A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Joint Strategic Commissioning Strategy 2022/2025

Argyll & Bute Health and Social Care Partnership

Strategic commissioning is all of the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

Market facilitation means commissioners working closely with providers, supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and types of support in an area.

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Section 1: Foreword

Jean Boardman, Chair of Strategic Planning Group

We are delighted to introduce the first Argyll and Bute Health and Social Care Partnership (A&BHSCP) Joint Strategic Commissioning Strategy (JSCS) for everyone in Argyll and Bute who require health and social care services. The Strategy will cover the period from April 2022 to March 2025. It is outcome focussed and is informed by people using and delivering the services. The JSCS sits alongside the Joint Strategic Plan, which covers the same period of time. The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision.

We can only deliver this vision if we have a sustainable and diverse health and social care market that is equipped to deliver personalised, flexible and innovative, high quality services across all of our local communities. We want to work with providers to encourage a culture of continuous improvement where we identify, replicate and roll out best.

There are some services which are available to everyone, these are called universal services and are often provided by health. They can be both preventative (vaccination and screening programmes) or available when we are feeling unwell (GPs, Pharmacists). However, there are times when each of us can be more vulnerable and need health and social care specialist or support services. This could be due to age, a medical condition, disability, trauma or life circumstances. These services are often not provided directly by HSCP staff but are 'purchased' from the market place, which has third sector (not for profit) and private sector organisations within it.

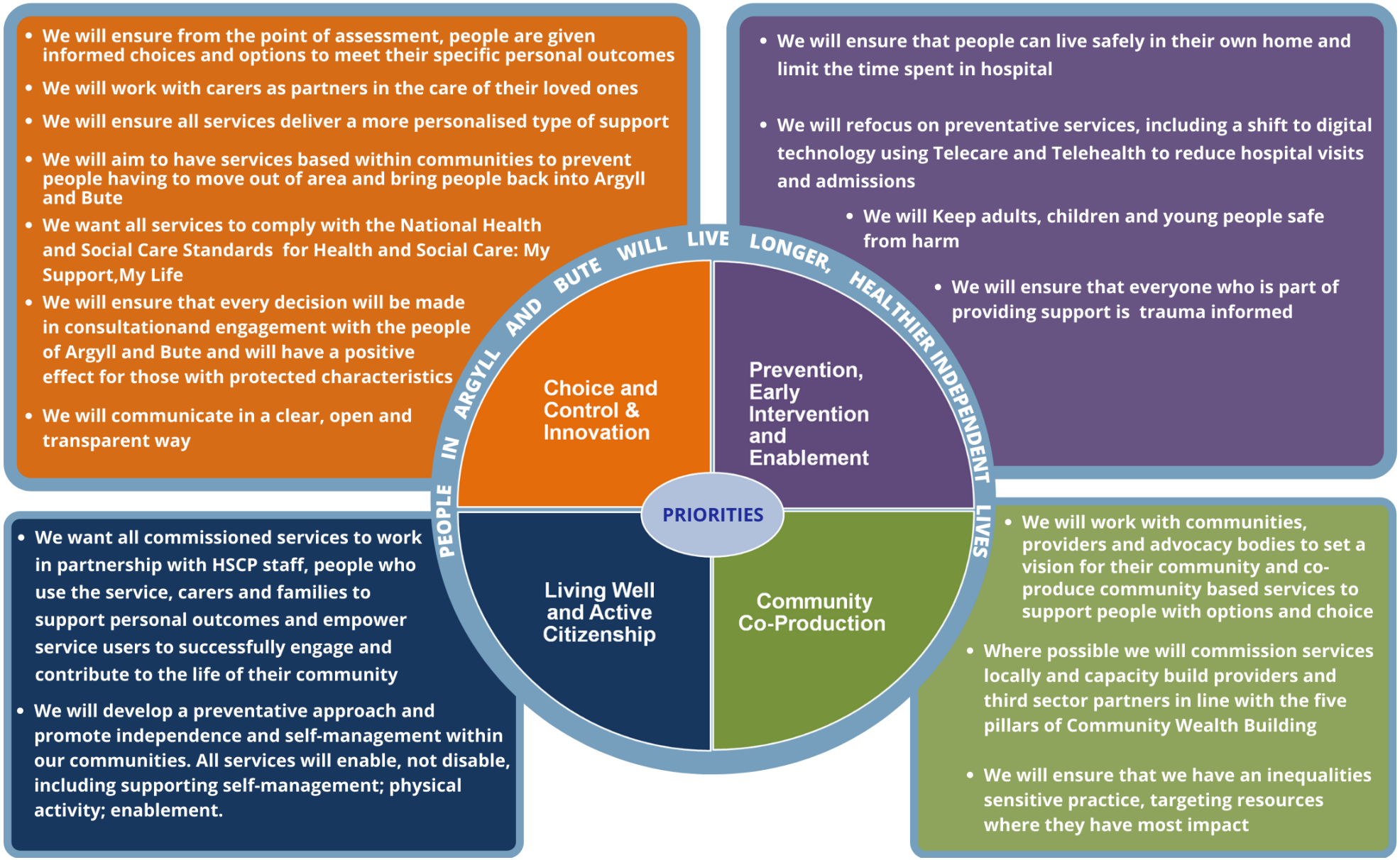
We need therefore to know how much we have available to purchase these services and what we need; essentially a shopping basket for health and social care services. For this we need a budget, how many people require services currently and in the future, what price the services will be and how we use the public purse to spend wisely. In A&BHSCP there are also a high number of services which we provide internally. These will also be looked at as part of the JSCS.

So, together we want to map a realistic picture of a complicated landscape, and create the conditions to share resources, maximise the potential of the totality of our assets and sense check this approach with those that matter, including staff, people who use services, organisations that provide services and every community within Argyll and Bute.

The JSCS will be reviewed on an annual basis, however this will continue to be a working document which will be utilised for the review of all contracts and to underpin developments of innovative and co-produced commissioning solutions. It is vital that this strategy considers the future recommendations from the Independent Review of Adult Social Care (IRoASC).

Following consultation with our governance groups, we have developed the Vision, Strategic Objectives, Key Priorities and Commissioning Intentions. These will underpin all services, whether commissioned or internal. They are future proofed for any recommendations in the IROASC which may be taken forward.

1.1 Key Priorities and Commissioning Intentions



1.2 National Health & Wellbeing Outcomes and Strategic Objectives

People are able to look after and improve their own health and wellbeing and live in good health for longer	Reduce the number of avoidable emergency hospital admissions & minimise the time that people are delayed in hospital
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in the community	Support people to live fulfilling lives in their own homes for as long as possible
People who use health and social care services have positive experiences of those services, and have their dignity respected	Institute a continuous quality improvement management process across the functions delegated to the partnership
Health and social care services are centred on helping maintain or improve the quality of life of people who use those services	#KeepThePromise
Health and social care services contribute to reducing health inequalities	Promote health and wellbeing across our communities and age groups
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
People using health and social care services are safe from harm	Promote health and wellbeing across our communities and age groups
People who work in health and social care services feel engaged with the work they do and are supported to continually improve the information, support, care and treatment they provide	Support staff to continuously improve the information, support and care they deliver
Resources are used effectively and efficiently in the provision of health and social care	Efficiently and effectively manage all resources to deliver best value

1.3 Key Market Messages

The key messages to the market will be underpinned by the following: collaboration; co-working; outcome focussed approach; sustainable funding (3 years minimum) and equity of access to services.

A shift to digital technology and increase use in telecare and telehealth

We currently use digital technology where possible, providing a range of Technological Enabled Care solutions for our patients and clients to support their health and care. This includes Near Me video consultations, reducing the need for travel. A range of Telehealth programmes are available including Connect Me remote health monitoring, Silver Cloud and Beating the Blues online mental health programmes. We also offer a Telecare service including community alarms and enhanced packages which include sensors and activity monitoring. Our aim is to continue to extend the range and uptake of our Technology Enabled Care service and solutions. We would expect our partners to assist us in developing and expanding our technological solutions moving forward to support people to live as independent a life as possible within their own home, preventing falls, illness or worsening of people's conditions. This will also allow us to ensure that carers resource is maximised for those who need it.

How: Care Providers will use assessment and reviews to inform support planning for people which includes digital technology. Care Providers will input into the Digital Strategy.

A move to different models of care at home and support services

There are policy drivers which promote different models of housing and individual packages of care and support, rather than day care and traditional care at home models. Also aligned to population projections there is likely to be an increasing demand for home based services, particularly for older adults, as a shift from care home demand is seen.

How: Care Providers will use assessment and reviews to inform support planning for people which includes an outcome focussed approach with key principles of enablement and utilising community services. We will work with providers to develop increasingly flexible and creative care pathways. We will build on the Living Well Strategy objectives. We will look for opportunities for joined up commissioning for each service area.

Hospital avoidance and prevention

We aim to support people to live within their own homes for longer by preventing admission to hospital and by reducing the time people have to stay in hospital, where possible.

How: We need to work flexibly with our partners, often out of normal working hours, ensuring there is a (sometimes rapid) response to the needs of the community. We will build on the work of the Caring for People Programme and Building Back Better. We will ensure that there are effective frailty models developed in all our localities in conjunction with our partners.

Support to unpaid carers

Support to unpaid carers is central to the ongoing work across all localities and all care groups within Argyll and Bute. We will continue to work with our Carers Implementation Group and develop our implementation plan in conjunction with our partners.

How: We will implement the outcomes within the Carer's strategy and ensure that carer's own support needs are individually assessed and there is creativity around each carer's outcomes.

Promotion of health enabling and co-production

We expect there to be an increase in the numbers of people suffering from (multiple) long term conditions including dementia. Prevention is a key focus area and moving forward we need all partners to consider how services can develop a preventative approach and promote independence and self-management within our communities. All services will enable, not disable, including supporting self-management; physical activity; enablement.

How: We will work with communities to set a vision for their community and co-produce community based services to support people with option and choice. We will build on the Living Well Strategy objectives.

Sustainability of workforce skills within key sectors within Argyll & Bute

We need to work with our partners to build a sustainable workforce across Argyll and Bute which delivers quality support and advice to communities. We need to ensure our workforce is suitably skilled and qualified and would like to develop joint service specific training plans with providers to make best use of the skills we have across all sectors.

How: We will involve partners in our future workforce planning and ensure they are involved in any co-location and joint planning.

Self-Directed Support

The HSCP is committed to embedding choices for how care is organised within Argyll and Bute within day to day practice. We will work with providers to identify any barriers to the implementation of Self Directed Care in each locality and require our partners to be responsive to the changing and diverse needs of individuals with increased control over their own care budgets.

How: We will ensure that from the point of assessment, people are given informed choices and options to meet their specific personal outcomes

Engaging with our communities

We continue to work with our Locality Planning Groups to develop locality action plans in each area. We need to continue to develop ways for our communities to tell us what they think about our services.

How: We will ensure that the Engagement Framework is adhered within our Commissioning strategy and Commissioning plans.

Accessing Transport

While we aim to reduce transport for individuals across Argyll and Bute using digital technology we recognise that some services can only be delivered in person. Given the rurality of Argyll and Bute it is recognised that there will be travel and transportation required to attend these services.

How: We will work on an Argyll and Bute wide Transport Strategy.

Section 2: Background

2.1 What is Strategic Commissioning?

Argyll & Bute Health and Social Care Partnership (A&BHSCP) is responsible for the planning and delivery of all health and social care services for adults and children in Argyll and Bute.

This A&BHSCP Joint Strategic Commissioning Strategy (JSCS) and Market Facilitation Plan clearly describes how we aim to work with providers and potential providers of adult, children and young people social care in order to:

- ensure we deliver the best services available with the resources which we have;
- give clarity for services providers regarding our approach to the health and social care market within Argyll and Bute and how we aim to deliver a balanced market through our commissioning and procurement arrangements;
- provide our communities with more information regarding the cost, availability and quality of services to help them to make informed choices to meet their health and social care needs;
- describe what we think future demand in health and social care might look like within Argyll and Bute and in each locality. This includes describing how we think our services should change in future to meet the needs and expectations of our communities, national strategies and demographic change.

We will refer to the Fairer Scotland Duty, the Islands (Scotland) Act and Equalities & Islands Impact Assessment as well as evidential data to ensure that we are inclusive to all areas and to those with protected characteristics.

We also want to work with providers to clearly demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities. We will continue to work with our providers to support evidence gathering of national, local and individual outcomes. All of our commissioned and internal services will work towards our commissioning intentions.

Alongside the JSCS is the Joint Strategic Plan (JSP). The JSP establishes the vision, strategic objectives and priorities and outlines the local and national outcomes, which will be used as the basis for the development of a performance framework. It is a high level approach which will also inform and feed into locality planning and the locality plans. The JSP describes how A&BHSCP will make changes and improvements to develop health and social care services over the next three years. The plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we intend to make a difference by working closely with partners.

Strategic Commissioning is a term which sounds complicated but put simply is the assessment and forecast of current and future needs and the linking of investment to services to meet these needs. However, the way we want to live our lives is influenced by national and local policies, changing demographics and societies changing expectations. For instance, many of us now want to live in our own homes, wherever possible, or we want choice around the type of care and support for our own needs and to fit with our own personal outcomes. Some of those shifts will involve a shift in services from hospital care to community based care, to technology enabled health and care and to primary care and care at home services. There will also be a focus on the remodelling of care homes and homely environments where possible to providing models of living which support independence. The

majority of the budget should be in scope, to release funding for locally based, non-hospital services.

A&BHSCP may also choose to provide small grant funding to community based services, which are essential to support people living within communities and meeting their personal outcomes. This will all be included within the Joint Strategic Commissioning Strategy.

In line with the national picture, A&BHSCP are experiencing workforce challenges which have been exacerbated by the pandemic. Given the geography of Argyll and Bute, recruitment issues are greater in the more rural areas. We need to look at ensuring consistency and equity across all localities.

The Joint Strategic Needs Assessment (JSNA) shows a current and project increase in the amount of older people, many living alone, and a decreasing amount of younger people and those leaving the area. A recent survey on mental wellbeing showed a need for increased community support and access to self-care and self-management.

The locality areas, which will each have a Locality Planning Group, are:

- Bute and Cowal
- Helensburgh and Lomod
- Oban, Lorn and Isles
- Mid-Argyll, Kintyre and Islands

There are different ways to approach commissioning, but our principles are in line with the Independent Review of Adult Social Care (IRoASC) where they are collaborative in their approach. This will mean that it is not a 'top down' approach but we will actively engage with our current providers, potential providers and community representatives in the assessment of needs and identification of gaps; we will look at innovative solutions through options appraisal, evidence based interventions and support collaboration and partnership working between providers and service redesign.

Scottish Care defines social care as: 'The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish.' We are currently presented with an opportunity to develop a new narrative on adult social care in Scotland, wherein it is seen as human right distinct from but complementary to the human right to health. Having a choice of supports and being informed about that choice is critical to the implementation of a human rights-based approach to social care.

We will future proof this strategy in line with the IRoASC which recommends that Integration Joint Boards should continue to develop strategic commissioning plans, and should be given direct responsibility for procurement, holding contracts and contract monitoring. Strategic commissioning plans must be better linked to planning for other types of service, including particularly housing plans and plans for acute hospital care.

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co -production, mutuality and the common good.

The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other.

Nothing about me, without me.

(IRoASC, Feeley, 2021)

We will plan, co-ordinate and fund services in line with the Christie Commission principles and the Four Pillars of Public Service Reform as well as other key policy drivers like the Scottish Government Mental Health Framework, Keys to Life and 'The Promise'. The Strategy will also be underpinned by the Living Well Strategy and Building Back Better.

The JSCS will follow the recognised four steps of Commissioning: Analyse, Plan, Deliver and Review in its format and layout. The plan will be a live document, we are aware that there is often an 'implementation gap' and we will ensure this does not happen by developing SMART Action Plan and accountability and governance through the Strategic Planning Group and the IJB.

2.2 Who is the Joint Strategic Commissioning Strategy for?

The Strategy is for all providers and potential providers of health and social care support, for community or social enterprise groups and for people who use, or work in, health and social care services. The strategy is for everyone who requires health and social care services across Argyll and Bute including older people, people who have a learning or physical disability, children and young people who need additional support, protection or care, carers, including young carers, people experiencing poor mental health, adults in need of protection due to harm and those who require criminal or community justice services. We will also ensure that services are accessible and inclusive of all genders, race and cultures.

Specifically, the JSCS is for:

- Providers of health and social care support
- Adult health services
- Community organisations
- People who need health and social care services
- Families and carer who need health and social care services
- Staff who work within the HSCP
- Social Enterprises

Please note the Joint Strategic Commissioning Strategy sits alongside the Children and Young People Service Plan & Commissioning Plan.

2.3 What is the Governance?

The Governance of this document, and the work within it, lies with the Argyll and Bute Health and Social Care Partnership (A&BHSCP) and the Integrated Joint Board, informed by the Strategic Planning Group.

2.4 Models of Commissioning

We are committed to developing a JSCS which encompasses collaboration and quality services which meet the commissioning intentions as well as ensuring that we do have best value, while not deflating the pay and conditions for social care workers.

We hope to develop a range of commissioning models that will include a mixture of traditional, collaborative and grant style agreements dependent upon the nature of the requirement and the options available. A table of all types of contracts is available at Appendix 2.

Our expectation over the length of this plan is to work towards long term, sustainable provision and as part of this, award longer term contracts and grants, securing funding for partners and allowing them to plan their provision into the future.

Specific commissioning activity will be informed by strategic decision making in the particular service area, this may involve redesigning services to better serve communities in a landscape that has changed since existing models were introduced. Our Procurement, Commercial and Contract Management Team will be involved in this work to support colleagues to commission and procure services in a way that gives the best chance of achieving the desired outcomes and in line with the principles of this Joint Strategic Commissioning Strategy.

We are already taking steps to work in different ways, for example through a pilot for care at home mobile teams. In a wider sense, we are also in the early stages of looking at new models of provision for adults requiring support in the community.

New models will look to address current challenges, particularly around sustainability. We will consider the impact that models of provision and the contracting arrangement have on sustainability, for example: contract type; duration; payment arrangements; purchase volumes i.e. block contracts vs spot purchase and anything else that is relevant.

We are optimistic about future projects due to largely positive provider relationships. Developing and maintaining strong partnerships will be key to successfully delivering the best outcomes for those in need of support.

The way in which we can embed ethical and collaborative principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centredness will be driven forward.

A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical. (IRoASC, Human Rights Recommendation 7)

2.4.1 Co-production

Co-production is a term used to describe people who deliver services and people who use these services working collaboratively together in order to achieve better outcomes in local communities, for example **doing with, rather than doing to**. In addition to commissioning services directly, there is a role for the HSCP in adopting principles of co-production to enable communities to realise the level of community based support they aspire to.

In short, co-production can promote good relations across our communities and ensure that services delivered are relevant to the needs of our communities. Co-production can take place at different levels and includes:

- **Co-design** – working together to develop plans for new services
- **Co-deliver** – working together to implement services
- **Co-assess** – working together to evaluate the effectiveness of services
- **Co-commission** – working together to develop commissioning plans and procure services

2.4.2 Self-Directed Support

The principle of Self-Directed Support is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four options on how they want their care arranged. The implementation of the Social Care (Self Directed Support) (Scotland) Act 2013, has taken time, mainly due to the change in processes, systems and culture that the policy demands.

With the introduction of Self Directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support is offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self Directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

There may be some instances where traditional block contracts will be of benefit to ensure sustainability, particularly given the challenges of providing services within Argyll and Bute.

All access to services start with an assessment and this linked to people's personal outcomes, their assets and their strengths (good conversations):

- Feeling Safe
- Staying as well as you can (healthy)
- Having things to do (active, achieving)
- Seeing People (included, nurtured, relationships)
- Living where and as you want to live
- Dealing with stigma

All assessments will include and reflect the contribution to unpaid carers.

We have developed this JSCS with the knowledge that there is a Scottish Government commitment to move responsibility and accountability for Adult Social Care Support to Scottish Ministers. This would include a National Care Service which has responsibility for the vision, innovation, inspection, workforce and national contracts as well and national requirements and budget distribution. Given that there would still be local accountability for delivery, outcome measurement, commissioning, local planning and engagement, we feel that it is still appropriate and relevant to develop this three year strategy.

2.4.3 Procurement Services

To comply with the Guidance on the Procurement of Care and Support Services 2016 (Best Practice), making use of the provisions of the Light Touch Regime (LTR), where appropriate, under the Public Contract (Scotland) Regulations 2015. The LTR allows consideration of

wider factors when sourcing Health, Social Care and Education services and legitimises their influence in decision making. These wider factors allow procurement activity to take account of the strategic vision of the HSCP, for example, in relation to sustainability; improved outcomes; continuity; choice and affordability.

To procure in a way that is in line with and sensitive to the expected national direction from the Scottish Government and the Feeley Review.

2.5 Monitoring of Outcomes

To support the delivery of the desired community outcomes we will work with our providers to develop a shared monitoring, evaluation and performance frameworks. We will develop the capacity of community organisations to deliver on the agreed outcomes whether that be set out in a commercial contract or in a Service Level Agreement for a grant.

We will continue to monitor against the National Health & Wellbeing Outcomes and will report on a quarterly basis.

As part of its oversight of local and national progress the National Care Service will need to develop and maintain outcome measures for the Integration Joint Boards and national care bodies, and monitor their performance. Previous attempts to establish a single set of outcome measures across adult health and social care have been hampered by complexity and duplication. These obstacles need to be overcome to ensure clarity of purpose and transparency of the evidence base for progress. We recommend that a single, clear set of outcomes, process measures and balancing measures should be developed for the whole health and social care system. This should involve people using social care support, patients, unpaid carers, providers, clinicians and professionals, to ensure the right balance of measures is identified. This should be developed as a priority and should simplify, reduce in number and improve the current range of measures. It should acknowledge this report and ensure a focus on outcomes for people using social care supports and healthcare services and should reflect the ethical and collaborative approach to commissioning that we recommend here. (Feeley, 2020)

Section 3: Strategic and Policy context

National

3.1 Independent Review of Adult Social care

3.2 A Fairer Scotland for Older People (2019)

3.3 Keys to Life Strategy 2019- 2021

3.4 Mental Health Strategy 2017-2027

3.5 The Promise' – Care Experienced Children and Young People

3.6 Alcohol and Drug Strategy

3.7 Learning/Intellectual Disability and Autism Plan 2021

3.8 Mental Health Transition and Recovery Plan 2020

Local

3.9 Living Well Strategy

The Argyll and Bute Living Well strategy was launched in September 2019 and makes a commitment to support people living with long-term conditions and those at risk of developing them. The strategy focuses on supporting people to manage their own health, and supporting communities to build groups and networks which can link people together. The strategy aims to promote a preventative and partnership approach across Argyll & Bute.

The Living Well Implementation plan aligns to the HSCP strategic intentions under four themes:

People - enabling and informing to ensure healthy living and self-management of long-term health conditions

Community - joined up approaches to support for health living within communities

Leadership - high level commitment within the HSCP to ensure investment in prevention of health and social care problems

Workforce - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

The first year of the strategy was impacted by COVID-19 however work was prioritised into the following 4 key priority areas and significant progress made in building relationships and delivering support to communities:

- Physical Activity
- Healthy Weight
- Emotional and mental Well-being
- Access to information and support

The Living Well (self-management) community capacity building fund has been running for the duration of the strategy and a number of grants distributed to 3rd sector organisations. These allow third sector organisation to support the delivery of the Living Well Strategy, particularly around self-management of long-term conditions and/or to prevent the development of long-term conditions

It has recently been agreed that the Living Well strategy will feed into the Community Assets project board.

3.10 Carer's Strategy

The vision is that all Unpaid Carers both young and adult:

- Feel supported, valued, informed, respected and engaged in their role as a Carer
- Are able to have a life alongside their caring
- Will be involved in hospital discharge processes

We will ensure 5 overarching principles Dignity and Respect, Compassion, Inclusion, Responsive care and support and Wellbeing. These principles will set out what people should experience every time they use services

Carers will be supported so that they can continue to care, if they so wish, in good health and wellbeing, allowing them to have a life alongside caring.

Prevention and early intervention will be at the heart of our carer support services.

Our Carer Pathway will help individuals identify as a carer as quickly as possible. This will pave the way to accessing universal services and tailored information and support services. Each person with a caring role will have access to and be offered an Adult Carer support plan or Young person statements which will meet and record their personalise outcomes.

We will engage and consult with Carers on how they perceive and experience services. This information will be considered and, where appropriate, acted on and used to rectify and improve our service provision and design.

Carers will be included as equal and expert partners during the planning and developing of our carer support services and short breaks services.

This will enable co-production of services which we will strive to ensure maximum impact and benefit to carers through streamlined and robust commissioning with our partners

3.11 Older People Strategy

The key elements of the Older People Strategy, which is currently being developed is around 'Homefirst'-that older adults can live in their own home or in a homely setting-home first and foremost.

The overarching message from the strategic direction is to ensure older people are viewed as valued assets with their voices being heard and when they require additional services they are supported to remain at home with as much independence as possible through multi -disciplinary and multi -agency working. Implicit within this should be opportunities for prevention and well-being supports within communities which avoids the need for statutory service provision. Additionally clear access and pathways into services must be developed.

Within this there are some key priorities: Flow-Right Care, Right Time and the role of community based teams and services. The Care at Home and Care Home and Housing strategy will be developed in 2022 and commissioning plans will be developed alongside these. Finally we require to benchmark ourselves and prioritise actions against the National Dementia Strategy which has the vision to deliver a person centred approach to people with dementia at whatever stage of their dementia journey.

3.12 Learning Disability Strategy

The strategy is currently being developed and at the time of writing (November 2021) is in draft form. The overarching strategic vision for Argyll and Bute Learning/Intellectual Disability Services and/or Autism is:

"Argyll and Bute is a place which supports people with learning/intellectual disabilities and/or autism to build healthy and rewarding lives, with participation in all aspects of community and society"

The key strategic vision takes as its starting point the human rights of people with learning/intellectual disabilities and/or autism. Human rights are the rights and freedoms that everyone should have. Within Argyll and Bute, this means equal access to the services that other members of the community receive including health services. It also means that people with learning/intellectual disabilities and/or autism are able to live as independently as they choose and have the opportunity to contribute to the communities in which they live, work and socialise.

Both nationally and locally we know the number of people with learning disabilities living into older age is increasing, with many presenting with a diverse range of complex and multiple interrelated health conditions. This growing population with complex health needs brings about new challenges for health professionals and social care services. The planning and provision of quality health and social care is crucial to improving the health and quality of life of people with learning/intellectual disabilities and/or autism across Argyll and Bute.

3.13 Mental Health Strategy 2017-2027

This will be developed in 2022 and commissioning plans will be developed alongside these.

3.14 Alcohol and Drug Strategy

The Strategy sets out the Argyll and Bute Alcohol and Drug Partnership plan for implementing Rights, Respect and Recovery – Scotland's Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use, Harms and Related Deaths. Action Plan Summary

The Action Plan is based on our four priorities, which are:

1. Education, prevention and early intervention on alcohol and drugs
2. A recovery orientated approach which reduces harms and prevents alcohol and drug deaths
3. A whole population approach to alcohol and drugs
4. A public health approach to justice for alcohol and drug harms

3.15 Children and Young People Service Plan

The main focus is on promoting children and young people's wellbeing underpinned by Getting it Right for Every Child (GIRFEC) and by adopting preventative approaches dedicated to the needs of children and young people at the earliest possible time. Recognising the importance of children and young people achieving and maintaining good physical and mental health and wellbeing is also paramount. The 'Promise' commits the service to ensure that where possible children stay with their families and families will be actively supported to stay together. Children, young people will be listened to, respected, involved and heard in every decision that affects them. Where intensive support is needed it will be given in timescales which meet the needs of the child.

3.16 Public Protection Strategy

There are four public protection strategies which make up the whole agenda for public protection, these are: Child Protection; Adult Support & Protection, Violence against Women and Community Justice.

There are no specific commissioning implications apart from with Women's Aid and Rape Crisis.

Section 4: Communication and Engagement

A single 'Engagement and Communications Action Plan' was developed for both the JSCS and the HSCP Joint Strategic Plan to act on the declared vision that:

"We want to ensure that everyone has the opportunity to input into the future shape of health and social care services. We want to know the stories of how Covid has affected people and what we can learn from experiences."

Identified stakeholders were invited to events planned in collaboration with the ihub – Transformational Redesign Unit (Strategic Planning Portfolio) of Healthcare Improvement Scotland. Online formats, including novel formats for the HSCP (Google Jamboard, Slido and the use of live and recorded webinars) were chosen due to COVID-19 restrictions. The table below describes the numbers of participants.

What's working? What's not working? Thinking creatively, what would you do?

Stakeholder group	Service area	Format	Participants
Staff	Adult Services*	Conversation café and Jamboard	35 Incl 3 facilitators
Staff	Adult Services*	Conversation café and Jamboard	15 Incl 3 facilitators
Staff	Learning Disabilities & Physical Disabilities (LD&PD)	Conversation café and Jamboard	17
Staff	Mental Health & Addictions (MH&A)	Conversation café and Jamboard	31 Incl 2 facilitators
Staff	All	Survey 1 (S1)	16
Staff	All	Survey 2 (S2)	89
SPG	Strategic Planning Group	Conversation café and Jamboard	27 Incl 3 facilitators
Providers	Commissioned Third and Independent sector Providers	Conversation café and Jamboard	30
Providers	Care homes and Care at Home Providers	Conversation café and Jamboard	31
Public	All	Joined Live Webinar	36
Public/Open	All	Watched Replay Webinar	21
Public/Open	All	Joined Slido: active users Slido Poll:	60 51
Public/Open	All	Online Survey	24

What: What has happened in last 3 years? Where are we now? What has been impact?

So What: What have we gained? What have we lost? What shifts are needed? What are priorities?

Now What: How do we take this forward?

Please share your Questions, Comments and Ideas.

From what has been heard today what are the questions and issues you wish to raise?

What do you see as the main developments in your area over the next 3 years?

How do we foster collaboration over the next 3 years?

*Two separate events which each included breakouts for:

- Hospitals (Hosp)
- Community services including care homes and day services (CS)
- Services for older adults and for people with dementia (OA&D)

Full reports on the different engagement activities can be accessed here:

- ❖ Public Engagement Report
- ❖ Staff Engagement Report
- ❖ Third and Independent Sector Provider Report

Draft Priorities and Commissioning Intentions - feedback

- staff surveys survey respondents were more likely than not to indicate that the priorities and commissioning intentions were meaningful and that they were aspirational and ambitious

	Meaningful	Aspirational and ambitious
Priorities	75% (n=87)	66% (n=88)
Intentions	75% (n=59)	69% (n=59)

Source: Staff Survey 2 results.

Staff survey 1, combined Priorities and Commissioning Intentions : 60% meaningful (n=15), 40% Aspirational (n=15)

- comments received from across the staff and provider feedback supported priorities relating to Prevention and Early Intervention as well as Choice and Control

"I work in the field of Learning Disability and all of the above will enhance and improve the quality and quantity of life for those I support" Staff

"I think you have choice & control spot on" Staff

"Agree with priorities. Great that Prevention and Early Intervention are right at the top" Providers

"Early intervention is crucial for families under pressure to reduce further risk and future crisis." Staff

"access to choice of social care services across the whole of A&B. Too many area's have no services available." Public/Open

- results from the public survey, although from small numbers of people, provided evidence for potential for improvement in areas related to the priorities and commissioning intentions

Only 2 out of 19 people in the public survey reacted positively to:	You/they were made fully aware of the community organisations locally where you/they could access support.

Challenges to the proposed Priorities and Commissioning intentions were that they:

- Comprise buzz-words/ difficult language (co-production and trauma-informed need to be defined)
- Are unattainable/unrealistic or difficult to achieve
- Need action to achieve them
- Need to be specific and measurable
- Should be done already

"Language seems cliche'd and unauthentic." Staff

"Definitely aspirational as there is no money for early intervention services." Staff

"I believe they are what we should already be doing." Staff

"They're quite inarguable as broad principles. For them to be truly meaningful, they will need to measurable and linked with goals at clinical team level." Staff

Where were are now

Across the consultation, the contribution of individual people was strongly recognised.

"the people - always the people do their best." Public

There was recognition of significant changes to services implemented over the course of the previous strategic plan and changes within HSCP senior management.

All areas of engagement acknowledged the impact of **COVID-19:**

- Negative impacts on staff and staffing (including burn-out and shortages)
- Stretched services (including increased waiting times)
- Increased use of technology
- Shift of balance of care to the community
- COVID-19 impact of health and wellbeing of the population
- Increase in service appreciation

Although benefits were seen to the use of technology, feedback also cautioned regarding the impact of digital exclusion and need for face-to-face service provision.

"Staff seem exhausted, less motivated and some have left the services. Contracts haven't been renewed, so families unable to find who is now managing their case." Public

The most common challenges with accessing HSCP services, as described in the public consultation were:

- **Long waiting times** (49% Slido respondents and 35% of survey respondents)
- **Lack of service availability** (over 30% in each consultation method)
- **Travel required** (over 30% in each consultation method) _were highlighted by over 30% in each consultation method. Over 30% Slido respondents highlighted
- **Lack of face to face provision** (over 30% Slido respondents) and over 30% Survey respondents highlighted
- **Lack of communication from services** (over 30% Survey respondents)
- **Difficulties knowing what services are available and how to access them (**over 30% Survey respondents).

"Travel is essential to access many services for A&B residents much of which requires travel to specialist services in GG&C" Public

"Some parts of argyll and Bute have more services than others. More rural areas, staff seem to struggle to cover basics." Public

- Comments from survey respondents highlighted **travel to GGC for specialist services** and **difficulties providing rural service provision**. Staff shortages and services gaps were also highlighted.

Current gaps with services was a theme that was repeated in both Provider and Staff engagement feedback.

"why are so many people going out of area, are there not the numbers of places available in argyll and bute." Provider

"No nursing home in Oban area, which needs to be looked at." Provider

"I think the HSCP do not understand how vastly different service delivery is across the area." Public

"not enough flexibility to 'wrap around' someone leaving hospital or in crisis in community." Staff (CS)

"Not enough providers so not much choice of service." Staff (LD&PD)

Crisis in private care provision (POC's) Staff (MH&A)

"No specialist services in the area people have to move out of area and they can't move back. Even areas within Argyll and Bute are a long way from each other and family/ community connections." Staff (LD&PD)

"Gap in responder hours can be an issue for clients with dementia" Staff (OA&D)

Shortages in staffing was a key theme repeated across different areas**,** particularly within social care but also affecting other staffing groups.

"Staffing barrier to SDS, great need but small population of workers" Providers

"what is your plan to get more carers ie Home Care Dunoon is in urgent need of Carers, Families cant get packages What is your Plan" Public

"flow of patients through the hospitals- delays in being discharged have resulted in real harm/deterioration of the individual" Staff (Hosp)

"Massive problem with shortage of carers to provide care at home causing delayed discharges in hospitals" Staff (CS)

The ongoing **financial pressures** faced by health and social care services was recognised but also, particularly in relation to commissioning, providers highlight the difficulties with short-term and insecure funding arrangements

"Services are really under pressure with constant re-structuring or transformation, budget cuts and staff shortages" Staff survey

"we need seed funding to allow us to inact changes in commissioning but not stop what we are doing at the same time" Staff (SPG)

"It may take some time for providers to build up any trust in the words offered by Senior Partnership Personnel however I believe this may change if the Partnership show they have listened and offer care at home providers financial stability instead of the current spot purchase agreement." Providers

Financial pressure from an individual perspective also had an impact on **choice**.

"Direct payment rates for option 2 don't cover cost of most providers so only choice is option 3 or topping up themselves. If areas are mapped to providers there is no choice at all." Staff (LD&PD)

The future

Principles of providing services to support people were present in themes across all the engagement conducted. In particular:

Need for good **communication** with clients and partners

"What happened to the consultation work that was done a few years ago in OLI around this provision? A day spent discussing options and considering implications of each. Felt like time well spent but no follow-up? Public

"Client and family expectations - improved management, clearer provision of what is provided and not provided by carer's, within a package of care" Staff (Hosp)

"co-production of services to fit local needs, preferences and available resources" Public

Joint working – with partners and community groups

"Re-alignment and more equitable opportunities between external and internal providers" Providers

"Better community integration, possibly with more 3rd sector input" Public

"Barriers as cannot share information with commissioned providers, can we not share support plan and assessments with care providers" Staff (Hosp)

Geographical accessibility (and transport)

"transport issues across the localities" Staff (LD&PD)

"Providing care locally to needing it, reducing patients having to travel to access care" Staff (Hosp)

"OLI is a very rural area with the islands included, so other issues affect this area, travel time etc" Providers

"Better local access to services" Public

Person centred – continuity of provision from a client perspective

"People are people. A person-centred approach, provided by well-trained and multi-skilled workers surely leads to positive outcomes, rather than fixating on client groups and assuming that people with a certain health condition or impairment have presumed similarities" Providers

"Ensuring that vacancies are filled quickly, so we know who to contact" Public

"Shifts - need investment focus on outcome of individuals and not follow old patterns of service provision" Staff - SPG

Respite from **unpaid care/support for carers**

"Ensure that all those involved in public interface and decision making fully understand and are committed to implementing the above mentioned Acts.

(Statutory Guidance for the Self-directed Support (Scotland) Act 2013, and the Carers (Scotland) Act 2016)" Public

"lack of respite resources for carers to give them proper breaks away from caring role" Staff (OA&D)

Quality, safety, governance

"greater focus on outcomes and linking resource consumption and allocation to the impact we make on people lives rather than focussing on inputs" Staff (SPG)

"Some HSCPs require a brief 4-weekly return covering KPIs as part of the contract monitoring process." Providers

"Better community care. Improve home care. Make social work staff more visible" Public

Staff and public had suggestions relating to **the model of care between community and hospital** including:

- step up and down provision
- intermediate care
- core and cluster models
- hospital at home services

"hospital at home and staff outreaching if we had more staff to do this, would improve links for both Community and hospital" Staff (Hosp)

"redesigning older people care home/care at home services to be more core and cluster where appropriate" Providers

"third sector home from home community options to offer support rather than admission" Staff (MH&A)

"Struan Lodge were doing step up step down a number of years ago. We are situated next to Cowal community Hospital this should be reinstated" Public/Open

Section 5: Stages of the Commissioning Cycle

5.1 Analyse

5.1.1 Population Data

Commissioning requires us to have a good understanding of the current and future needs of the population of Argyll and Bute in gaining a succinct understanding of the demographics of the whole area, and across localities.

This section looks at our population data. National data tells us Scotland's population is ageing and within Argyll & Bute the population is also declining. Given our geographical diversity we know the variation in the demographic characteristics between localities and local areas can be marked. We are aware that the need and demand for services will change in tandem with the population profile.

The following tables show the demographics of residents within Argyll & Bute and specifically within each locality area by age comparisons. We can relate this to our current services in terms of availability, demand, spend and equity across the localities.

At mid-2019, the population of Argyll and Bute was estimated to be 85,870, a 4% decrease from 89,450 in 2009. **There is a greater proportion of people aged 65 and over resident in Argyll & Bute than in Scotland as a whole and fewer people aged 15 and below.**

Figures 5.1 & 5.2 below detail the population split at 4 locality level across all age bands, highlighting those 65 and over.

Figure 5.1

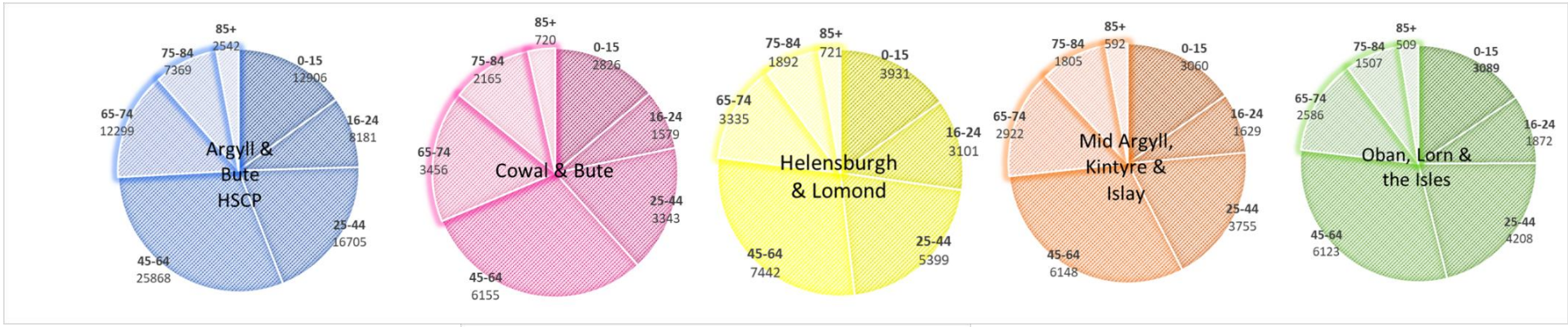
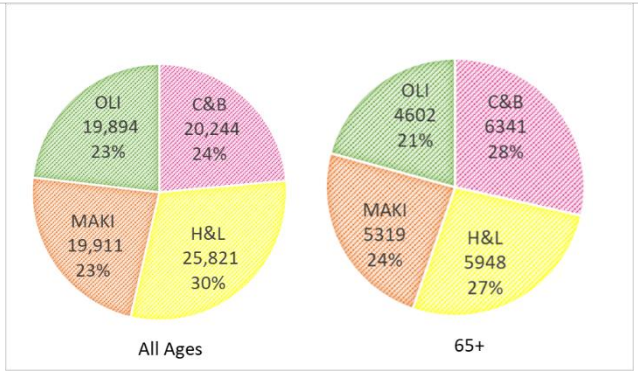


Figure 5.2



5.1.2 Indicators of Health and Wellbeing

It is important to consider the demographic characteristics of each local area when examining the inequalities that may be present within each locality and further population analysis will be done on this basis. The following tables contain indicators pertaining to the health and wellbeing of the Argyll & Bute population at local area level, alongside a comparison to the overall HSCP and country wide rates. **Of note is the high levels of alcohol related hospital admissions in C&B and Islay, Jura & Colonsay alongside the high levels of anxiety, depression & psychosis prescriptions in these areas.**

Table 5.1

	Data Type	Time Period	Cowal	Bute	Helensburgh & Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban & Lorn	Argyll & Bute HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	0	12	33	0	0	0	0	0	11	20
Population in most deprived SIMD quintile	%	2020	13	36	7.3	0	15	0	0	2.8	8.7	20
Drug-related hospital admissions per 100,000	rate	17/18-19/20	188	122	130	18	48	65	18	187	124	221
Alcohol-related hospital admissions per 100,000	rate	19/20	871	623	536	726	590	620	333	800	638	673
Alcohol-specific mortality per 100,000	rate	2015-2019	14	22	18	28	34	24	21	19	20	20
Bowel screening uptake	%	2017-2019	62	59	65	69	63	63	66	63	64	62
Male average life expectancy in years	mean	2016-2020*	77.1	75.4	80	77.4	77.1	78.4	76.9	77.4	78	76.8
Female average life expectancy in years	mean	2016-2020*	80.1	81.7	82.5	82.3	81.5	82.6	85.5	82.2	81.6	81
Early mortality rate per 100,000	rate	2018-2020	152	225	77	30	151	110	66	95	106	116
Population with long-term condition	%	2019/20	27	26	20	25	26	24	22	23	24	19
Cancer registrations per 100,000	rate	2017-2019	610	604	627	472	642	539	697	629	609	644
Anxiety, depression & psychosis prescriptions	%	2019/20	23	22	16	24	21	18	19	18	19	20

**At HSCP and Scotland level, the time period is a 3-year aggregate (2018-2020)*

5.1.3 Activity and Spend Profiles by Service & Locality

Social Care

Internal and External Spend

In Argyll and Bute there are social care services which are both commissioned externally and internally provisioned, and also services which are purchased from out with the HSCP area (these are called out-of-area placements). When analysing current commissioned services it is key that this is done alongside an examination of the internal provision to have oversight of the balance of resources, needs and demand across the board, and within the current 'financial envelope'.

The external and internal spend across each locality is apportioned between client groups and the following graphs examine the distribution of spend.

Please note we have used the term 'external' interchangeably with/to mean independent sector throughout.

Figure 5.3

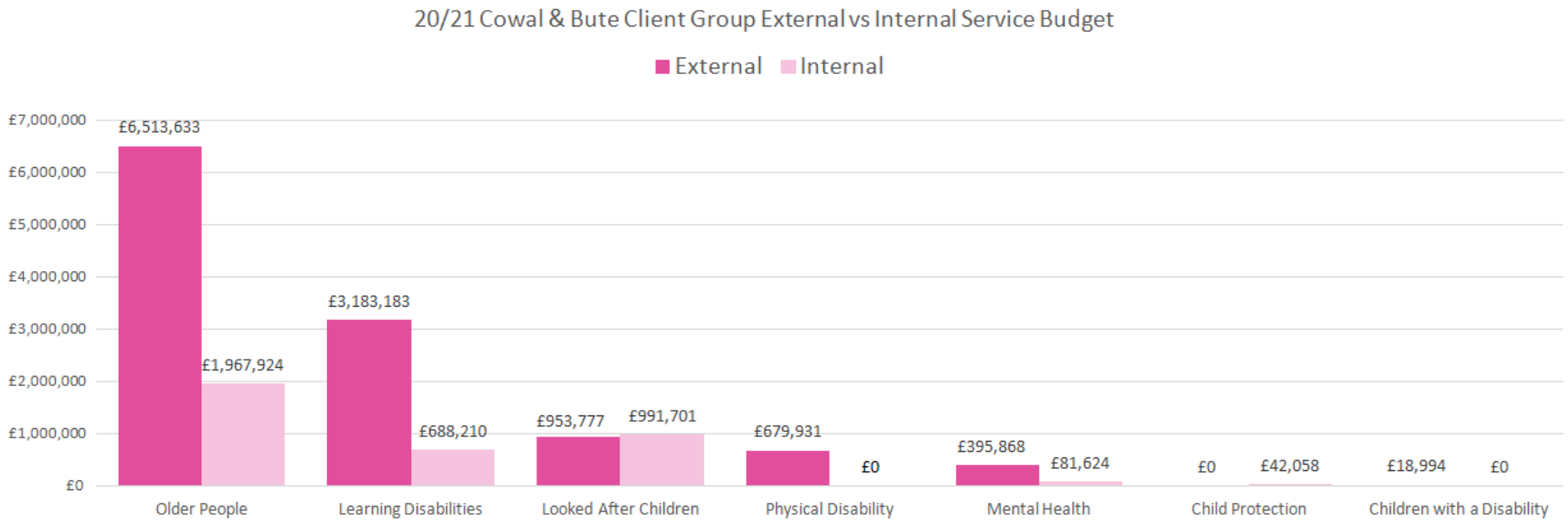


Figure 5.4

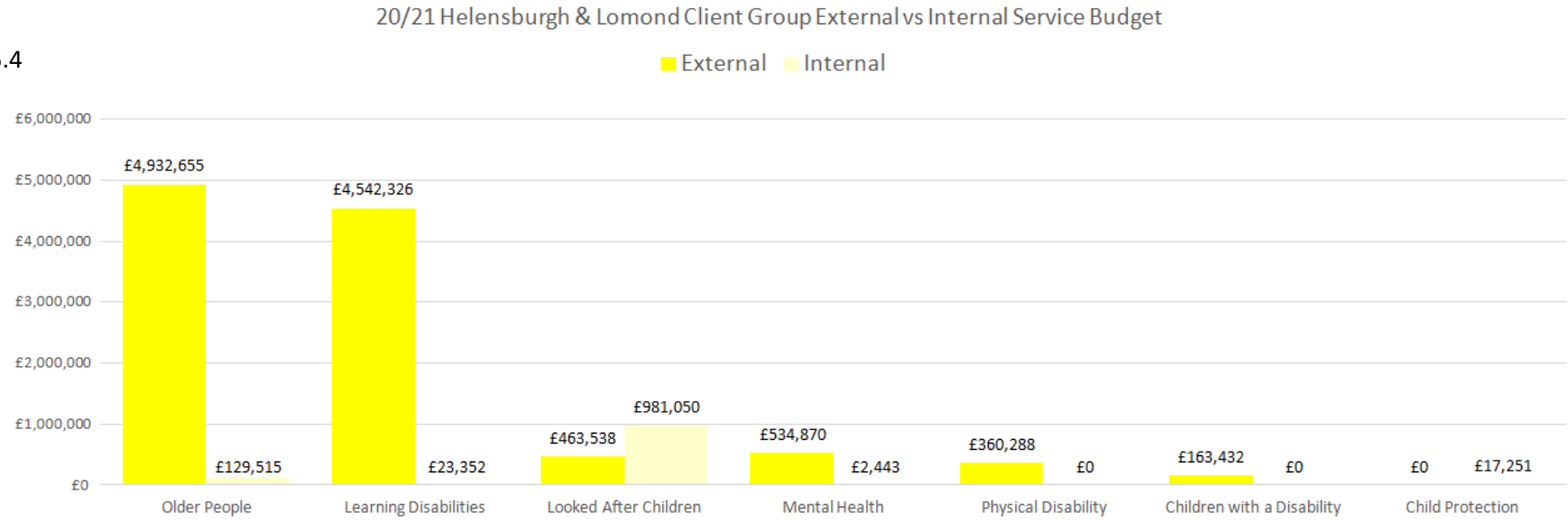


Figure 5.5

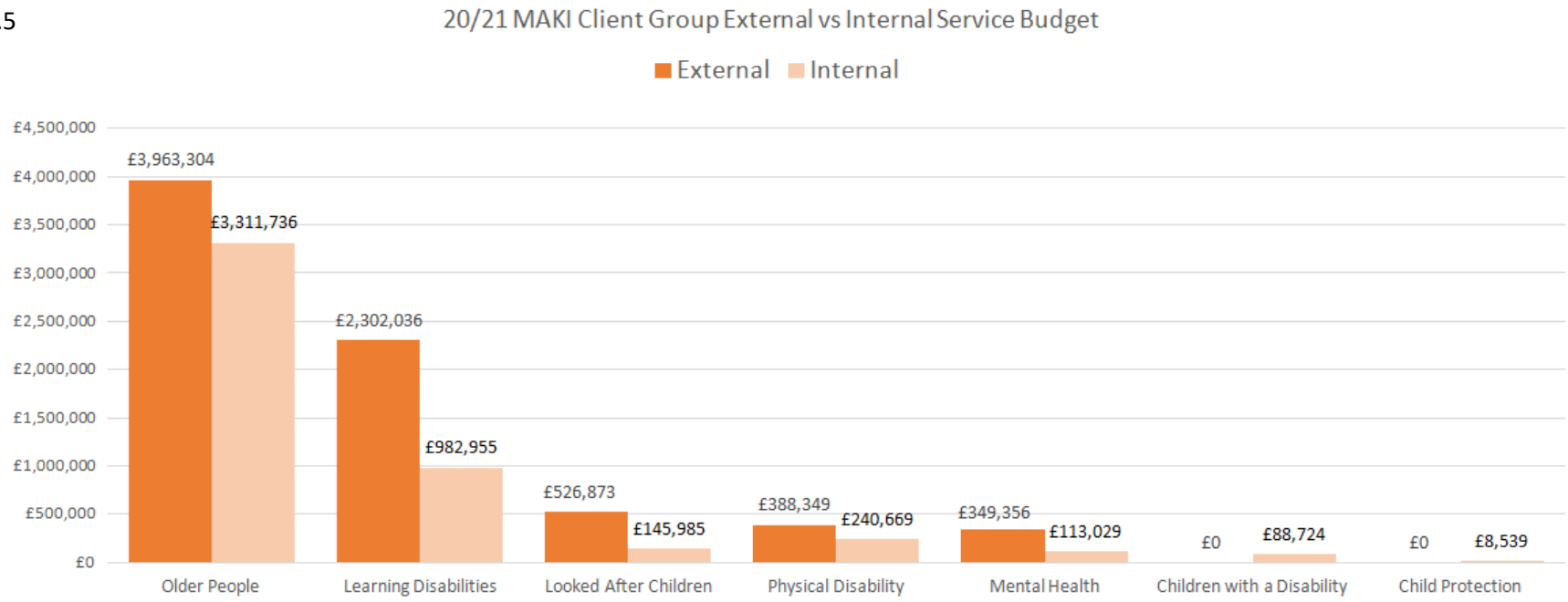
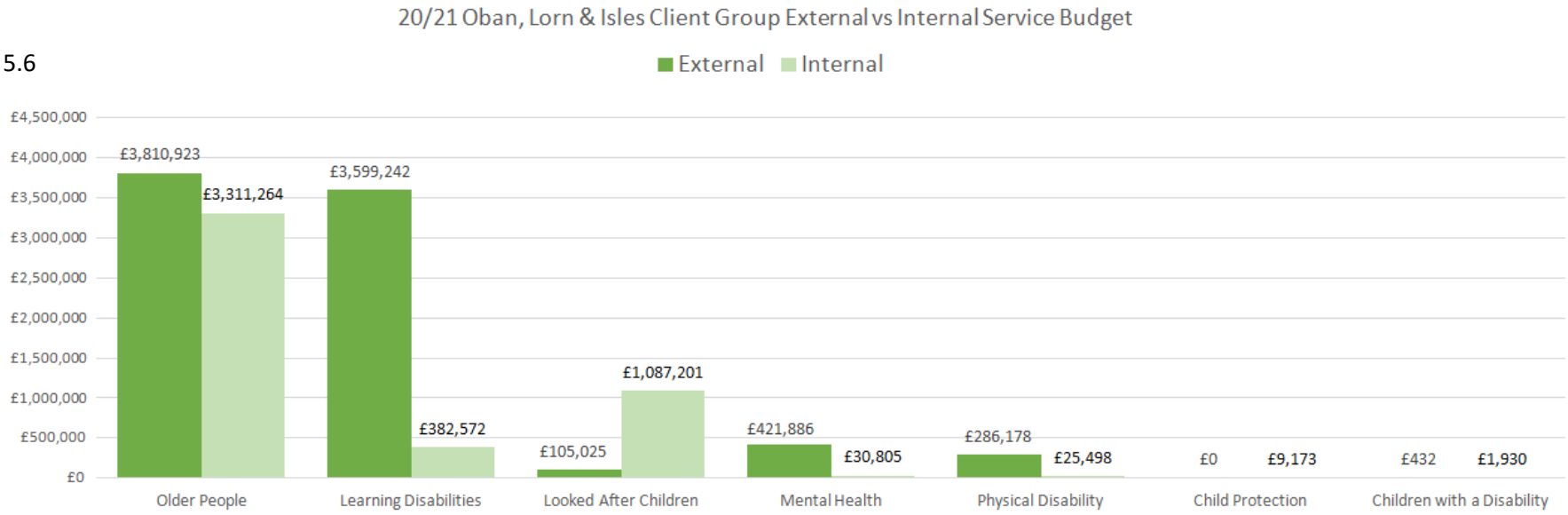


Figure 5.6



Older People

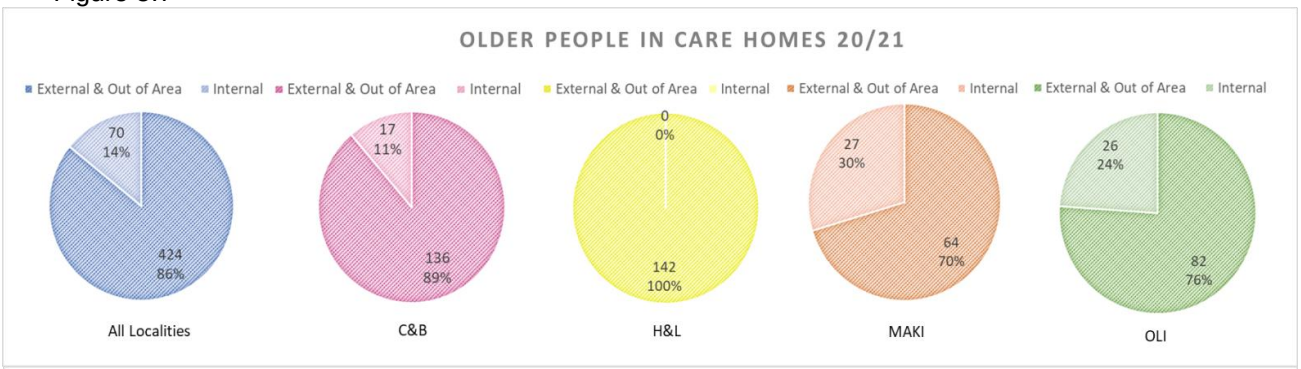
Care Homes

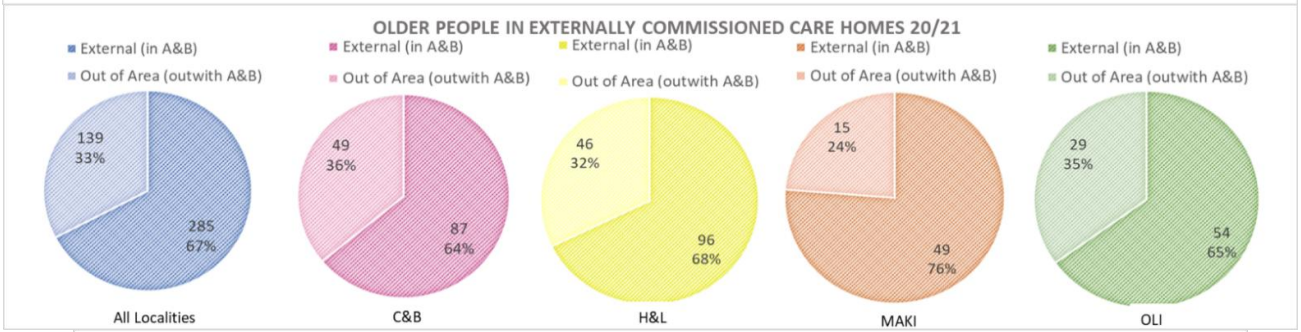
The charts below indicate the average weekly number of Older Adults from each locality and Argyll & Bute as a whole who were in care homes throughout 2020/21 and from this we can see **the majority of care home placements are with external and out of area providers**. Internal provision is greatest in MAKI and OLI, C&B residents make up one quarter of all those in internal homes and there are no H&L residents in internally provided care homes. **There is no nursing home provision in Oban.**

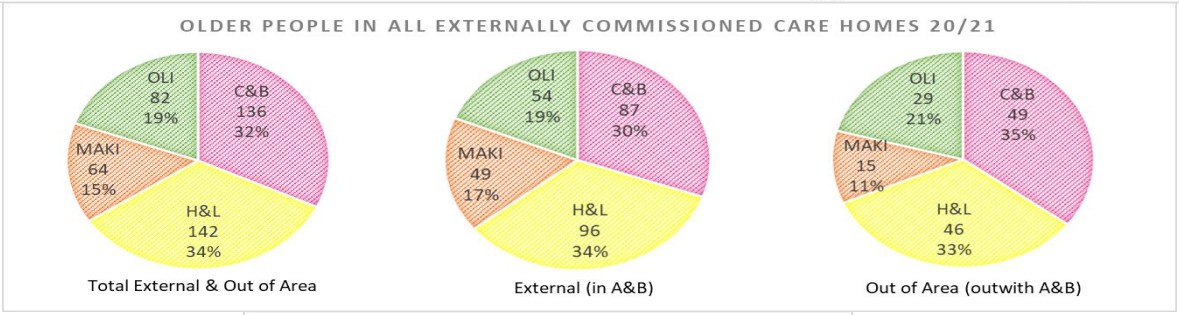
The C&B locality has the highest number of all clients in care homes overall (153) and along with H&L each make up one third of those in externally commissioned and out of area homes, MAKI and OLI combining to make up the last third. **This ties with the Older Adult population in these areas.**

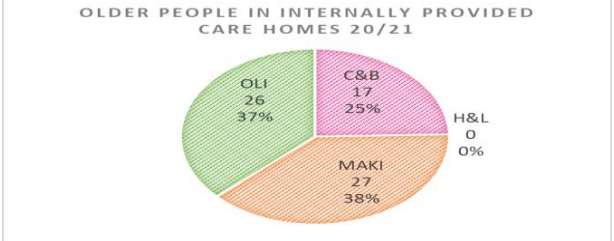
Overall, one third of all clients in externally commissioned homes are in out of area placements and this split is similar at locality level with the exception of MAKI where only 24% have been placed out with A&B. It is worth noting that some clients will be placed out of area by choice, for example for proximity to family etc.

Figure 5.7









Glossary of Terms

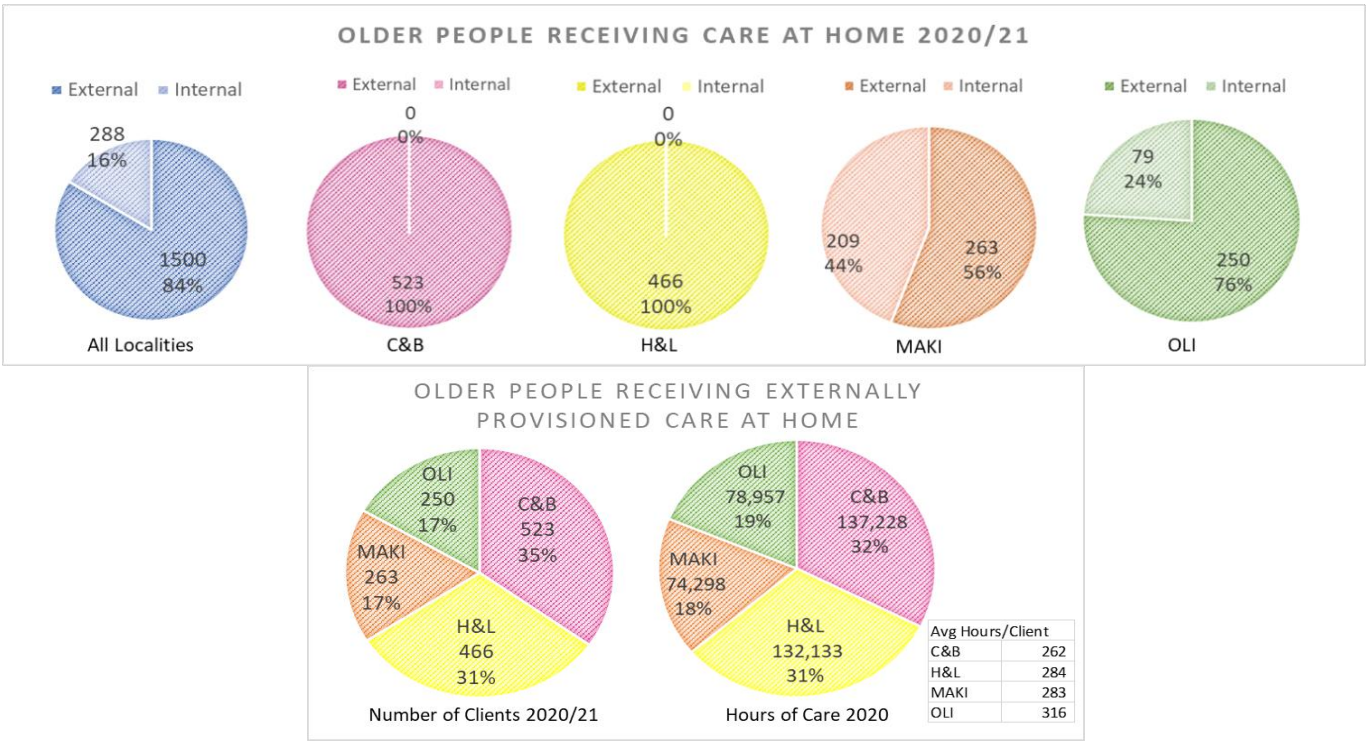
External (in A&B): Care Homes which are not operated by Argyll & Bute Council and as such are externally commissioned, situated within the Council area.

Out of Area (outwith A&B) : Care Homes which are not operated by Argyll & Bute Council and as such are externally commissioned, situated outwith the Council area.

Care at Home

Similarly with Older People receiving care at home we see that the majority of care at home is provided by external providers and again C&B is the locality where most clients reside. Again the internal provision is most pronounced in MAKI and there is a more equal distribution between internal and external providers in this locality than was seen with care home placements. Nearly one quarter of OLI residents who received care at home throughout 2020/21 received internally provided care at home. This will be due to the internal provision in the Islands. There is no internal homecare provision in C&B or H&L. The average hours per client appears higher within OLI.

Figure 5.8



The below graphs provide a breakdown of associated spend for the Older People client group per locality and with external/internal split. An analysis of the spend shows care at home to be the largest external cost across all 4 localities. **All care homes in Argyll and Bute have rising costs and financial pressures. The internal care homes are more costly to run because of higher wage rates within Argyll and Bute Council in comparison with the Independent Sector.**

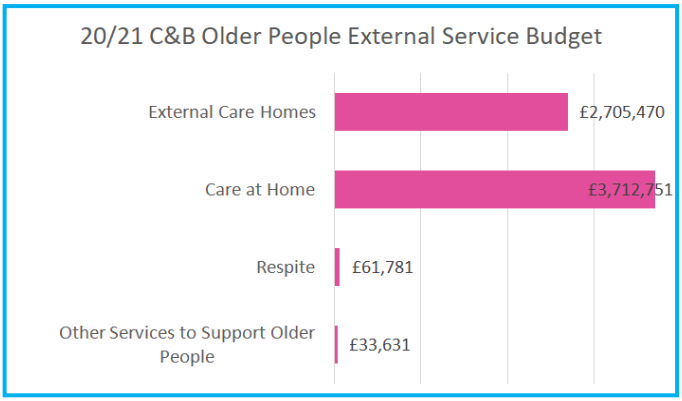
We note the request of the Independent Sector to breakdown the payments to externally operated Care Homes within and out-with Argyll & Bute (ie out of area). Unfortunately this is not currently possible as the financial ledger does not hold this level of information and is further complicated by some parent companies operating multiple homes both within Argyll & Bute and out of the area. Future work will look to further analyse and develop our understanding of this expenditure where possible.

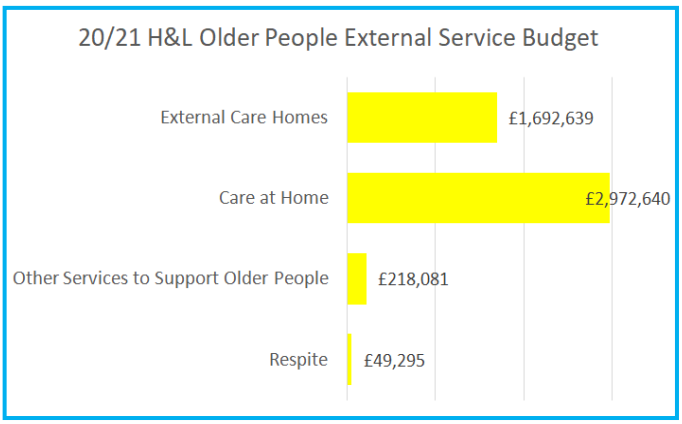
Please note Care Home budgets will also be governed by the National Care Home Contract, particularly around the nationally agreed fees and terms and conditions.

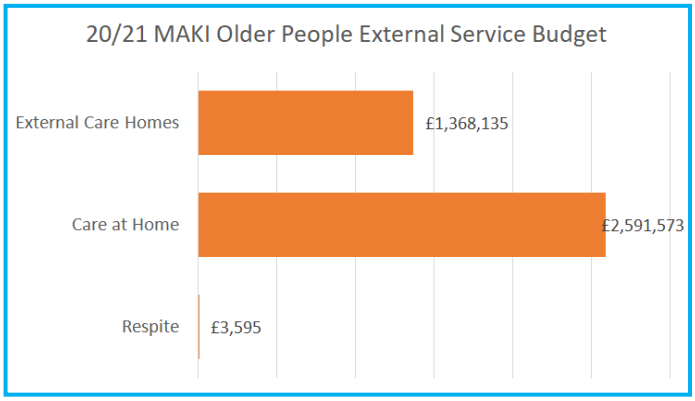
Negotiations are at a national level between Scottish Care, COSLA and Scotland Excel when it is discussed, negotiated and finally agreed what the nursing/residential care weekly rate will be for the following financial year and if any amendments/variations should be applied to the national care home contract.

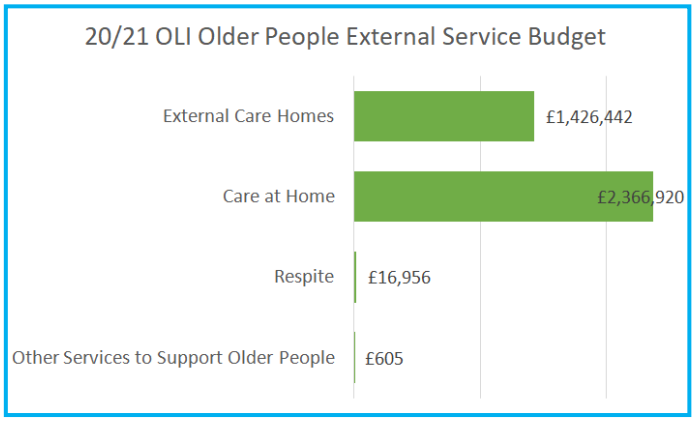
Figure 5.9

External Spend

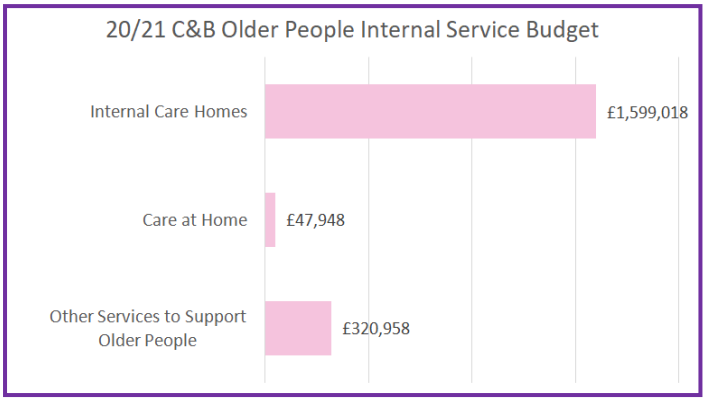


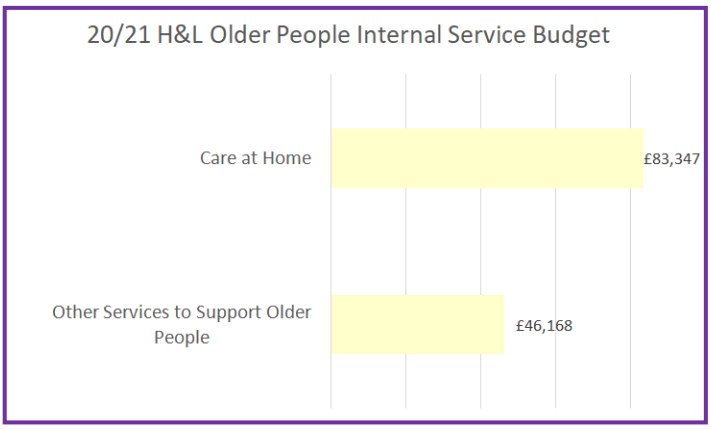


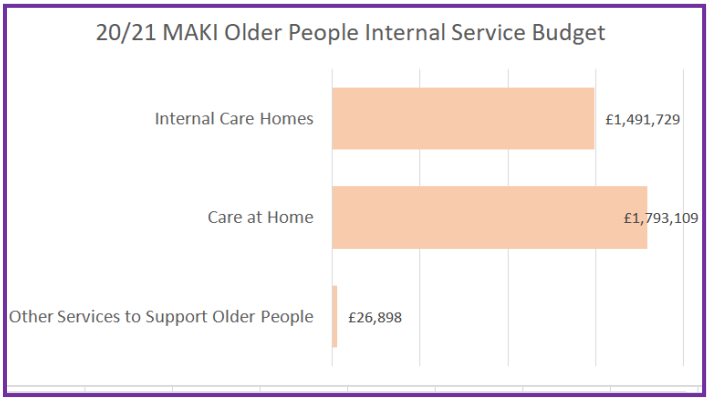


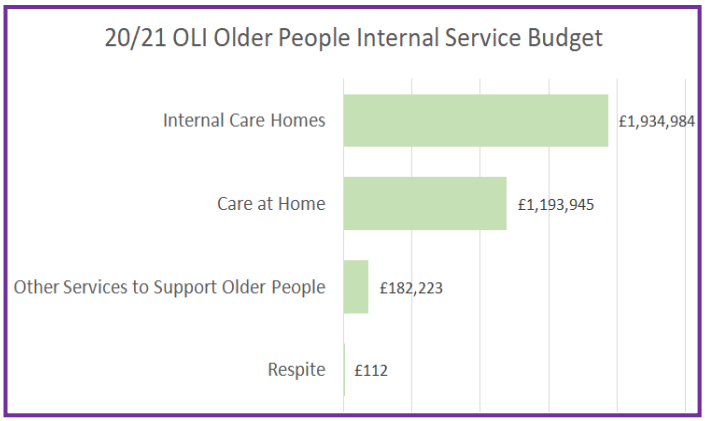


Internal Spend





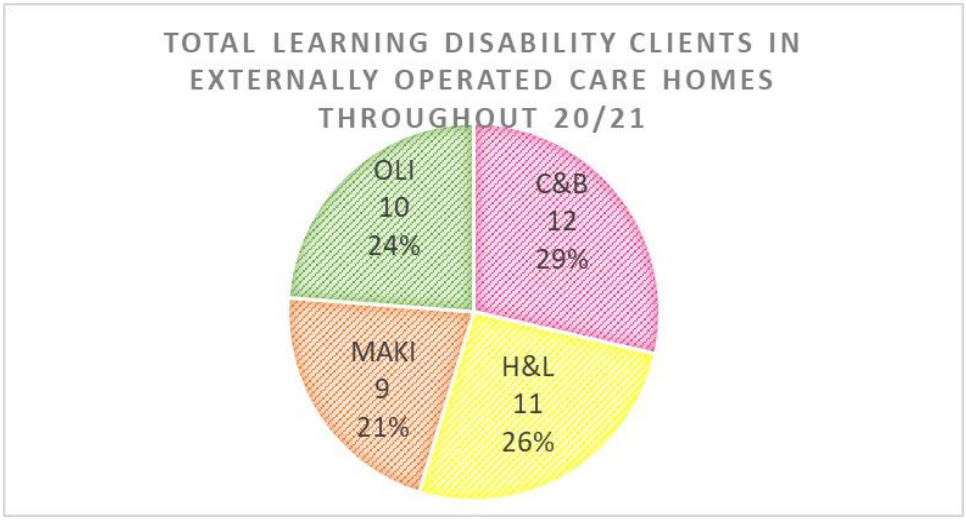




Learning Disability

There were no Learning Disability (LD) clients in internally provided care homes throughout 2020/21 and those in external placements is detailed in Figure 5.10 below. The balance of those in externally commissioned homes is fairly even across all 4 localities.

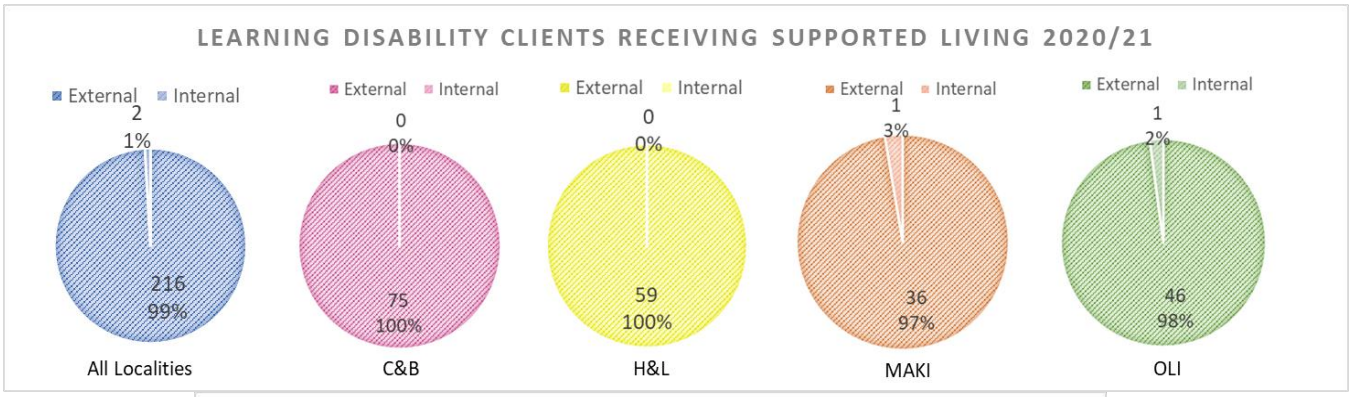
Figure 5.10

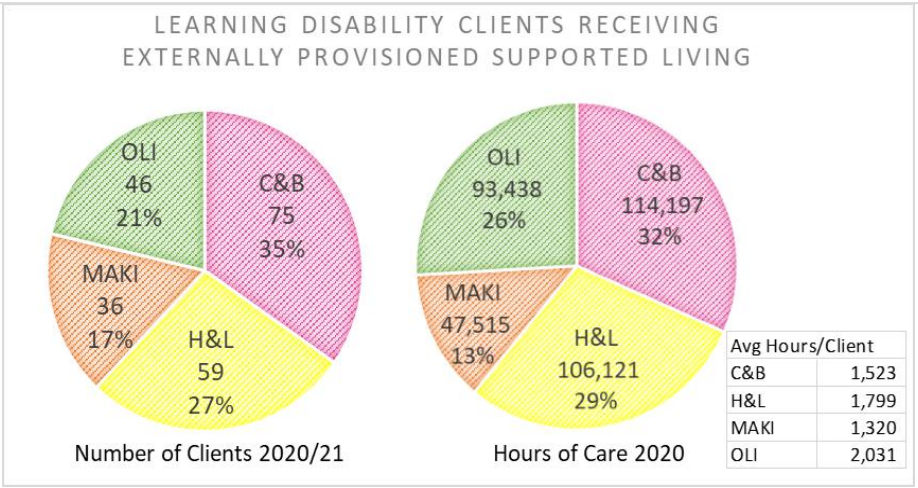


Mostly all supported living for LD clients is delivered by external providers with only 1 client from MAKI and 1 from OLI receiving internal supported living. Slightly over one third of clients are resident in the C&B locality with only 17% resident in MAKI and **those in OLI receive the highest average number of hours of care per client.**

Please note these figures are subject to data quality and it is likely the internal provision in MAKI and external clients in H&L have been undercounted due to recording issues.

Figure 5.11

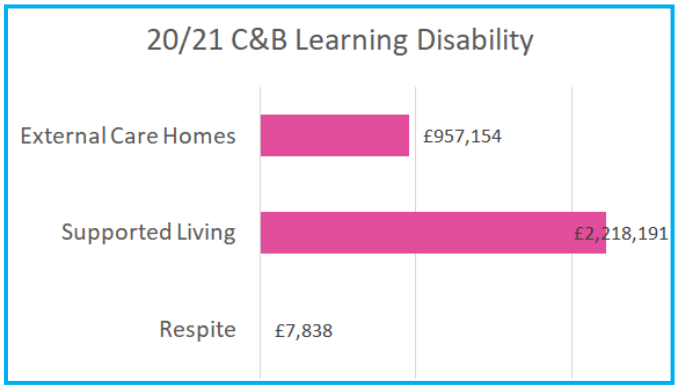


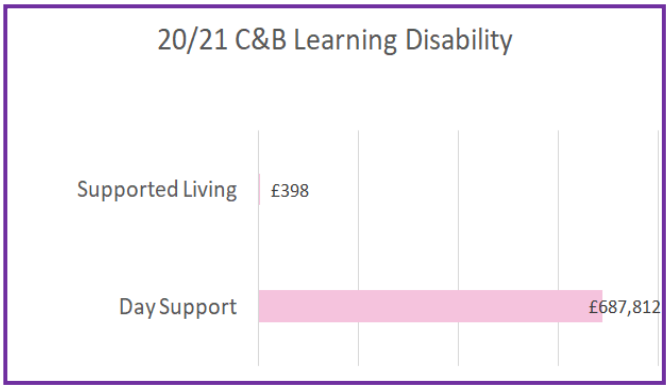


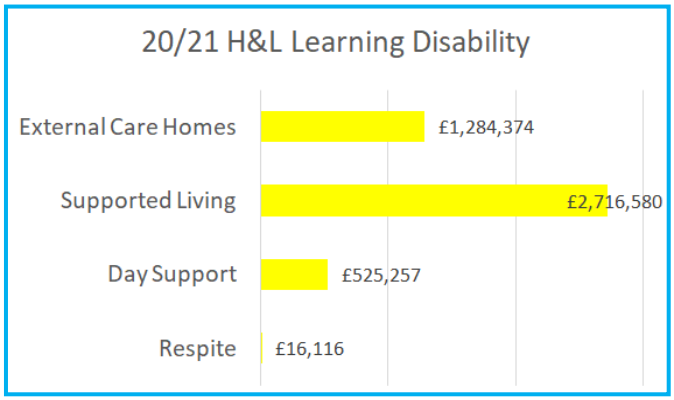
The following graphs provide a breakdown of associated spend for the Learning Disability client group per locality and with external/internal split. External care home costs are fairly similar across all 4 localities as we would expect given the client numbers**, however supported living costs are highest in H&L despite the C&B locality being where the most clients are resident**. Proportionately the externally commissioned supported living cost in OLI is particularly high compared with the other localities and the C&B cost seems low given the number of clients supported. Day support costs are the most notable internal spend across all localities with the exception of H&L (£123 budget figure likely to be an anomaly), and the high internal supported living budget in MAKI can be attributed to Greenwood.

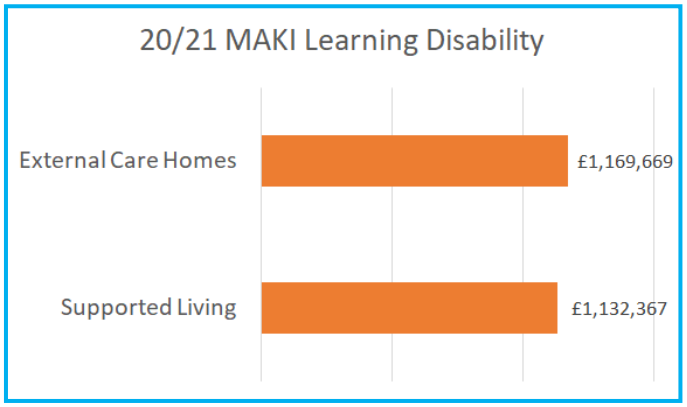
Figure 5.12

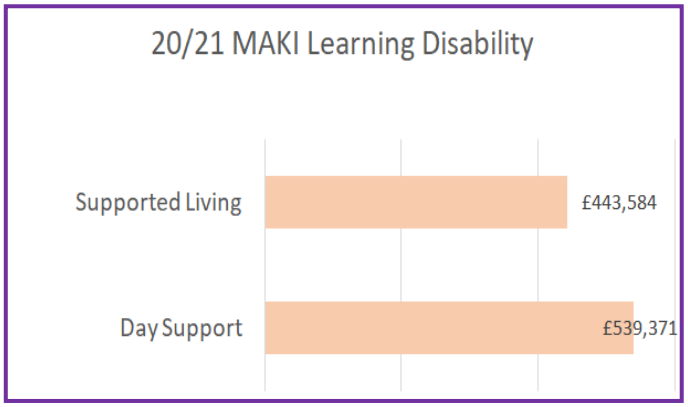
External ***Internal***

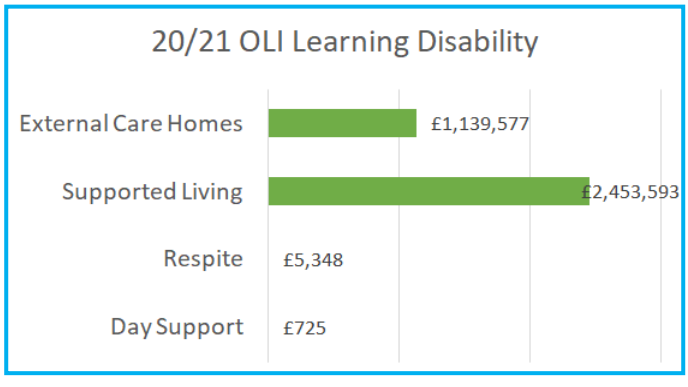


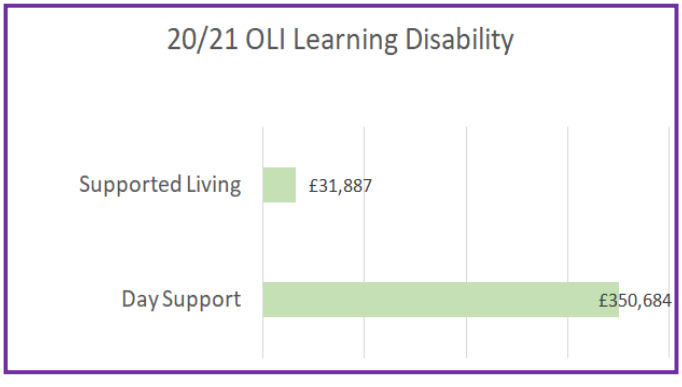








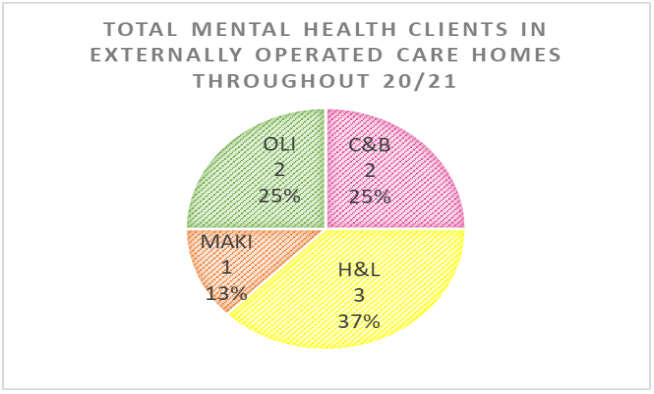




Mental Health

There were no Mental Health (MH) clients in internally operated care homes in 2020/21 and those in external placements is detailed in Figure 5.13 below. Of these, the majority are resident in H&L however the number of clients overall is small and fairly consistent across each locality.

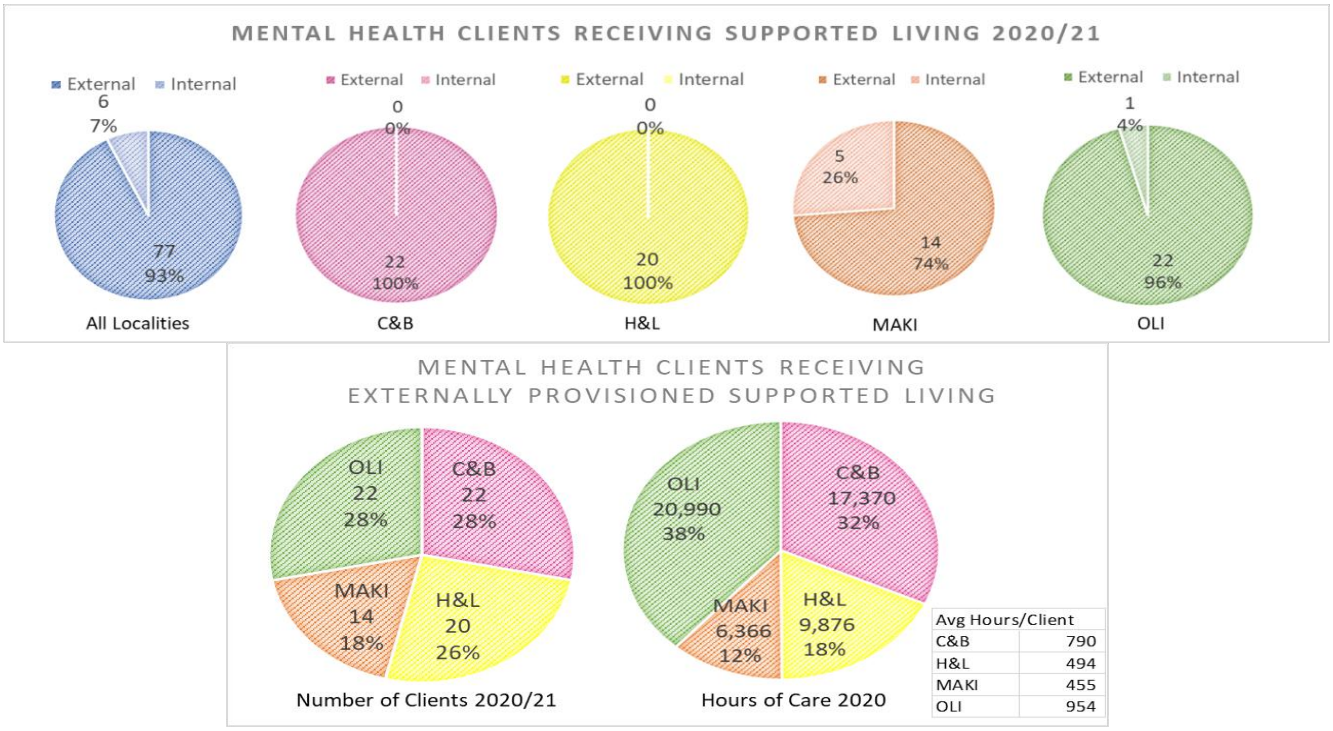
Figure 5.13



The majority of MH clients receiving supported living do so from an external provider and the MAKI locality has the highest percentage of those receiving internally provided supported living. All clients from C&B and H&L receive externally commissioned services with only 1 client in OLI supported internally.

Please note these figures are subject to data quality and the internal provision may not wholly reflect clients receiving Community Support.

Figure 5.14

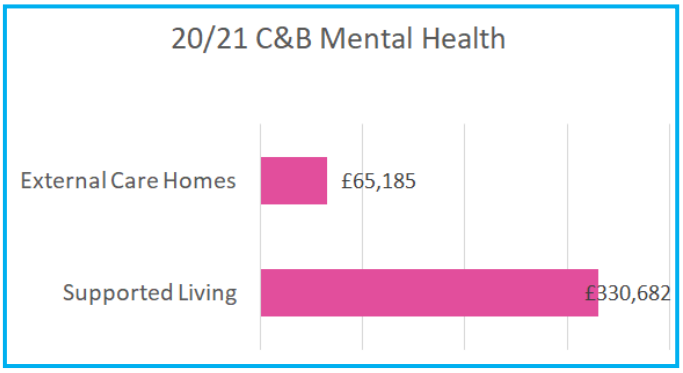


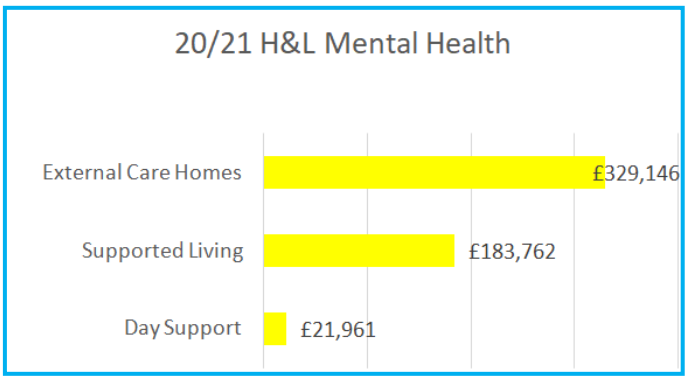
Of those receiving externally commissioned supported living the locality split is fairly even across OLI, C&B and H&L with those in OLI receiving the most hours of care on average.

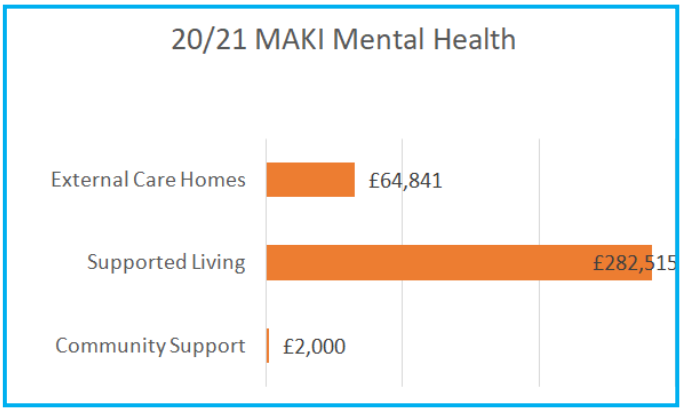
The following graphs provide a breakdown of associated spend for the Mental Health client group per locality and with external/internal split. External supported living costs are fairly consistent across all localities with the exception of H&L which is un-proportionately low compared to the number of supported clients. This is in contrast to the high residential care cost we see in H&L. Community support is the most notable internal cost.

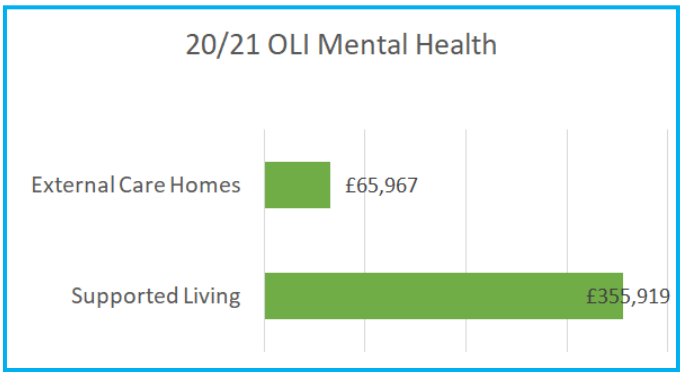
Figure 5.15

External









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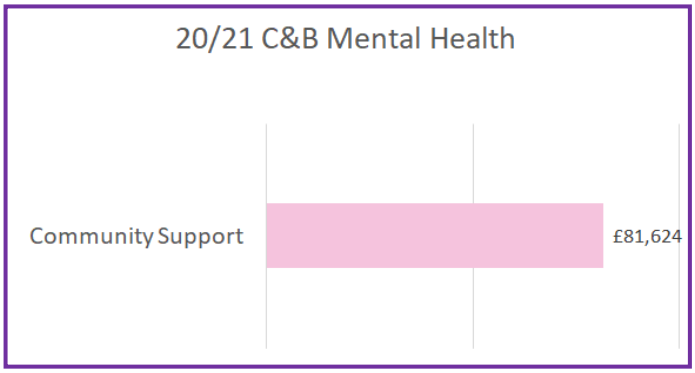

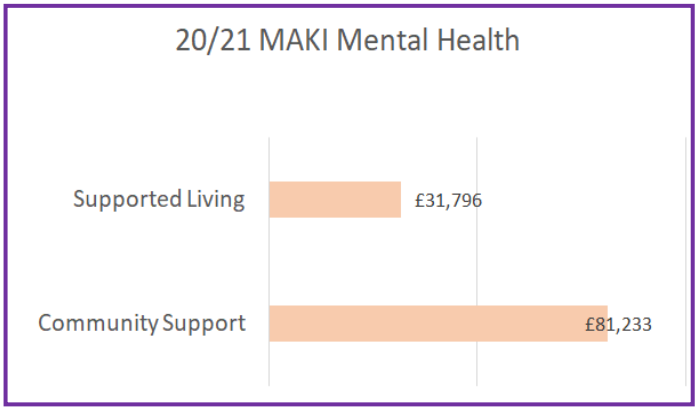

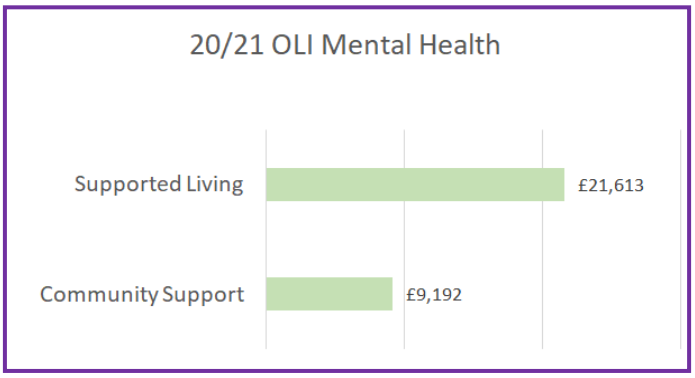

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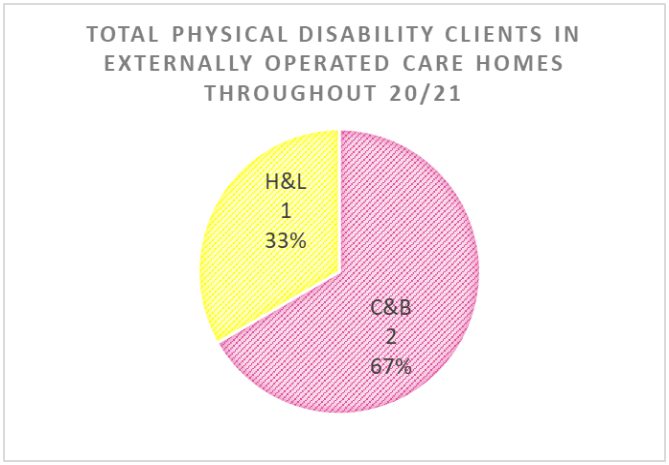
Physical Disability

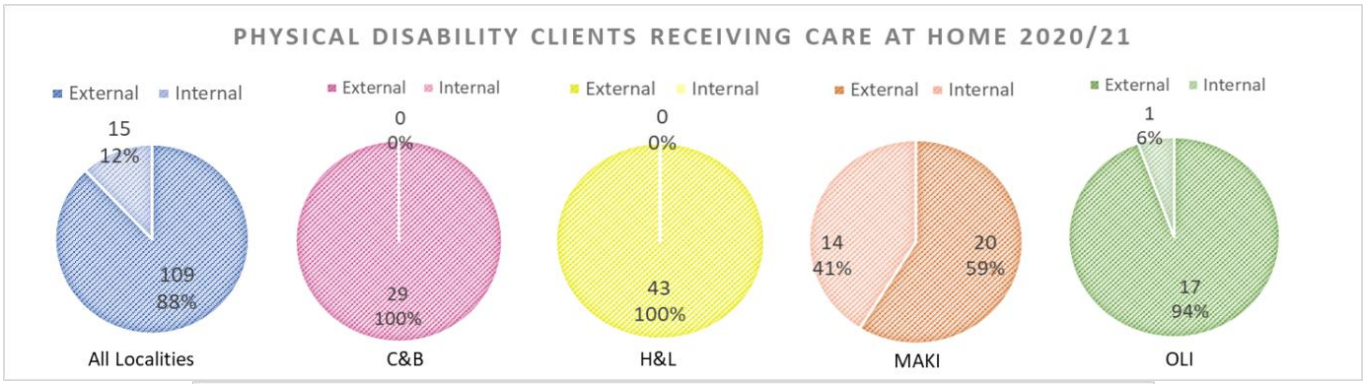
There were no Physical Disability (PD) clients in internally provided care homes in 2020/21 and those in external placements is detailed in Figure 5.16 below. The number of PD clients in externally commissioned homes is low and there were no MAKI or OLI residents in placements.

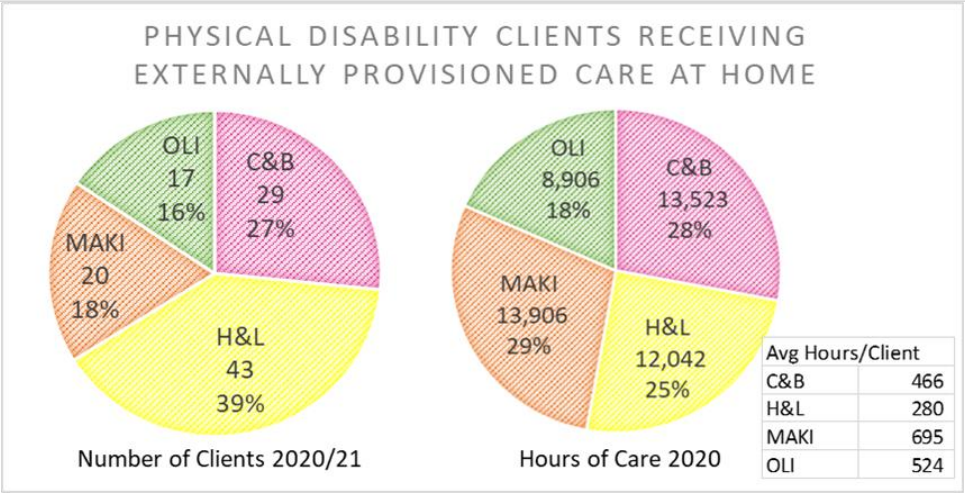
Figure 5.16



The majority of care at home delivered to PD clients is externally commissioned, with zero clients supported internally in C&B and H&L. Most notably in MAKI just over 40% of clients do receive internal care at home.

Figure 5.17



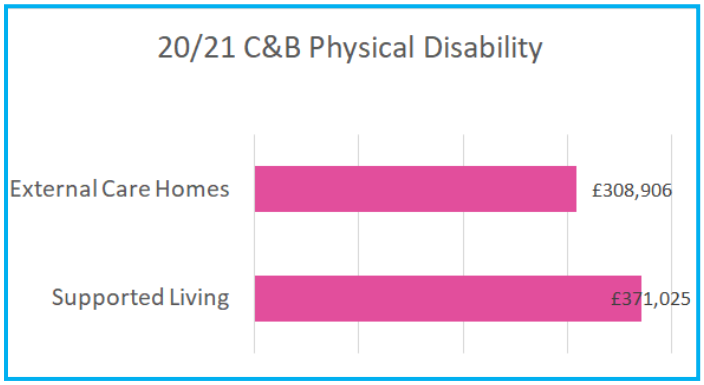


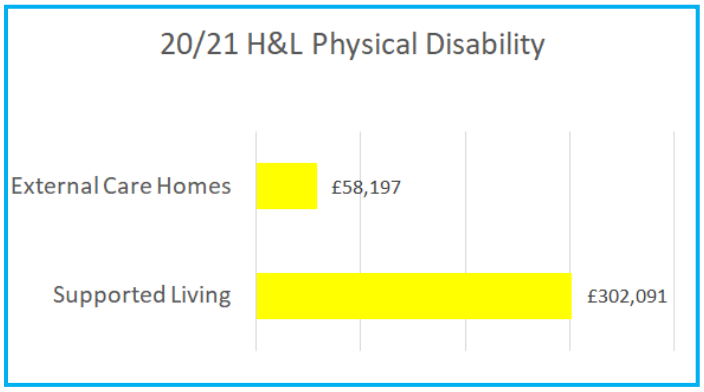
Considering the external provision the majority of clients are resident in H&L however they receive the fewest average hours of care of all the localities.

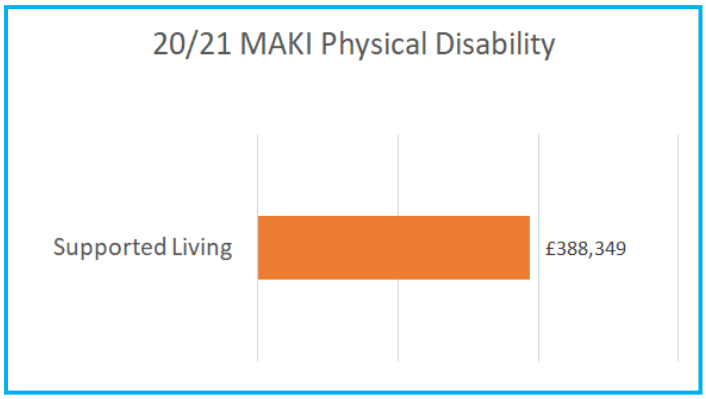
The following graphs provide a breakdown of associated spend for the Physical Disability client group per locality and with external/internal split. External supported living costs are fairly similar across all localities although proportionately low in H&L when considered alongside the number of clients, and the care home costs in H&L and C&B are varied. Given there are zero clients supported internally across C&B and H&L there is a corresponding zero spend, and the supported living costs in MAKI and OLI seem to be proportionate.

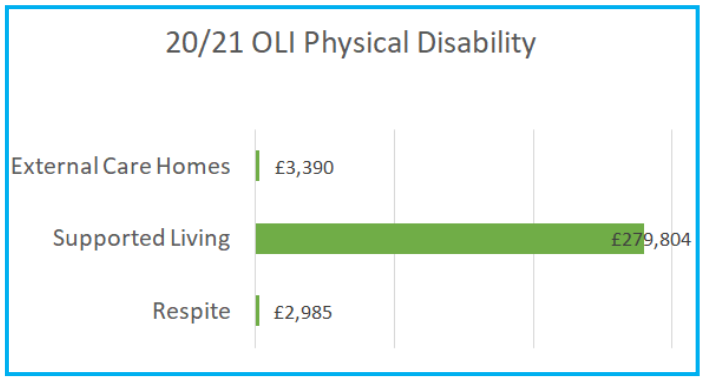
Figure 5.18

External









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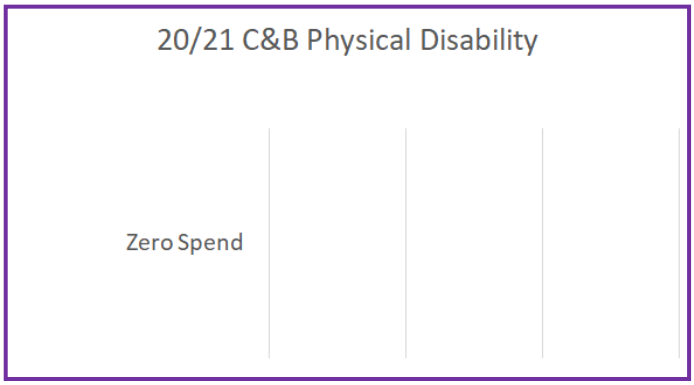
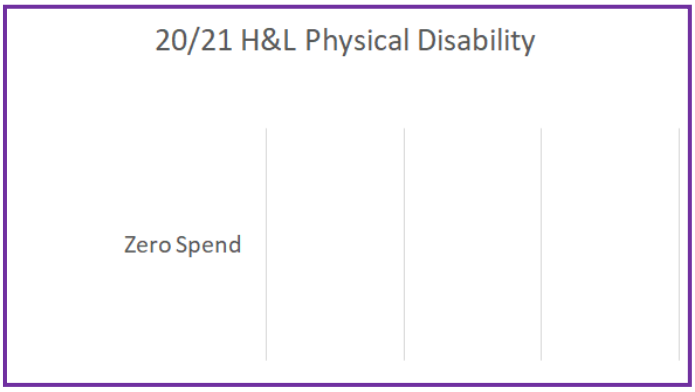
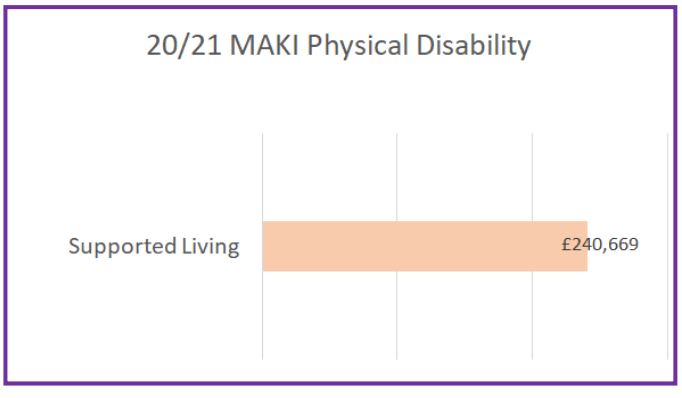






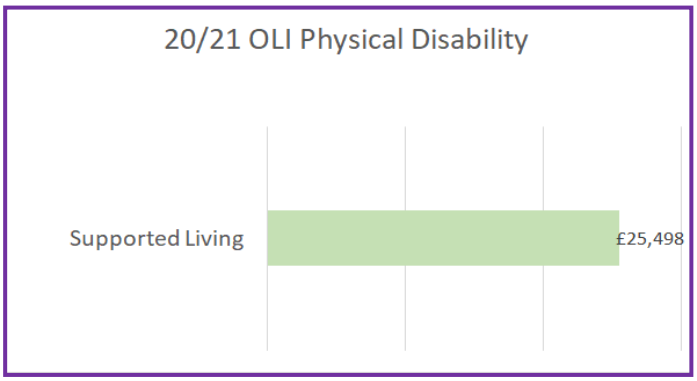


Figure 5.19 below shows the breakdown of the social care budget for 2020/21 spent both on external commissioned services and internally provided HSCP services, by locality. In addition there is a central 'Headquarters' spend which accounts for internal and external commissioned care but across Argyll & Bute as a whole and this is detailed in Figure 5.20.

Figure 5.19

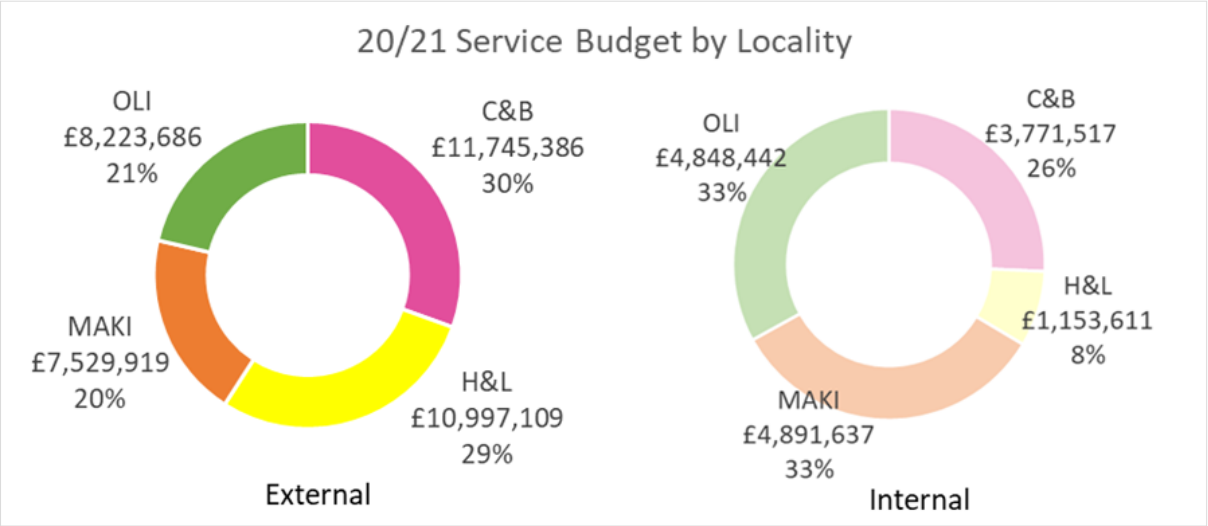
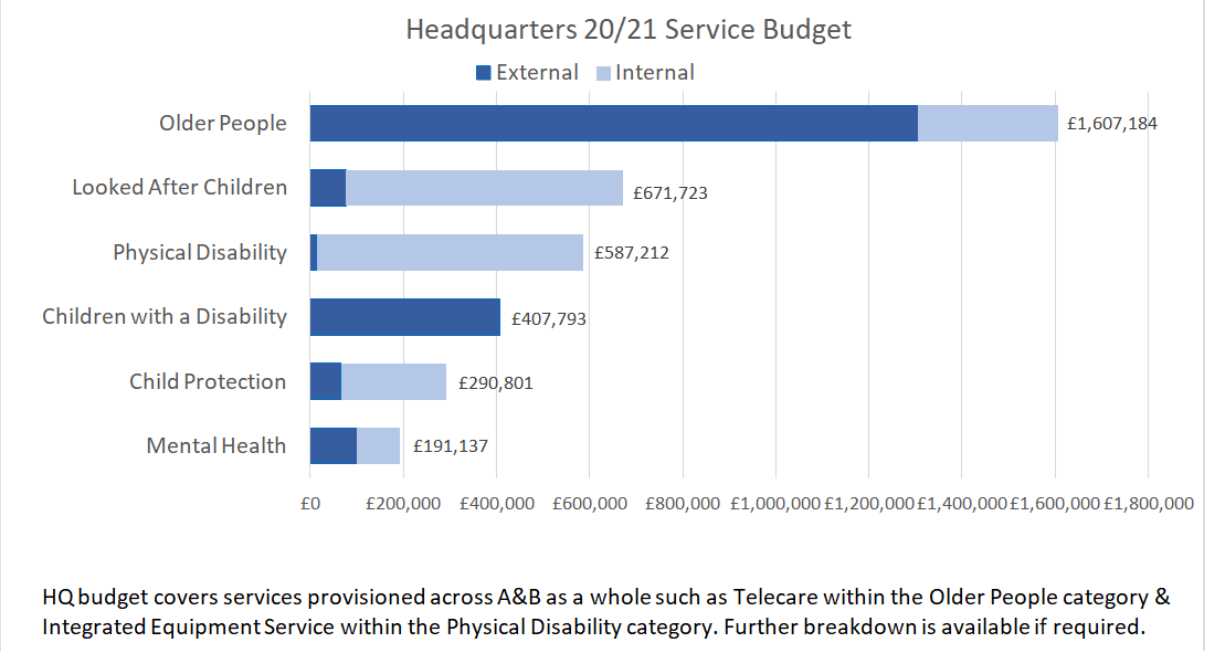


Figure 5.20



HQ budget covers services provisioned across A&B as a whole such as Telecare within the Older People category & Integrated Equipment Service within the Physical Disability category. Further breakdown is available if required.

5.1.4 Health

This section will be further developed to include all health spend.

Service Level Agreements (SLA's) are required to ensure access to specialist health services for the residents of Argyll & Bute and to account for the expenditure incurred as a result. The majority of the patient pathways are historic pathway flows into NHS Greater Glasgow & Clyde established prior to the dissolution of Argyll & Clyde Health Board in 2006.

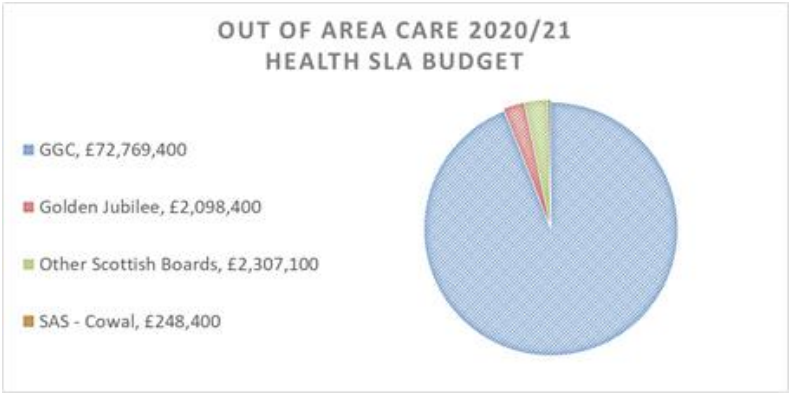
See maps below:

The geography of the area and remoteness dictates that there are very little patient pathways from Argyll & Bute into other areas of 'North' NHS Highland such as Inverness. Much of the unscheduled and scheduled care activity for a variety of specialist secondary care services is accessed in or provided by NHS Greater Glasgow & Clyde as the closest acute provider.

See below chart detailing the value of SLAs held with Scottish NHS Boards and Scottish Ambulance Service for financial year 2020/21. NHS GG&C makes up 94% of the budget.

We will be working over the next three years on the commissioning of health services.

Figure 5.21



There are a number of services purchased by A&B HSCP from NHS GG&C. The main SLA is for Acute Services which covers all elective and emergency care delivered by NHS GG&C to A&B patients at hospitals and clinics in Glasgow & Clyde and includes inpatient, day case and outpatient services. This SLA makes up the bulk of the spend with NHS GG&C providing approx 57,000 operations and appointments under the SLA in 2019/20.

Separate SLAs exist for adult Mental Health Inpatient Services and for specialist regional services such as Adolescent Mental Health Inpatient Services, Sexual Health Services and the Westmarc Wheelchair & Prosthetics Service. The graphs below detail the breakdown of GG&C spend, followed by the associated inpatient and outpatient activity delivered in GG&C sites across 19/20 for residents of Argyll & Bute. Activity from 2019/20 has been shown as this will inform the SLA for 2021/22. Due to the pandemic 2020/21 will be unrepresentative of true demand and capacity.

Figure 5.22

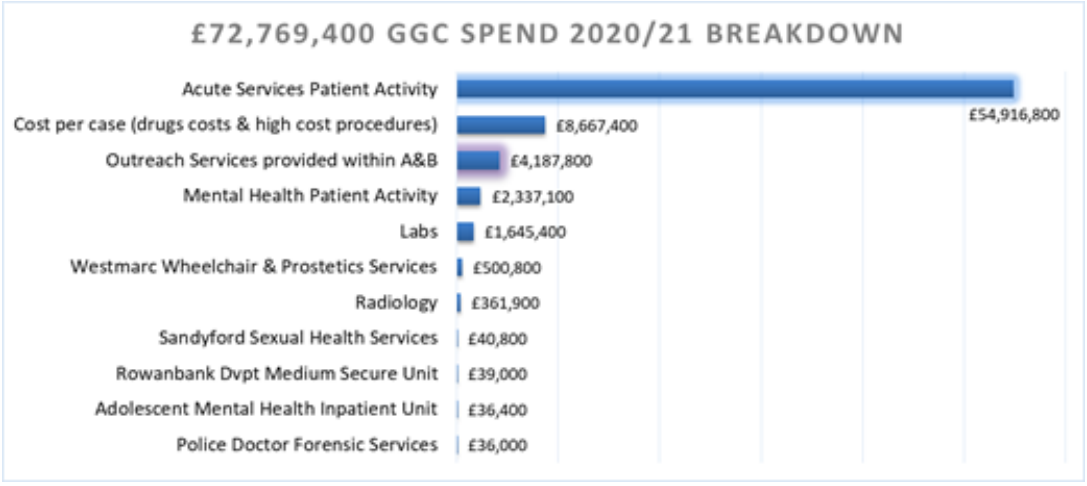
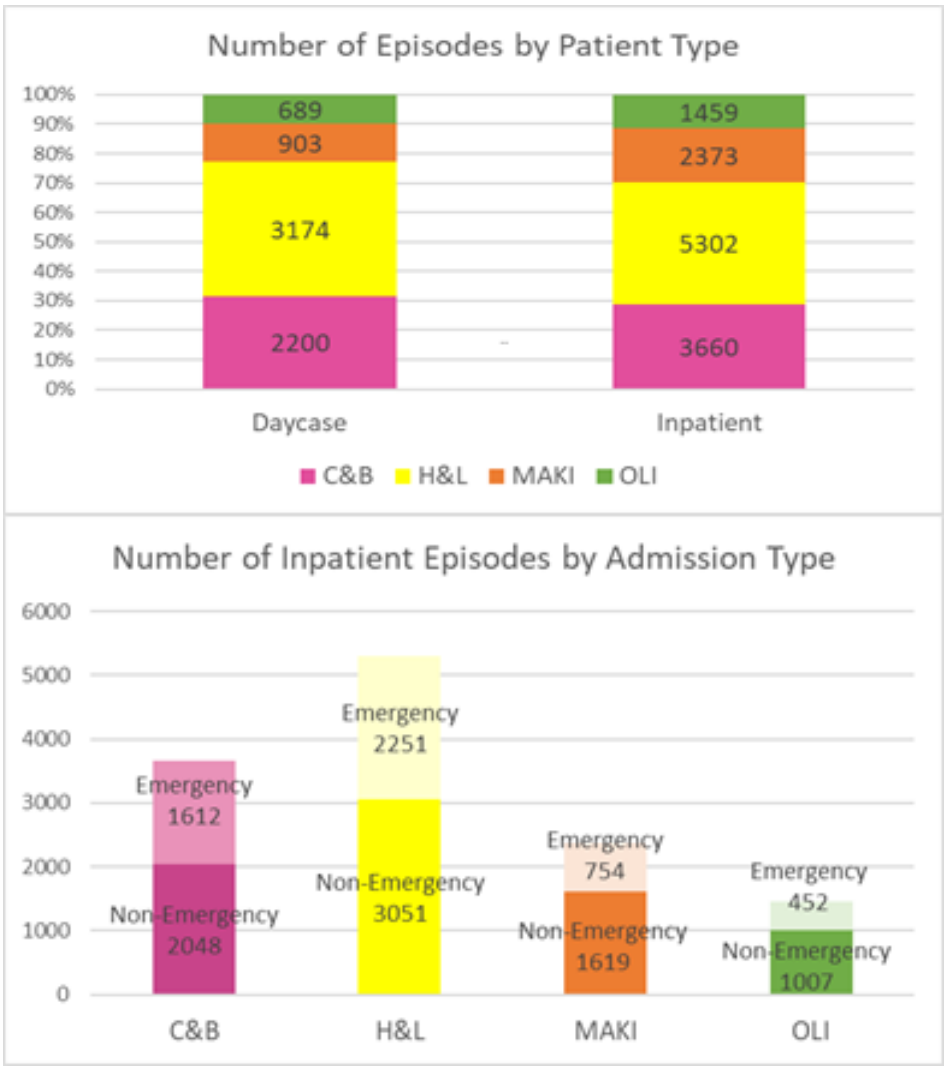


Figure 5.23 GGC Inpatient & Daycase (SMR01) Episodes 19/20

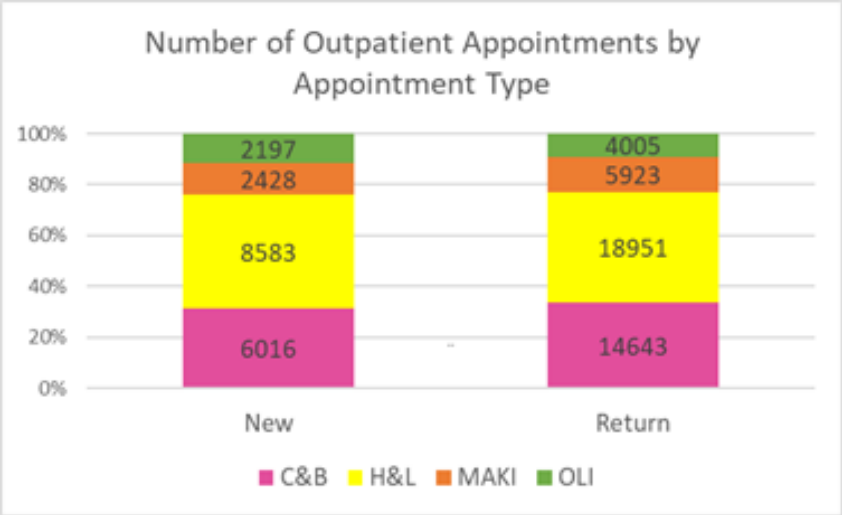


43% of Argyll & Bute residents who had an episode of care in GG&C hospitals in 2019/20 were resident in H&L, 30% in C&B, 17% were resident in MAKI and OLI residents made up 11%.

C&B had the highest ratio of emergency admissions with 44% of inpatient admissions emergency, in H&L this was 42%, 32% for MAKI and in OLI this was 31%.

Per head in H&L 1 in every 3 people had an episode of care in GGC, in C&B this was similar at 1 in 3.5, in MAKI this was 1 in 6 and in OLI slightly less than 1 in 9.

Figure 5.24 GGC Outpatient (SMR00) Appointments 19/20



C&B residents make up a third of all patients seen in outpatient appointments in GGC in 19/20, 2.5 times more than MAKI residents (13%) and 3.3 times more than OLI residents (10%). H&L residents account for nearly half of this activity (44%).

Per head each resident in C&B had one appointment in GGC, H&L residents had slightly more than 1 appointment each, in MAKI this was 1 in 2.4 and in OLI 1 in 3.2.

The new:return ratio was greatest in MAKI of all 4 localities where for every new appointment there were nearly 2.5 returns and the rate in C&B was very similar. In H&L this was slightly less at 1:2.2 and in OLI 1:1.8.

Outreach Service SLAs

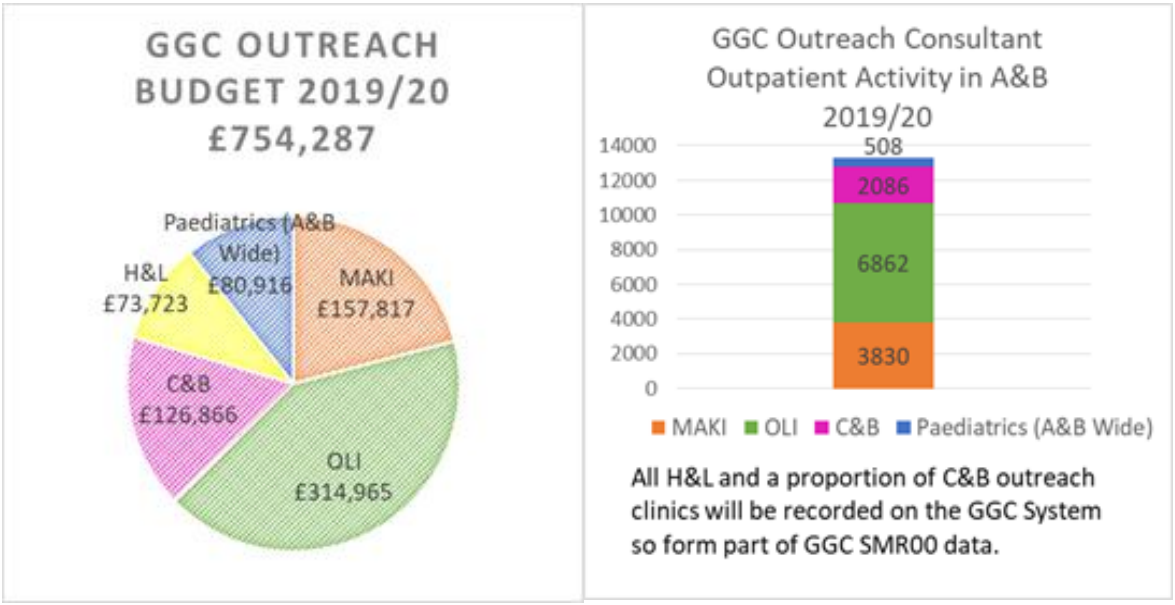
A&B HSCP also buys a number of services from NHS GG&C that are delivered in our localities. These include consultant outpatient services, a number of clinical services for Helensburgh & the Lochside including Out of Hours access at the Vale of Leven Hospital and Community Mental Health Services, and some non-clinical services such as laundry and switchboard services.

The consultant outpatient clinics covering specialties such as ENT, Orthopaedics, Paediatrics, Ophthalmology, Dermatology etc can vary in frequency from 6 monthly to weekly due to demand and availability. These outreach services ensure that patients are able to attend local appointments, preventing un-necessary travel for patients into Glasgow Hospitals. This is particularly relevant given the drive times into GGC with over 50% of the Argyll & Bute population living over 3 hours drive time from Glasgow Hospitals and 75% of the population living over an hour away. 17% of Argyll & Bute's population live on the Islands and therefore given this diverse geography many journeys will also involve a variety of other methods of transport namely plane and ferry journeys as well as other means of public transport.

Outreach services enable specialist care to be delivered within local community hospital settings allowing clinicians to utilise the available resources locally to prevent not only unnecessary travel but also admissions into GGC Hospitals and helps to ensure positive experiences for patients as well as best outcomes.

The following charts detail the amount of the outreach budget in 2019/20 that was spent on outpatient clinics and the associated identifiable activity.

Figure 5.25



Note: Consultant outreach excluding Mental Health

Residents from all areas of Argyll & Bute but most commonly the MAKI locality may travel to be seen by GGC outreach clinicians in Oban, in 19/20 only 7% of those seen in Lorn & Islands Hospital were MAKI residents.

Unscheduled Care Performance

Across Scotland HSCPs monitor the number of their residents receiving unscheduled, emergency care against integration indicators and Ministerial Steering Group measures, designed to monitor progress towards the National Health & Wellbeing Outcomes.

The table below details reported performance against some of these measures for both acute and mental health specialties and admissions which may have been preventable in 2020/21 at local area level, benchmarked against the overall HSCP and Scottish rates.

These indicators reflect all Argyll & Bute residents' activity across all Scottish hospital sites.

Table 5.2

Hospital and Community Care	Data Type	Time Period	Cowal	Bute	Helensburgh & Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban & Lorn	Argyll & Bute HSCP	Scotland
Emergency admissions per 100,000	rate	2020/21	9,890	8,002	7,482	7,959	8,990	8,763	7,259	9,668	8,601	9,368
Unscheduled acute bed days per 100,000	rate	2020/21	79,706	66,338	52,487	65,592	72,081	54,859	54,337	66,685	63,142	61,542
A&E attendances per 100,000	rate	2020/21	4,645	3,508	19,541	2,751	2,237	4,891	7,686	30,947	13,882	20,422
Delayed discharge bed days per 100,000	rate	2020/21	9,291	4,162	5,159	6,728	6,632	9,837	7,767	9,921	7,460	8,080
Falls emergency admissions per 100,000	rate	2020/21	921	936	568	1,154	651	998	934	969	819	658
Emergency readmissions per 1,000	rate	2020/21	88	70	81	66	103	92	77	136	93	115
Last 6 months of life spent in community setting	%	2020/21	93	94	93	93	90	92	94	92	92	90
Potentially preventable admissions per 100,000	rate	2020/21	1,249	952	863	740	976	823	827	1,441	1,041	1,180
Unscheduled Care (Mental Health related)												
Emergency admissions per 100,000	rate	2020/21	200	50	229	148	136	296	80	143	185	253
Unscheduled bed days per 100,000	rate	2020/21	18,774	4,945	12,887	8,609	14,129	10,781	12,490	16,334	13,642	18,404

5.1.5 Islands

The Islands (Scotland) Act 2018 sets out the main objectives and strategy of the Scottish Government in relation to improving outcomes for island communities. There are 13 strategic objectives including improving health and wellbeing and community empowerment. The Scottish Government has also published an Islands Plan and introduced an Island Communities Impact Assessment. The Impact Assessment ensures that full consultation on any current and new policies takes place.

Argyll and Bute HSCP area has 23 inhabited islands, which is more than any other local authority in Scotland. These include Bute; Coll; Colonsay; Gigha; Iona; Islay; Jura; Mull and Tiree. According to the 2011 Census 17.1% of Argyll and Bute population live on the islands.

The proximity of Bute to Inverclyde makes it unique among the islands and as such we must consider it separately, however it faces the same island specific risks around resilience and it has been shown that models of care in operation here can be replicated within our other island communities with success. Going forward we will undertake further analysis of Bute.

The rest of the islands are currently split by locality areas between MAKI and OLI at 4 locality level. The current groupings of islands per locality area may not be the most helpful as the differences within the smaller islands are not highlighted. One example of this is that there is a growing population of younger people in Jura which gets 'lost' within the data as Islay is proportionately larger. However at a statistical level we are reliant upon data zones which are groupings of small areas, and these are a 'best-fit' for all of Scotland. We have to acknowledge that a level of aggregation of data is also necessary due to data protection and accuracy concerns.

We will look at how we can possibly group the islands in a different way for future planning and commissioning of services. One such method may be to present the islands according to the services they have, sustainability and number of providers, infrastructure and proximity to the mainland etc. We have consulted the GP practice list sizes however acknowledge that there are limitations to this data around islands with no practices and discrepancies between the overall mid-year estimates. We look forward to the results of the 2022 Census which will provide up to date demographics of each island and enable further investigation and modelling on an individual basis.

Table 5.3: Argyll & Bute Island GP Practice List Sizes as of 1st October 2021

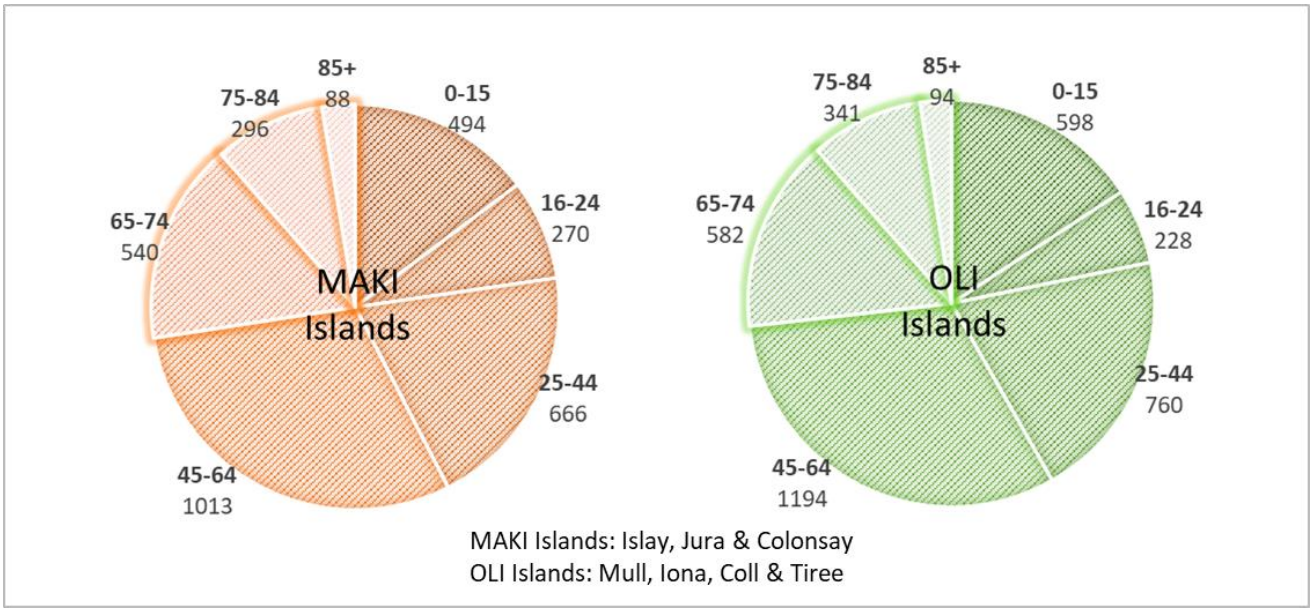
GP Practice Location	List Size
Bute	6282
Mull	3481
Islay	3324
Tiree	749
Jura	259
Coll	176
Colonsay	139

We are aware that there are a number of ongoing issues relating to the provision of health and social care in the Islands and those services have often evolved without evidence or data. We are also aware that every island is unique however the high level strategic vision, objectives and priorities should dictate the direction that each island is heading strategically and that equity of care is critical. Each island will require a team of staff but they may work in a different multi-skilled way so that there is not a point of failure if one person is not available and that each

island has a pre-determined core level of service and threshold. There may be a need to identify any risks, for example home births and be honest about an inability to mitigate risks.

We recognise that we cannot possibly do justice to this within this high level plan, however we would recommend that an Island Commissioning Strategy is developed over the three years of the plan.

Figure 5.26: MAKI & OLI Islands Population Estimates



Grouping the islands together at small area (data zone) level, the OLI Islands population is 13% larger than the MAKI Islands but overall age distribution is very similar. 27% of the populations of both groups of islands are 65 and above which is in keeping with the overall HSCP rate. Proportionately the islands have a lower number of younger people than the HSCP as a whole, comparable with the rate of young people in the Cowal & Bute locality.

The National Islands Plan Survey 2020 findings highlight that experiences of island life vary considerably by island group and by age groups and respondents have mixed experiences of accessing healthcare services. Perceived access to mental health services is low, with a large degree of uncertainty about what services are available.

The following chart presents the health and social care accessibility questions posed to each survey responder and compares the percentage of Argyll Islands (excluding Bute) & total Scottish Islands residents who responded positively to each statement. In general perceived accessibility to services was slightly poorer across the Argyll Islands than in all Island communities, notably lower agreement was found with ease of hospital and dentist access, while GP accessibility was considered to be marginally better than the overall rate.

Figure 5.27

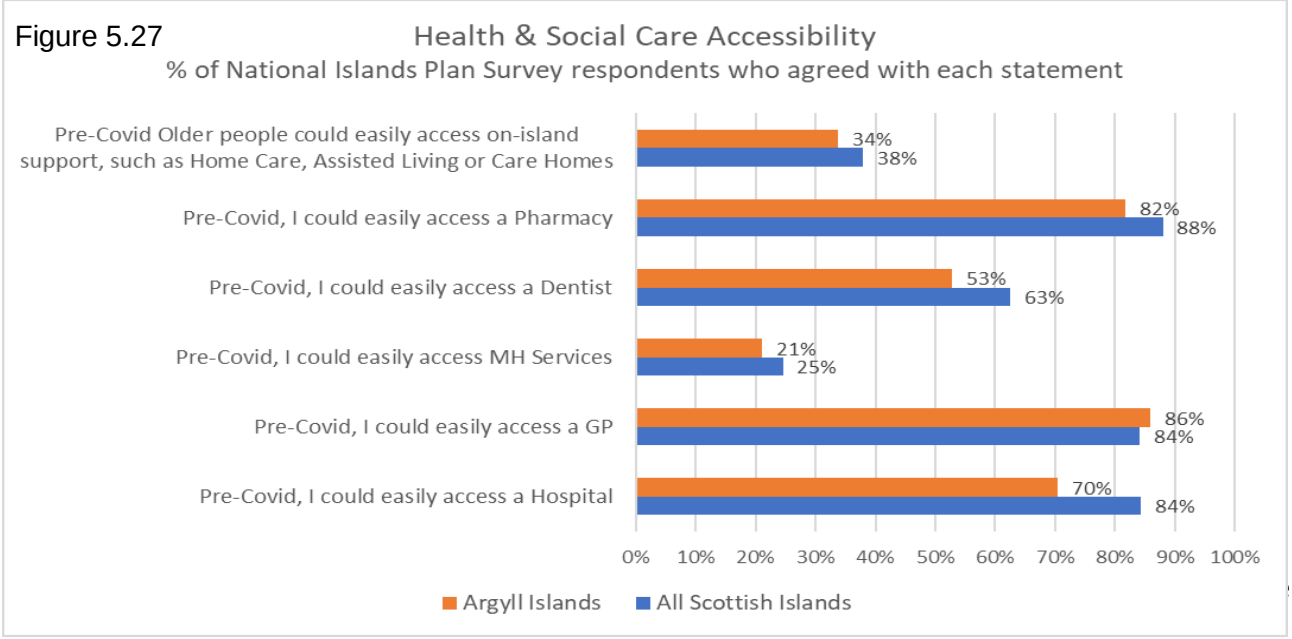
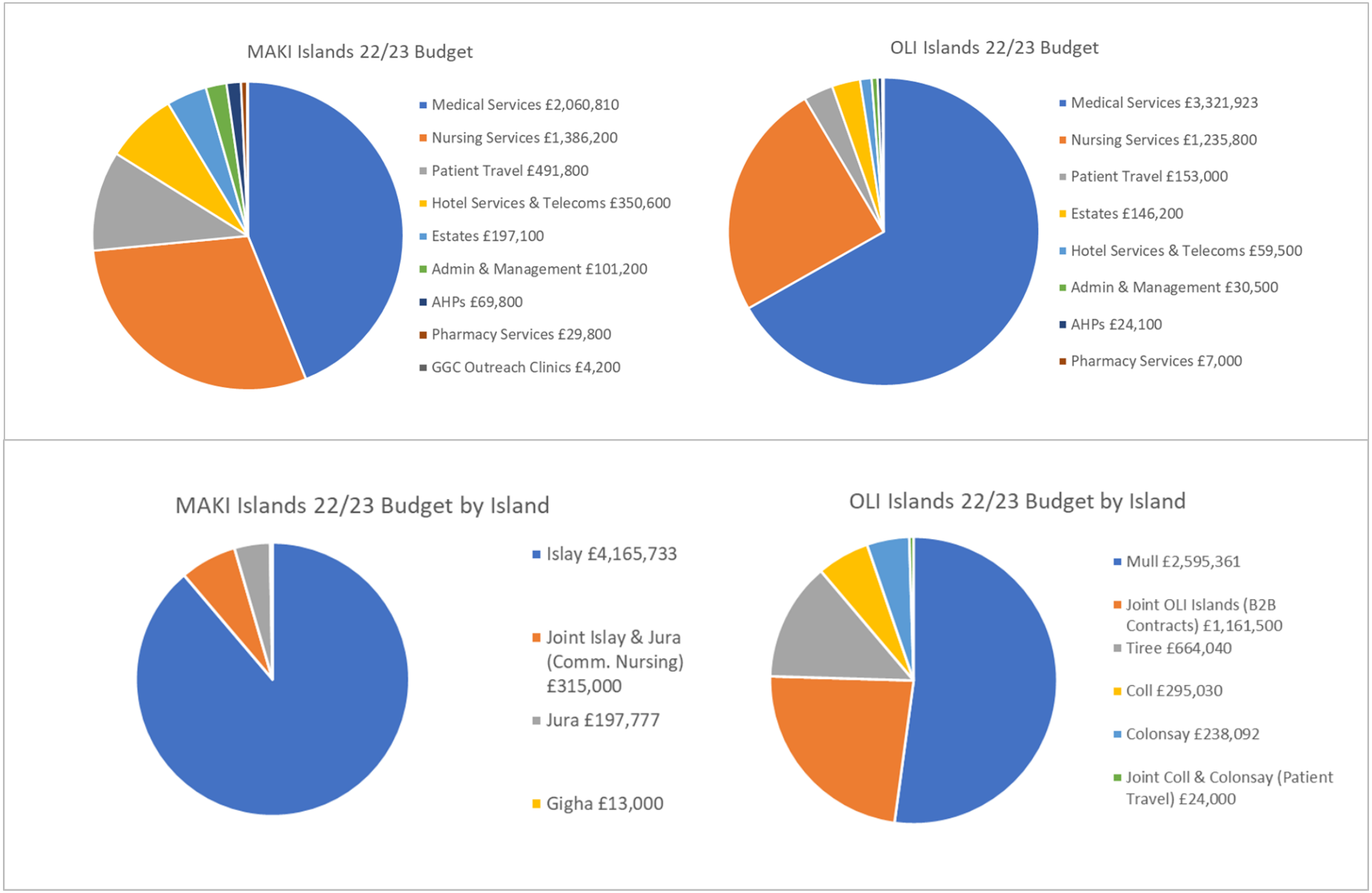


Figure 5.28 Health Islands Budgets



Note: Colonsay shown with OLI islands as per HSCP locality. Includes budgets directly coded to the islands only. Some island services will be accessed from the mainland/another island/referral into a GGC Service.

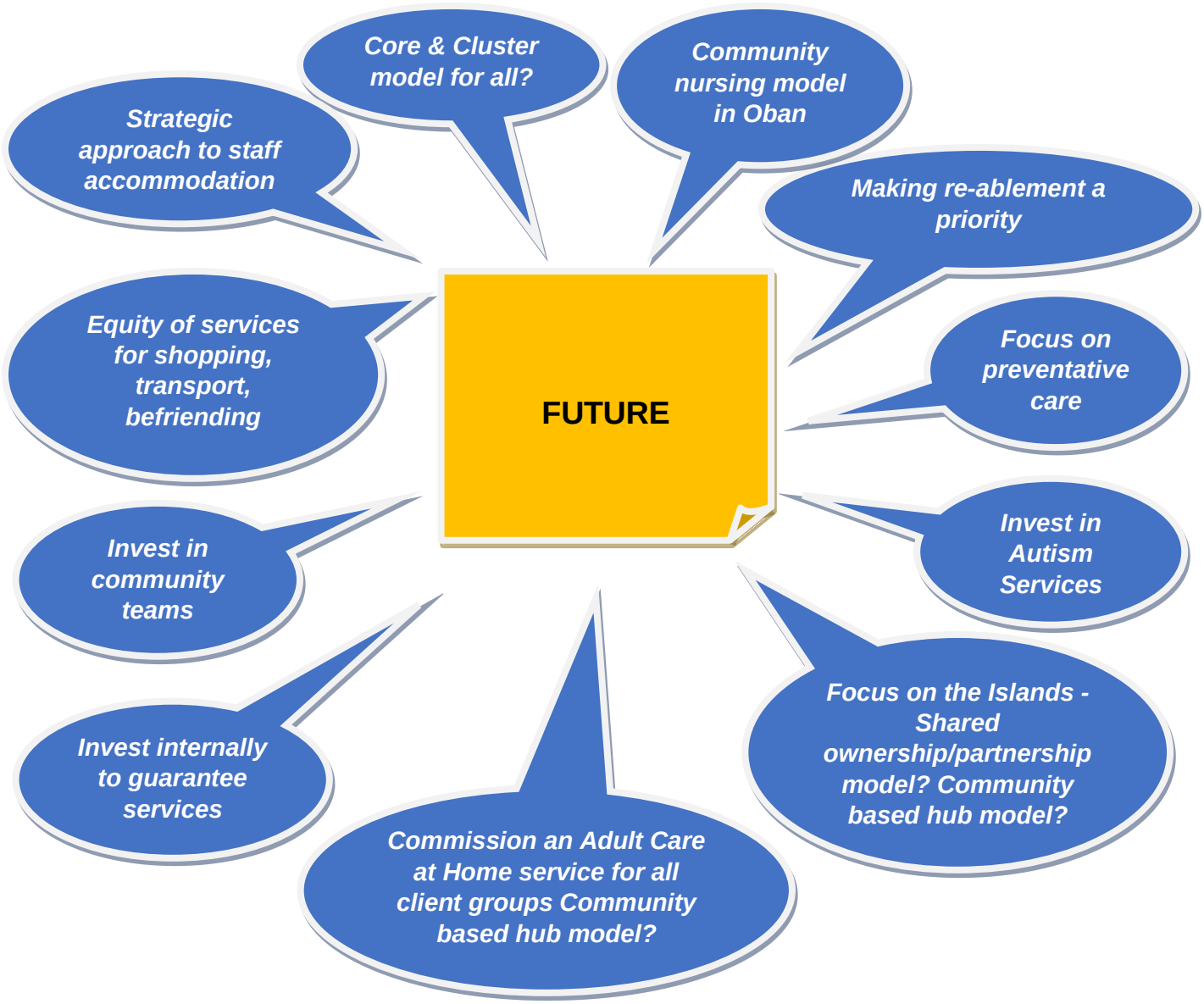
Some of the islands use Glasgow for emergency care and Scottish Ambulance Service support with air lifts where this is deemed clinically appropriate. The islands have a higher demand for air ambulance transfers than mainland communities due to difficulty in arranging road/ferry transfers. In addition to the patient care aspect we must also think about the financial implications of this approach and the impact upon local services. It is noted that if an island has a hospital and care homes, it may be easier to replicate the mainland model.

Services flex to accommodate the influx of tourists across Argyll & Bute across the year. The HSCP is entitled to recover the cost of any healthcare provided to patients resident out-with Argyll & Bute from other Health Boards or from the patient themselves if non-UK resident.

Higher tariffs are levied for any patients treated on the islands as the cost of providing the healthcare in these settings is higher than on the mainland. Throughout 2019/20 hospital care provided in Islay & Mull Hospitals to non-Argyll & Bute UK residents generated income amounting to £67,624 (2020/21: £44,848). The 2020/21 figure is still high despite travel restrictions being in place for much of the year. The occupied bed days for non-residents amounted to just circa 1% of total hospital bed days per annum. Both health and social care islands budgets will be further examined being mindful of mainland outreach, inter-island services and cost items most relevant to these communities such as patient travel.

We will engage with HSCP Local Area Managers and Heads of Service to map and analyse service provision. We will also undertake a fuller engagement piece with each island's community groups, Living Well Network Coordinators and hold GP consultations.

5.1.6 Blueprint for the Future



5.1.7 Contract Review Timetable and Priorities

Please note estimated annual spend as presented below covers the Social Care budget only.

<table>
<tr><th colspan="2">Learning Disability & Autism Services</th></tr>
<tr><td colspan="2">Please note Autism Services will be considered separately in the future</td></tr>
<tr><td>Estimated Annual Spend</td><td>External Commissioned Services: £13,626,787

Internal Provided Services: £2,077,089</td></tr>
<tr><td>Key Analysis</td><td>There were 377 people with a learning disability recorded in 2020/21, which is a reduction from 415 in the previous year. The figures for those on the Autism Spectrum is within the table below. Increases in figures may come in future years from families coming into the area and young people transitioning into adult services.

<table>
<tr><td>Autism Spectrum</td><td></td></tr>
<tr><td>No AS diagnosis</td><td>268</td></tr>
<tr><td>Classical Autism</td><td>48</td></tr>
<tr><td>Other Autism Spectrum Diagnosis</td><td>29</td></tr>
<tr><td>Asperger's Syndrome</td><td>17</td></tr>
<tr><td>Not known</td><td>12</td></tr>
<tr><td>NULL</td><td>3</td></tr>
<tr><td>Grand Total</td><td>377</td></tr>
</table>

• The balance of Learning Disability clients in externally commissioned homes is fairly even across all 4 localities.

• The majority of supported living for LD clients is delivered by external providers with 1 client from MAKI and 1 from OLI recorded on Carefirst as receiving internal supported living during 20/21. Currently there are known to be 5 clients supported in Greenwood in Kintyre and 9 people receiving 80 hours of housing support in Oban. Slightly over one third of all clients are resident in the C&B locality with only 17% resident in MAKI and those in OLI receive the highest average number of hours of care per client.

• External care home costs are fairly similar across all 4 localities as we would expect given the client numbers, however supported living costs are highest in H&L despite the C&B locality being where the most clients are resident.

• Proportionately the externally commissioned supported living cost in OLI is particularly high compared with the other localities and the C&B cost seems low given the number of clients supported.

• Day support costs are the most notable internal spend across all localities with the exception of H&L, and the high internal supported living budget in MAKI can be attributed to Greenwood.</td></tr>
<tr><td>Link to Strategic</td><td>Home - The keys to life

Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with</td></tr>
</table>

Documents	Learning Disabilities and Complex Needs (www.gov.scot) A Fairer Scotland for Disabled People: delivery plan - gov.scot (www.gov.scot) Being developed are the: Employment Action Plan; Local Learning Disability Vision; Learning/Intellectual Disability & Autism Transformation Plan.
Internal and External Provision	External: • Enable Day Service: This is day/outreach service based in Helensburgh. There was 406 hours of support per week provided to 24 clients in January 2021. The contract was renewed in April 2021 for one year with a potential one year extension. The contract type is spot purchase and every new person who needs a service will be negotiated with the contracts team. • Advocacy services for people with a Learning Disability (also includes Mental Health). There are 150-180 people who are on the service's list at any time and active interventions in any quarter are around 35-55. Contracts was renewed in April 2019 and a 2 year extension is in place but needs a review to ensure sustainability. • There are 6 main providers of Supported Living services across A&BHSCP to 216 people. There is currently approximately 13,400 (nb: this may also include MH&PD) hours per week provided, which includes some out-of-area provision. While the contracts have been renewed in April 2021 for one year with a potential one year extension, all of these contracts require a full review as they are longstanding and mainly spot purchase, some placements may not be under the contract and sustainability of providers and full coverage needs to be established. • There are 26 out of area care home placements being used for 42 people (nb: may also include MH&PD). These are mainly under the Scotland Excel (SXL) contract however some people were place before this framework came into place and these need to be reviewed. • There are 2 main respite services for people the Learning Disability and/or Autism. South Peak is based in Arrochar and provides respite to adults with learning disabilities. Ardlui Respite Service also provides a service to young adults (up to 25 years old) and is based in Helensburgh. Both services are spot purchase contracts. Internal service provision includes: • There are 5 internal day services across A&BHSCP. These are based in Rothesay, Dunoon, Lochgilphead, Campbeltown and Oban. Pre-pandemic these services were delivering approximately 1700 hours of support per week to 100 people across Argyll and Bute. As a result of the pandemic, the landscape of day service provision has changed significantly. But operating a critical support model the internal day services continued to support a reduced number of clients during the pandemic as shown by service below.

Service	Locality	Approx. Number of Service Users (2019/20)	Approx. Number of Hours Provided Per week (2019/20)	Approx. Number of Service Users (2020/21)	Approx. Number of Hours Provided Per week (2020/21)
Phoenix	Bute	12	299	11	57
ASIST	Cowal	29	532	13	148
Lorne Resource Centre	Oban	25	278	7	50
Woodlands	Campbeltown	20	350	12	84
Lochgilphead Resource Centre	Mid Argyll	17	303	16	61
Total		**103**	**1762**	**59**	**400**

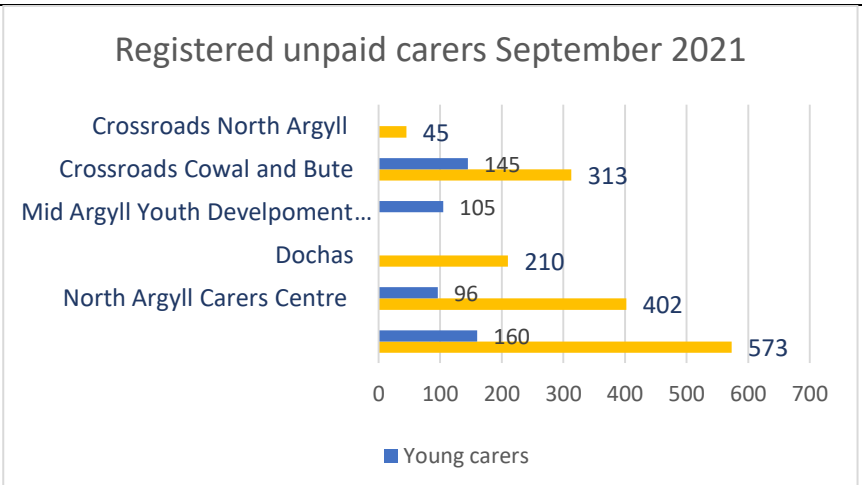
• The review and redesign of Day Services across Argyll and Bute has been identified as a key area of the transformation programme and work is underway to review the future model of

	the service. • Greenwood is a registered Supported Living service for people with learning disabilities based in Campbeltown. The service is registered as a HMO, with capacity for 6 tenants. As at late 2021 there are 5 clients accessing this service.
Future Modelling, Gaps and Priorities	1. Increased need for specialist autism services within Argyll and Bute in order to prevent requirement for out of area placements and support the repatriation of individuals back to the area, where appropriate 2. Review of Day Service provision across A&BHSCP to ensure equity, sustainability and services are fit for the future. 3. Review all pre-placements residential care contracts for out-of-area placements, if not covered by SXL. 4. Review all supported living contracts. 5. Increased complex health needs as people with a learning disability are living longer. Link to JSP for health services. 6. Review of commissioning process by teams 7. Promotion of uptake of SDS which will require community based services that are inclusive 8. Co-production in design of services, especially in community based services. 9. Future demand from transitional young people and inward movement of families 10. Implementation of the Learning/Intellectual Disability & Autism Transformation Plan
Housing Implications	In order to supported the key area of transformation around the development of further Core and Cluster Models across A&B, housing requirements play a key part. Existing Core & Cluster developments include; Waterfront (Garelochhead), Fyne View (Lochgilphead), Milton Avenue (Dunoon), Lusraggan (Oban), Campbell Street (Helensburgh). Areas of identified for future Core & Cluster/Housing needs: ➢ Helensburgh Sawmill site ➢ Helensburgh Golf Club site ➢ Dunbeg Development ➢ Bute (demand continues to grow on island and work is ongoing to identify future properties in partnership with Housing colleagues, Housing Associations and Care Providers to develop an additional Core & Cluster service)
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital • We will refocus on preventative services, including a shift to digital technology using telecare and telehealth to reduce hospital visits and admissions **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Older People Care Home Services	
Estimated Annual Spend	External Commissioned Services: £7,192,686 Internal Provided Services: £5,025,731
Key Analysis	• The majority of care home placements are with external and out of area providers. • Internal provision is greatest in MAKI and OLI, C&B residents make up one quarter of all those in internal homes and there are no H&L residents in internally provided care homes. • The C&B locality has the highest number of all clients in care homes overall (153) and along with H&L each make up one third of those in externally commissioned and out of area homes, MAKI and OLI combining to make up the last third. • Overall, one third of all clients in externally commissioned homes are in out of area placements and this split is similar at locality level with the exception of MAKI where only 24% have been placed out with A&B. • Care home costs are consistently un-proportionately higher for internally operated facilities than external when compared with the client split and this is due partly to overheads etc. apportioned across the cost of HSCP homes. • The higher unit cost may also be due to A&B having a population base with higher dependency needs.
Link to Strategic Documents	Homefirst
Internal and External Provision	External Service Provision: As at 2021 year end, a total of 116 Older People have been placed in Care Homes out with the Argyll & Bute area across 74 different providers. There are 11 externally commissioned Care Homes within Argyll & Bute with a provision of 323 beds and are placed under the national Care Home contract. Internal Service Provision: There are 6 internal care homes operated by the HSCP with a provision of 87 registered beds and 72 staffed beds, these are: ➢ Struan Lodge in Cowal which has a capacity of 12 beds (10 staffed) ➢ Thomson in Bute which has a capacity of 9 beds (8 staffed) ➢ Ardfenaig in Mid Argyll which has a capacity of 16 beds (16 staffed) ➢ Gortanvogie in Islay which has a capacity of 16 beds (13 staffed) ➢ No internal services in H&L ➢ Eadar Glinn in Oban has a capacity of 22 beds (18 staffed) ➢ Tigh A Rhuda in Tiree which has a capacity of 12 beds (7 staffed)
Future Modelling, Gaps and Priorities	1. Review of Care Homes across A&B and within each locality 2. Review of commissioning process by teams 3. Link to delayed discharge protocol and establishment of single point of access; responder; enablement; palliative care model 4. Lack of nursing care homes 5. Older people and their families mainly want local services and care homes so focus on preventing care home admission but if needed, models that are as close to home as possible.
Housing Implications	There is an opportunity in Dumbeg development in Oban for a progressive care home model. There will be a focus on Bute due to the high level of older people and the level of out-of-area placements
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital • We will refocus on preventative services, including a shift to digital technology using telecare and telehealth to reduce hospital visits and admissions **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Older People Care at Home Services	
Estimated Annual Spend	External Commissioned Services: £11,643,884 Internal Provided Services: £3,118,350
Key Analysis	• The majority of Care at Home is provided by external providers and C&B is the locality where most clients reside. • The internal provision is greatest in MAKI where 44% of residents received internally provided Care at Home, in OLI this was 24%. • Care at Home is consistently the largest external Older People cost across all 4 localities.
Link to Strategic Documents	Homefirst
Internal and External Provision	Approximately 15,800 hours of service provided each week for people aged over 65 years, with a mixed economy of care across MAKI and Mull, internal provision only on Islay and Tiree and externally commissioned service in Helensburgh, Cowal, Bute and Oban. External: ➢ There are 22 (only 19 are currently being used) providers of Care at Home services throughout Argyll and Bute. These contracts are spot purchased and they have all been extended for an additional year to 2023, when a review of Care at Home should have taken place. As there is no guaranteed volume of work, there will be sustainability concerns for some providers. ➢ There is also a Responder service run by Carr Gomm with a fixed volume service of Day Response: 70 hours per week locality (420 hour LA wide); overnight: 112 hours per locality (672 LA wide). Approval just been granted for a change to this contract to increase the hours.Additional to this is the Telecare Response Service run by Hanover. ➢ There is a Care and Repair Service with Housing Support commissioned across A&B which supports the telecare and occupational therapy services. Internal services include: ➢ There is no internal provision in C&B, H&L or Oban. ➢ There are internal Care at Home services in Mull and the Islands which need to be supplemented by the Community Care team, at times. ➢ The internal Care at Home provision in the OLI locality is confined to the Islands only.
Future Modelling, Gaps and Priorities	1. Review of Care at Home services across A&B 2. Proposal of a Community Based model in some of the Islands 3. Review of CRG process to ensure equity of services and ensure that there are links to community assets 4. Link to discharge protocol and establishment of single point of access; responder; enablement & re-ablement; palliative care model 5. Ensure these services are part of a continuum of service 6. Adult (Older People) Strategy will be developed during 22/23
Housing Implications	No housing implications apart from for supporting the staffing implications.
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Day Services for Older People	
Estimated Annual Spend	External Commissioned Services: £218,686 Internal Provided Services: £392,292
Key Analysis	• Lack of equity of access to day services and befriending services across A&B (to be checked with SIO for accuracy on this)
Link to Strategic Documents	A&B Carers Strategy and Implementation plan
Internal and External Provision	Total day service provision is 58 places. ➢ There is one contract for day services for Older People. This covers the area of H&L. The Provider is Crossreach and this provides day care for circa 11 but up to 15 people a day, with capacity for 24 places in total. To be noted that 2 out of the 5 working days are dedicated to those in the later stages of dementia. This is a long-standing contract that is continually renewed. Internal services (some which support other services and are preventative) include: ➢ Internal services are provided by Struan Day Centre in Cowal, Thomson Court in Bute and Lynnside Day Centre in Oban with a total of 34 places. ➢ There is a grant funded befriending service for older people in Cowal. ➢ There is a grant funded Frailty Project provided by Lorn Medical Centre ➢ There is a grant funded project called the Lade in Bute ➢ There is a grant funded project called the Strachur Hub ➢ There is a grant funded project called LOHO in Oban ➢ There are two community transport projects in Cowal and Helensburgh
Future Modelling, Gaps and Priorities	1. Review of Day Care Services
Housing Implications	Housing may be required for staff.
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their communities

Unpaid Carer Support	
Estimated Annual Spend	Note: Carers support falls under Headquarters spend
Key Analysis	 We are aware there is a large number of unknown carers not receiving any statutory support. Our aim is to ensure they are aware support services and how to access them.
Link to Strategic Documents	A&B Carers Strategy and Implementation plan
Internal and External Provision	External There are 6 external providers providing Information, Advice, Support, Short Breaks along with Adult Carer Support plans & Young Person Statement. • North Argyll Carers Centre, • Crossroads North Argyll, • Crossroads Cowal and Bute, • Helensburgh & Lomond Carers Centre, • Dochas • MAYDS (Mid Argyll Youth Development Service) Internal There is a Carer Lead, Carer Act Implementation officer and Young Carer Project Assistant to support all internal services and provide guidance and advice on the Carers (Scotland) Act.
Future Modelling, Gaps and Priorities	We will prioritise a review of current commissioning processes and contracts. Ensure maximum impact and benefit to carers through a streamlined and robust commissioning process. Consult on Short Breaks and all carer related provision with stakeholders to ensure best value for all Carer related services.
Housing Implications	No Housing Implications
Strategic Links	**Choice and Control & Innovation**

Children and Young People	
Estimated Annual Spend	Children with a Disability Contracts 21/22: Contracted spend with Third Sector: • CWD C & B (Achievement Bute): £82,019 • CWD H&L (Cornerstone): £110,118 • Ardlui: £103,152 • Carer's Respite (Young Carer's Grants): £140,000 There are no contracted services for OLI or MAKI. Children with a Disability Service Delivery Budget 20/21: External Commissioned Services: £182,857 Internal Provided Services: £90,653
Key Analysis	• Average active cases per quarter is 23 (CP) and 73 in 20/21 for LAC.
Links to Strategic Documents	**The Promise' – Care Experienced Children and Young People** **Keys to Life Strategy 2019- 2021**
Internal and External Provision	➢ Ardlui Respite Centre: This is a respite centre for children who have communication support needs and is based in Helensburgh. The Provider is Sense Scotland. The contract type is a combination of block and spot purchase and we can calculate how many nights we are purchasing in any year. The centre can be accessed by anyone in Scotland and is part of the SXL Framework. ➢ Advocacy services for both CYP who are Looked After and those who are on the Child Protection Register. These contracts were renewed in April 2021 for 1 year with a 1 year extension. Requirement for review to establish longer contract. ➢ LAC external residential care: There are 13 children with 9 providers contracted via a mixture of Scotland Excel Children's Residential Care and Education Contract and Scotland Excel Secure Care Contract, all out of area. ➢ Currently Argyll and Bute has a significantly higher proportion of care experienced children with a disability (40 children - 24% of all care experienced children in A&B vs 9% nationally) and within externally commissioned residential care/school 8 of 14 children have a diagnosed disability. ➢ Total spend on external commissioned care (across all children) forecast as £1.9 million 2021-22. ➢ Children with Disability support service is provided by Cornerstone and covers Helensburgh and Lomond and Dunoon. There are currently 32 CYP accessing the service in Helensburgh and 19 in Dunoon. This contract was renewed in April 2021 for 1 year with a 1 year extension. Sustainability review has been undertaken and we've reached a stable position with the provider.

	➢ Children with Disability support service is provided by Achievement Bute and covers Bute. There is 2,072 hours of service per year. This contract was renegotiated 2 years ago and is not priority for review. ➢ There is a befriending service for children and young people which is grant funded and currently supports 54 young people. Internal services include: ➢ The Kintyre network Centre provides care at home to disabled children and their families in the Kintyre area. Services are provided in the community, their own homes or the Network centre's own facilities and includes 1-1 and group activities and respite care. Cost £106k annually. ➢ Argyll and Bute operates 3 children's houses located in Oban, Cowal and Helensburgh and one cluster flat providing care for up to 20 care experienced children and young people - up to the age of 21yrs. Some of these children and young people have a recorded disability. Total spend £1.8 million annually.
Future Modelling, Gaps and Priorities	1. Review of LAC who are placed in out of area care homes 2. Review of services to ensure equity across A&B, especially for children with disabilities 3. Review of CYP Advocacy Services
Strategic Links	**Prevention, Early Intervention and Enablement** • We will keep adults, children and young people safe from harm • We will ensure that everyone who is part of providing support is trauma informed **Living Well and Active Citizenship** • We want all commissioned services to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Mental Health Services	
Estimated Annual Spend	External Commissioned Services: £1,701,980 Internal Provided Services: £227,900
Key Analysis	• The number of clients placed in externally commissioned care homes overall is small and fairly consistent across each locality, although the majority are resident in H&L. • The majority of MH clients receiving supported living do so from an external provider and the MAKI locality has the highest percentage of those receiving internally provided supported living which is provided to clients in Mid Argyll, Islay and Mull. • All clients from C&B and H&L receive externally commissioned services with only 1 client in OLI supported internally. • Of those receiving externally commissioned supported living the locality split is fairly even across OLI, C&B and H&L with those in OLI receiving the most hours of care on average. • External supported living costs are fairly consistent across all localities with the exception of H&L which is un-proportionately low compared to the number of supported clients. • Community support is the most notable internal cost and is provided for all areas excluding H&L.
Link to Strategic Documents	**Mental Health Strategy 2017-2027** **Mental Health Transition and Recovery Plan 2020**
Internal and External Provision	There are a number of contracts and grants in relation to adult Mental Health services: ➢ There are 3 providers of Care Home services where 8 Argyll and Bute residents were placed throughout 20/21. All of these are Care Homes which are out-of-area. ➢ There is grant funding to Jean's Bothy Service in Helensburgh and RAMH Acumen service which covers all of A&B ➢ Advocacy services for people with a Mental Health condition (also includes Learning Disability). There are 150-180 people who are on the service's list at any time and active interventions in any quarter are around 35-55. Contracts was renewed in April 2019 and a 2 year extension is in place but needs a review to ensure sustainability. ➢ There are 6 main providers of Supported Living services across A&BHSCP. In 2020 there was an average of 1050 hours per week provided, which includes some out-of-area provision. While the contracts have been renewed in April 2021 for one year with a potential one year extension, all of these contracts require a full review as they are longstanding and mainly spot purchase, some placements may not be under the contract and sustainability of providers and full coverage needs to be established. ➢ SLA between NHS Highland and NHS Greater Glasgow & Clyde for the provision of mental health services for the Helensburgh and Lomond population. Service provision includes; mental health medical services, crisis home intervention service, primary care mental health, community mental health team and mental health psychology. ➢ SLA between NHS Highland and NHS Greater Glasgow and Clyde for the provision of mental health services for Argyll and Bute wide.
Future Modelling, Gaps and Priorities	1. Commissioning specialist mental health supported living provision within A&B 2. Review of placements who have no individual placement agreement 3. Review of commissioning process by teams 4. Review SLA with NHS Greater Glasgow and Clyde to formalise a pathway for forensic mental health support 5. GG&C have confirmed they will not be able to support our IPCU pathway and therefore wider discussion is progressing

	6. Review of Supported Living contracts to ensure specification includes mental health 7. Implementation of the Mental Health – Transition and Recovery Plan
Housing Implications	In order to support the key area of Transformation around the development of further Core and Cluster Models across A&B, housing requirements play a key role. Existing Core & Cluster developments include; Mariners Support Associates (Dunoon), Lusraggan (Oban), Ross Crescent (Lochgilphead). Work is ongoing to identify areas for future Core & Cluster/Housing need across Argyll and Bute as part of the transformation programme.
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital • We will refocus on preventative services, including a shift to digital technology using telecare and telehealth to reduce hospital visits and admissions **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Physical Disability Services	
Estimated Annual Spend	External Commissioned Services: £1,714,747 Internal Provided Services: £266,166
Key Analysis	• The number of PD clients in externally commissioned homes is low and there were no MAKI or OLI residents in placements. • The majority of care at home delivered to PD clients is externally commissioned, with zero clients supported internally in C&B and H&L. Most notably in MAKI just over 40% of clients do receive internal care at home. • The majority of clients are resident in H&L however they receive the fewest average hours of care of all the localities. • External supported living costs are fairly similar across all localities although proportionately low in H&L when considered alongside the number of clients, and the care home costs in H&L and C&B are varied. • Given there are zero clients supported internally across C&B and H&L there is a corresponding zero spend, and the supported living costs in MAKI and OLI seem to be proportionate.
Link to Strategic Documents	Coming Home 2018
Internal and External Provision	➢ There are 3 providers of Care Home services where 3 Argyll and Bute residents were placed throughout 20/21. All of these are Care Homes which are out-of-area. ➢ There are no specialist PD supported living providers contracted so the majority of services are provided by Older People CAH providers. In 2020 there was an average of 930 hours per week provided to 109 people, which includes some out-of-area provision. While the contracts have been renewed in April 2021 for one year with a potential one year extension, all of these contracts require a full review as they are longstanding and mainly spot purchase, some placements may not be under the contract and sustainability of providers and full coverage needs to be established. Internal Services: ➢ Internal CAH services also cover Physical Disability
Future Modelling, Gaps and Priorities	1. Commissioning specialist provision within A&B 2. Review of placements who have no individual placement agreement 3. Review of commissioning process by teams
Housing Implications	Further models of supported living will be required.
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital • We will refocus on preventative services, including a shift to digital technology using telecare and telehealth to reduce hospital visits and admissions **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

Dementia Services	
Estimated Annual Spend	External Commissioned Services: £427,000 (Alzheimer's Scotland) £1,663 (Other) Internal Provided Services: £181,758 NB These costs cover Dementia Day Support
Key Analysis	• There is a joined up Enhanced Dementia Service covering 3 localities of Argyll and Bute which is a multi-disciplinary team.
Link to Strategic Documents	National Dementia Strategy 2017-2020
Internal and External Provision	➢ There is a contract for Outreach services across A&B. The provider is Alzheimer's Scotland. There are 80 people who receive support within a quarter. The contract is long-standing but will require review as part of standard contract monitoring processes to ensure long term, sustainable provision. ➢ There is a contract for Link Workers who are in touch with 400-800 people every quarter. The provider is Alzheimers Scotland. The contract is long-standing but will require review as part of standard contract monitoring processes to ensure long term, sustainable provision. ➢ There is one contract for day services for Older People. This covers the area of H&L. The Provider is Crossreach and this provides day care for circa 11 but up to 15 people a day, with capacity for 24 places in total. To be noted that 2 out of the 5 working days are dedicated to those in the later stages of dementia. This is a long-standing contract that is continually renewed. The contract requires to be reviewed alongside a review of day care services. Internal service provision: ➢ The Dementia Day Support service in Kintyre has been temporarily paused due to Covid-19. ➢ Funding has been made available for regular periods of respite to support carers living with dementia and ultimately reducing the need for a formal package of care.
Future Modelling, Gaps and Priorities	Ensure this is included in referral pathways
Housing Implications	No housing implications
Strategic Links	**Prevention, Early Intervention and Enablement** • We will ensure that people can live safely in their own home and limit the time spent in hospital • We will refocus on preventative services, including a shift to digital technology using telecare and telehealth to reduce hospital visits and admissions **Living Well and Active Citizenship** • We want all commissioned service to work in partnership with HSCP staff, people who use the service, carers and families to support personal outcomes and empower service users to successfully engage and contribute to the life of their community

5.2 Review

5.2.1 Review of Joint Strategic Commissioning Strategy

The strategy has been developed using the recognised four steps of the Commissioning Cycle; Analyse, Plan, Deliver and Review. The delivery and review steps will be undertaken by each strategic group which will feed into the Commissioning Strategy over the three year period. The assessment and forecasting of future and current needs will take account of the priorities which embrace prevention, self-management, choice and community based services.

APPENDICES

Appendix one

Various types of contractual arrangements exist across the partnership. These are summarised in the table below:

Contract Type	Definition
Framework Agreements	Established following a procurement process, a Framework is an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts (usually called 'call-off' contracts) can be entered into. In a framework agreement the volume of the service or goods and the timing of the requirement is often unknown when the agreement is established and is only specified at the time of the 'call-off'. An example of this in Argyll and Bute would be the agreements for provision of Care at Home services to older people.
Collaborative Agreement	Established following a procurement process, a collaborative agreement is usually developed nationally (by another local authority/HSCP, Scotland Excel or Scottish Procurement) with key stakeholders for use by local authorities. There is an example of this lead by Scotland Excel for the provision of Residential Care and Education Services to children and young people.
Grants	Payments made by the Partnership to Third Sector Organisations to support their activities, an example of this could be one-off funding for the delivery of a community event or other time limited activity that the partnership values but that would not be viable without this funding. Grants should be allocated following a proportionate grant application/approval process.
Contracts for services/ Supplies	Established following a procurement process, a contract for services or supplies is an arrangement between 2 or more parties for the delivery of specified services/goods under set terms and conditions and in return for the agreed remuneration.
Spot Purchase	Spot purchasing (or spot contracting) happens when a service is purchased by or on behalf of (for example, by a local authority) an individual. Services are purchased as and when they are needed, and are purchased on an individual basis for a single user.
Bespoke Arrangements	Bespoke contracts are contracts that are tailored to fit the specific requirements of a project. Bespoke contracts are often used when boilerplate or standard form contracts are not suitable. The complexity of the project is one of the main factors that determines which type of contract makes the most sense

Appendix two

Data sources for tables/figures

Figure/Table	Source
Population/ Islands Populations	Mid-2019 Small Area Population Estimates for 2011 Data Zones, National Records of Scotland, 2020
Indicators of Health & Wellbeing & Unscheduled Care	PHS Locality Profiles, 2020
Older People Care Home	Weekly average care home activity (admissions, discharges & weekly residents), PHS
OP Care at Home, LD, MH & PD data	Performance activity dashboard extracts as at 4th June 2021, Performance & Improvement Team. Direct Payment clients excluded
Social Care Financial	Outturn Analysis for Strategic Planning 20/21, HSCP A&B Council Finance. Service delivery budget only
Health Financial/ Islands Financial	SLA & Outreach budgets, HSCP NHS Finance Dept
GGC Health Activity	PHS SMR01 (SMR04 ie mental health excluded) and SMR00 activity as at October 2020
GGC Consultant Outreach in A&B Hospitals	TrakCare PMS as at May 2021 & NHSH OPWL extracts. Consultant outreach excluding Mental Health
Argyll & Bute Island GP Practice List Sizes	Scottish Health & Social Care Open Data, PHS
Islands H&SC Accessibility	National Islands Plan Survey Final Report, Scottish Government, 2021

Appendix three

Priorities for reviewing existing Contracts