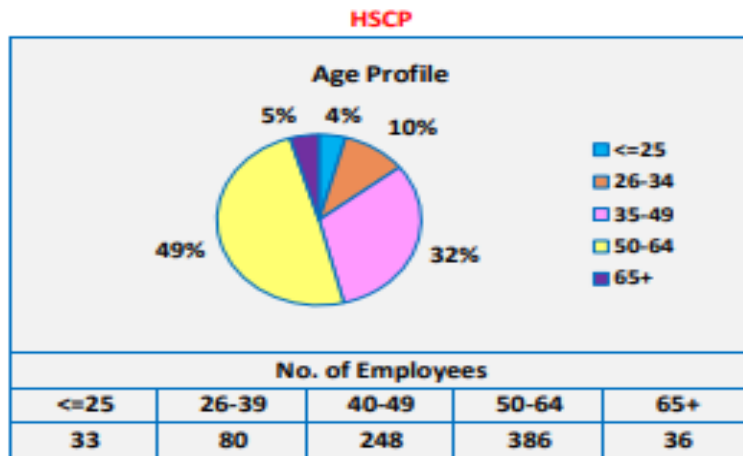
Working Hours



Sex



COUNCIL WORKFORCE PROFILE



HSCP

No. of Employees in Post After 12 Months
540

%age of Temporary Employees Who Left Prior to End of Contract
0%

Voluntary Staff Turnover Rate
6%

	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	329	301	96	28
Temporary	17	20	2	3
	346	321	98	31
Total Emps	796			
Casuals Paid	264			

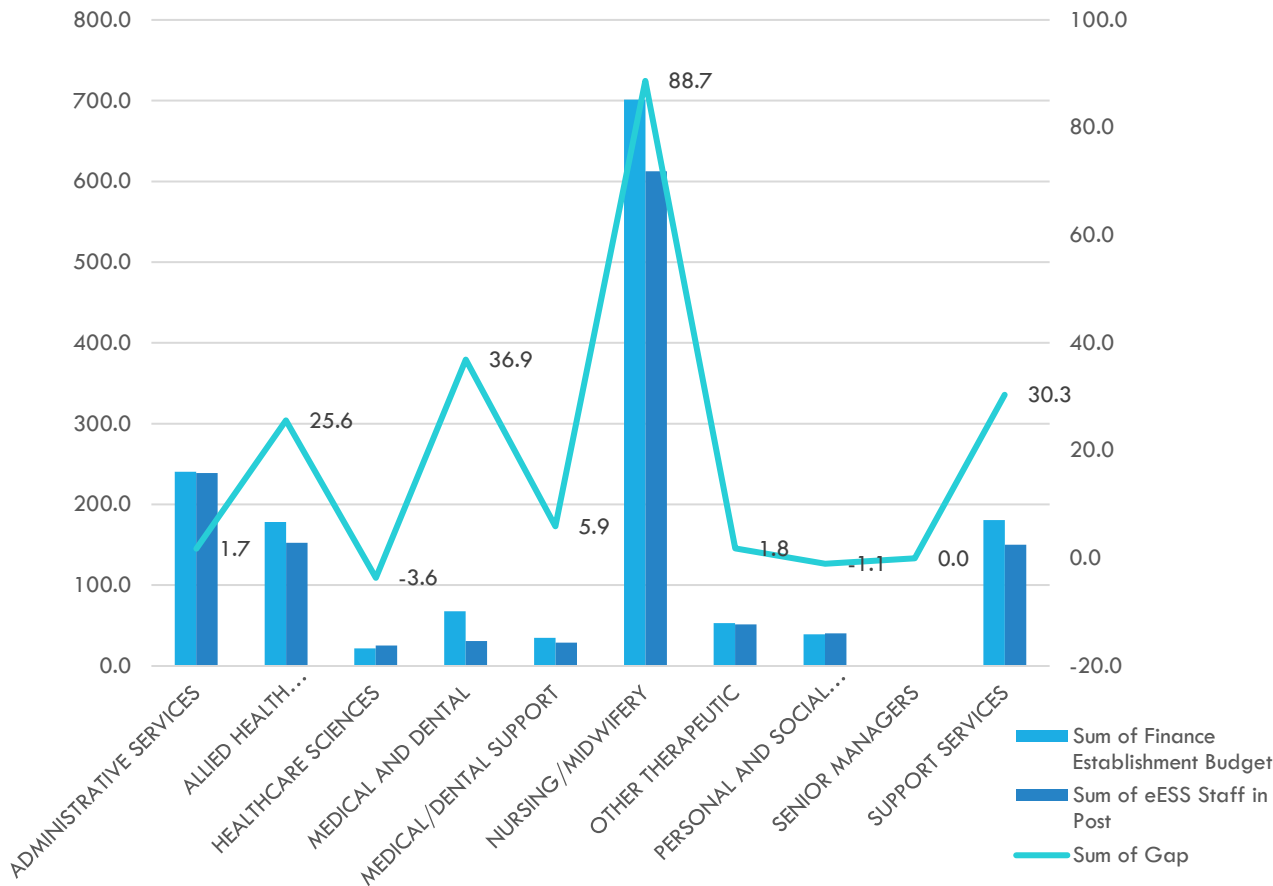
MODERN APPRENTICES	HSCP	Council
New Starts	20	76
Completed	17	55
Secured Job	82%	73%
	<i>(cumulative)</i>	

Key points:

- 53% of the workforce are over 50 with 4% over 65
- 83% of our workforce is female.
- 44% of our workforce are part time
- 5% of our workforce are temporary (42 fixed term)
- Voluntary Turnover rate has increased from a consistent 3% to 6%
- No temporary employees leaving prior to end of contract
- Modern apprenticeship retainment is higher than the council wide figure at 82%

NHS ESTABLISHMENT GAP

	Sum of Finance Establishment Budget	Sum of eESS Staff in Post	Sum of Gap
ADMINISTRATIVE SERVICES	240.6	238.8	1.7
ALLIED HEALTH PROFESSION	178.0	152.4	25.6
HEALTHCARE SCIENCES	21.5	25.2	-3.6
MEDICAL AND DENTAL	67.6	30.7	36.9
MEDICAL/DENTAL SUPPORT	34.5	28.6	5.9
NURSING/MIDWIFERY	701.2	612.5	88.7
OTHER THERAPEUTIC	53.0	51.2	1.8
PERSONAL AND SOCIAL CARE	39.2	40.3	-1.1
SENIOR MANAGERS	1.0	1.0	0.0
SUPPORT SERVICES	180.5	150.1	30.3
Grand Total	1517.1	1330.8	186.3



This information was requested last month and should be considered with caution. There is work underway to marry up finance and HR information to more accurately reflect the establishment gap. This provides an illustration of what is possible and the current data gaps.

The calculation of gap presented within the table and chart presents the Budgeted Wte Establishment (financial summary) less Contracted Wte (eESS).

This does not include those posts currently going through the vacancy management process or out to advert.

The gap presented could also relate to miss alignment of systems between finance and eESS. To align data and provide accurate establishment it is vital that managers update eESS timeously.

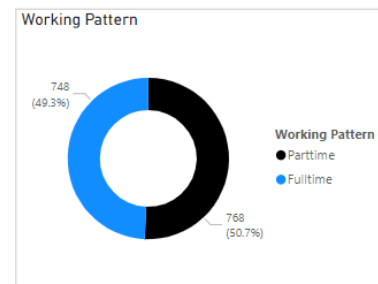
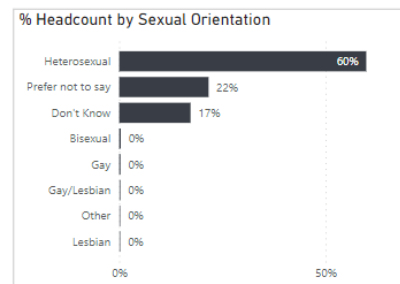
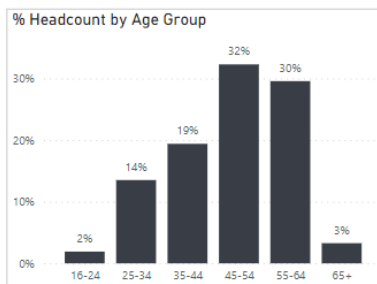
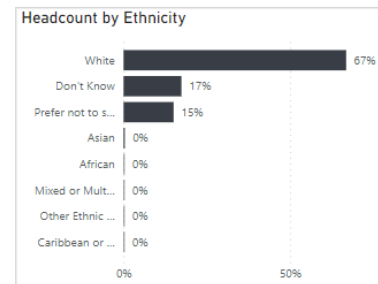
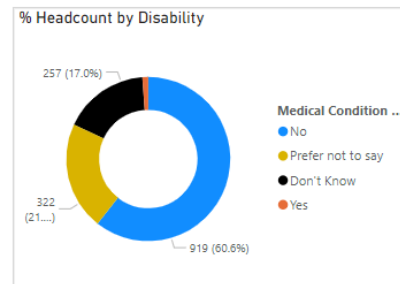
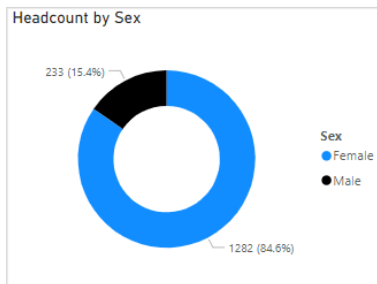
EQUALITY AND DIVERSITY

Key points:

Minor change to the E&D metrics, generally all new starts are completing the information as part of the onboarding process.

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 encouraging employees to complete continues.



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 HSCP council posts take an average of 61 days to fill while the NHS average is 199 days.

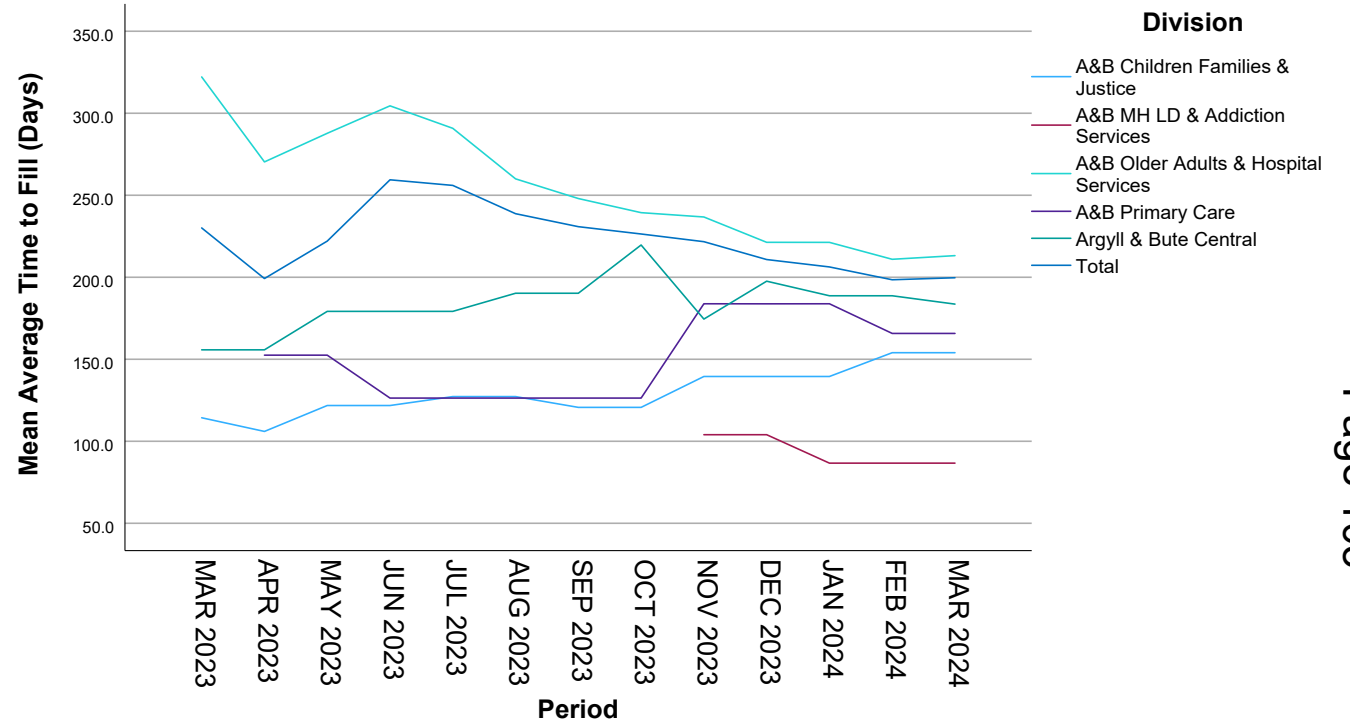
This can be accounted for by a number of factors, of which notice period is just one. Time to fill is higher in professional positions and high bands which can be attributed to longer notice periods.

There has been incremental improvement over the reporting period and within the NHS the Time to Fill is reducing. 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 135 days (as of March 2024) 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 83 days to 61 with an increase in the numbers of vacancies advertised. At the end of March there were 14 positions that remained unfilled

Argyll & Bute Average Time to Fill (Days) by Division



POSTS	HSCP	Council
No. Advertised	79	365
No. Unfilled	14	61
Average No. of Days to Fill Post	61	56

HSCP CURRENT VACANCIES

NHS vacancies

A&B Children Families & Justice	Administrative Services	1
	Allied Health Professions	7
	Nursing and Midwifery	12
	Total	20
A&B MH LD & Addiction Services	Administrative Services	2
	Allied Health Professions	4
	Nursing and Midwifery	15
	Other Therapeutic	1
	Total	22
A&B Older Adults & Hospital Services	Administrative Services	13
	Allied Health Professions	16
	Healthcare Sciences	3
	Medical and Dental	12
	Nursing and Midwifery	62
	Other Therapeutic	2
	Personal and Social Care	1
	Senior Managers	1
	Support Services	12
	Total	122
	A&B Primary Care	Administrative Services
Medical and Dental		1
Nursing and Midwifery		4
Other Therapeutic		2
Personal and Social Care		1
Total		10
Argyll & Bute Central	Administrative Services	6
	Allied Health Professions	2
	Nursing and Midwifery	3
	Personal and Social Care	8
	Support Services	1
Total	20	

Administrative Services	24
Allied Health Professions	29
Healthcare Sciences	3
Medical and Dental	13
Nursing and Midwifery	96
Other Therapeutic	5
Personal and Social Care	10
Senior Managers	1
Support Services	13
Total	194

This slide provides a detailed breakdown of the vacant posts at the end of March 2024

HSCP vacancy monitoring has resumed and there is weekly scrutiny of the posts going out to advert.

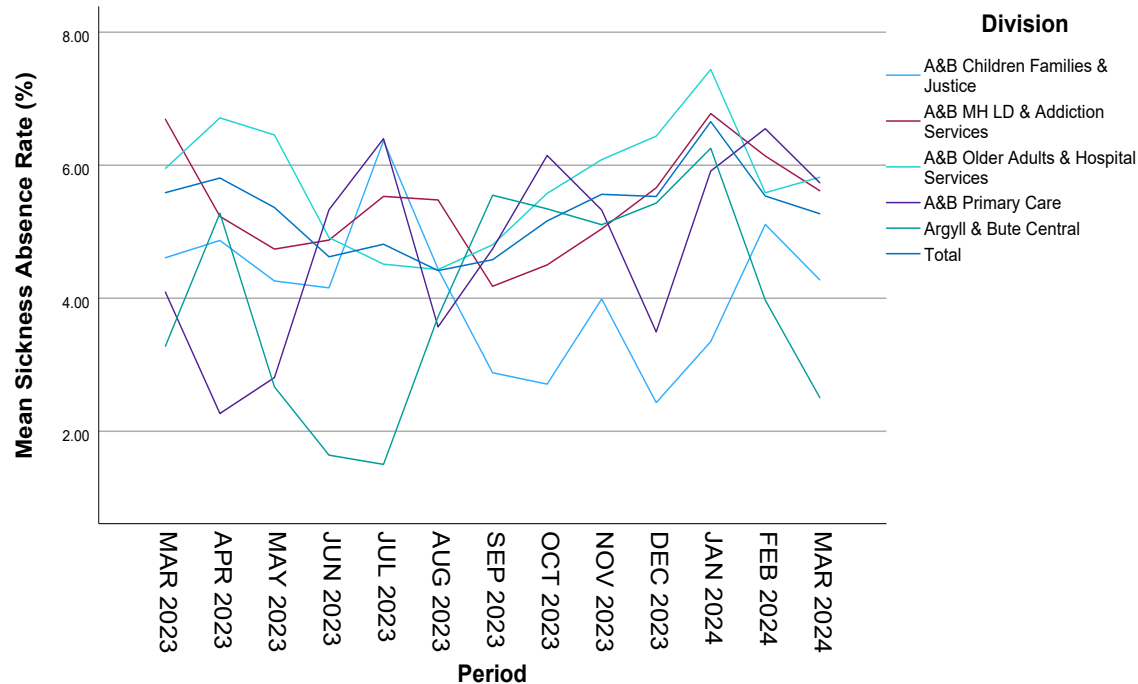
Workforce planning meetings also review vacancies and consider skill mix and alternative methods of delivery.

COUNCIL CURRENT VACANCIES

	Jan 24		Feb 24		Mar 24	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	2	22	2	11	2	14
Adult Services – Acute & Complex		6		3		6
Children, Families and Justice	2	9		2	1	5
Strategy P&P					1	
HSCP PL3 DIRECTORATE				1		
Totals	4	37	2	17	4	25
	41		19		29	
	(Temp/Casual 10) (Perm 31)		(Temp/Casual 6) (Perm 13)		(Temp/Casual 10) (Perm 19)	
Overall Total						

NHS SICKNESS ABSENCE

Sickness Absence Rate (%) by Division & Month



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 last quarter January – March are at similar levels to the same period last year.

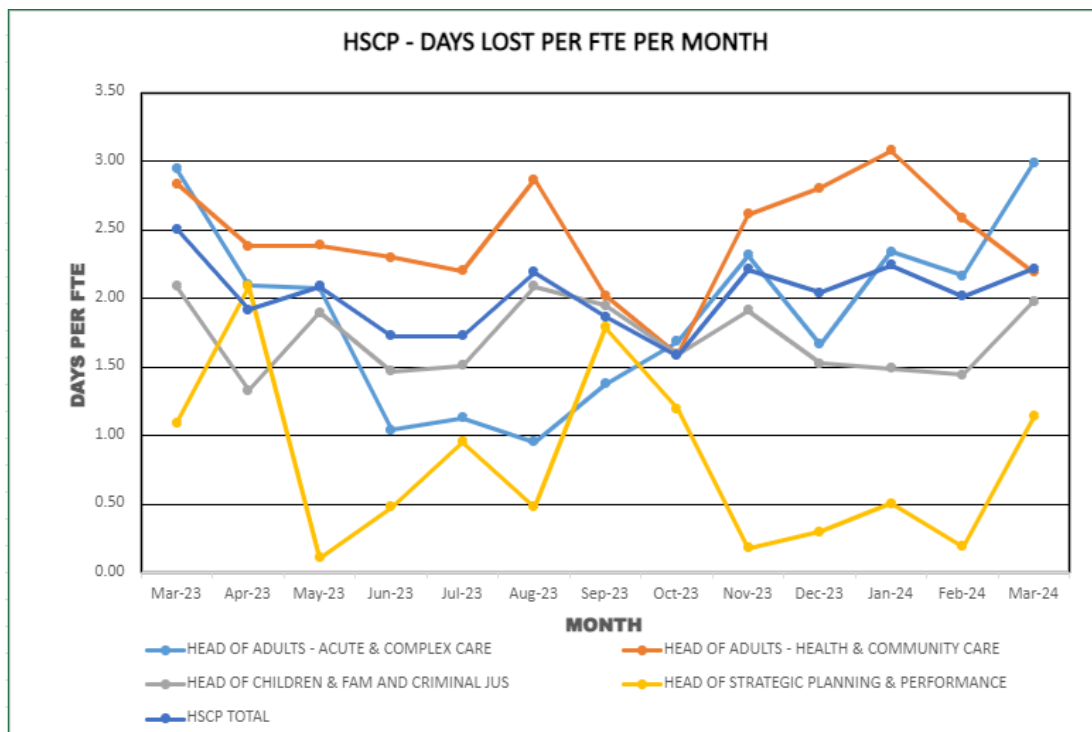
A&B is in the main consistently lower than the highland wide and National average. We await national average rates for March 2024.

	Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Argyll and Bute HSCP Total	5.3%	5.6%	5.8%	5.4%	4.6%	4.8%	4.4%	4.4%	4.9%	5.1%	5.53%	6.66%	5.54%	5.59%
NHS Highland Total	5.6%	6.5%	6.1%	6.0%	6.0%	6.2%	5.5%	6.7%	6.7%	6.6%	6.5%	7.39%	6.51%	6.16%
NHS Scotland Average	6.9%	5.6%	6.3%	5.9%	5.8%	5.8%	6.3%	5.9%	6.5%	6.70%	6.5	6.45%	6.17%	TBC

COUNCIL SICKNESS ABSENCE

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

Q4 has seen similar sickness absence levels when compared to last quarter and an improvement when compared to the same period last year.



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to Date
HEAD OF ADULTS - ACUTE & COMPLEX CARE	2.94	2.10	2.08	1.04	1.13	0.95	1.38	1.68	2.32	1.66	2.34	2.16	2.99	
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	2.84	2.38	2.39	2.30	2.20	2.86	2.02	1.60	2.61	2.80	3.08	2.58	2.19	
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	2.09	1.33	1.90	1.47	1.51	2.09	1.95	1.60	1.92	1.53	1.49	1.44	1.98	
HEAD OF STRATEGIC PLANNING & PERFORMANCE	1.10	2.09	0.11	0.48	0.96	0.48	1.79	1.19	0.18	0.30	0.51	0.19	1.14	
HSCP TOTAL	2.51	1.92	2.09	1.73	1.73	2.19	1.87	1.58	2.21	2.04	2.24	2.01	2.22	

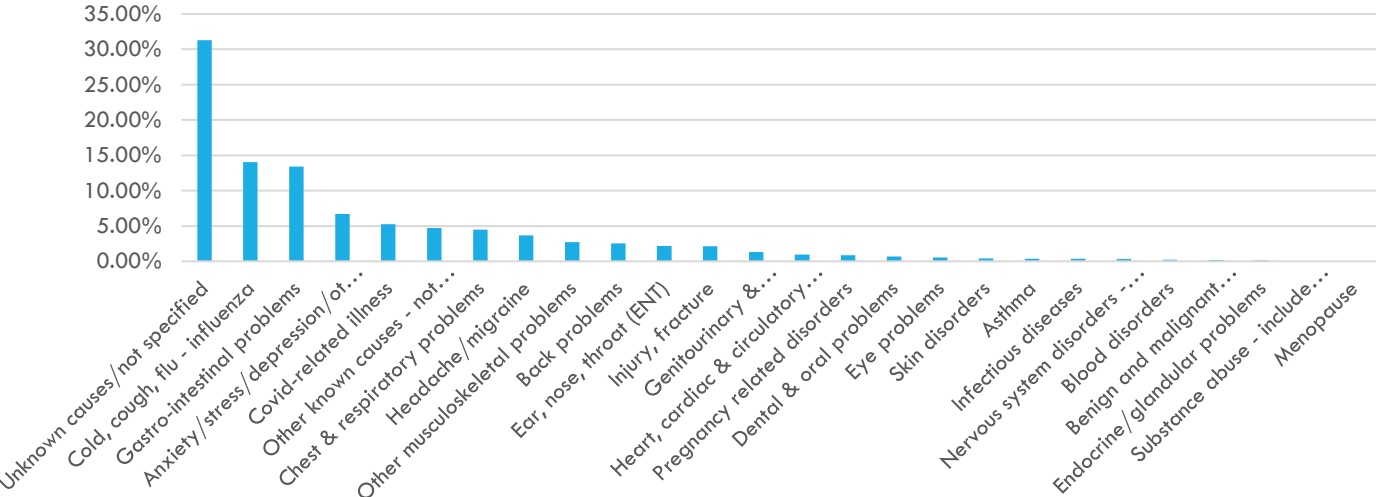
Absence reasons presented from absence for 12 month period as at end of March 2024.

NHS SICKNESS ABSENCE REASONS

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

Unknown causes/not specified	29.17%
Cold, cough, flu - influenza	15.16%
Gastro-intestinal problems	14.13%
Anxiety/stress/depression/other psychiatric illnesses	7.00%
Covid-related illness	4.81%
Chest & respiratory problems	4.62%
Other known causes - not otherwise classified	4.42%
Headache/migraine	4.18%

% of Absences



Absences with an unknown cause/not specified remaining high (accounting for around 29%). Managers continue to be asked to ensure that an appropriate reason is recorded on timesheets and for SSTS users, systems are continuously updated.

Manager 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 4.81% 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 Stomach, Liver, Kidney & Digestion Infections

Previous Months Total for Comparison	No of RTWD completed	No of RTWD not completed	RTWD %	Average Time taken to complete (Days)
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
JANUARY 2024	38	62	38%	6
FEBRUARY 2024	50	31	62%	7
MARCH 2024	61	46	57%	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

The last part of the quarter saw a marked improvement in RTW completion reflecting the work in this area.

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.

REDEPLOYMENT

	End of FTC	Other	Org Change	Pay Protection	
A&B MH LD & Addiction Services Totals					
NURSING/MIDWIFERY					
Band 3					3
Band 6					1
SUPPORT SERVICES					
Band 2				1	
Band 4				1	
A&B Older Adults & Hospital Services					
ADMINISTRATIVE SERVICES					
Band 3					2
Band 4					1
ALLIED HEALTH PROFESSION					
Band 3					1
NURSING/MIDWIFERY					
Band 3			1		4
Band 7		1			
OTHER THERAPEUTIC					
Band 2					1
SUPPORT SERVICES					
Band 1					3
Band 2				3	4
Band 6					1
Argyll & Bute Central					
PERSONAL AND SOCIAL CARE					
Band 6		1			
SUPPORT SERVICES					
Band 2				1	0
Band 4				2	1
Totals	2	1	8		22

As of the 31st March there were 33 employees on the redeployment register.

22 of 33 individuals are retained on the register due to their pay protection status - individuals are in roles but have a protection element.

Overall there are 3 in Administration, 1 in Allied Health Protection, 1 in Healthcare Science, 10 in Nursing and Midwifery, 1 in Other Therapeutic, 1 in Social Care and 17 in Support Services.

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.

No council employees currently on redeployment register.

EMPLOYEE RELATIONS

Summary of activity between 1st January and 31st March 2024.

Highlights comparative end of quarter totals.

NHS

	Mar-23	Jun-23	Sept 23	Dec 23	Mar 24
D@W	1	2	8	9	8
Disciplinary	2	2	2	1	1
Grievance	3	4	3	4	7
Capability	0	0	0	0	3
Total	6	8	13	14	19

Since the last quarterly report there has been 1 D@W concluded and 3 new grievances opened. There are also 3 capabilities currently being managed.

*note – NHS reporting individuals involved Council report cases

	Mar-23	Jun-23	Sept 23	Dec-23	Mar-24
B&H	0	0	0	0	0
Discipline	1	0	1	1	2
Grievance	3	2	1	0	2
Capability	0	0	0	0	0
Total	4	2	2	1	4

HSCP Council Disciplinary and Grievance cases remain consistently low. During Q4 23/24 there was one disciplinary concluded and two commenced (still ongoing). Two Grievances were received, one collective and one individual, both ongoing.

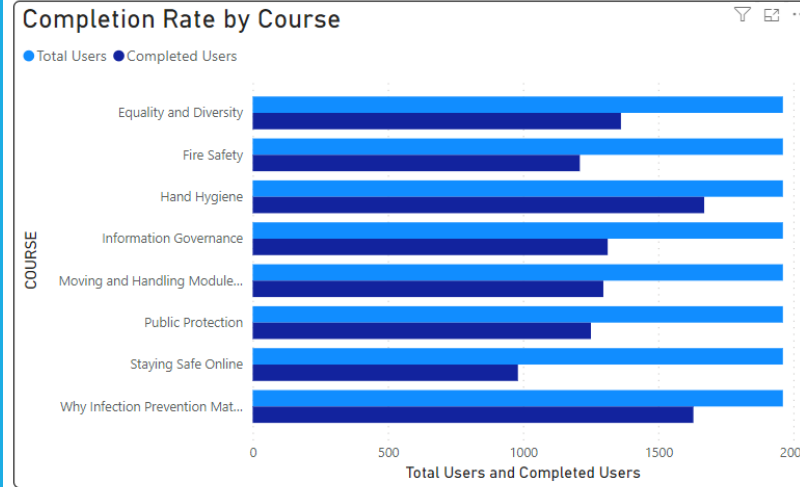
MANDATORY TRAINING

Mandatory Training completion continues to incrementally improve with an end of quarter rate of 68.3 overall

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

With this in place it is anticipated that Board wide the 95% compliance target will be achieved and thereafter maintained.

Violence and Aggression training is Not contained in this quarters report. New revised training is due to be launched on the 1st June and will feature in subsequent reports.



Course	Current Completion Rate
Equality and Diversity	69.5%
Fire Safety	61.7%
Hand Hygiene	85.2%
Information Governance	67.0%
Moving and Handling Module A	66.1%
Public Protection	63.8%
Staying Safe Online	50.0%
Why Infection Prevention Matters	83.1%
Total	68.3%

Month	Equality and Diversity	Fire Safety	Hand Hygiene	Information Governance	Moving and Handling Module A	Public Protection	Staying Safe Online	Why Infection Prevention Matters
April 2023	67%	58%	83%	65%	63%	53%	25%	81%
May 2023	68%	58%	84%	65%	61%	54%	28%	81%
June 2023	68%	59%		66%	62%	54%	30%	82%
July 2023	68%	60%	85%	66%	62%	57%	33%	82%
August 2023	68%	60%	84%	66%	62%	57%	33%	82%
September 2023	68%	60%	85%	66%	63%	58%	38%	82%
October 2023	68%	60%	85%	65%	64%	59%	40%	82%
November 2023	69%	60%	85%	66%	64%	60%	42%	82%
December 2023	69%	61%	84%	66%	64%	61%	43%	82%
January 2024	70%	62%	85%	67%	65%	62%	45%	83%
February 2024	70%	62%	85%	67%	66%	62%	48%	83%
March 2024	69%	62%	85%	67%	66%	64%	50%	83%

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 Q4	As a percentage of the HSCP total workforce	Number completed in FQ 4	As a percentage of the HSCP total workforce who completed in FQ 4	
E&D	268	34%	0	0%	34%
Data Protection	539	68%	0	0%	68%
Fire Safety Awareness	703	89%	45	6%	95%
Freedom of information	466	59%	38	5%	64%
PREVENT	184	23%	0	0%	23%
Positive Customer Care	440	56%	37	5%	61%

HSCP total workforce end Q4 **787**

APPRAISALS

The appraisal information was requested at last IJB. The table overleaf shows the appraisal completion, recorded on the Turas system for NHS employees. Improvement of appraisal is a Board priority and this will be an area of focus for the year ahead. Improving the appraisal practice and recording

The council moved away from PDP/appraisals to a less formalised quality conversation approach and this is currently being evaluated. A report is due by the end of May and the findings will be reported once available.

Division	Values		
	Total Staff	Completed Appraisal	Percentage
# A&B Children Families & Justice	158	33	21%
# A&B MH LD & Addiction Services	148	20	14%
# A&B Older Adults & Hospital Serv	813	279	34%
# A&B Primary Care	124	37	30%
# Argyll & Bute Central	141	35	25%
Grand Total	1384	404	29%



Integration Joint Board

Date of Meeting: 29th May 2024

Title of Report: HSCP Strategic Workforce Planning – Update

Presented by: Geraldine Collier

The Board is asked to:

- Note the content of this report, advising the IJB of the HSCP approach to delivering the commitments and priorities of the Strategic Workforce Plan as agreed at IJB in July 2022 and published in October 2022
- Take the opportunity to ask questions relating to the content of the report.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the activities that have taken place since the last update report in May 2023, against the Strategic Workforce Plan published in October 2022.
- 1.2 To monitor and direct the Workforce planning activities there is a Workforce planning oversight group with 3 action focused working groups delivering and discussing the key priorities of the workforce plan:
- Accommodation Group
 - Culture and Wellbeing group
 - Attracting and Developing the workforce group
- 1.3 This report aims to provide reassurance to the board of an appropriate framework to develop and deliver the required workforce planning activities to support a sustainable social care workforce.

2. RECOMMENDATIONS

- 2.1 Note the content of the report

3. DETAIL OF REPORT

- 3.1 In line with Scottish Government workforce planning guidance for health and social care, the HSCP have a 3 year Strategic Workforce Plan 22-25. This plan supports the tripartite ambition of recovery, growth and transformation of our workforce and details strategic actions and commitments that will be taken to achieve this vision and ambition, using the national Five Pillars of Workforce strategic framework (Strategy (Plan, Attract, Train, Employ, Nurture)). Following agreement and publication of the 3 year Strategic workforce plan an oversight group was established, with meetings being held every 6 weeks.

- 3.2 progressing the workforce Planning activity are 3 working groups:
- Accommodation
 - Culture and Wellbeing
 - Attracting and Developing the workforce
- 3.3 Recently we have also established a weekly workforce monitoring group, as a sub set of SLT, where vacancies are discussed alongside, proposed / agreed establishment changes to ensure partnership oversight of this activity for scrutiny and joined up working.

Workforce Planning Activity 2023/24

- 3.4 This year there has been an increased focus on joining our workforce planning processes and there were joined up meeting with each of the managers. This will evolve through the workforce planning cycle.
- 3.5 We have been focusing on:
- Training the responsible officers in the process and workforce planning practice,
 - Closer alignment to the strategic, financial planning processes
 - Encapsulating safe staffing developments
 - Developing performance dashboards and activity.
- 3.5 This activity sits alongside the usual workforce planning activity that all managers consider, continually reviewing their service requirements, considering the opportunities for remodelling, development and succession planning.
- 3.6 Annual meetings have now taken place with all 3rd tier managers and service workforce plans are being developed with associated risk ratings and escalations. This activity will be concluded by end of the summer when all workforce action plans will be collated to inform the annual update of the 3 year workforce plan. This update will be provided to IJB in November 2024.
- 3.7 As an HSCP we continue to support:
- Increased promotion and involvement in career fayres
 - Involvement in the existing DYW (developing the young workforce) and Employability partnership meetings/events
 - Supporting HSCP focused recruitment, supporting further development of existing promotional activity. Boosting posts on social media and targeting specific audiences.
 - improved visibility of HSCP adverts, linking and promoting A&B aplace2be.
 - Inclusion in the Board and Council employability activity when considering how best to attract, develop and maximise the workforce.

- 3.8 The HSCP recognise the workforce challenges around attracting and retaining the workforce which is a key strategic aim which our Transformation agenda has at the forefront of planning to ensure sustainability of services going forward. The next iteration of the Joint Strategic plan will have improved alignment to the workforce strategy.

4 RELEVANT DATA AND INDICATORS

- 4.1 The Workforce plan is furnished with all the relevant data, indicators and trends pertaining to the workforce plan for the HSCP for further scrutiny and discussion.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 In a move towards a more integrated approach to workforce planning, the three year workforce plan details the workforce actions and risks associated with delivery of the HSCPs joint Strategic Plan.
- 5.2 As the workforce planning process evolves, clearer alignment to the strategic plan will develop to achieve the strategic alignment required between workforce, financial and service planning processes supporting a sustainable social care workforce.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The resulting action plans detail the costs associated with actions as appropriate.

6.2 Staff Governance

Workforce planning actions and data will feature in the Staff Governance reports or more focused workforce planning reports as appropriate.

6.3 Clinical Governance

The workforce planning process and actions will appropriately link to the clinical governance requirements both now and in the future.

7. EQUALITY & DIVERSITY IMPLICATIONS

The 3 year workforce plan and actions plans will be impact assessed in the normal manner.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Undertaken in compliance with guidance.

9. RISK ASSESSMENT

- 9.1 Recruitment retention and workforce planning have featured in the audit and risk reports with medium to very high risks, particularly in remote areas. The NHS Scotland audit report identifies that “social care workforce planning has never been more important”.

9.2 The 3 year workforce plan and the associated action plans highlight the priorities and risks with regard to workforce planning.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Consultation and engagement is key to the workforce planning process. It is vital that senior and middle managers, trade unions, and third and independent sector representatives are involved in the process.

11. CONCLUSIONS

This paper has sought to provide details and reassurance of the Strategic workforce planning framework to deliver the 3 year workforce plan.

12. DIRECTIONS

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

14. PREVIOUS REVIEW OF THE REPORT

NIL

REPORT AUTHOR AND CONTACT

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Integration Joint Board

Date of Meeting: 29 May 2024

Title of Report: Children's Rights Report: 2020-2023 Review

Presented by: David Gibson, Head of Children, Families and Justice/CSWO

The IJB is asked to:

- Note the content of the report

1. EXECUTIVE SUMMARY

This report is the second Argyll and Bute Children's Rights Report and is a review of the first report completed in November 2020 but also looks at plan going forward. A child friendly, graphic "Plan on a Page" version of this plan is going to be produced in co-production with groups of children and young people.

In Scotland, Government Ministers have a duty to promote public awareness and understanding of the rights of children under Part 1 of the Children and Young People (Scotland) Act 2014. Local Authorities and Health Boards have a duty to report back every three years on the steps each has taken to secure better or further effect of UNCRC requirements under s.2 and Schedule 1 of the 2014 Act. However this will be the last Children's Rights Report written under this Act and guidance notes as The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, received Royal Assent on the 16th of January and the next local report, required in 2026 will be under this Act and new guidance.

This current report notes the challenges of the last 3 years and welcomes the passing of the new Act and the embedding of children's rights in Scottish Law. It also states that Argyll and Bute's commitment to children's rights, equalities and achieving the best possible outcomes for our communities.

2. RECOMMENDATIONS

To note this report.

3. DETAIL OF REPORT

As noted the current report identified the challenges of the last 3 years and welcomed the passing of the new Act and the embedding of children's rights in Scottish Law.

Argyll and Bute's has committed as a partnership to children's rights, equalities and achieving the best possible outcomes for our communities this is reflected in the following supporting plans including:

- Argyll and Bute Child Poverty Action Plan Review 2022-2023;
- Argyll and Bute HSCP Joint Strategic Plan 2022 – 2025;
- Argyll and Bute Children and Young People's Service Plan 2023 – 2026;
- Argyll and Bute Outcome Improvement Plan 2013 – 2023;
- Argyll and Bute Community Justice Plan 2017 – 2022;
- Argyll and Bute Corporate Parenting Plan 2021 – 2024;
- Argyll and Bute Employability Partnership Delivery Plan, 2022-25;
- Argyll and Bute Education Strategic Plan 2022 – 2024.

The report summarises the key area of the new Act that relate to local authorities:

- Public authorities will not be allowed to act in a way, which is incompatible with the UNCRC requirements.
- Children, young people, and their representatives will have the power to go to court to enforce their rights.
- Courts will have powers to decide if legislation is compatible with the UNCRC requirements.
- Existing legislation will have to be read in a way, which is compatible with the UNCRC requirements wherever possible.
- The Children and Young People's Commissioner Scotland and Scottish Human Rights Commission will have powers to take legal action to protect children's rights.
- Local authorities and others listed in the Bill will have to report every three years on what they are doing to meet the UNCRC requirements.

It goes on to say that a Framework has been provided by the Scottish Government and Improvement Service to assist Local authorities and other public bodies in meeting these obligations. These are:

1. Leadership;
2. Participation of Children and Young People;
3. Empowerment of Children and Young People;
4. Child Friendly Complaints Procedure;
5. Training and Awareness Raising;
6. Improving Practice- Tools and Resources to support your work;
7. Publishing Child Friendly Information;
8. Measuring Progress;
9. Children's Rights Budgeting;
10. Accountability and Reporting on Children's Rights;
11. Non Discrimination / Rights at Risk.

It also talks about engagement and that our multi-agency UNCRC Implementation team, following consultation with children and young people, put in a bid to The United Nations Convention on the Rights of the Child (UNCRC) Innovation Fund. This was for monies to achieve three key outcomes:

- Bring children and staff together to talk about how best to embed UNCRC. To learn what children and young people think will work and how they want to be involved
- Create and deliver an awards scheme, in coproduction with children and young people that will encourage and recognize the progress of teams working to change the way their staff and departments function so that the rights of children and young people are respected and they are included in decision making.
- The awards scheme directly contributes to the effective implementation of the Getting Ready for UNCRC Incorporation Framework and ensures inequitable access issues are addressed for remote, rural and island children and young people as well as other groups.

The UNCRC Implementation Group has been granted £53,000 from the UNCRC Innovations Fund to achieve the desired outcomes; this will cover the period between October 2023 and October 2024.

In summary, the report then goes on to discuss other key areas relating to Children's Rights, including:

- **Getting it Right For Every Child (GIRFEC);**
- **Equality Impact Assessments;**
- **UNCRC Education Update** (Nurturing School Framework, Rights Respecting Schools, Professional Development and engagement activities);
- **Child Protection** (Protection from is integral to upholding children's rights, Rights based practice is central to child protection practice.);
- **Child Health** (The practice model ensures that all staff working with children are doing what is best in the interests of the child. It is non-discriminatory and ensures that children have a right to life and development. It also ensures that children are protected from harm and abuse.);
- **Tackling Child Poverty** (Article 27: the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development);
- A Rights Respecting Approach to Youth Justice (Criminalisation of the behaviour of children and young people should be avoided wherever possible as this can have lifelong negative impacts on them.);
- **The Argyll and Bute Community Planning Partnership** (Members of the Scottish Youth Parliament who are elected to represent Argyll and Bute are invited to sit on the Community Planning Partnership Management Committee and other relevant community planning groups, along with members of their support team from Live Argyll.);
- **Housing** (A key priority will be to ensure an adequate housing provision to provide safe, secure homes for families and children to flourish and lead happy, health lives.);
- **Transport** (These issues have been recognised in Argyll and Bute are known to be important when ensuring that children's rights are respected and they have equal opportunity and access to resources wherever they live.);
- **The Promise** (We have fully committed to the promise made to Scotland's infants, children, young people, adults, and families.);

- **Trauma-Informed workforce** (We have committed to further embedding our trauma-responsive children's services and children's workforce as a key strategic priority.);
- **Tackling Domestic Violence** (Children's rights are recognised as key to the work of the Violence Against Women and Girls Partnership as they are harmed by domestic violence and other forms of gender based violence.);
- **Working with Refugees** in Argyll and Bute (To make children, young people and their families aware of their rights the Motivation and Wellbeing Profile has been translated.);
- **Employability** (To maximise the role that employability plays in delivering national and local aims of tackling poverty, promoting inclusion and social justice and creating a fair and prosperous Scotland.);
- **Young Carers** (Listening to feedback from Young Carers, we are currently reviewing the Young Carers Statement to ensure it continues to meet the needs of Young Carers.);
- **Bute Advice Centre;**
- **Council's Welfare Rights Service;**
- **My Tribe, Free Period Products.**

4. RELEVANT DATA AND INDICATORS

Partner data and narrative is collated for final reporting.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

As noted in the report this is aligned to current strategies.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

It should be noted that there will be some financial implications in terms of embedding the UNCRC into the way in which the Council and HSCP operates. For example, with regards to training staff. However this has so far been provided in a cost effective manner, for example in e-learning modules on LEON and TURAS and the provision of learning material on writing child friendly versions of information and documents. Also much is already being done in a rights respecting way; for example with seeking the views of children and young people and engaging them in coproduction; in considering the needs of children when setting budgets and commissioning policy and when producing written material that needs to be accessible.

6.2 Staff Governance

Note the training requirement for staff

6.3 Clinical and Care Governance

Improved Clinical and Care Governance

7. PROFESSIONAL ADVISORY

Advisory has previously been provided to the Integration Joint Board.

8. EQUALITY & DIVERSITY IMPLICATIONS

We are required by the Fairer Scotland Duty (which forms part of the Equality Act 2010) to actively consider ('pay due regard' to) how to reduce inequalities of outcome. This current report as it outlines how we currently, and will, work to forward children's rights and listen to their views, fulfils this duty.

This report is about rights respecting approaches, activity and planning. Equalities are respected by this, for example "Article 23-If you are disabled, either mentally or physically, you have the right to special care and education to help you develop and lead a full life."

Socio-economic issues are integral to children's rights and the importance the needs of the child being considered in all of our decision making.

The challenges of affording children and young people across Argyll and Bute, equal access to resources / rights entitlement, are noted in this report.

Climate change is not directly referred to in this report but any actions that impact negatively on the environment might be seen as a children's rights issue. Children and young people should be consulted environment / climate change issues.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not specific to this report

9. RISK ASSESSMENT

There are legal obligations for public bodies in relation to the implementation of The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, one of those is fulfilled by the publication of this current report; others are set out within this current report.

If a Children's Rights Report were not to be published at this point, the Council and health Board would be failing to meet the duty laid out In the Children and Young People (Scotland) Act 2014 to publish one every 3 years.

A commitment has been made to carry out a wide range of engagement with children and young people across Argyll and Bute in 2024, telling them about their rights and gaining their views on ways in which the Council can meet them. Funds have been given by the UNCRC Innovations Fund for this purpose. Failure to deliver would might be seen as a failure to include children and young people.

All of the work outlined in the report contributes to meeting the needs of children and young people and respecting their rights. Any circumstances that impeded this work could be detrimental to achieving these goals.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The report has noted consultation with children and also notes additional funds through the UNCRC innovation fund to support further consultation. This activity is planned.

11. CONCLUSIONS

This current report sets out what changes have occurred since the last report in terms of legislation and obligations placed on public bodies.

It asserts Argyll and Bute's commitment as public bodies to delivering on these obligations and working with children and young people to ensure that their voice is heard and their needs and wishes are considered in every part of its functioning.

The report also talks to plans for engagement with children and young people throughout 2024 how it is hoped this process will ensure that children and young people feel that they understand their rights and are being listened and respected to in Argyll and Bute. In addition this report looks at key areas (child protection, Employability, Health, Tackling Child Poverty, Housing, Youth Justice etc.), what is happening and plans and commitment going forward.

A children and young people friendly version of this plan will be created in co-production with groups of children and young people. It will be in a graphic format and it is hoped will make this report more accessible to both children and also adults who prefer a more graphic presentation. It will also be used in the engagement activities to take place with children this year.

12. DIRECTIONS

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

13. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)

REPORT AUTHOR AND CONTACT

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Argyll & Bute Children's Rights Report



**2020-2023
REVIEW**

Children's Rights Report: 2020-2023 Review.

Foreword

Welcome to Argyll and Bute's Second Children's Rights Report, an update from our initial one first published in 2020. The last three years have been challenging as we have come through the Covid19 Pandemic, working together as a community to keep people safe and well. This has shown that we may be a place with small towns and many remote, rural and island places but with a strong sense of identity and a willingness to work together to tackle new challenges. In all of this, the Council and the Health Board have led the way, working to provide leadership and ensure the best use of all our resources.

We recognise that times, that have also included a cost of living crisis and a war in Ukraine, have been particularly hard on our children and young people. A University of Edinburgh study has found that the number of young people in rural Scotland who say they are lonely is substantially higher than, elderly people in the same communities. Over 3,000 people, aged 16-96, from across rural Scotland, including Argyll and Bute, took part in the RuralCovidLife survey. The study, which took place in October and November 2020, showed 32% of those aged 18 to 29 said they feel lonely most or all of the time, compared with 3% in the 70-79 age group, and 8% of the total surveyed. In the last 4 years, they have faced physical, emotional and educational challenges that have demanded a great deal of resilience from them and respect from all of us.

We welcome the fact that in Scotland, the needs and rights of children are being recognised and the United Nations Charter on the Rights of the Child is being embedded into law and the work of all local authorities, Health Boards and other organisations. In the coming year we will be consulting and working with our children, young people and their parents to make sure that we get things right and embrace the changes. Our vision is that Argyll and Bute is a place where everyone has a voice and children and young people are supported to achieve their potential and feel healthy, happy and valued.



Fiona Davies
Chief Officer Argyll & Bute
Health and Social Care
Partnership
Chair Children's Strategic Group

A handwritten signature in cursive script that reads "Fiona James".



Pippa Milne
Chief Executive
Argyll & Bute Council

A handwritten signature in blue ink that reads "Pippa Milne".



Pam Dudek
Chief Executive
NHS Highland Health
Board

A handwritten signature in black ink that reads "P. Dudek".

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Introduction

In 2020, Argyll and Bute completed its first Children's Rights Report; it looked at what was happening at that time to support children's rights in Argyll and Bute and what had been done to support children and young people during the covid19 pandemic. Since that first report, we have seen a recovery phase from Covid19 and the impact of other challenges including exit from the EU, the war in Ukraine and the cost of living crisis. Despite this work has continued to promote children's rights both at a local and national level.

We are updating this report because we think it is important for the people of Argyll and Bute to know about our children's rights respecting work. As well, Part 1, Section 2 of the Children and Young People (Scotland) Act 2014 places a duty on listed public authorities to complete a children's rights report every 3 years. This report should look at what has been done locally to further children's rights and the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

Argyll and Bute's commitment to children's rights, equalities and achieving the best possible outcomes for our communities is reflected in our Corporate Plan 2023 – 2027 and that can be found here:

[AB CorporatePlan 3.pdf \(argyll-bute.gov.uk\)](#)

It includes working to achieve a thriving economy, providing more affordable homes, helping people affected by fuel poverty and the cost of living crisis and improving educational outcomes for children and young people.

Since our last report, on a national level, the Scottish Government fully committed to incorporate the UN Convention on the Rights of the Child (UNCRC or Convention) into Scots law. This commitment was met partially in 2021 when the Scottish Parliament unanimously passed the UNCRC (Incorporation) (Scotland) Bill (Incorporation Bill). The Bill is being reviewed in light of the ruling from the United Kingdom Supreme Court that it must adhere to the Scottish Government's devolved competencies to become binding Scottish legislation. The Scottish Government is intending to pass this bill into law in 2023; this means that Royal Assent is expected by mid-2024 and for it to be fully in force within 6 months of this.

In Argyll and Bute, we have continued to work to ensure that everything we do is in the best interests of the child and to do this whilst delivering on a number of important areas including:

- Child Protection;
- Tackling child poverty;
- The Promise and the National Trauma Training Programme (NTTP);
- The Equally Safe Strategy;
- Whole Family Support;
- Getting it Right for Every Child (GIRFEC);
- Employability for Young People: The Young Person's Guarantee (YPG) and No One Left Behind (NOLB);
- Youth Justice;
- Children's Rights in Schools;
- Children's Rights and commissioning.

Children's rights are human rights and are the basic rights and freedoms to which we are all entitled in order to live with dignity, equality and fairness, and to develop and reach our potential.

Human rights are:

- universal
- inalienable (not taken/given away)
- indivisible
- interdependent (loss of one impacts all)

Duties of Local Authorities

There are a number of elements of the bill that are important for local authorities to be aware of and act on:

- Public authorities will not be allowed to act in a way, which is incompatible with the UNCRC requirements.
- Children, young people, and their representatives will have the power to go to court to enforce their rights.
- Courts will have powers to decide if legislation is compatible with the UNCRC requirements.
- Existing legislation will have to be read in a way, which is compatible with the UNCRC requirements wherever possible.
- The Children and Young People's Commissioner Scotland and Scottish Human Rights Commission will have powers to take legal action to protect children's rights.
- Local authorities and others listed in the Bill will have to report every three years on what they are doing to meet the UNCRC requirements.

To assist local authorities in meeting these obligations, the Scottish Government and Improvement Service have provided a Framework for Implementation that sets out the area that require to be addressed.

These are:

1. Leadership;
2. Participation of Children and Young People;
3. Empowerment of Children and Young People;
4. Child Friendly Complaints Procedure;
5. Training and Awareness Raising;
6. Improving Practice- Tools and Resources to support your work;
7. Publishing Child Friendly Information;
8. Measuring Progress;
9. Children's Rights Budgeting;
10. Accountability and Reporting on Children's Rights;
11. Non Discrimination / Rights at Risk

Government Guidance states:

Children's rights are not just relevant to children and young person's services. All decisions made about and actions taken to deliver public services may impact on the rights and wellbeing of children. This means that every decision

- Cost of living crisis and low income – The cost of living crisis has meant that many children, young people, and their families struggle to pay bills and maintain a good standard of living. As well wages in Argyll and Bute are on average lower than the Scottish average and a higher proportion of jobs are seasonal. Average gross weekly pay for full-time workers in Argyll and Bute is £586. This compares to a Scottish average of £640 and a British average of £642 (NOMIS 2023) Figures relate to the median earnings for employees living in the area.
- Transport – Issues like rural roads, the need for ferries to connect people to the mainland and limited public transport in some areas makes travel for employment, study, health appointments, socialising and family etc. more difficult.
- Connectivity – Much has been done across Argyll and Bute to improve connectivity. However, some still struggle with this and cost can be an issue.
- Issues around language, culture and disability can make it harder for some children and young people to become fully involved with public bodies and having their say.

The UNCRC Implementation Group has been granted £53,000 from the UNCRC Innovations Fund to achieve the desired outcomes; this will cover the period between October 2023 and October 2024. An engagement plan is being drawn up and will include some of these actions:

- Talking to Youth Voice and other groups about planning engagement.
- Planning at least 4 larger, in person events for children and young people.
- Developing online information and content for staff as well as children and young people.
- Developing material for children and young people about their rights and planned engagements in different languages and formats.
- Work with children and young people to design, develop and deliver an awards scheme for those staff and departments tasked with making the changes necessary to embed the UNCRC into the work of the Council.

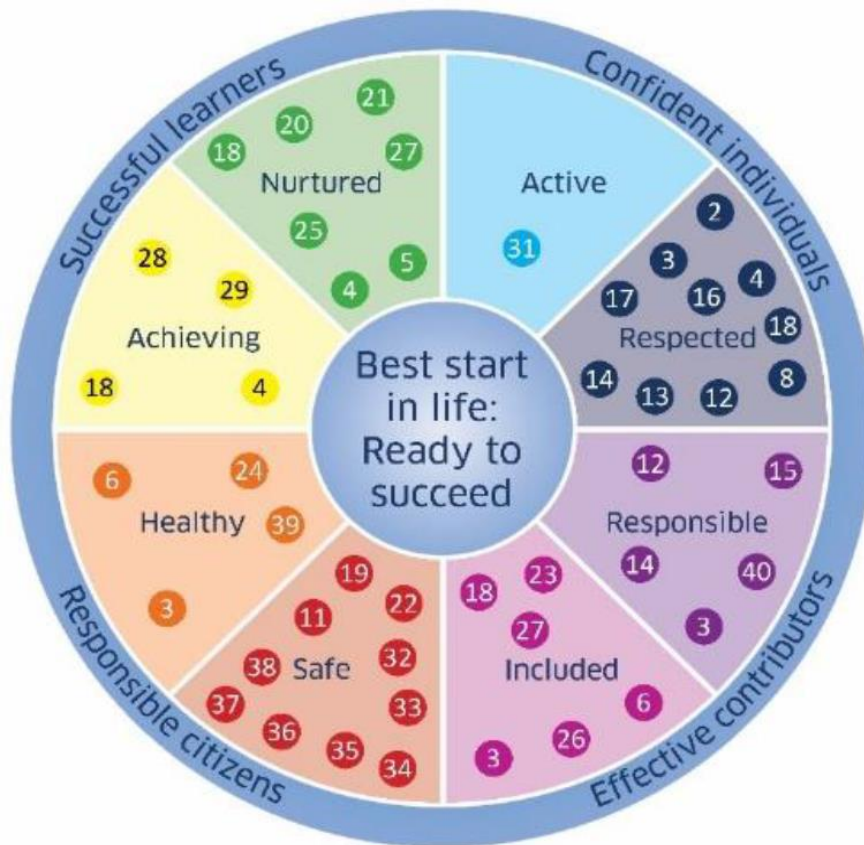
2. Getting it Right For Every Child (GIRFEC)

The Children and Young People (Scotland) Act 2014, a children's rights based document, states central and local Government duties in terms of children's rights and is based on the key principles of putting the best interests of the child at the heart of decision making and taking a holistic approach to the wellbeing of a child. The Getting it Right for Every Child (GIRFEC) assessment approach is used by the Argyll and Bute Health and Social Care Partnership and reflects the United Nations Convention on the Rights of the Child (UNCRC). This is reflected in Argyll and Bute's Children and Young People's Service Plan 2023 - 2026.

<https://www.argyll-bute.gov.uk/sites/default/files/2023-06/CYPSP%202023%20-%20UPDATED.pdf>

GIRFEC recognises that all children are unique and that each child should be helped to reach their full potential. There are clear links between the UNCRC Articles and the key elements of GIRFEC. The National practice model incorporates the 8 well-being indicators into planning, decision-making and practice, and endorses the Articles of the UNCRC.

A picture of the Getting Right for Every Child Wheel with the UNCRC articles included.



3. Equality Impact Assessments



A picture of young people holding hands
Image provided by Freepik

Equality Impact Assessments are important because they help to decide what the impacts of new policies and plans are on particular groups, for example: children, those with a disability or low-income families. Argyll and Bute Council has its own version of this called an Equality and Socio-Economic Impact Assessment (EQSIA). This incorporates assessments that need to be carried out, like the Fairer Scotland Duty and the Island Communities' Impact Assessment. There is a commitment and

obligation to carry these out and to consult with individuals and groups who may be affected by the proposed changes.

In order to ensure that the rights and needs of children and young people are given consideration when policies, plans and changes are being considered. The Scottish Government has also introduced the Children’s Rights and Wellbeing Impact Assessments (CRWIA’s); these use both the Wellbeing Indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included - SHANARRI) and the UNCRC Articles to assess the potential impact of a policy or other measure, on children and young people’s rights and wellbeing in Scotland.

Argyll and Bute Council is committed to carrying out Equality and Socio-Economic Impact Assessments. Children’s Rights and Wellbeing Impact Assessments (CRWIA’s) are not currently incorporated into the council’s approach to impact assessment and are carried out on a case-by-case basis.

As an alternative, Services have the option of carrying out impact assessments in a ‘modular’ format. Some Services may prefer this for larger proposals as trying to combine all facets of impact assessment into one form can be challenging. One example where a Service has chosen to carry out its impact assessments in a ‘modular’ way relates to the Local Housing Strategy. This approach also afforded an opportunity for a CRWIA to be carried out in parallel with other impact assessment activity. See: CRWIA for Local Housing Strategy (Jan 2022). The Council is currently reviewing its approach, in part because of the upcoming incorporation of the UNCRC. Work on this has been delayed in parallel with SG’s delays in producing the legislation.

4. UNCRC Education Update

Education has continued to embed practices to ensure that we have a trauma informed workforce and we are continuing to develop a nurture approach in our practice. Argyll & Bute Council has developed its own Nurturing School framework that is ensuring that this practice is being developed in an informed and structured way, whilst ensuring that we continue to meet the needs to specific school communities. Rights Respecting Schools also continues to be rolled out across our ELCs, Primary and Secondary Schools. The table below illustrates the progress of Rights Respecting Schools in session 2022-23.

A table showing, how many and what kind of schools are taking part in Rights Respecting School.

June 2022	Goal (to support registered schools and increase number of registered schools)	June 2023	Difference
43 schools and 2 partner nurseries registered	60 establishments	55 schools and 2 partner nurseries registered	Increase of 12 schools registered for RRSA -3 from target

9 schools at Registration Phase	All schools registering in session 22/23 to gain Bronze accreditation	9 schools at Registration Phase	In total, there have been 12 NEW registrations and 9 of them have achieved Bronze. ¾ of target.
24 schools at Bronze	7 to achieve Bronze	32 schools at Bronze	Increase of 8 4 were registered prior to June 2022 and 5 registered after August 2022 Target met
8 schools at Silver	<ul style="list-style-type: none"> • 6 to achieve Silver • 6 to book Silver for 23/24 	13 schools at Silver 4 booked for Session 23/24	Increase of 5 -1 from target
4 schools at Gold	4 to set dates for Gold Accreditation	5 schools at Gold 1 booked for 23/24	Increase of 1 Half of target (2 to book).

To support the development of the rights based approach across our schools, we held a Head Teacher Conference in Nov 2022 with all professional learning linked to UNCRC articles. This format is being used for a HT Conference in Nov 2023 when we will also be welcoming the Children's Commissioner as our Guest Note Speaker. We are developing our work around Refugee & Asylum seeker families. Extending the practice from the re-settlement team who actively support the involvement of parents within their communities. An Art Exhibition took place in Rothesay in June 2022, using the community to exhibit artwork produced in schools, as part of the Scottish Refugee Festival. The theme for the exhibition was Hope. A young person has also been involved in the creation of a video developed by our Resettlement Team, giving a voice to his experience and how he has settled in Scotland. Young people have involved in outdoor activities at Ardroy Outdoor Centre run by Fife Council. This was a weeklong residential activity for 26 10-15 year old refugee and asylum seeking young people from across the authority. We had Ukrainians, Syrians and Sudanese children and young people attending this. The work was designed to build confidence, develop communities and increase access to extra-curricular activities.

Professional development has remained a key focus for our education staff. The professional learning sway has introduced opportunities at all levels for equality training. In February 2023, we re-launched our LGBTQ+ Network Group. This group required a renewed focus following covid19. We held a Purple Friday Conference in February 2023 but following evaluation feedback, have agreed that an annual conference will take place in November, with this already arranged for Nov 2023. Training has also taken place for Education Officers. We currently have 1 Secondary School that has achieved their LGBT Youth Charter Award and the LGBTQ+ Network is supporting a further 3 schools (2 Secondary Schools and 1 Joint Campus) to begin this journey. TIE will be hosting a workshop at the Head Teacher Conference in November to raise awareness of the professional learning pathway that they have

developed and the professional responsibilities of staff in relation to inclusive education.

The MyTribe Project that ensures that free period products are accessible to those who menstruate, has been supported by the development of MyTribe ambassadors within our schools. Ambassadors from Lochgilphead Joint Campus recently met with MSP Shirley-Anne Somerville (Cabinet Secretary for Social Justice). This opportunity for young people to champion causes that they are passionate about is also evident in the continued roll out of the Mentors in Violence Prevention Programme. Currently, 4 of our Secondary Schools are Trained with a further 4 planning to undertake the training. The peer education programme is an important part of the work that is being undertaking in relation to the wider work of Argyll & Bute Council in relation to the Violence Against Women and Girls Project. We worked with the Northern Alliance to provide SeeMeSeeChange training for 10/11 of our secondary schools. This work is aimed reducing stigma around mental health issues. This is a community-based approach and school have been encouraged to involve pupils, parents, staff and partners in the development of their action plan. Training was completed in August. Action plans are currently underway.

The Education department have been working alongside our colleagues in health to develop the Planet Youth approach to drug and alcohol prevention. The ADP have funded this survey. In 2021, 2 schools participated in the survey, in Sept/Oct 2023 5 of our secondary schools (including 2 island schools) have participated in the survey. Results are expected in the end of November. The survey data is important in hearing young people's voice in relation to their experience and what is impacting on them to enable us to work together to reduce risk factors and increase protective factors. Young people have been involved at school level in helping to inform and co-design approaches. Work is being developed to ensure that the voice of young people can be used from this data to inform approaches on a broader local authority level. This has been developed through the Place Based Approach to Wellbeing work.

In the development of the Children and Young People's Service Plan, a group of young people informed a 1 page plan approach and co-designed an animation to help explain the Children and Young People's Service Plan to others.

<https://www.dropbox.com/s/z1jyeg2sy28arnu/What%20does%20the%20CYPSP%20mean%20for%20you%3F.mp4?dl=0>

Children and Young people also helped in the design of the 1 page Child Poverty Action Plan, this has been shared with a variety of stakeholders. Two of our Primary Schools have been successful in securing Food For Thought Grants. Both projects are planned around making fresh food more accessible within their local communities and ensure that children are developing skills for learning life and work.

5. Child Protection

Child protection in Scotland is a rights based approach that acknowledges that the UNCRC articles are indivisible and interrelated:

- Protection from harm is integral to upholding children's human rights
- UNCRC articles underpin legislation, policy and principles of child protection practice
- Rights based practice is central to child protection practice

- Key Articles include Art 3, 6, 12, 18, 19, 34, 39

In Argyll and Bute we believe that everyone has a duty and responsibility to protect all children from harm and that a continued focus on rights is essential to drive improvement. This can only happen if we continue to focus on the voice of the child and listening to their views. The Argyll and Bute Child Protection Committee (ABCPC) brings together all the organisations involved in protecting children in the area. The kind of things it will consider in order to protect children include:

- Practice Considerations:
- Child's rights and needs
- Childs' views and wishes
- Legislation /policy
- Risks
- Need for protection
- Rights considerations

6. Child Health

Within our services, the GIRFEC Practice Model encompasses the UNCRC approach into everyday practice. The practice model ensures that all staff working with children are doing what is best in the interests of the child. It is non-discriminatory and ensures that children have a right to life and development. It also ensures that children are protected from harm and abuse.

Staff promote healthy lifestyle choices for parents and children, access to education, family life and play. The Nursery Nurses play a key part in this type of service delivery.

In addition children (where appropriate depending on age and stage of development) and families are involved in decision making particularly where there are requirements for Child's Plans, Safeguarding etc.

Staff take a proactive assessment of children's basic health needs, frequent consultation with relevant services to improve the overall health assessment and treatment. Through the work with families, it has been imperative to feed back the views of children and their carers to appropriate services, providing influence and future shaping of services.

An active approach to ensure provision of accessible information for children and families in all languages has been crucial. Staff actively refer to current policies and legislation that protect and support the interests and needs of children and families impacted by disability all the while taking advice from appropriate services & utilisation of legislative policy. Examples being Transition from Paediatric to Adult Services in the Context of Disability; Experiences of Transitions to Adult years and Adult Services; Health and Social Care Alliance Scotland; The Scottish Transitions Forum supported by the Association for Real Change (ARC Scotland) Advancing knowledge, practice and policy in Health & Social Care; The Education (Additional Support for Learning) (Scotland) Act 2004 defining the responsibilities of Education authorities to assess the needs of children and young people with additional support needs.

Our Health Visitors, through the Universal Health Visiting Pathway support parents and carers with parenting strategies to promote development and socialisation with support of our Nursery Nurses.

Families also receive weaning advice at home with our Infant Feeding Drop in Group recommencing in January 24. Through the Healthy Start scheme, Healthy Start Vitamins are provided to pregnant mums over 10 weeks and children under 4.

Building on the foundation of the early years framework School Health teams in Argyll and Bute have an integral role in early intervention, prevention and support for all school age children and young people. School Health teams concentrate primarily on the ten identified key priorities under the overall headings of vulnerable children and families, mental health and wellbeing and risk taking behaviours.

Supporting documents - Specialist school nursing: priority areas and pathways - gov.scot (www.gov.scot)

Any school age child or young person can access support from School Nurses. The SHANNARI Wellbeing indicators, informed by the UNCRC rights and requirements are a fundamental resource to support School Nurses understand what children and young people need in order to grow, develop and thrive.

Examples of good practice include the routine use of the Wellbeing Web, a tool that enables School Nurses to work alongside children and young people to help them recognise where they are, where they would like to be and what steps they need to take to get there.

Other areas of good practice are the "wellbeing hubs" set up in secondary schools. Young people can directly self-refer or "drop in" to see a member of the School Health team while in school.

7. Tackling Child Poverty

Poverty is a human rights issue that engages many human rights standards that are interdependent and interrelated. This includes – but isn't limited to – equality and non-discrimination, the right to an adequate standard of living, food, housing, social security, health, work, education, participation, private and family life.

SNAP 2: Scotland's Second National Human Rights Action Plan (2023-2030).

In 2017, the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. The Act also introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report every year up until 2030. Tackling child poverty is one of the Council's top priorities.

Child poverty is a cause and a consequence of child rights violation. UNCRC is about ensuring children's rights, as well as preventing and removing obstacles to ensuring those rights. Important UNCRC articles to remember when looking at child poverty include:

Article 27: the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development;

Article 24: the right to the highest attainable standard of health;

Article 26: the right to benefit from social security;

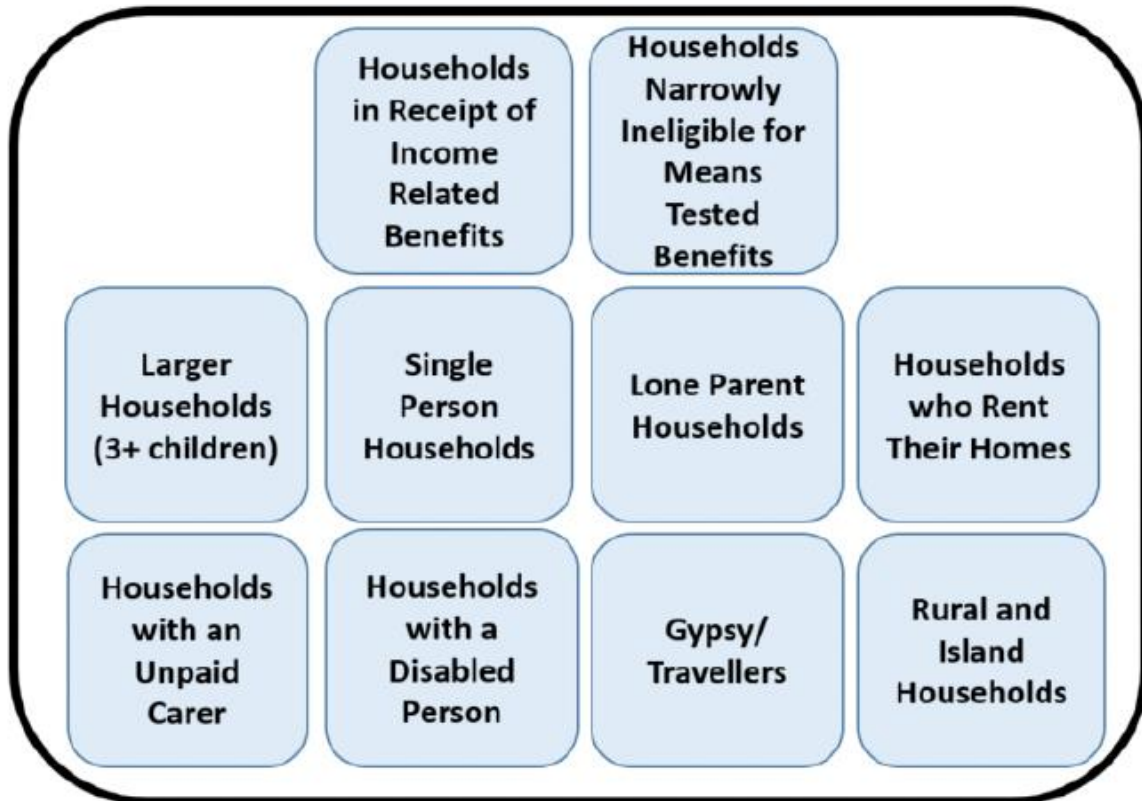
Article 23: the right for disabled children to enjoy a full and decent life;

Article 28: the right to education;

Article 12: the right to be heard.

The Cost of Living Crisis in Scotland: analytical report (Scot. Gov. 2 November 2022) Showed that some families were more likely to be affected by the cost of living crisis.

A set of boxes showing what families are most likely to be affected by the cost of living crisis.



In Argyll and Bute we know it is important to ensure additional support for children and young people living on our islands in order to protect their rights. In this time of cost of living crisis, living on an island can cost 20% or more than living on the mainland. A range of measures will help support island communities as the cost of living crisis continues. Financial support for community food organisations, access to free school meals and help to buy essential supplies and services all feature, as part of a £141,000 fund.

Argyll and Bute Council secured funding from the Scottish Government's Island Cost Crisis Emergency fund. It aims to support urgent action to help island residents facing financial challenges.

The measures include:

- Love Local gift cards - Each household in receipt of council tax reduction on the islands will receive a gift card to the value of £85. The cards will enable over 1,200 households to access essential supplies and services. The council is writing to eligible households and more information will be available by the end of the month.
- Four community food organisations will receive £4,000 each. They include; Bute Oasis, Mull and Iona Pantry, Solar Tiree, and Islay and Jura Community Store Cupboard. This follows previous payments of £6,888 each in February and March 2023.

- Free School Meal Top Ups – funding of £25,000 will help the council support 75 families and 89 pupils for the full school year.

Other examples of good work going on includes the Flexible Food and Fuel Fund to support all people impacted by poverty especially families with children. At the end of March 2023, it had supported 1,810 households with benefits maximisation and fuel poverty advice. The value of that support is estimated as £2.527 million, which is the combined client gain. Another would be the work going on to use data to help us see where families are not claiming full benefit entitlement and advise them of this.

You can read all about it and other work going on in our **Child Poverty Action Report 2022 – 2023** here:

[A B Child Poverty Action Plan 2022-23. indd.pdf \(argyll-bute.gov.uk\)](#)

A box containing a link to a Council website that helps people with money worries.

If you need advice on money worries, debt, benefits, housing and more, you can find it here:

<https://www.argyll-bute.gov.uk/council-tax-and-benefits/money-advice/cost-living-money-bills-and-benefits>

8. A Rights Respecting Approach to Youth Justice

In Argyll and Bute we believe in a Rights Respecting Approach to Youth Justice. We think it is important that the voices and opinions of children and young people in the youth justice system should be heard and taken into consideration when planning is taking place that may relate to them and outcomes for them. We believe that it is also important to:

- Develop a whole systems approach that seeks to address the needs of children and young people and diverts them away from the criminal justice system, recognising the need to work in partnership in order to achieve the best possible outcomes for children and young people.
-
- Criminalisation of the behaviour of children and young people should be avoided wherever possible as this can have lifelong negative impacts on them.
- To work together to ensure that where children and young people do become involved with the justice system, their experiences are as positive as possible and they are treated in an age and rights respecting manner.
- To remember that poor behaviours happen for a reason and it is important to work together to identify the needs and traumas that may have led to those behaviours. These may include domestic abuse, neglect and living in poverty.
- We need to work in a way that recognises the additional barriers that some children and young people may face, including culture, language, communication needs and disability.

- Support and work with those children and young people who may have been the victims of offences.
- Work together with parents and carers to address the problem or criminal behaviour of young people and keep families safe and together.
- Support the implementation of the Children (Care and Justice) (Scotland) Bill

Some of the ways we are trying to achieve this include:

- Using GIREFEC and the child and young people plans and meetings to ensure a continuum of services from early intervention to CARM.
- Work together to reduce the number of school exclusions, particularly for care experienced children and young people.
- Continue to refine and develop our Early and Effective Interventions pathways to divert children and young people away from offending behaviour. Early and Effective Intervention (EEI) is a national framework for working with young people of 8 - 17 years who have been involved in offending behaviour.
- Continuous improvement of our diversion from prosecution and custody options for those young people at the transition to adult justice systems.
- Ensure that Rights Respecting work goes on in our schools and seeks to engage all pupils in these principles.
- Ensure that staff working with children and young people (Social Workers, Justice Workers, Health Workers, and Teachers etc.) are trauma informed and are able to identify and address behaviours and need.
- Ensure that staff have training in key areas that might impact on children, young people and their behaviours; these include domestic violence, poverty, drugs and alcohol.
- We are rolling out Safe and Together training to our staff; this will allow them to better work with domestic abuse, stand with the victim, hold perpetrators accountable for their behaviours and keep more children safe and together with the non-offending partner.
- Investing in our CAMH's services to ensure that mental health needs are met in a timely and appropriate manner.
- Our Employability Team is working to provide employment and related opportunities to all young people in order to ensure positive routes to adulthood and independence.
- Ensure that Standards for Working with Children In Conflict with the Law (Scottish Govt, 2021) are understood and fully implemented across all relevant services. [Working with children in conflict with the law 2021: standards - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/justice/working-with-children-in-conflict-with-the-law-2021-standards)

- Argyll & Bute's Community Justice Partnership to establish a Youth Justice Sub group during 2023/24 to identify service improvement priorities and enhance key areas of youth justice service delivery across both children's and justice services.

9. The Argyll and Bute Community Planning Partnership

The Argyll and Bute Community Planning Partnership is committed to meaningful empowerment and participation of children and young people and works to ensure that children and young people have a voice in decisions that affect them. Members of the Scottish Youth Parliament who are elected to represent Argyll and Bute are invited to sit on the Community Planning Partnership Management Committee and other relevant community planning groups, along with members of their support team from Live Argyll. The Community Planning Partnership works with Live Argyll and other third sector, non-statutory community youth organisations to engage with young people when seeking views on its strategic planning. Most recently, this involved creating a youth-friendly version of a consultation survey and working with partners to ensure that young people were appropriately supported to participate, in order to ensure that young people's voices were included in the development of the next Argyll and Bute Outcomes Improvement Plan.

10. Housing

Argyll and Bute Council declared a Housing Emergency on 1st June 2023. This was due to a reduction in housing supply, a steady increase in demand including different types of housing, and increasing levels of un-affordability. The pandemic and cost of living crisis has exacerbated the situation.

There has been an 8% increase in the number of people on housing waiting lists. Argyll and Bute has 5% less social housing than average and has seen a 29% increase in homeless presentations.

The Council has already identified improving housing solutions as a priority and is fully committed to working with partners to deliver a broad range of activities, both short and long term, to target action where it is needed. A key priority will be to ensure an adequate housing provision to provide safe, secure homes for families and children to flourish and lead happy, health lives.

11. Transport

Transport is an issue of concern in Argyll and Bute where 47.6% of the population live in areas classified by the Scottish Government as 'rural' (Scottish Government Urban-Rural Classification 2020); 43.2% live in areas classified as 'remote rural'; 4.4% live in areas classified as 'accessible rural'. We have 23 populated islands and a longer coastline than France. Transport issues, like poor roads, limited bus travel and ferry disruptions, can make it harder for children, young people to feel included and social isolation is sometimes be an issue. Transport can also impact on child poverty with the cost of living in remote, rural and island places being higher than in urban areas. As well, transport can impact on health where people have to travel considerable distances to attend appointments and seek medical support.

These issues have been recognised in Argyll and Bute are known to be important when ensuring that children's rights are respected and they have equal opportunity and access to resources wherever they live. Equality Impact Assessments are carried out

where there are transport changes being considered that might impact on the lives of children, young people and families.

In the course of 2023, consultation has been taking place across Argyll and Bute with people, including children and young people from a wide range of communities and groups. This was to get people's views in order to develop the next Argyll and Bute Outcome Improvement Plan (ABOIP). In all 1,978 participants were asked to choose their priorities from 7 suggested themes:

- Climate Change;
- Community Wellbeing;
- Digital Inclusion;
- Diverse Economy and Skilled Workforce;
- Financial Inclusion;
- Housing;
- Transport Infrastructure.

Overall, the top 3 priorities chosen from the 1,978 participants were:

- Transport Infrastructure,
- Housing,
- Community Wellbeing.

Work is going on to look at transport, for example Active Travel consultations have been taking place in 2023 looking at the transport routes in and around our towns to see how they can be improved and made more accessible. One of these is looking at how best to provide safer, healthier travel to the Lochgilphead Joint Education Campus. Transport issues are also being looked at as part of the Rural Growth Deal, which will look at improving business, infrastructure, employment and development across Argyll and Bute.

Children and young people are being engaged with and some are taking action directly. In November 2023, Pupils at Hermitage Primary advocated for safer streets and a greener environment at their school by launching a campaign to address parking issues during drop-off and collection times. Pupil committee members distributed leaflets to parents, urging them to reconsider their parking habits. Pupils also urged parents to think about the environment and consider walking or cycling. Because of their efforts, the school has already experienced a significant reduction in the number of cars parking dangerously outside the school, with many stopping further away or adopting alternative ways of travelling to school.

Other work planned to look at transport will be the setting up of a Short Life Working Group to consider transport and related barriers for those needing to travel from island places in times of crisis, for example where fleeing from domestic abuse or where there is a need to travel to the Sexual Assault Referral Centre (SARC) in Glasgow.

12. The Promise

The promise that Scotland made to care experienced children and young people is built on five foundations: family, voice, care, people and scaffolding. The promise is that care experienced children will grow up loved, safe and respected. You can read about that here:

<https://thepromise.scot/what-is-the-promise/about#:~:text=The%20promise%20that%20Scotland%20made,%2C%20care%2C%20people%20and%20scaffolding.>

In Argyll & Bute **Children and Young Peoples Service Plan 2023 – 2026**, the commitment is made that:

We have fully committed to the promise made to Scotland's infants, children, young people, adults, and families. By 2030, we will transform our care system and the values around which it operates. Ensuring we uphold safe, loving relationships that are important to children and young people and that we continue the transformation of our community services to make sure more children are supported to stay safely with their families. Integral to this plan is building upon and embedding our commitment to the priorities and values of the Promise. (P.5)

You can read about that here:

<https://www.argyll-bute.gov.uk/education-and-learning/children-and-young-peoples-services-plan-2023-2026>

13. Trauma-Informed workforce

In 2019, Argyll and Bute Children's Services were selected by the Scottish Government as one of three areas to develop approaches to implementing the delivery of high quality and sustainable trauma training across the children's workforce, including carers. The collaboration between education, psychology services, social work, CAMHS (Child and Adolescent Mental Health Service), and the third sector has been central to the delivery of this trial. Following a successful launch event held in Dunoon in December 2019, and despite the circumstances of the pandemic, we have successfully rolled out training across the workforce.

At our Trauma Conference in November 2022, we celebrated our success and looked to the future with 135 practitioners, caregivers, managers, and young people. This conference celebrated the changes to practice that are making a difference to children, young people, and families, through the meaningful participation of young people. The work of the Family Placement Team, our nurturing schools, engagement with dyadic developmental practice and We have committed to further embedding our trauma-responsive children's services and children's workforce as a key strategic priority for the Children and Young People's Service Plan 2023–26, supported by the appointment of a trauma training coordinator to help embed training across services.

14. Tackling Domestic Violence

The Argyll and Bute Violence Against Women and Girls Partnership is a multiagency partnership, supported by the Council, which seeks to prevent gender based violence and support victims and their children. It also works to ensure that perpetrators are dealt with appropriately as well as having the opportunity to accept responsibility and change their behaviours. It is comprised of a number of key partners including:

- Health and Social Care,
- Police,
- Education,
- The third sector,
- Council,
- Justice Services,

- Fire and Rescue,
- Community Justice,
- Universities and colleges,
- Housing,
- Multi-Agency Risk Assessment Conference (MARAC).

Children's rights are recognised as key to the work of this partnership as they are harmed by domestic violence and other forms of gender based violence.

Every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households (Source: Safe lives)

In total, 9,274 concerns were identified at Child Protection Case Conferences of all children registered during 2021-22. Of the total number of concerns identified, one of the most common was domestic abuse (16%). The highest proportion of concerns recorded were domestic abuse (46%); neglect (43%); parental substance misuse (42%); parental mental health problems (41%); and emotional abuse (37%).

(Children's Social Work Statistics Scotland: 2021 to 2022; Scottish Government)

In 2022 the Violence Against Women and Girls Partnership was successful in gaining a grant of £68,852.40 from the Developing Equally Safe Fund for a project called: Transforming Responses to Violence against Women and Girls. This project focused on commencing a roll out of the Safe and Together Model. This model looks to keep children out of care and safe and together at home with the non-abusive partner in where there is domestic violence. It also looks to develop ways of working that ensure partnering with the non-abusive partner and holds the abusive partner to account for their behaviour and its impact on children and young people.

This represents a key change to the way in which child protection is managed in cases where there is domestic abuse and should give more victims the confidence to disclose when domestic abuse is taking place.

Actions to date have included:

- Delivery of the Safe and Together Virtual overview presentation to over 200 staff and managers.
- Setting up of a Project Board.
- Core and management training to Social Workers involved in child protection and childcare.
- Training is being rolled out to other professionals including health, education, housing and the third sector.
- A number of other training events have been rolled out to staff in order to raise awareness and skills in a number of areas. These include: Awareness Raising, Routine Enquiry; How the Police work with Domestic Abuse; Harmful Traditional Practices; Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH); Trauma work and the Impact of Domestic Abuse; Commercial Sexual Exploitation and Human Trafficking.
- Research has been carried out looking at the delivery of services in domestic abuse cases in Argyll and Bute.

A picture of a poster on a bench with two candles on it; the poster says "You have the power to bring light to life from darkness."



15. Working with Refugees in Argyll and Bute

The Council's Resettlement Team works in partnership with other organisations through the Refugee Programme. Work began in 2015 and began with Syrian resettlement, a UK wide scheme whereby local authorities provided accommodation and support. In Argyll and Bute Syrian families and individuals were found homes on the island of Bute and organisations worked together to provide multi-agency, person centred support. This programme continues today and now includes other nationalities; it has proven highly successful, winning a number of awards, including COSLA Excellence Awards and is seen as a benchmark settlement programme. There are now over 300 Ukrainian refugees and children and young people are being taught in 22 schools and early learning settings across Argyll and Bute

Work with Ukrainian families is different as it is community based but still resettlement led. Support remains multi-agency and person centred. Some 300 Ukrainian citizens have been welcomed to Argyll and Bute under two different schemes. With the "Homes for Ukrainians" UK Government backed scheme people match with a sponsor in the UK; it is the task of the local authority to complete checks on the prospective sponsors.

The second scheme for Ukrainian people was set up by the Scottish Government and will provide places for up to 45,000 people. They are placed in hotels across Scotland and local authorities match them with sponsors from there. Challenges may arise in the future with the need to identify longer-term accommodation for everyone. To date this has been successfully managed in Argyll and Bute and no one has been identified as statutorily homeless. The Council's Resettlement Team has been scaled up to provide support for Ukrainians and this has included:

- Housing;
- Interpreters;
- English Lessons;
- Employability support;
- Benefits and Grants;

- Physical and mental health supports and counselling.

Outcomes for people placed across Argyll and Bute are good and provision provided is a notable example of effective multi-agency partnership working.

To make children, young people and their families aware of their rights the Motivation and Wellbeing Profile has been translated. Supporting wellbeing and recovery from trauma is a high priority in work with all refugee children and young people. Counselling is in place in schools and work is going on to partner with parents and involve them in school communities. Engagement work will take place in the coming months to ensure that refugee children have their say in how the UNCRC is embedded locally.

16. Employability

A square with A.B.E.P. in it; it is the logo for the Argyll and Bute Employability Partnership.



The Argyll and Bute Employability Partnership believes that supporting people to gain employability skills and good employment opportunities helps to increase household incomes and reduce poverty.

Employability Child Poverty coordinator

The Scottish Government is funding Employability Child Poverty coordinator roles situated within each of the 32 Local Authorities. This role will provide an additional resource to support the delivery of commitments set out in Best Start Bright Futures (Scottish Govt. Tackling child poverty delivery plan) by ensuring alignment between Local Employability Partnerships (LEPs) and wrap-around services that support parents' transition or progression within work, such as childcare and transport. Argyll and Bute Employability Partnership is in the process of recruiting a Coordinator to work alongside employability partners and child poverty leads.

Helping People into Work

<https://www.argyll-bute.gov.uk/business-and-licensing/jobs-and-training/helping-people-work>

Argyll and Bute Council's Employability Team and Third Sector delivery partners support:

- Individuals between the ages of 16 and 67 years who are facing barriers in moving towards and into employment
- Young people within 6 months of the school leaving date who require support to move towards and into work.
- Low income parents (including kinship carers) who require support to move towards, into or to increase their income in-work.

- Employers looking to host a fully funded work placement or recruit someone utilising an employer recruitment incentive

There are a number of programmes available to residents of Argyll and Bute:

Fair Start Scotland (FSS) is delivered by Argyll and Bute Council's Employability Team on behalf of PeoplePlus. FSS helps people who want to work but find it difficult based on their circumstances. Referrals will cease at 31st March 2024 as the Scottish Government is bringing all contracts to an end to allow progression to Next Phase No One Left Behind (NOLB).

FSS has been successful with 407 people supported from April 2018:

- 151 (42%) of the 360 exits moved into work
- 37 of those in work currently receiving in work support
- 47 continuing to receive pre-work support

Find out more about [Fair Start Scotland](#) and how support can help people access and be supported to remain in employment.

No One Left Behind: Tackling Child Poverty

<https://www.argyll-bute.gov.uk/business-and-licensing/jobs-and-training/helping-people-work>

The main objectives/expected outcomes of this Scottish Government Funding is:

- To reduce levels of child poverty by supporting parents from the priority family groups to increase their income from employment;
- To reduce inequality in the labour market by supporting those further from the labour market to increase their income from employment.
- To maximise the role that employability plays in delivering national and local aims of tackling poverty, promoting inclusion and social justice and creating a fair and prosperous Scotland.

From 1st April 2022 to 31 March 2023, 371 participants commenced support. Of these participants:

- 157 moved into work
- 25 commenced volunteering
- 59 not currently in a positive destination
- 130 continuing to receive pre-work support

In 2023/24, delivery of **employability support** is available to 159 participants aged 15 to 67 years by providers from the Argyll and Bute Employability Partnership. This intervention is managed and monitored by the Employability Team:

- InspirAlba is leading a large Third Sector Consortium providing tailored support packages to 130 All Age participants across Argyll and Bute. Working in partnership with MAYDS, Fyne Futures, Centre 81, The Help Project and Oban Youth Café. Allenergy and Bute Advice also provide specialist support in terms of income maximisation, debt and fuel costs.
- Workingrite is delivering in partnership with MAYDS in Mid Argyll, Oban, Lorn and the Isles. 25 All Age participants will be supported within paid, mentored

work placements with local small businesses and real opportunities for fair and sustainable employment.

- The Employability Team is continuing to support 4 participants aged 25 plus through an Employer Recruitment Incentive.

Tackling Child Poverty is priority therefore support will also be provided to 213 parents to help move them into employment or by assisting, those already in work increase their household income. Delivered by providers of the Argyll and Bute Employability Partnership, this intervention is also managed and monitored by the Employability Team:

- InspirAlba is offering tailored support packages to 140 parents across Argyll and Bute with the assistance of their Third Sector MAYDS, Fyne Futures, Centre 81, The Help Project and Oban Youth Café. ALLenergy and Bute Advice also provide specialist support in terms of income maximisation, debt and fuel costs.

Two further interventions are available to 28 parents:

- To address the lack of childminders in the area, a childminder pilot will support 4 parents to transition from benefits to self-employment.
- A budget cookery pilot will engage with 24 parents to enable them learn and gain confidence to cook healthy filling meals on a budget. Skills and training obtained will be transferable to hospitality sector.

The Employability Team's Employability Team PESF Engagement Worker continues to provide a flexible and user-based model of delivery to support 30 parents into work as well as helping those already in work to increase their household income:

- Person-centred help for parents to address their barriers to work, which might include a lack of skills or work experience, health support, money advice, confidence building or motivational support.
- Targeted support to help parents already in work through the provision of training and employability support to remain active in the workplace and gain progression through a rewarding career.
- Confidential income and money advice including:
 - Benefit checks, help with claim processes and better off calculations
 - Help with debts
 - Creation of a bespoke budget for the family
 - Budgeting skills support to ensure long lasting effect
- Real Living Wage work placements are available with the council's Catering and Cleaning Department.

The **Parental Welfare Fund** is aimed at parents receiving support through Parental Employability Support/Tackling Child Poverty and who successfully secure employment. It helps with the transition to work and can alleviate any worries.

Up to £1,000 is available:

- £500 at outset of employment
- £250 at week 6 of employment
- £250 at week 13 of employment

Payments can be split and paid flexibly over a 3 month period to suit individual requirements and can fund:

- Timing of salary versus UC payments

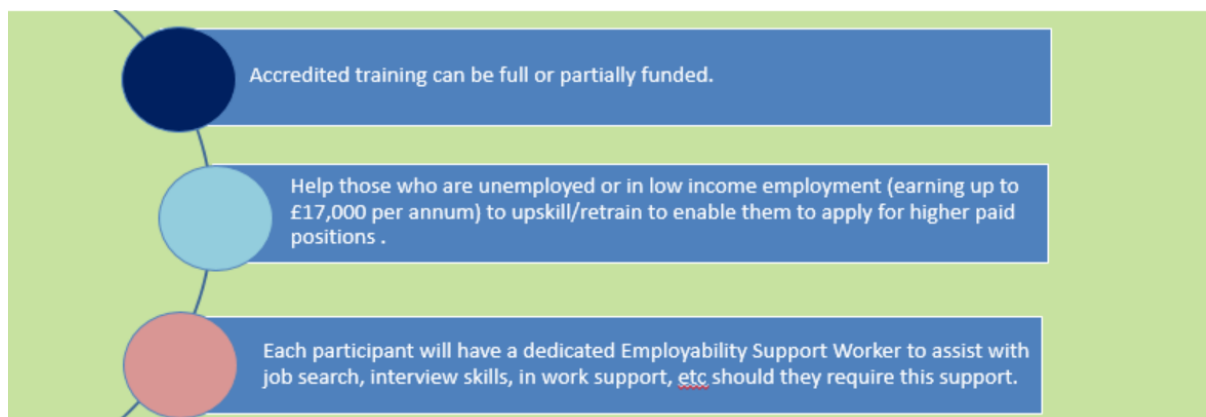
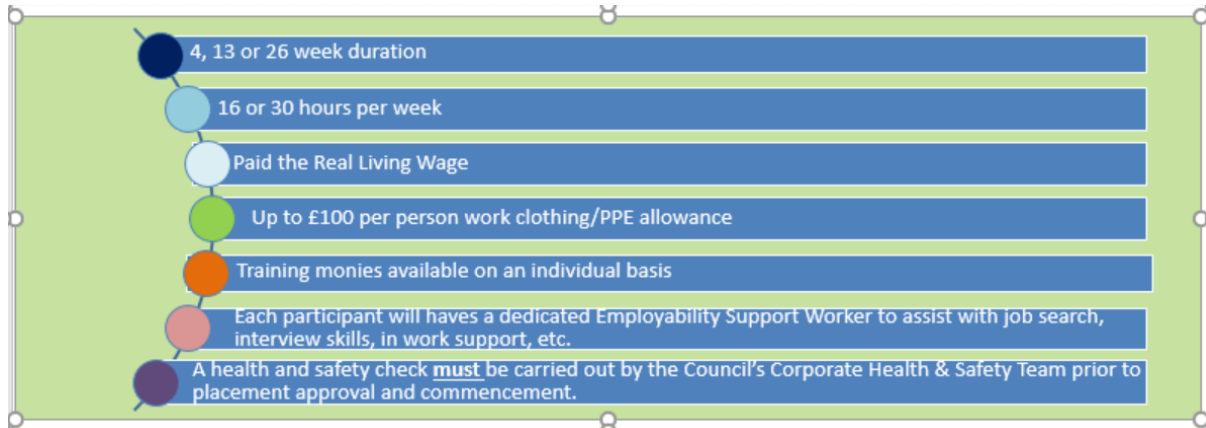
- Initial childcare costs and deposits
- Existing debts
- Transport costs
- Clothes for work
- Buying coffees or lunches at work

Employer Recruitment Incentive (ERIs) play an important role in supporting individuals with the greatest barriers to employment to enable them to obtain and remain in sustainable employment.

- Up to £6,000 available to employers to allow unemployed individuals the opportunity to move into permanent or a fixed term employment contracts of up to 18 months or more.
- Current funding available to support unemployed 16 to 24 year olds and parents.
- ERIs have been very successful:
 - 96 participants
 - 74 employers
 - 68 participants post subsidy; 48 remain in employment (71%), 4 further education (6%), 7 unemployment (10%) and 9 whereabouts unknown (13%)
 - 28 still being supported by subsidy

The UK Government's **UK Shared Prosperity Fund** offers fully funded work placements and training:

Two boxes that shows what work and placement help the UK Shared Prosperity Fund can offer.



17. Young Carers

In 2022 Young Carers alongside Carers Organisations worked together to produce a revised Young Carers Statement for Argyll & Bute, Young Carers reported feeling involved, valued and listened to during the process, and as a result the Young Carers Statement reflected what Young Carers felt was important to them.

The Young Carers Statement in Argyll & Bute explores how Young Carers are feeling in their caring roles and what supports they may need to provide respite and a break from caring. Carer's organisations in Argyll & Bute all encourage Young Carers to be active participants in planning and designing the supports and activities available to them.

Schools have also been supported in raising awareness of Young Carers, through awareness raising sessions both online and in person, information was disseminated to all schools and information for parents was also shared with schools. Colleagues in Social Work and Health have also taken part in awareness raising sessions to highlight Young Carers. Furthermore, a poster aimed at unidentified Young Carers was designed and shared with schools and local communities to raise awareness of Young Carers and the supports available.

During our Carers Survey in April – August 2023, Young Carers shared with us what is working well for them, what are the challenges and what they see as solutions, this feedback has contributed to the 2023-2026 Argyll & Bute Carers Strategy and as a result, Young Carers will be one of the Focus Groups for Argyll & Bute.

Listening to feedback from Young Carers, we are currently reviewing the Young Carers Statement to ensure it continues to meet the needs of Young Carers.

In partnership with the Carers Organisations, we will continue to work with colleagues in Education, Social Work, Health and the Third Sector to raise awareness of Young Carers, their needs and supports available.

18. Bute Advice Centre

Bute Advice Centre have been in operation for over 30 years and the need for support services has never been greater. The assistance in place to protect and support children is vital and advisers ensure that clients receive the full range of support available. Many families have benefitted from the Scottish Child Payment, particularly since the age of recipients has risen from under 6 to include children up to the age of 15. The payment has also been increased from initially £10 per week to £25 per week per child. This has had a huge impact on many families' abilities to provide children with a warm home, appropriate clothes and nutritional food to eat. From the age of 16, children in a low-income family can apply for an Educational Maintenance Allowance, dependent on attendance. Also, the provision of universal school meals for children in primary 1-5 has benefitted many families who did not quite meet the threshold for means tested benefits but were struggling financially.

Publicity of the My Tribe project has reduced stigma around girls having periods and now means that no young girl needs to take days off school because they cannot afford sanitary provisions. The project is incredibly sensitive to the needs of the girls/women offering a range of products that suit all needs in a discreet and confidential way. Staff regularly explain how to log on and place an order free of charge.

Welfare Rights Advisers also pay particular attention to the physical, mental and emotional issues facing clients, as disability benefits can maximise the client's income and make things a little easier financially.

Having a full benefits check carried out by a welfare rights adviser is always preferable to a do it yourself approach. Most benefits checkers are UK wide and do not necessarily drill down to the local benefits available. In Argyll and Bute the Flexible Food and Fuel Fund is available to anyone who lives in the region, has a low income, no access to savings and can access the public purse. The grants range from £160 to £1060 dependent on the size of the family. This money can be used in whatever way families need, whether it be filling the food store cupboard, topping up energy, buying new school shoes or a winter coat, essentially whatever the priority is at that point in time. This project is a fantastic example of collaboration across a number of partners, in this case Argyll & Bute Council, Bute Advice Centre, Allenergy and the Argyll & Bute Community Food Forum. The service offered is holistic and person centred. Working in collaboration has proved to be an incredibly successful model, for both clients and the services.

Welfare Rights Service

The main aim of Welfare Rights Team at Argyll and Bute Council is to ensure that the residents and families of Argyll and Bute are not missing out on their entitlement to both UK and Scottish Government administered benefits and other related help. This is important in ensuring that Article 27 of the UNCRC is met. This ensures that every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.

We provide a free, confidential and impartial benefits advice, information and appeal representation service.

The service has a key focus on maximising income and reducing poverty. Our support is targeted at some of the most vulnerable in our communities, we provide:

- advice and information on all aspects of the welfare benefits system administered by both the UK and the Scottish Governments
- advice or help on how and when to apply for benefits and other related help including completion of benefit application forms
- benefit checks to ensure individuals and families are receiving all the benefits they are entitled to
- advice and assistance with challenging decisions including representation at benefit appeal tribunals where appropriate
- Signposting to other help and support available
- We deliver training to council staff and voluntary organisations on a range of welfare rights issues
- We deliver talks/information sessions to partners and community groups to promote our service

In 2022/23 Argyll and Bute's Welfare Rights team assisted 1104 clients/households in total. Of these clients, 143 fell into one of the Child Poverty Priority Groups, which are noted below. This is 11% of our caseload. These figures are reported annually to the Improvement Service via the Common Advice Performance Management Reporting Framework (CAPMRF)

A table showing different types of family who were helped last year by the Argyll and Bute Welfare Rights Team. It also shows how many families were helped.

Priority Group	No of Families
Families where the mother is under 25 years of age	3
Families which include a disabled child or adult	71
Families with 3+ children	13
Families with a child under 1 year old	6
Minority ethnic families	7
Single Parent Families	43
Total	143

19. Free Period Products

Argyll and Bute's free period product initiative, **My Tribe**, officially launched in August 2022. **My Tribe** is the innovative free period product initiative across Argyll and Bute. As a bespoke brand, they have products available in over 150 community locations, with free online ordering & delivery to any household in Argyll & Bute, with plans to reach many more in the area. In schools they have designed the **My Tribe Champions** initiative, normalising **My Tribe** and period products in our young population. Champions offer peer support to other pupils, help to access products, and provide information.

Community Locations

Working with local businesses, third sector organisations, internal partners and community organisations, each location receives a supply of products, as well as a branding pack to help to display the products and promote the service in their local community.

My Tribe is available in:

- Food Banks
- Primary and Secondary Schools
- Public toilets & Council buildings
- Ports and Harbours
- Gypsy/Traveller sites

Utilising partnership working with MECOPP, **My Tribe** have developed an effective method of provision of period products to our Gypsy/Traveller communities. MECOPP support workers assist residents on sites to access the online ordering system, to place an order for products. This ensures they are able to access reusable products, which are available online only. This was felt to be the most inclusive approach to access.

- Refugee communities

Working with our resettlement teams, **My Tribe** have created translated literature to inform our refugee community on ways to access products. This includes translation

into Ukrainian, Russian and Arabic. They also distributed products via the resettlement team to our Ukrainian refugees placed into hotels.

- Gyms/libraries/community centres
- Island Communities/Airports

My Tribe have a provision on 15 of the 23 inhabited islands in Argyll. The remaining 8 islands have a population of <12 inhabitants and may not include menstruating individuals. This provision includes some of the island airports.

- Independent locations

This includes premises like shops, restaurants and post offices in rural and very rural areas. It ensures that as many small, rural locations are encapsulated in their provision. It also includes places like church halls, community groups and community centres and nurseries.

- Women's refuges
- Children's homes
- Oban Mountain Rescue
- Tìree Music Festival

Online Ordering

To ensure those who need to access products can be prepared for periods, **My Tribe** created a website **MyTribe** - Free period products (mytribeargyll.co.uk). The website offers free online ordering & delivery to any household in Argyll & Bute with larger quantities of single use products, such as pads and tampons, as well as the option of reusable pads and menstrual cups. All for free. All products, including single use products are environmentally friendly, with no plastics, chemicals or toxins and are made from plant-based materials such as cotton and bamboo. Orders are placed, which is then processed via the **My Tribe** team. This is then sent to their suppliers who distribute the orders directly to each household. The website also has a locations search function to find a local period product location. Potential locations can also get in touch to request to become a stockist.

Appendix 1

This report links to the following other reports and strategies:

- Argyll and Bute Child Poverty Action Plan Review 2022-2023
- Argyll and Bute HSCP Joint Strategic Plan 2022 – 2025
- Argyll and Bute Children and Young People's Service Plan 2023 - 2026
- Argyll and Bute Outcome Improvement Plan 2013 – 2023
- Argyll and Bute Community Justice Plan 2017 - 2022
- Argyll and Bute Corporate Parenting Plan 2021 – 2024
- Argyll and Bute Employability Partnership Delivery Plan, 2022-25
- Argyll and Bute Education Strategic Plan 2022 – 2024

Appendix 2

Links for More Information

Children and Young People’s version of the UNCRC

<https://www.unicef.org/media/56661/file>

<https://www.youtube.com/watch?v=fS-fdwNfg0o>

<https://www.youtube.com/watch?v=9bLtMNG1EK4>

Argyll and Bute Argyll & Bute Children & Young Peoples Service Plan 2023 - 2026

<https://www.argyll-bute.gov.uk/education-and-learning/children-and-young-peoples-services-plan-2023-2026>

Argyll and Bute Child Poverty Action Report 2022 - 2023

[A B Child Poverty Action Plan 2022-23. indd.pdf \(argyll-bute.gov.uk\)](https://www.argyll-bute.gov.uk/child-poverty-action-plan-2022-23)

Argyll and Bute Corporate Plan 2023 – 2027 and that can be found here:

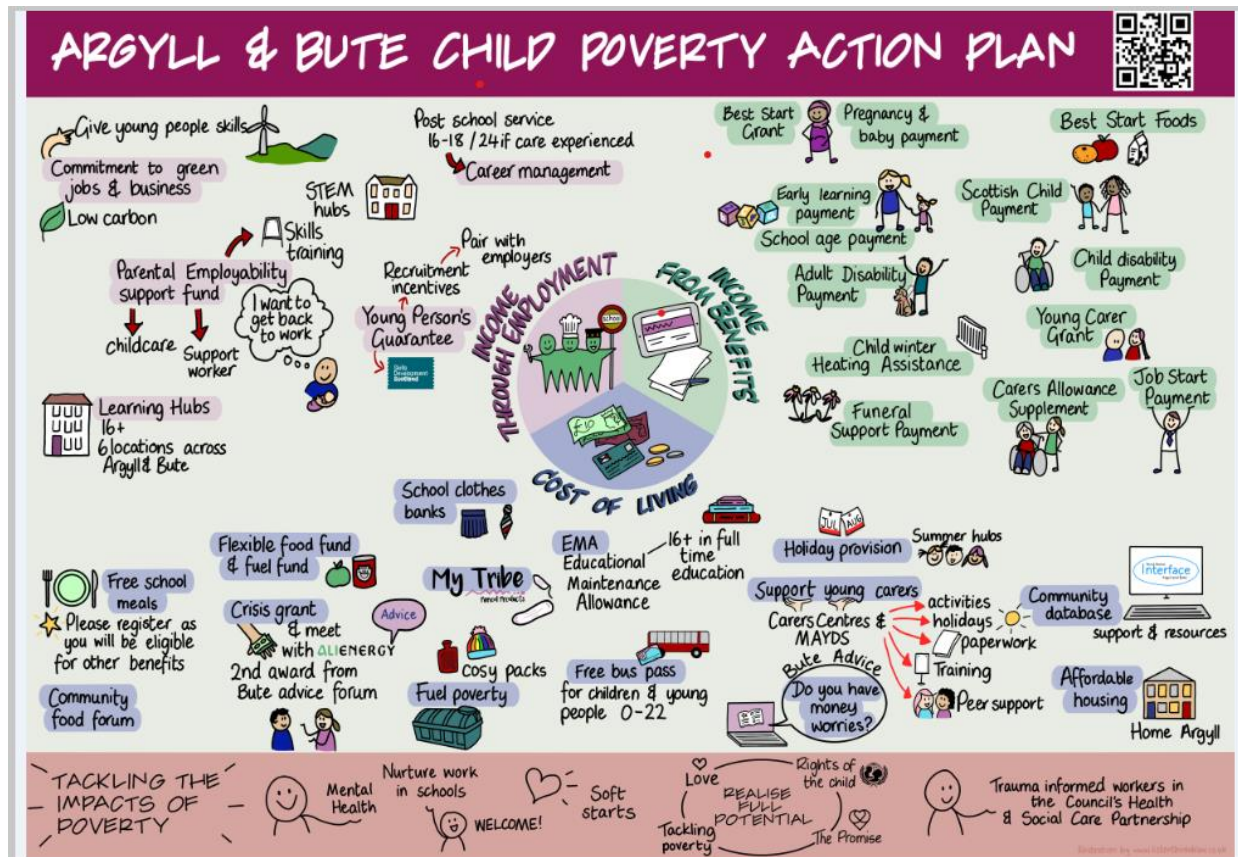
[AB CorporatePlan 3.pdf \(argyll-bute.gov.uk\)](https://www.argyll-bute.gov.uk/corporate-plan-2023-27)

The Promise

<https://thepromise.scot/what-is-the-promise/about#:~:text=The%20promise%20that%20Scotland%20made,%2C%20care%2C%20people%20and%20scaffolding.>

Appendix 3 –

A graphic, child friendly version of Argyll and Bute’s Child Poverty Action Plan



Argyll and Bute Council: Equality and Socio-Economic Impact Assessment


Section 1: About the proposal

Title of Proposal
Children's Rights Report: 2020-2023 Review

Intended outcome of proposal
Required Children's Rights Report as per, Part 1, Section 2 of the Children and Young People (Scotland) Act 2014 places a duty on listed public authorities to complete a children's rights report every 3 years.

Description of proposal
An update of the previous Children's Rights Report published in 2020

Business Outcome(s) / Corporate Outcome(s) to which the proposal contributes
Children's Rights outcomes; noted under Outcome 4.

Lead officer details:	
Name of lead officer	Mandy Sheridan
Job title	Service Improvement Officer
Department	HSCP
Appropriate officer details:	
Name of appropriate officer	Brian Reid
Job title	Senior Manager (Children, Families and Justice Services)
Department	HSCP
Sign off of EqSEIA	
Date of sign off	28/02/24

Who will deliver the proposal?
UNCRC Implementation Group and other groups and departments within the Council and Health Board

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

Consultation / engagement
This is a review of the previous report in 2020. Consultation and co-production took place with regards to the planned engagement exercise which will take place around Children's Rights this year. This engagement included the pursuit of funding for this, which was achieved (see report). A further report will be produced following these engagements that will include a more in depth statement of the views of children and young people. There will be a child friendly version produced of this current report.

Data

Children and Young People (Scotland) Act 2014; the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

Other information

Information provided by contributors to the plan, including: UNCRC Implementation Group, Education, Employability Partnership, Council Officer (EQIA's), Child Protection Officer, Child Health Lead, Child Poverty Action Group, Youth Justice Lead, Community Planning Partnership, Housing, Domestic Violence Lead, Bute Advice Manager, Refugee Team Lead, Young Carer's Worker, Welfare Rights Lead.

Gaps in evidence

It would have been good to consult more with children and parents. However consultation has been done regarding the planning of engagement happening this year that will inform a future report. The CPP have also captured the views of children in their work on the Argyll and Bute Outcome Improvement Plan and this is reflected in this current report.

Section 3: Impact of proposal**Impact on service users:**

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

If you have identified any impacts on service users, explain what these will be.

This a report that is about children's rights and making it clear what they are, why they are important and that this is recognised in Argyll and Bute. It details some of the things we do to ensure that everything we do is in the best interests of the child and that their views are heard and considered. It is about important things like tackling child poverty, keeping families together and supporting children who can't be with their families. It is about how

we support children to be the people they choose to be and ensure that they live in safe, happy communities. It is about how we work with children who have come into contact with the Justice System and ensure that their rights continue to be respected. It is about how we ensure our staff are aware and trained to support and empower children. All of this, the adoption of the UNCRC into Scottish law and ensuring that Argyll and Bute Council and Highland Health Board are rights respecting organisations, will have a positives impact on all of the areas noted above. This report reflects that.

If any 'don't know's have been identified, at what point will impacts on these groups become identifiable?

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

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

If you have identified any impacts on service deliverers, explain what these will be.

No direct impacts however promoting children's rights and the work around this will have positive impacts on their families. Children's Rights are Human Rights and increased promotion and establishment of children's rights will impact positively on adults. This will be consolidated with the Human Rights Bill. Staff will become more aware of children's rights and how they play a role in their working and personal lives.

If any 'don't know's have been identified, at what point will impacts on these groups become identifiable?

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

The report should have a positive impact in many areas as it will increase understanding of children's rights in the community, with our employees and volunteers and with children, young people and their families. Along with training and other information offered to staff it will help them to understand what their roles and responsibilities are in terms of children's rights. It should be noted that there is a risk to the Council if it does not become compliant with the requirements of the new Act.

Details of knock-on effects identified

Increased awareness with children and young people of their rights and planned engagements with them, may lead them to be more assertive in terms of insisting on being heard and their rights respected. This is a positive thing and can be supported by more engagement with children and young people on decision making and the provision of child friendly information in key areas that concern them.

If the Council fails to be compliant with the new Act and demonstrate that it is forwarding / protecting children's rights, there is a risk. Complaints can now be made to the Children's Commissioner and breaches can be heard in Courts of Law. It is important to deliver on the necessary rights respecting actions and equally important to be able to evidence that by the completion and sharing / publication of Equality Impact Assessments.

Section 5: Monitoring and review

How will you monitor and evaluate the equality impacts of your proposal?

In engagement with children, young people and their families; listening and hearing what their views are. Through feedback from young users of Council and Health Board Services. Through complaints procedures and any concerns raised with the Children's Commissioner.

ID	Date of Meeting	Title of Report	EQIA Required	Author/Contact	Presented By	Decision (with/without Direction) / Info	Comments	Date
	27/03/2024	Budget Proposal	Yes	James Gow	James Gow	Instructed the Chief Officer to accept Funding Offers from NHS Highland and Argyll and Bute Council and issue formal directions as detailed in the draft of the submitted report with proposed amendment.	Complete	27/03/2024
10								
11	27/03/2024	Budget direction		James Gow	James Gow	Argyll and Bute Integration Joint Board (the IJB) Written Directions to NHS Highland This Direction is written under sections 26 and 27 of the Public Bodies (Joint Working) Scotland Act 2014. This direction will be for the period from 1 April 2024 to 31 March 2025. 4.Functions and Services to be delivered by NHS Highland NHS Highland will carry out the functions specified in Annex 1 and Annex 2 of the Integration Scheme dated March 2021. NHS Highland will deliver the services to which those functions relate. 5.Delivery of Functions and Services NHS Highland will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to: e)The Integration Delivery Principles f)The National Health & Wellbeing Outcomes g)The Integration Scheme; and h)The Argyll and Bute HSCP Joint Strategic Plan 6.Finance The opening payment that will be made to NHS Highland for the period 1 April 2024	Complete	22/04/2024
12	27/03/2024	Budget direction		James Gow	James Gow	Argyll and Bute Integration Joint Board (the IJB) Written Directions to Argyll and Bute Council This Direction is written under sections 26 and 27 of the Public Bodies (Joint Working) Scotland Act 2014. This direction will be for the period from 1 April 2024 to 31 March 2025. 1.Functions and Services to be delivered by Argyll and Bute Council Argyll and Bute Council will carry out the functions specified in Annex 1 and Annex 2 of the Integration Scheme dated March 2021. Argyll and Bute Council will deliver the services to which those functions relate. 2.Delivery of Functions and Services Argyll and Bute Council will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to: a)The Integration Delivery Principles b)The National Health & Wellbeing Outcomes c)The Integration Scheme; and d)The Argyll and Bute HSCP Strategic Plan 3.Finance The opening payment that will be made to	Complete	11/04/2024

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