A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

Joint Strategic Plan 2022-2025

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER, HEALTHIER INDEPENDENT LIVES

CHOOSE ARGYLL. LOVE ARGYLL. #abplace2b

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CONTENTS

APPENDICES

PRIORITIES AND COMMISSIONING INTENTIONS

- We will ensure from the point of assessment, people are given informed choices and options to meet their specific personal outcomes and wishes
- We will work with carers as partners in the care of their loved ones
- We will ensure all services deliver a more personalised type of support
- We will aim to have services based within communities to prevent people moving away and bringing people back into Argyll and Bute
- We want all services to comply with the National Health and Social Care Standards for Health and Social Care: My Support, My Life
- We will ensure that every decision will be made in consultation and engagement with the people of Argyll and Bute, and will have a positive effect for those with protected characteristics
- We will communicate in a clear, open and transparent way

- 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
- 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**

- We want all commissioned services to work in partnership with HSCP staff, people who use the service, their carers and families to support personal outcomes and empower service users to successfully engage and continue to contribute to the life of their community
- We will 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

- We will work with communities, providers and advocacy bodies to set a vision for their community and co-produce community based services to support people with options and choice
- Where possible we will commission services locally and build capacity providers and third sector partners in line with the five pillars of Community Wealth Building
- We will ensure that we have an inequalities sensitive practice, targeting resources where they have most impact

NATIONAL HEALTH AND WELLBEING OUTCOMES & STRATEGIC OBJECTIVES

National Health and Wellbeing Outcomes	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**

FOREWORD

Welcome to the Argyll and Bute Health and Social Care Partnership's (HSCP) third Strategic Plan for the years 2022-25.

Creating and developing a Strategic Plan during the Covid 19 Pandemic has had its challenges. This has been magnified by the uncertainty ahead with the significant legislative changes on the horizon mainly the National Care Service and the Independent Review of Adult Social Care. That aside, the HSCP feel now is the time to set out our strategic direction for the next 3 years, to be ambitious, values based and aspirational yet realistic around what we can achieve and to support the remobilisation of services following the impact the pandemic has had on our services, workforce and society as a whole.

As a rural Health and Social Care Partnership, our geography and demographic can at times be perceived as challenging but in Argyll and Bute we have tried to use this as an opportunity to push our boundaries around the use of digital technology, when appropriate, and different ways of working. Covid 19 has forced us to enact changes and seize opportunities when they have come our way, and we now have the opportunity to share what we have learnt, to learn from others and to develop the way we deliver services, preparing us for the future.

This is just the start of the process. The Joint Strategic Plan pulls together for each strategic area, the objectives and priorities for the coming three years and how these will be measured and monitored. All of the priorities and actions will be linked to the objectives, priorities, and the intention is to ensure that every staff member and every service works towards our ultimate vision.
Our focus on community wellbeing and the development of local services will also contribute to the economic stability of the area.

Over the last 3 years, we have strengthened the governance of our Integration Joint board to ensure operational accountability. We have worked hard to try and improve our approach to integration by building on the success of multi-disciplinary teams and practices and this next strategic plan will continue to do this as we assess the need for transformation of services. Despite the pressures and challenges of the pandemic, we have worked hard to engage with our partners, stakeholders, and specifically our residents in Argyll and Bute to develop this plan, with the aim of ensuring we support people in Argyll and Bute to lead long, healthy, independent lives.

Sarah Compton-Bishop

Chair of Argyll & Bute Integration Joint Board

INTRODUCTION

I would like to introduce myself as the Chief Officer for Argyll and Bute Health and Social Care Partnership.

Firstly, we need to acknowledge that we have been, and still are, in unprecedented times. We all, as individuals, families, communities and services had to respond quickly to the impact of Covid-19. Unfortunately, we are still in the midst of this and have a requirement to continue to maintain existing services. However, it is important that we do not lose the lessons of how we all pulled together in a crisis, how partnerships were forged, how communities pulled together, how bureaucracy was removed as a barrier. It is also important to plan. To plan for now and to plan ahead for the future.

Planning is about taking time to understand the health and social care needs of our local communities, islands, families and individuals to allow us to work with our partners in the NHS and Local Authority and throughout the public, third and independent sectors to think about what services we want in place in response.

There are some services which are available to everyone which can be either preventative, like vaccination and screening programmes or available when we are feeling unwell like GPs and 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.

Fiona Davies

Chief Officer Argyll & Bute HSCP

We have set out the vision People in A&B will live longer healthier independent lives and our high level priorities of;

- Prevention, early intervention and enablement,
- Choice and control and Innovation,
- Living well and active citizenship,
- Community co-production”

Our Strategic Plan hopefully maps for you a realistic picture of a complicated landscape, and creates the conditions to share resources, maximise the potential of the totality of our assets and strive ahead as we come out of the Covid 19 Pandemic and look towards living with not only Covid but the consequences we have seen from it well into the future. In particular we are looking to develop a Islands Strategy over 2022/23.

The COVID-19 pandemic has reminded us, once again, that our workforce are our greatest resource and this plan will also guide us as our plans to promote the wellbeing of staff through our workforce and that of our partners. We are currently developing a National Health and Social Care Workforce Strategy, which will be incorporated as part of this plan later in the year.

I look forward to working with you all in Argyll and Bute to achieve the best Health and Social Care service we can and to lead our organisation through these uncertain and changing times ahead.

If you would like to share feedback on the Joint Strategic plan and/or Specific Individual area. Please share your comments and feedback via our online survey click here. A paper Survey can be requested please contact nhsh.strategicplanning@nhs.scot

BACKGROUND AND CONTEXT

Argyll and Bute HSCP brings together a wide range of health and social care services across Argyll and Bute. Services are provided by the HSCP or are purchased from the Independent and Third Sector.

SERVICES FOR ALL STAGES OF LIFE

In Argyll and Bute, the HSCP delivers and purchases a broad range of services covering all aspects of health and social care. Included in the remit of the HSCP are:

- NHS services ; Community hospitals; Acute Care; Primary Care (including GPs); Allied Health Professionals, Community Health Services, Maternity Services
- Public Health services including the Prevention agenda
- Adult social care services including services for older adults; people with learning disabilities; and people with mental health problems
- Children & Families social care services
- Alcohol and Drug Services
- Gender Based Violence
- Child and Adult Protection
- Criminal and Community Justice Services

In bringing together all these services within one partnership and one strategy we aim for services to work closer together so that people receive the right level of care at the right time from our workforce of professional staff and can move through services easily.

We need to ensure that we plan services strategically from the population and local data, evidence and what people and our workforce tell us. We need a range of services from prevention programmes to critical care.

All services are strategically driven by local and national priorities and full service details are provided within the

5.6a Argyll and Bute Integration Scheme

THE INTEGRATION JOINT BOARD

The Public Bodies (Joint Working) (Scotland) Act, establishing integrated health and social care partnerships on a legal footing, came into effect on 2 April 2014 and this is the third Strategic Plan of the Integration Joint Board (IJB).

The HSCP is governed by the IJB – a separate legal entity in its own right - which is responsible for planning and overseeing the delivery of community health, social work and social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the objectives set out in its Strategic Plan.

The IJB includes members from NHS Highland, Argyll & Bute Council, representatives of the Third Sector, Independent Sector, staff representatives and others representing the interests of patients, service users and carers.

A THREE YEAR VISION

We have decided to develop a three year strategy for our services as there are some legislative changes coming over the next three years which would make it difficult to plan any longer than this. However, our objectives, priorities and commissioning intentions are unlikely to change as they have been set in line with the Review of Adult Social Care. We will continue to work to meet the Health and Wellbeing Outcomes and national and local outcomes set within individual strategies.

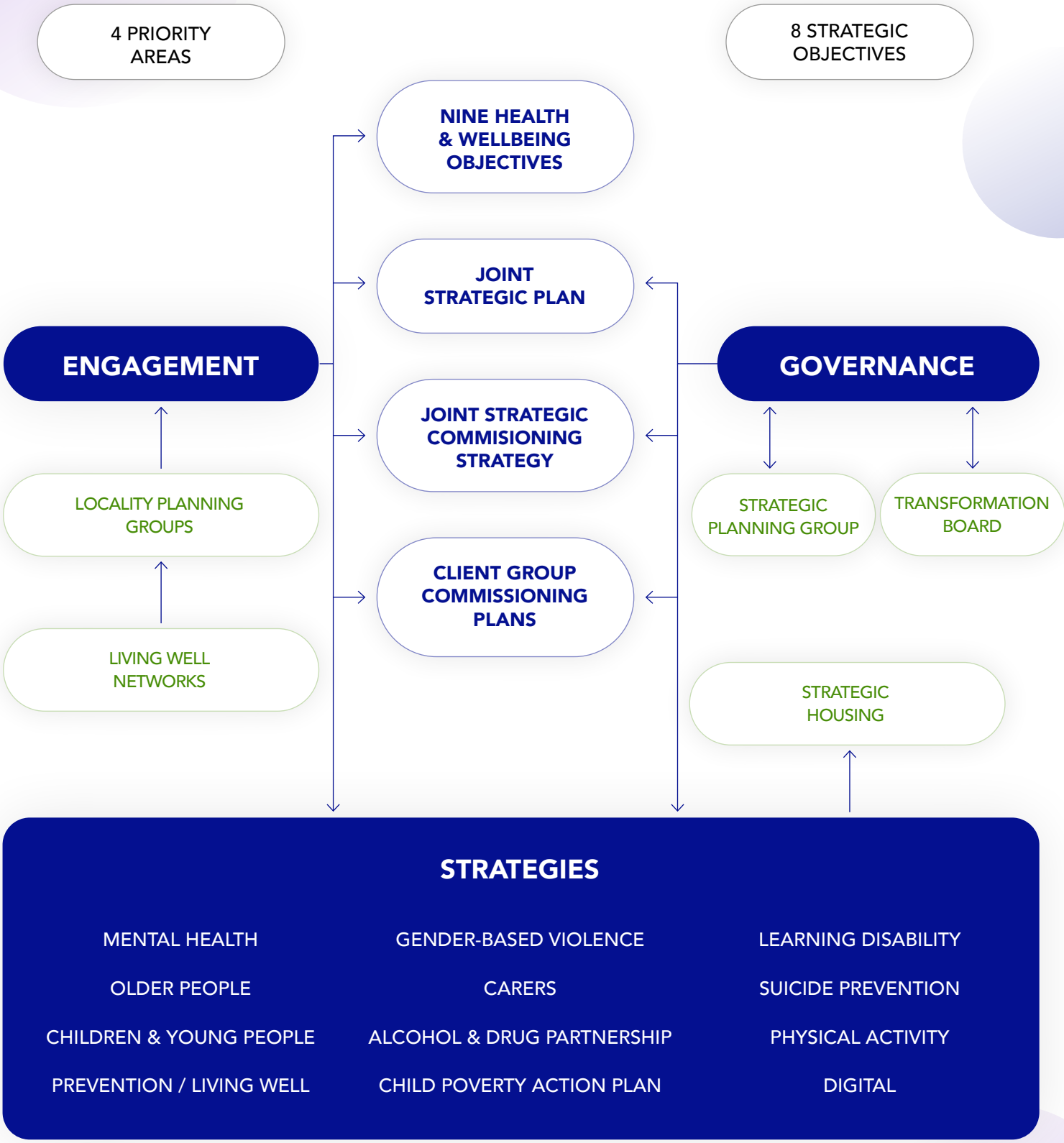
Each service is currently developing their own Operational Plan and Commissioning Plan and as such our HSCP Strategic Plan will be an iterative document in response to these plans, and in response to the national policy developments and the recovery plans following Covid-19. The diagram in the next page shows how all of the strategies will link into the Joint Strategic Plan and the **Joint Strategic Commissioning Strategy**

The monitoring of the plan will be on a quarterly basis when the performance measurement targets are presented to the IJB and the Strategic Planning Group (SPG).

Working with third and community sector partners

The HSCP is making a clear statement about working with a wide range of partners from the Third and Independent sectors to improve the health and wellbeing of our communities. Supporting people to take control and responsibility for their own health and wellbeing means co-producing a range of services that are designed and led by local communities. This will not only support the prevention agenda but in developing the capacity of organisations to deliver community led services it will also support community wealth building and resilience.

We will also link into the localities alongside our Locality Planning Groups and Community Planning Partnership to deliver support and services in keeping with local need and have plans to develop a specific Islands strategy.


4 PRIORITY AREAS
8 STRATEGIC OBJECTIVES
NINE HEALTH & WELLBEING OBJECTIVES
JOINT STRATEGIC PLAN
ENGAGEMENT
GOVERNANCE
JOINT STRATEGIC COMMISIONING STRATEGY
LOCALITY PLANNING GROUPS
STRATEGIC PLANNING GROUP
TRANSFORMATION BOARD
CLIENT GROUP COMMISSIONING PLANS
LIVING WELL NETWORKS
STRATEGIC HOUSING
STRATEGIES
MENTAL HEALTH
GENDER-BASED VIOLENCE
LEARNING DISABILITY
OLDER PEOPLE
CARERS
SUICIDE PREVENTION
CHILDREN & YOUNG PEOPLE
ALCOHOL & DRUG PARTNERSHIP
PHYSICAL ACTIVITY
PREVENTION / LIVING WELL
CHILD POVERTY ACTION PLAN
DIGITAL

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND POPULATION PROFILES

Understanding Argyll and Bute

As set out in the 2019/20 to 2021/22 Joint Strategic plan, Argyll and Bute HSCP is divided into four locality planning areas. Within three localities, there are further divisions into 'local areas' which consist of groupings of natural geographical communities and/or service provision. Planning may sometimes be necessary for smaller areas within a locality e.g. for one island. Localities and local areas are as follows:

HSCP Locality	Local Area	Settlement (of 500 people or more) [1][1]	Hospital
Bute and Cowal (B&C)	Bute	Rothesay, Port Bannatyne	Victoria Hospital
	Cowal	Dunoon, Hunter's Quay, Innellen, Tighnabruich	Cowal Community Hospital
Helensburgh and Lomond (H&L)		Helensburgh, Cardross, Gareochhead, Rosneath, Kilcreggen	Victoria Integrated Care Centre, Helensburgh
Mid Argyll, Kintyre and Islay (MAKI)	Mid Argyll	Lochgilphead, Tarbert, Ardrishaig	Mid Argyll Community Hospital and Integrated Care Centre
	Kintyre	Campbeltown	Campbeltown Hospital
	Islay and Jura	Bowmore, Port Ellen	Islay Hospital
Oban, Lorn, and the isles (OLI)	Oban and Lorn	Oban, Dunbeg	Lorn & Island Hospital
	Mull, Iona, Coll, Tiree and Colonsay	Tobermory	Mull & Iona Community Hospital

Our Joint Strategic Needs Assessment (JSNA) for adults was conducted in 2019 [2] with a data review for children and families completed in 2020 [3]. In addition, the 2019 Director of Public Health's Annual Report highlighted population and health trends in NHS Highland [4]. To update the information gathered, profiles have been provided by Public Health Scotland Local Intelligence Support Team (PHS LIST) [6]. The disruptions caused by the COVID-19 pandemic mean that some 2020 and 2021 data is difficult to interpret; reviews conducted prior to COVID-19 provide the best available information in some areas. A specific review into the impact of COVID-19 was conducted in December 2020 [6]. The summary presented here draws on all these resources and aims to highlight the health and wellbeing of the population of Argyll and Bute as well as the challenges for Argyll and Bute HSCP in planning and delivering health and social care services.

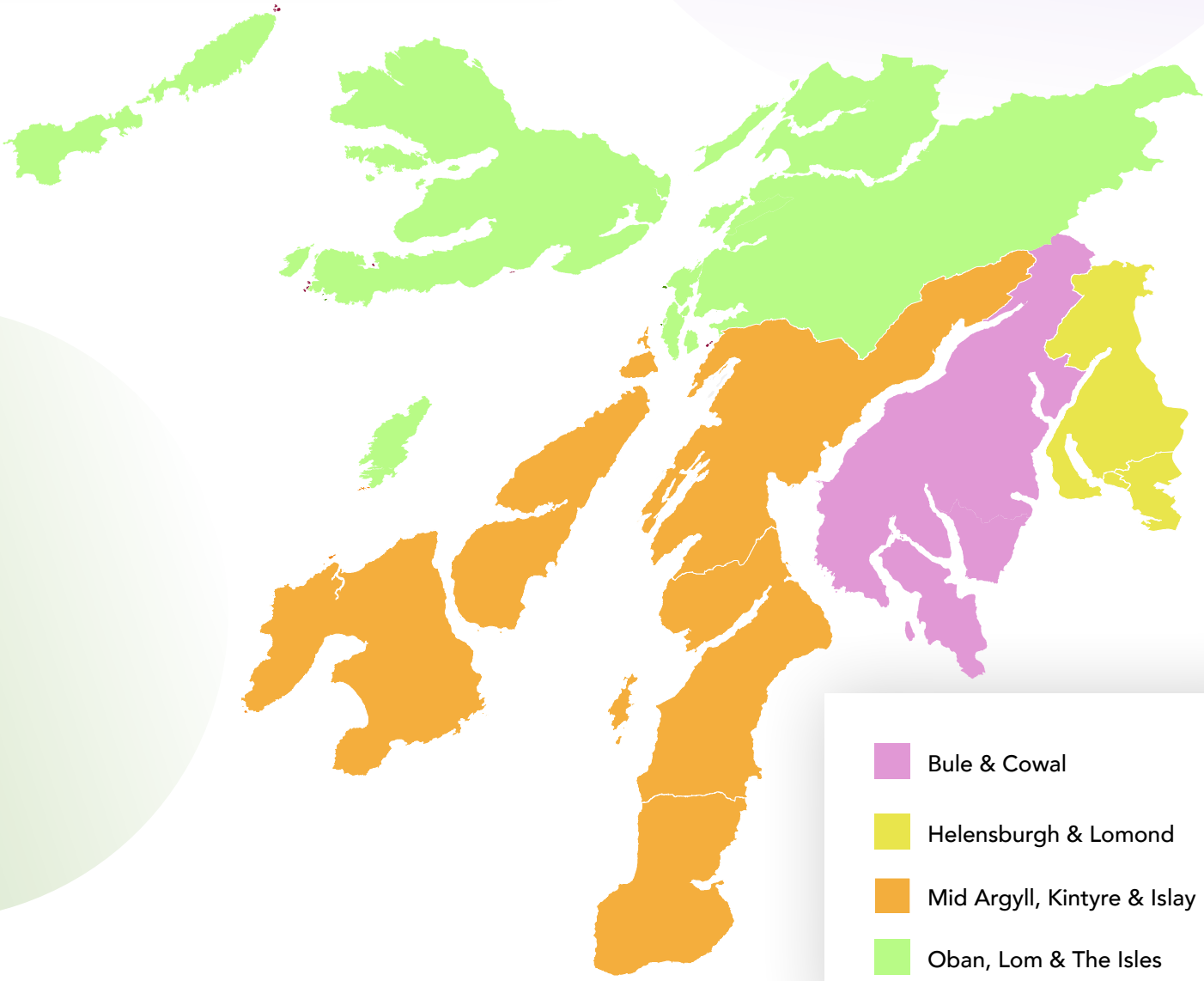
Please see Appendix 2 for references and Appendices 3-12 for accompanying documents.

1 NRS, 2016 Settlements and Localities I National Records of Scotland (nrscotland.gov.uk)

Figure 1

Argyll and Bute HSCP
Locality Planning Group areas 2022/2025

Areas are represented based on a best fit of 2011 datazone areas with an adjustment to place colonsay in OLI



Locality Planning Groups (LPGs) are required to develop, engage, communicate and enact the implementation of the 3 year Strategic Plan, at locality level, by developing their own annual Locality implementation plan.

Following an Option Appraisal Workshop in October 2018 attended by Locality planning group members, participants' agreed that the model of nine locality planning groups was not working and required urgent revision to achieve more efficient and effective shared planning across Argyll & Bute. A 'Four Locality Planning Group Model' overwhelmingly emerged as the preferred model for future locality planning arrangements in Argyll and Bute.

Unfortunately, the Locality Planning Groups across Argyll and Bute were put on hold due to the operational focus required by HSCP during the pandemic. The HSCP is committed to re-establishing the groups within the first year of this plan.

DEMOGRAPHICS

The 2020 mid-year population estimate for Argyll and Bute is **85,430, a 3.6% decrease since 2010**, with the number of deaths registered higher than the number of births each year since the early 1990s [2].

In particular, the **population of working age has decreased** and is projected to continue to do so. Alongside this, the population of those under 16 has decreased and this is also projected to continue [3].

In contrast, the population of those aged 75 and over has increased each year since 2002 with **11.7% of the population aged 75+** compared to 8.6% in Scotland as a whole [2]. The number of people aged 75+ and 85+ is projected to continue to increase over the next 10 years [3].

Bute and Cowal have the highest proportion of people aged over 65 [4].

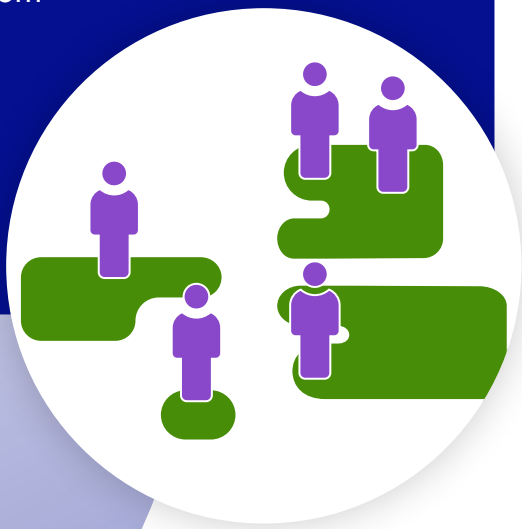
↓ **85,430 PEOPLE 3.6% SINCE 2010**

↓ **WORKING AGE POPULATION**

↑ **THE OLDEST IN THE POPULATION**

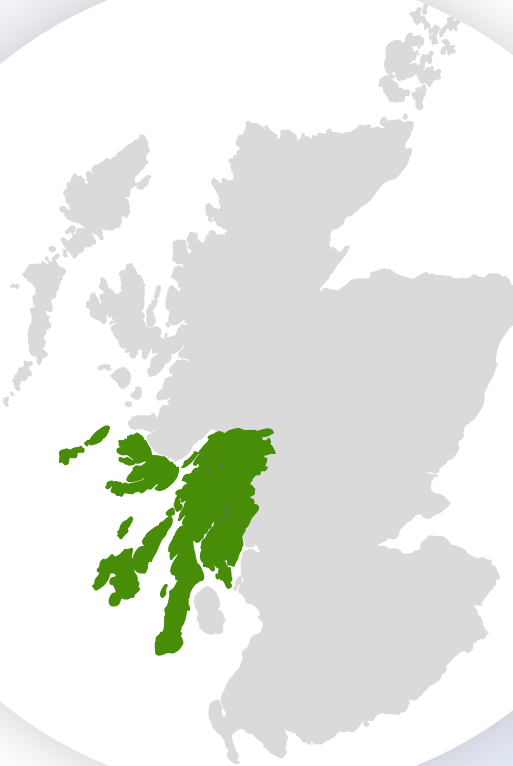
CHALLENGES

- Increased demand for health and social care services from continued increases in the numbers of older people.
- Increased need for end of life care [9, p. 77].
- Maintain workforce as the population of working age decreases.



LIFE CIRCUMSTANCES

A significant remote and rural geography



Argyll and Bute is the second largest Council area in Scotland by area (after Highland), with the third lowest overall population density in Scotland (after Highland and Na h-Eileanan Siar) [2].

47% population live in 'Rural' areas (2020) [2] [5].

Helensburgh is relatively well-connected via land transport links with the central belt and is the only settlement classified as 'Urban' [5].

69% population (live in 'Very Remote' areas (rural or small towns) (2020) [2] [5].

45% of small areas are within the most access deprived in Scotland [6].

23 inhabited islands at the 2011 census [7].

There is a lower ratio of people of working age to other ages in remote and rural areas [9, p. 13] [2, p. A1.5].

Deprivation and Poverty

– associated with poorer health and wellbeing [9, p. 40]

1 in 10 of the population are estimated to be income deprived (9.7%), lower than for Scotland as a whole (12.1%) [6]. 17% of the population of Bute are estimated to be income deprived with Cowal (13.2%) and Kintyre (13.2%) also having a higher proportion than Scotland as a whole [6].

There is fragility in the economy in Argyll and Bute due to reliance on part-time and seasonal employment [13] [2, p. A2.6] [69].

Small areas within the most deprived 20% in Scotland can be found in parts of Campbeltown, Helensburgh, Hunter's Quay, Dunoon, Rothesay and Oban. Bute, along with Helensburgh, have small areas within the 20% least deprived in Scotland [6].

Deprivation within rural areas is likely to be hidden by the mixed socioeconomic status of small rural areas [14]; 76% of those identified within Argyll and Bute as being income deprived do not live in one of the most deprived 20% of areas in Scotland [6] [2, p. A2.5].

17% of those aged under 16 (2,215 children) are estimated to be living in relative poverty (2019/20) in Argyll and Bute [16]. Child poverty has long-term implications [15] and the proportion living in relative poverty has increased since 2013/14 in Argyll and Bute alongside the rest of the UK [16].

Minimum income standards (the income needed to afford 'essential' items) is high in remote, rural and island areas [17]. A factor in this is higher fuel costs; Argyll and Bute has high rates of fuel poverty in comparison to Scotland [18].

LIFE CIRCUMSTANCES

Trauma experience

Childhood experience of trauma is associated with poorer health and wellbeing outcomes [8] [11].

160 children (aged 0-17) in Argyll and Bute are classified as looked after (5-year average at 31st July 2016-2020) [19].

49 children were on the child protection register (at 31st July 2020) [19].

177 children were referred to the children's reporter in 2020/21. Some were referred more than once resulting in a total of 228 referrals, 39 of which were for an offence [20].

687 reported incidents of domestic abuse (2019/20). Reported rates have increased since 2003/04 are lower than for Scotland [21].

Although crime rates are relatively low, they are higher in more deprived areas [2, p. A2.12]. People with unmet Health and Social care needs can impact on Police Services.

The impact of trauma experience can be mitigated against [8].

Housing

Over 1 in 5 live alone and this is projected to increase (NRS) [9, p. 15] [2, p. A2.10].

The balance of care between residential or in the community has already shifted considerably towards looking after people at home [2, p. B3.11]. 52.8% of those age 65+ with long term care needs (10+ hours home care per week) were looked after at home (2018/19) [22].

Our housing needs assessment provided evidence of need for adaptations to support independent living at home [2, p. A2.10] [23].

There is evidence for need for affordable housing in some areas, which may be a barrier for the HSCP workforce [24].

Argyll and Bute has high rates of:

- Empty properties in some areas
- Second homes in some areas
- Older housing stock

100 homeless application a year (the majority of which have support needs) [2, p. A2.10].

LIFE CIRCUMSTANCES

Seasonal factors

Argyll and Bute has an increased temporary population in the summer months; this likely occurs both from tourism and longer stays in second homes [2]. Mortality increases in winter months as for Scotland as a whole [25].

Unpaid care

As there are more people living with limiting conditions, the number of unpaid carers has increased [9, p. 71]. Unpaid care can impact on carers own health and wellbeing [26].

Carers, including young carers, may not identify themselves as such [2].

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

Climate

Climate change is a challenge that may impact health and wellbeing through several routes including through extreme weather and flood risk, changing disease risk, air pollution, migration and food security and it is likely to have greatest impact on those already vulnerable [28] [29]. With many island and coastal communities, parts of Argyll and Bute are more at risk of the impact of adverse weather events and disruption to transport networks including ferry travel and coastal roads. A new 2022-2026 climate emergency and sustainability strategy for the NHS in Scotland is being developed [30] .

CHALLENGES

- Accessibility of services for all including across a significant remote and rural geography
- Prevention and mitigation of poverty and deprivation
- Prevention and mitigation of trauma experience
- Increasing numbers of people living alone and social isolation
- Need for housing adaptations to support independent living at home
- Seasonal fluctuations in demand
- Impact of unpaid care on carers
- Impact of adverse weather and reducing our carbon footprint and waste

HEALTH AND WELLBEING STATUS

Life expectancy at birth (2018-20)[31]

Life expectancy is slightly higher in Argyll and Bute than for Scotland as a whole [4].

Increases in life expectancy that were observed before 2012-2014, have slowed down (stalled) since 2012-2014 [2, p. A3.2] [9, p. 19] [32].

Inequalities

That female life expectancy is higher compared to male life expectancy is an example of an inequality (an unjust and avoidable difference) [33] . Another is that life expectancy is lower in those living in the most deprived compared to least deprived areas [9, p. 57] and that the stalling of increases in life expectancy since 2012-2014 have been particularly in those living in the most deprived areas, with evidence linking this to austerity measures [32].

- **People who live in areas with higher rates of poverty are more likely to:**
- Have babies with a low birthweight [9, p. 46]
- Be overweight or obese when starting Primary One [9, p. 48]
- Be admitted to hospital with asthma [9, p. 53]; COPD [9, p. 54]; a mental health problem [9, p. 55] and to have a potentially preventable admission for a chronic condition [9, p. 56] [2, p. A3.8]

People who live in areas with higher rates of poverty are less likely to:

- Be exclusively breast feeding at the 6 - 8 week review [9, p. 47]
- Take up bowel cancer, breast cancer and aortic aneurysm screening [9, p. 49]
- Live as long as people in more affluent areas [9, p. 57] [2, p. A3.8]

The NHS Highland Director of Public Health's Annual Report for 2019 [9] also highlights that:

Gypsy / Traveller people have the worst health of any ethnic group in Scotland.

LGBTQ+ people have worse health outcomes on average, and 14% report avoiding healthcare because of fear of discrimination.

People with learning disabilities are more likely to experience low incomes, poor housing, social isolation and loneliness, bullying and abuse than people who do not have a learning disability.

330 adults with learning disabilities were known to Argyll and Bute Council (2019) [37].

HEALTH AND WELLBEING STATUS

Long term conditions

Scottish core survey results indicate that **1 in 4** adults in Argyll and Bute are living with a limiting long term physical or mental health problem [34][35]. This proportion increases with increasing age.

Through records of service use, Public Health Scotland estimates **24%** people in Argyll and Bute are estimated to be living with a physical health condition, the most common of which is arthritis [4]. The proportion of people with multimorbidity (the presence of 2 or more conditions) increases with increasing age.

ScotPHO burden of disease study (2019) [36]

Highest burden of disease, by broad disease groups:

- Through early mortality: cancers and cardiovascular diseases
- Through disability: mental health disorders and musculoskeletal disorders

Highest burden of disease by individual causes of disease:

- Through early mortality: ischaemic heart disease, lung cancer, Alzheimer's disease and other dementias, cerebrovascular disease, 'other cancers', drug-use disorders, colorectal cancer, chronic obstructive pulmonary disease, 'self-harm and interpersonal violence' and lower respiratory infections.
- Through disability: low back and neck pain, depression, headache disorders, anxiety disorders, osteoarthritis, diabetes mellitus, cerebrovascular disease, 'other musculoskeletal disorders', 'age-related and other hearing loss' and alcohol use disorders.

The prevalence of many conditions varies by age with the highest burden of disease for those under 15 including congenital birth defects and asthma.

Long term conditions

Some conditions are likely to be under-diagnosed including: [2, p. A3.7]

- Dementia
- Hypertension
- Type II diabetes

Due to increased number of older people and improved survival for some conditions, our DPH report [9] and HSCP needs assessment [2] indicate likely future increases in:

- New and existing cancer diagnoses [9, p. 28]
- Musculosketal and orthopaedic problems
- Type II diabetes [9, p. 31]
- Dementia [9, p. 37]
- Frailty [9, p. 36]
- Sensory conditions associated with older age
- Children and younger people with care needs [8, p. 29]
- Multimorbidity

HEALTH AND WELLBEING STATUS

Frailty is associate with older age and people with frailty are more vulnerable to adverse outcomes following a relatively minor change or event. **14%** of those 60+ in Argyll and Bute have been estimated to be frail, but this proportion increases with age considerably by age [9].

Crude rates of falls rates in Argyll and Bute are higher than for Scotland, which might be partially accounted for a higher proportion of older people in Argyll and Bute [4]. However, admission rates due to falls for those in specific older age bands e.g. 75-84 and 85+ are also higher in Argyll and Bute [38].

Mental health and illness

19% prescribed drugs for anxiety, depression or psychosis (2019/20) and this proportion increased in recent years up to 2019/20 [23] [5]

Almost **50%** of girls in S4 had abnormal/borderline scores on the Strengths and Difficulties Questionnaire (SDQ) (a measure of Mental Health), asked as part of the Scottish Schools Adolescent Lifestyle and Substance Misuse Survey (SALSUS) [3]. In the 2018 included participation from every secondary school in Argyll and Bute, achieving a more robust sample than in previous years [3]

Admissions due to intentional self-harm in young women (age 15-24) [40].

Suicide

66 suicides were reported in Argyll and Bute (2016-2020) [47] with higher rates in males compared to females and in the most deprived compared to the least deprived areas [41].

Challenges

- Increasing numbers of people with care needs
- Tackle (reduce) inequalities in health and wellbeing
- Management of people with one or more long-term conditions
- Prevention of long-term conditions
- Under-diagnosis of certain conditions
- Accessibility of services for those with sensory conditions
- Mental health support e.g. through mental health first aiders, trauma informed communities and training in suicide prevention.

BEHAVIOURAL FACTORS

As well as deprivation and life circumstances, age and genetic risk, behavioural and metabolic/ clinical risks influence health and wellbeing [4, p. 33] [2, p. A4].

Smoking

14.5% adults in Argyll and Bute are estimated to smoke (95% confidence: 11.1% – 17.8%, 2019) [42]. This has been decreasing but is higher in more deprived areas.

Physical activity, diet and healthy weight [43]

< 1 in 4 (22%) of adults within the Highland Health Board area eat 5 or more portions of fruit or vegetables a day (2016-2019).

66% females and **73%** males meet recommendations for physical activity (2016-2019).

Over a quarter (**28%**) of adults within the Highland Health Board area are obese (BMI 30 or higher, 2016-2019) [43].

75% of children in P1 with healthy weight, lower than for Scotland as a whole (2019/20) [23].

Alcohol and drugs

Hospital stays due to **drug use** in Argyll and Bute have increased in recent years and are more likely in the most deprived areas. Drug-specific deaths have also increased [5] [23].

23% of adults are estimated to drink at hazardous/harmful levels (2016-2019) [43].

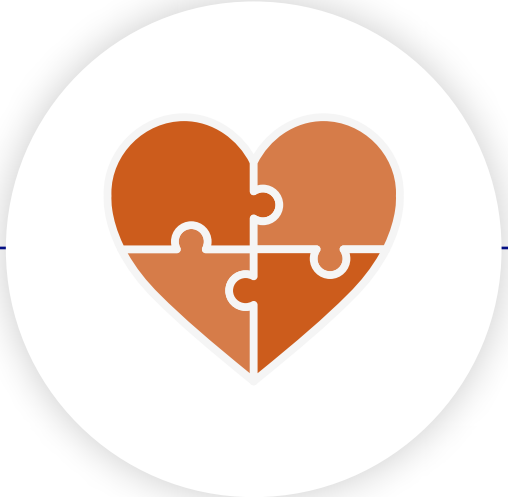
Sexual Health [46]

Health Protection Scotland reported, up to 2019 a reduction in new HIV infections and a reduction between 2018 and 2019 in Syphilis infections, albeit from a peak in 2018. Chlamydia and Gonorrhoea infections show increases in recent years [45].

Rates of teenage pregnancies have been falling [44]. Reducing unintended teenage pregnancy remains a priority for the Scottish Government.

Challenges

- Enable and support behaviour change to reduce risk behaviours
- Address risk factors and inequalities in risk behaviours



IMPACT OF COVID-19

Harms due to COVID-19 can be caused both directly by the disease but also indirectly by changes to or reductions in other health and social care services, by the impacts of social distancing measures or by the economic impact of the pandemic. The Scottish Government has set out what it refers to as the Four Harms of COVID-19 [48]:

1. Direct Health Impact of COVID-19:

The direct impact of COVID-19 refers to the impact of having COVID-19. This includes the disease, hospitalisation, death and long COVID.

16,294 people had tested positive for COVID-19 in Argyll and Bute up to 27th February 2022, which is an underestimate of the total number of people who will have been infected with the virus [52]. The rate per head of population who have had a positive test (19,072.9 per 100,000) is lower than for Scotland (25,448.2 per 100,000).

Sadly, **140** residents of Argyll and Bute have been registered with COVID-19 as any cause of death (occurring between 01 March 2020 and 31 January 2022), for which COVID-19 was the underlying cause in 120 deaths [51]. This is a lower age standardised rate (66.4 per 100,000) than for Scotland (109.5 per 100,000). Rates of death involving COVID-19 have been higher for older people, for those living in the most deprived compared to least deprived areas and in urban compared to rural areas.

The number of people with long COVID in Argyll and Bute is uncertain. Scottish Government modelling projects that, on 6th March 2022, between 1.1% and 2.9% of the population of Scotland would self-classify with **long Covid** for 12 weeks or more after their first confirmed (or suspected) infection [50].

2. Other health impacts:

Other health impacts refers to the impact on delivery and use of health and social care services other than those related to COVID-19.

During the first national lockdown and subsequently, NHS service use reduced in many areas including [48] :

- A&E attendances
- Planned and emergency hospital attendances
- GP attendance

Change in service use could be due to some or all of the following [53]:

- Reduced need
- Reduced demand
- Reduced availability

Waiting lists for new outpatient appointments across Scotland are 49% higher at end December 2021 than end December 2019 [54].

Waiting lists for inpatient or day case admissions across Scotland are 50% higher at end December 2021 than end December 2019 [54].

Excess Deaths

Across Scotland, deaths in 2020 and 2021 exceeded the average for 2015-2019 by 11% and 10% respectively [57]. Around a third of the excess deaths in the first wave were not attributed directly to COVID-19 [53] [56] [55]. In Argyll and Bute, there were 6% more deaths in 2020 than the average for 2015-2019 [57].

IMPACT OF COVID-19

3. Societal impacts:

Societal impacts, relating to restrictions put in place to reduce the spread of the virus all impact on health e.g. through isolation or anxiety.

Harm to children through missing **education** and contact with others is likely to impact most greatly on those from families on lower incomes [58]. There is evidence of an increase in domestic abuse through lockdown [59] and an increase in households applying for crisis grants [60].

Although not felt by all, negative impacts on **mental health**, including deterioration for those with mental health conditions have been described [61], including on children and young people [41, p. 42]. Reported survey data showed high levels of concern over the threat of losing employment [48]. Emerging evidence suggests that physical activity, diet and weight have also been affected [62]. Harm due to substance use may also have increased [63].

There is evidence that those with disability and those asked to shield have also been negatively impacted in many ways including reduced physical activity and increases in anxiety [64]. Older people have experienced increases in **frailty and deconditioning** due to lack of physical activity and increases in cognitive decline [65]. Many **unpaid carers** have lost support but taken on more burden of caring [66].

Health and social care staff, and other keyworkers are likely to have experienced increased pressures at work [41, p. 43].

Some groups are more likely to be negatively affected by restrictions and changes due to COVID-19, widening already existing inequalities in health and wellbeing. Identified groups more likely to experience indirect harm due to COVID-19 include [67]:

- Young people (18-25)
- Women
- People on low-income
- Families with children
- Older People
- People with mental health problems
- People who use substances or who are in recovery
- People with a disability
- People who are homeless
- People in the criminal justice system
- People who are part of the Black, Asian and Minority Ethnic (BAME) community

4. Economic impacts:

The economic impact of COVID-19 is also relevant to health and wellbeing. Many measures of health and wellbeing show an association with poverty or socioeconomic status. Those experiencing reduced income or uncertainty around income may be more at risk of harm to health.

The economic impact of COVID-19 included a large decrease in Gross Domestic Product (GDP) and reductions in employment and income [48].

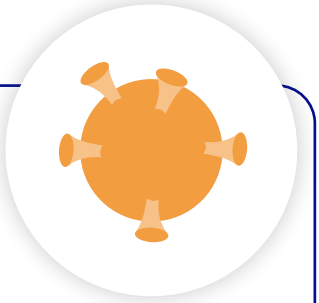
The economy of Argyll and Bute, with a reliance on the tourism industry, may make it particularly vulnerable [68]. The economic impact of COVID-19 is unequal, with those on low incomes and in seasonal employment most at risk and generating widening inequalities in income and employment [67]. There are many links between income, employment and health4 and greater inequalities in income are associated with overall poorer health[1]. Child poverty, which can have long lasting impact on health and wellbeing across the life course, is likely to increase.

IMPACT OF COVID-19

Summary

COVID-19 has, in many ways, impacted most where there was already need e.g. increasing existing inequalities, impacting mental health and wellbeing and increasing waiting times for services. Responses to the pandemic have further accelerated existing changes towards care at home and remote delivery of services e.g. use of online tools to deliver online consultations. There remains uncertainty over the longer term impact of COVID-19.

Evidence for the impact of COVID-19 is still emerging and the full impact is likely to take more time both to occur and to be evidenced.



Challenges

- Impact experienced unequally
- Increase demand for services due to lower uptake during pandemic
- Increased trauma experience
- Staff mental health and wellbeing
- Impact on unpaid carers
- Frailty and deconditioning
- Continuing uncertainty

COMMUNICATION AND ENGAGEMENT

Challenges

- Collated feedback from previous engagement activities suggests a need to improve engagement with the public [2].

ENGAGEMENT - WHAT YOU TOLD US

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?
Think creatively, what would you do?

Stakeholder Group	Service Areas	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 Dysabilities (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 at Care at Home Providers	Conversation Café and Jamboard	31
Public / Open	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 the last 3 years? Where are we now? What has been the 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 the main developments in your area over the next 3 years?

How do we foster collaboration over the next 3 years?

DRAFT PRIORITIES

Staff surveys survey respondents were more likely than not to indicate that the draft priorities were meaningful and that they were aspirational and ambitious

Priorites	Meaningful 75% (n=87)	Aspirational and ambitious 66% (n=88)

Source: Saff Survey 2 results

Saff Survey 1, combined Priorities and Commissioning Intertions: 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

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

> 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

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

Results from the public survey, although from small numbers of people, provided evidence for potential for improvement in areas related to the priorities

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

> I believe they are what we should already be doing
>
> Staff

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

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

- Comprise buzz-words/ difficult language (co-production needs 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

> 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 WE ARE NOW

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

> The people - always the people do their best
>
> Public/Open

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 with 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/Open

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

- **Long waiting time**s (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) was 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/Open

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

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 Public, Provider and Staff engagement feedback.

> 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
>
> Staff

> No nursing home in Oban area, which needs to be looked at
>
> Public/Open

> Crisis in private care provision (POC's)
>
> Providers

> Not enough providers so not much choice of service
>
> Staff

> This is all well and good but the services to support this to happen for young people after diagnosis aren't there? For example if you have a child diagnosed with autism where is the training for parents around this?
>
> Staff

> I think the HSCP do not understand how vastly different service delivery is across the area
>
> Public/Open

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

> Not enough flexibility to 'wrap around' someone leaving hospital or in crisis in community
>
> Staff (CS)

> 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.

> 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)

> 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/Open

The ongoing financial pressures faced by health and social care services was recognised but also, particularly in relation to commissioning, providers highlighted 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

> 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

> 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)

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
>
> Providers

Staff highlighted difficulties with **building space/infrastructure.**

> MAKI office space not fit for purpose. Ongoing longstanding issues
>
> Staff

> Modernising our facilities to ensure they are fit for purpose and ready for the future
>
> Staff (SPG)

This included some perceived limitation in specialist accommodation in the community.

> Not enough suitable accommodation in local areas for Dementia clients
>
> Staff

> Very limited supported living in A and B
>
> Staff (MH&A)

Work culture

There was acknowledge of the focus on work culture after the Sturrock review, with comments highlighting need for further work in this area.

> Not sure if it's possible but perhaps find a way to help each profession to understand the work of the other professions. Help them understand the tasks involved and the unique pressures of each workplace and work type
>
> Staff

> How do you wish to address the challenges of "hierarchy" between health & social care? -from observation whilst there may be efforts to have integration it is a un-balanced see-saw
>
> Public / Open

> Value and celebrate staff input in all sectors, supportive working environment
>
> Staff

THE FUTURE

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

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/Open

> Co-production of services to fit local needs, preferences and available resources
>
> Public/Open

> 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)

Joint working – with partners and community groups

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

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

> Better community integration, possibly with more 3rd sector input
>
> Public/Open

Geographical accessibility (and transport)

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

> Transport issues across the localities
>
> Staff

> Better local access to services
>
> Public

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

Person centred – continuity of provision from a client perspective

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

Staff – (SPG)

> 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/Open

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)

Providers

> Lack of respite resources for carers to give them proper breaks away from caring role

Staff (OA&D)

Quality, safety, governance

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

Providers

> 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)

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

Public/Open

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

FEEDBACK ABOUT THE CONSULTATION

There was feedback on the consultation itself. The limitations of the consultation in the low response rates for the public survey and need for continued engagement was also highlighted.

> Keep jamboard running permanently for suggestions - as long as there is feedback to know this is being listened to - even if don't always agree
>
> Staff

> 28 people to date, in a population of more than 80,000, partaking in a poorly designed poll, is of limited utility. It would be good to hear ideas of more meaningful consultation.
>
> Public/Open

> How do you plan to build partnerships with local "island" communities? You say it is an 'important conversation
>
> Public/Open

> This webinar seems to focus on older adults. What about adults with personal problems or relationship/ family issues?
>
> Public/Open

> More discussion about what is actually needed in the area - its not one size fits all
>
> Public/Open

REMOBILISATION

The remobilisation of services across both health and social care is a Scottish Government priority and frontline staff and managers are working hard to achieve this across the Health & Social Care Partnership (HSCP).

The success of the vaccinations programme has reduced deaths but the ongoing impact of responding to variants of Covid-19 has created a growing backlog of patients waiting much longer for treatment. The HSCP has developed a remobilisation (recovery) plan to reduce the backlog and transform how care is delivered to meet our population need.

The plan will focus on creatively adding additional activity into the system and have a robust waiting list management system ensuring that the most urgent patients receive their care first.

Risks to our remobilisation

- Uncertainty about how the Covid-19 pandemic will develop and the potential impact of future surges on the NHS
- Workforce issues, including the need to make sure that staff have time and support to rest and take leave and concerns about sustainability because of retirals, recruitment challenges, redeployment and having the appropriate skills mix Covid-19
- Concerns about the longer-term impact of Covid-19 on the population and the way in which health and social care services will be delivered. Examples include the resources needed to further develop the role of public health services; the ongoing need for enhanced infection prevention and control measures; and the impact of unidentified and unmet healthcare needs on the demand for services.

The HSCP also plan to introduce a centralised booking service to ensure that patient pathways are appropriate, any variances can be addressed, access is improved for patients and resources are maximised leading to reduced waiting times. A centralised booking service would improve service accessibility and patient care through redesigning:

- Physio / MSK Virtual service (Orthopaedic redesign)
- Ophthalmology imaging hubs and referral onwards to GGC virtual Ophthalmology service
- ENT service where LIH is potentially the hub for all diagnostics including naseo-endoscopes and increased use of Audiology to support virtual appointments/ treatments

Shift to virtual consultations:

- During the Covid Pandemic we have seen an increased shift in the increased use of technology and patients utilising alternative pathways of care and accessing virtual appointments, either via NHS Near me or telephone, patients can also access consultants from other sites using this technology.
- It is vital that as part of the remobilisation the HSCP harness these opportunities to embed and enhance these new ways of working as the blended “norm” where possible and we need to set an ambitious but realistic target across all clinical specialties including AHPs. The NHS Near me infrastructure continues to grow, the TEC team are supporting clinicians to use it and look to further work with NHS Greater Glasgow and Clyde to support the pressure specialities.

TRANSFORMATION AND SERVICE REDESIGN - HOW WILL WE GET THERE?

See Apendix 13- Performance Monitoring for details on how areas will measure progress

CHILDREN'S SERVICES

Current Situation

A vision for children and young people was published last year which is collectively known as 'The Promise' This promise ensures that, over the next ten years, the service will endeavour to ensure that, where possible, children stay with their families and families will be actively supported to stay together. Children and 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. This is immediate and will be the focus over the period of this plan.

As Corporate Parents, we hold the highest level of commitment and ambition for all our care experienced children and young people. We want our children and young people to have the best possible start in life and for Argyll and Bute to be one of the best places in Scotland to grow up.

We recognise that investment in our children and young people is one of the most valuable long-term investments that we can make. By investing our shared resources in the delivery and development of services that focus on prevention and early intervention, we can ensure that children and young people's needs are met at the earliest opportunity and they are supported to achieve their full potential.

This includes our main focus 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.

Challenges

Up to 2020, Argyll and Bute had one of the lowest rates of care experienced children of any Scottish Local Authority. However, since then there has been an increase of 10% while the average increase across Scotland was 4%. Early findings suggest this is a result of the Covid Pandemic.

In addition, Child Poverty continues to be a priority for the Service. The latest statistics for child poverty in Argyll and Bute are that 20.4% of children in our area are in low income households. The Child Poverty (Scotland) sets targets for child poverty for Scotland for 2030 to have less than 10% in relative poverty and 5% in absolute poverty. Current statistics show that of our population, 41,738 people are amongst the 15% most access deprived and more than 10% are in the most deprived areas

How has Covid affected your past and future intentions and priorities?

Before the pandemic, Argyll and Bute had one of the lowest rates of care experienced children of any Scottish Local Authority. However, comparing our increase against the Scottish average we have seen an increase in 10%. This has put particular pressure on the residential high cost care budgets from external placements; It has also resulted in some of our transformation aspirations being delayed. This is evidenced in a change programme to look at changing the balance of care model across the HSCP from external to more fostering.

A number of children disabilities services have had to close due to the pandemic, this has caused financial sustainability pressures for some of our service providers; this has also resulted in delays in completing reviews to ensure that these services are delivering best value outcomes.

The service is focussing on its remobilisation plans and is early in its evaluations of specifically identifying the full impact of the pandemic.

CHILDREN'S SERVICES

What have we done so far?

- We have engaged widely and published a new Children and Young People Service Plan, developed and published a new Corporate Parenting plan, developed a multi-agency approach in drafting and implementing a new Children Services Commissioning Plan. This work is being implemented and is well established and is driven by a robust multi-agency approach.
- Our 3 Children's Houses as well as our Adoption and Fostering Services are graded 5 (Very Good).
- We have developed and gathered feedback survey to be circulated to S2 and S4 school pupils.
- 100% of our Young People leaving care in the last year were offered appropriate housing.
- We have fully embedded all elements of the Universal Health Visitor Pathway.
- We are using the Model for Improvement to test the use of assessment tools and interventions aimed at supporting Children to reach their developmental milestones at 13 – 15 months and 27 – 30 months.
- We are also using the Model for Improvement to test methods to ensure multi-agency chronologies are in place for Children and Young People following an Initial Referral Discussion (IRD) where the decision is to progress to child protection procedures.
- We have initiated a redesign of the Child and Adolescent Mental Health Services (CAMHS) including the deployment of additional staffing which will ensure a clear and accessible pathway is available to all young people in secondary school.
- We have developed GIRFEC (Getting It Right For Every Child) infomercials by young people for use in schools to promote understanding of the Named Person role and the National Well-being indicators.
- In line with "Best Start" we provide continuity of Midwifery care to women across Argyll and Bute.

What do we plan to do?

- We will ensure Children and Young People are provided with opportunities to evaluate current services and influence the planning of future services.
- We will ensure that what matters to children and families are at the heart of change.
- We will ensure that services actively listen to families and provide a whole family support service.
- We will ensure that planning, investment and information is shared widely.
- We will ensure that our workforce is supported and focus will be on building capacity for long term sustainability.
- To ensure that the focus for change is aimed at addressing child poverty and within a context of Children's Rights agenda.
- We will implement the redesign of CAMHS (Child and Adolescent Mental Health Services) to improve access to and the responsiveness of local community based services.
- We will oversee and align the self-evaluation of services involving Children and Young People under the Children and Young Peoples Services Plan to provide greater uniformity when identifying multiagency and single agency performance measures.
- We will place Looked After and Accommodated Children (LAAC) closer to their families and communities.
- We will ensure young people's views are listened to and acted upon.
- We will make greater use of the Model of Improvement to ensure long term sustainable changes are embedded in practice.
- We will prevent Children and Young People coming into care through prevention, early intervention and effective alternatives.

CHILDREN'S SERVICES

Priorities Year 1

- Continue to deliver on the Children and Young Peoples Service Plan.
- Continue to deliver on the Corporate Parenting Plan.
- Continue to monitor and evaluate progress in all our service plans.
- Develop transformation aspirations for the Service.
- Develop programme of change in relation to the Children's Promise Change programme.
- Continue to engage with Children and staff on transformation agenda.
- Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.
- Continue to act as a conduit for information and resources on Equally Safe / Train/ National initiatives for managers and staff.
- Develop project plan for Transforming Responses to Violence against Women and Girls Project.

Priorities Year 2:

- Implement 2nd Year Actions from Children Promise Change Programme.
- Report on Performance of outcomes.
- Deliver on the project outcomes for transforming responses to Violence against Women and Girls.

Priorities Year 3:

- Implement 3rd Year Actions from Children Promise Change Programme.
- Monitor performance of Children and Young Peoples Plan.
- Evaluate and report on service plans and transformation projects.

CHILD POVERTY

Current Situation

In 2019 we produced Argyll and Bute's first Child Poverty Action Plan; this has since been reviewed in 2020 and 2021.Fiona Davies (Chief Officer for the HSCP) is the Lead Officer on Child Poverty and a multi-agency Child Poverty Action Group (CPAG) exists to support the work outlined in the plan and to identify new initiatives to tackle the drivers and impacts of child poverty.

Challenges

The Scottish Government has set child poverty reduction targets for 2023 and 2030; a number of factors have made achieving these more challenging. Chief amongst these are the effects of the Covid-19 pandemic and the UK's withdrawal from the European Union.Many measures that can be seen to contribute to child poverty, such as the level of Universal Credit are decided at a national level but the way in which benefits are managed locally can act to provide some mitigation. The challenge is how to do this effectively within the financial and people resources that we have within Argyll and Bute. Other factors include the budgetary restraints faced by local authorities and the challenges of supporting a population that has an ageing demographic and many remote and rural places including 23 inhabited islands.

How has Covid affected your past and future intentions and priorities?

Covid-19 has had a significant impact on child and family poverty, with many families already in poverty finding their situations worsening and others having to rely on benefits such as Universal Credit for the first time.

CPAG members were unable to meet during much of 2020 due to demands on members from Covid-19 contingencies. However they engaged strongly in areas of work that were aimed at protecting vulnerable children and families including: increasing the reach and uptake of key benefits; working with the Caring for People Group; delivering food to children and supporting the work of the Argyll and Bute Food Forum; offering educational and welfare support to children and young people.

Covid-19 has influenced the direction and importance of some of the elements relating top child poverty: food vulnerability and how we meet that need; employability and what measures are in place to help parents, young people, people with disabilities and other vulnerable groups; benefits and the mechanisms to deliver these (Flexible Food Fund / Automated School benefits); method of working for partners such as Advice Services and third sector (more online and virtual); increased need to meet digital poverty.

Covid-19 will make it more difficult to reduce child poverty and meet the targets set for this by Scot Gov., in 2023 and 2030.

CHILD POVERTY

What have we done so far?

- We have developed a Child Poverty Action Plan that sets out what we are doing locally to tackle child poverty; we review this every year. This plan and other actions are guided by a multi-agency Child Poverty Action Group.
- We have engaged with children and young people via School Councils to gain their ideas and views of the plan. We have produced child friendly versions of the plan. We look to engage with community groups and are currently doing this, for example, via the Living Well networks.
- Community and staff awareness of child poverty is important, as is their knowledge of how it is being tackled in Argyll and Bute. We use events like Challenge Poverty Week to get information out via media posts and other methods. We have also developed a Council Child Poverty Website that provides information on the plan and links to key sources of support relating to housing, benefits, employability, domestic abuse etc.
- We have recruited to a child poverty and young carer project.
- We look to act across a wide range of areas, such as housing, food and fuel poverty, by having a broad range of members from those sectors. We recognise that employability and benefits are important areas and these are represented in CPAG.
- We recognise the importance of the third sector in tackling child poverty and a number of key agencies are represented in the CPAG and contribute to planned work, for example ALIenergy and TSI.
- We know that training to raise the awareness of staff about poverty is important; they need to be able to respond to service users with empathy and respect. It is also important for them to be able to ask the difficult money questions well and signpost people to where they can get support and the right kind of advice.Money Counts training has been developed for use in Argyll and Bute and will be rolled out to a wide range of staff. We have also commissioned Awareness Raising Training and this should begin to be rolled out to staff in 2022.

What do we plan to do?

- Continue to develop the Child Poverty Action Plan and work around tackling the three Drivers of Poverty.
- Develop a Data Base that allows us to measure changes in the level and nature of child poverty locally and identify groups and communities that require focused interventions from key services.
- Look at ways in which the impacts of poverty can be mitigated, seeking to identify gaps and help to create a focus on these.
- Develop and roll out Poverty Awareness Raising Training to a wide range of staff.

CHILD POVERTY

Priorities Year 1

- CPAG to continue to meet and develop actions to tackle the three drivers of child poverty.
- Look at impacts of Covid-19 and EU exit; consider what actions are required by the CPAG and its members to address these.
- Produce a formal communications and engagement plan.
- Begin to deliver Money Counts training to staff in Argyll and Bute.
- Review the Child Poverty Action Plan and assess progress on key areas of work.
- Begin to develop a Data Base to improve monitoring and focus of resources locally.

Priorities Year 2:

- Further develop the role and purpose of the CPAG and consider resource issues.
- Begin to roll out Poverty Awareness Training to staff.
- Establish Data Base and begin to use it to improve the work of the CPAG and services locally.
- Review the Child Poverty Action Plan and consider what is required to meet the Scot. Gov. child poverty reduction targets in 2023.
- Use Communications and Engagement Plan to improve community engagement with child poverty work in Argyll and Bute.

Priorities Year 3:

- Review the Child Poverty Action Plan and report to Scot. Gov. on progress on meeting their targets for 2023.
- Reassess actions and plan how the next Scot. Gov. Targets in 2030 are to be met.
- Review the Communications and Engagement Plan.
- Review staff training and development needs in the area of child poverty.
- Look at changes in Argyll and Bute over the last three years, in terms of demographics and the economy / employability. How do these changes impact on the work and actions of the CPAG and its members?

CHILD PROTECTION

Current Situation

The core business functions of a Child Protection Committee (CPC), as set out in the National Guidance for Child Protection in Scotland 2014, as applied to local needs and practice, provide a working framework for the CPC Improvement Plan:

Continuous Improvement

Policies, procedures and protocols

Self-evaluation, performance management and quality assurance

Promoting good practice

Training and staff development

Strategic Planning

Communication, collaboration and co-operation

Making and maintaining links with other planning

Public Information and Communication

Raising public awareness

Involving children and young people and their families

Leadership & Governance

The national Child Protection Improvement Programme emphasises leadership and governance as a key function of the CPC.

The improvement process described in the Plan takes direction from the Care Inspectorate's 2012 quality framework How well are we improving the lives of children and young people. The Improvement Plan sits within the wider context of integrated children's services planning and Getting it right for every child, promoting the ethos that "child protection is everyone's job", in line with the GIRFEC approach.

The actions detailed in this Plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below**.**

Key items we want to deliver over the period 2021- 2023 are as follows:

- Provide clear and visible leadership of multi-agency work to identify and protect our most vulnerable children and young people.
- Continue to focus on self-evaluation and continuous improvement
- Continue to embed practice toolkits in daily practice and develop the quality of child protection plans.
- Build our joint approaches to protect and support children affected by Domestic Abuse, Parental Mental Health and Addictions.
- Improve communication and engagement with our communities.

This strategic plan is linked to the Children and Young Person's Service Plan 20-23 and the key priorities we want to deliver are:
Priority 1

GIRFEC Leadership and Communication- CPC plan is linked to our Outcome 1- CPC provides effective leadership and direction in CP and is accountable for its actions

Priority 2

Early Help and Support- Linked to our outcome4- we effectively identify children at risk and share info timorously and act together to protect them from harm Priority 3

Mental Health and Wellbeing- linked to our High Risk Work plan Priority 4

Children and Young People voices- link to Outcome 7 – engagement with children families and communities.

Challenges

- Staff availability has affected some actions being progressed timorously as a result of Covid and staff absence or diverted to Covid related activity.
- The priorities have remained the same and overall the strategic plan has progressed well in its first year, however due to staff changes in adult services we need to prioritise the progress of interface between adult and children's services.
- The service is focussing on its remobilisation plans and is early in its evaluations of specifically identifying the full impact of the pandemic.

How has Covid affected your past and future intentions and priorities?

Child Protection services have continued to be delivered by all relevant agencies taking into account national guidance on Covid-19 and risk assessments.

The CPC strategic plan continues to be progressed apart from one area where the availability of staff has been impacted by Covid-19, The Child Journey Audit, which will remain in the plan given it is a 21-23 timescale.

CHILD PROTECTION

What have we done so far?

- CPC has continued to deliver child protection training via Microsoft Teams.
- DA Pathway launched , audited and now embedded.
- New information leaflets designed by children via a competition in schools.
- Young Person Support & Protection protocol review initiated and staff and young people consulted via survey.
- Reflect & learn concept approved and 2 have been carried out so far this year.
- 100% of our Young People leaving care in the last year were offered appropriate housing.
- In line with "Best Start" we provide continuity of Midwifery care to women across Argyll and Bute.
- We have fully embedded all elements of the Universal Health Visitor Pathway.
- Audit activity has continued with 8 weekly audit of IRD and 1 CP Plan audit.
- Comms to children and parents/carers re.National 'For Kid's Sake' campaign ran twice and online safety campaigns.
- Advocacy work has continued for children on the CPR.
- CPC annual Conference on Sexual Abuse and Sexual Exploitation planned for 09/06/22.
- Monthly CPC chat lead by Lead Officer CP has continued, which promotes communication between CPC and frontline staff and managers.

What do we plan to do?

- Staff feedback via CPC members.
- Audit activity.
- Self Evaluation focus groups planned for February 2021.
- Self Evaluation focus groups planned for February 2021.
- Training carried out.

CHILD PROTECTION

Priorities Year 1

- All new CPC members will receive a CPC induction pack and will meet with Lead Officer to discuss the role of the CP and expectations of CPC members All CPC members will attend CPC development sessions to contribute to the role and function of the CPC members will be required to demonstrate through the delivery of the CPC improvement plan that information is being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to CPC.
- Produce and implement a biennial strategic improvement plan which will be monitored by the PQA using a RAG system. Red actions will be reviewed by PQA and reported to CPC.
- Multi agency training will be delivered using a tiered approach to learning which will include: General contact workforce, Specific contact workforce and Specialist contact workforce.
- Develop and implement training framework which supports practitioner knowledge and confidence in working with CSA which includes CSE and child trafficking.
- DA Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.
- Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present.
- Advocacy services will engage with children on the CP register to understand their experience and to provide the CPC with recommendations as to how things can be improved.

Priorities Year 2:

- Local ICR/SCR guidance will be updated to reflect changes in national practice and to provide practitioners with clear learning pathways (this work will be undertaken with APC colleagues.
- Receive, evaluate and act on performance and QA reports CPC & PQ&A Quarterly CPC will have a framework to implement good practice and develop QI approaches to improvement based on existing good practice Multi agency dataset developed based on national minimum dataset and used by CPC to analyse data. Use improvement methodology and test of change to dig deeper into the data.

Priorities Year 3:

- The current strategy runs until 2023, Year 3 will see a new CP Strategy.

VIOLENCE AGAINST WOMEN AND GIRLS

Current Situation

The Violence Against Women and Girls Partnership (VAWP) is a multi-agency group set up to address domestic abuse and other forms of gendered violence.The partnership also encompasses a number of sub groups including: Training, Working with Men and Domestic Abuse towards Women with Learning Disabilities. An overarching objective is to meet the Equally Safe Standards in Argyll and Bute. The VAWP is represented on the National VAWP Forum.

Challenges

Covid-19 produced a number of challenges and saw domestic abuse cases increase whilst Court systems to address these were working at a reduced capacity and in a virtual manner. The VAWP moved from quarterly to fortnightly meetings to ensure closer inter-agency working and faster responses. Examples of this would include posters and media information put out to advice women of supports available. Also Women's Aid working closely with housing to provide accommodation for women fleeing from violence and members continued their services online.

Key third sector partners, such as Women's Aid and Rape Crisis, have been challenged by having to meet an increased demand for their services due to Covid-19, which has not been linked to a similar increase in resources.

An ongoing challenge for the work of the VAWP has been a shortage of resources and funds. This has restricted the delivery of identified training needs and service improvements.

The absence of a MARAC (Multi-agency Risk Assessment Conference) was seen as a challenge to achieving the objective of protecting women and girls. This has now been rectified and an effective process is in place.

How has Covid affected your past and future intentions and priorities?

Covid-19 prevented the VAWP meeting face to face but this has continued on a virtual basis. It also caused meetings to move from quarterly to every 2 weeks at its peak.This allowed for faster response to need and better interagency cooperation. Meetings continue to be virtual and now occur every 6 weeks.The pandemic does appear to have helped to develop closer working relationships; for example between Housing and Women's Aid.

Covid-19 has meant that more work delivered by key agencies has had to be done online and this continues. This has been proven to be beneficial to some service users and less so to others. This makes the need to increase digital accessibility across Argyll and Bute more important.

Covid-19 has also impacted on the work of key third sector partners with workloads increasing due to levels of trauma and domestic violence rising. This creates a pressure on their existing resources and this will be flagged to Council and other funding bodies.

Covid-19 has also demonstrated the need to deliver on the Equally Safe national Standards in Argyll and Bute and this will have resource implications for the VAWP. Whilst the monies from the DES Fund will go some way to meeting training needs that will improve services, other areas of work are not funded adequately. For example monies are needed if a communications plan is to be put in place and consultation and engagement occur more frequently with communities and lived experience groups.

VIOLENCE AGAINST WOMEN AND GIRLS

What have we done so far?

- The VAWP has developed its membership and now includes a wide range including; Police, Fire and Rescue, Colleges and Universities, Health, Social Care, Housing, Education, Adult and Child Protection and key third sector partners.
- The VAWP has contributed to the national agenda by its Chair attending the National Forum and the partnership taking part in relevant actions and consultations.
- Close working has taken place between member organisations during the pandemic to the benefit of women and children affected by domestic abuse. Monies were achieved via the Flexible Fund for Women's Aid and Rape Crisis, to assist this work.
- A VAWP led group is looking at the issue of domestic abuse and women and girls with learning difficulty and is currently identifying training and practice issues.
- The work of the MARAC continues to be developed and is enhancing the safety of those women at highest risk of domestic violence. A further roll out of training on the DASH model of assessment is planned.
- Training is planned to improve interventions with perpetrators by Justice Service Workers.
- Annual Returns are made by the VAWP to the Improvement Service.
- The VAWP Lead and Chair are working with the Community Justice Lead to ensure that the work of the partnership is properly integrated into the Argyll and Bute Community Justice Plan.
- The VAWP has supported and advised on the introduction of a Domestic Abuse Policy for Council employees and the introduction of a Domestic Abuse Pathway.
- The need for the introduction of the Safe and Together Model to Argyll and Bute services has been promoted to the Chief Executive, Head of the HSCP and Heads of Service and has been agreed as a key area of development. A bid was submitted to the Developing Equally Safe Fund to achieve this and this was successful; £68,582 was granted and will cover a Safe and Together initial roll out. It will also cover a wide range of other training including: Routine Enquiry, Awareness Raising, Working With Men and Harmful Traditional Practices. This will take place over a period of 2 years from mid October 2021. Also encompassed in this work will be a research project that will look at the effectiveness of these actions and the views of lived experience people, staff, managers and perpetrators.
- The 16 Days of Action were marked by a range of local actions including the lighting up of Statues and Buildings and a poster competition within schools.

What do we plan to do?

- A major area of work in the next 2 years will be the delivery of the Transforming Responses to Violence Against Women and Girls Project that is supported by the DES Fund bid monies. A Programme Board will be established to facilitate this. Use of the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool and Evaluation Framework at the start of the 2 year service transformation project will allow us to assess how services are currently working. This process will be repeated at the end of the 2 years and will allow for evaluation of change. The proposed research project by will add to this evaluation process and ensure the inclusion of lived experience voices.
- Develop our Data Base to more readily show the work of the partner agencies and emerging trends in domestic abuse and other gender based violence areas.
- Review the Equally Safe Plan for Argyll and Bute.
- Improve communications with lived experience and community groups and put in place a LBTQI Plan.
- Work to improve the services to women and girls with a learning disability who experience, or are at risk of experiencing, domestic abuse. This will focus on training for key teams and individuals and improving pathways.
- Work to improve how staff work with men in cases where there are domestic abuse and related child protection issues.

VIOLENCE AGAINST WOMEN AND GIRLS

Priorities Year 1

- Establish a Project Board to oversee the delivery of the Transforming Responses to Violence Against Women and Girls Project.
- Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.
- Establish working groups to facilitate training and other aspects of the transformation project.
- Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.
- Roll out of the Safe and Together Model to commence.
- Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.
- Roll out of DASH training to relevant workers.
- Review the Argyll and Bute Equally Safe Plan.
- Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.
- Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.

Priorities Year 2:

- Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in October 2022.
- Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.
- Research Project relating to the transformation project to continue.
- Other training areas to be delivered including: Awareness Raising; Routine Enquiry; Harmful Traditional Practices; The Impact of Domestic Violence on Children and Working with Men.
- Achieve improvement in services and pathways relating to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.
- Review progress of the transformation project and the delivery of the Equally Safe Plan.
- Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.
- Have in place a Communications and engagement plan.

Priorities Year 3:

- Completion of the Transforming Responses to Violence Against Women and Girls Project. Project Board to carry out the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool and evaluate progress.
- Completion of the Research Project by Dr Anni Donaldson. This to be published and add to the evaluation process relating to the Transforming Responses to Violence Against Women and Girls Project.
- Consider the funding needs of the VAWP in relation to key work areas and develop and submit a further bid to the next round of the DES Fund.
- Review the Argyll and Bute Equally Safe Plan.
- Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.

ADULT PROTECTION

Current Situation

Last year the Partnership was subject to joint inspection of adult support and protection (ASP), one of 26 adult support and protection inspections to be completed between 2020 and 2023.

Such inspections aim to provide timely national assurance about individual local partnership areas' effective operations of ASP key processes, and leadership for ASP.

The inspection addressed 2 key Questions

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

The findings from the Inspection focussed on a range of issues and now comprise an Improvement Plan. The areas include Chronologies, Risk Assessment and Protection Plans, Three Point Test and Capacity Assessment, Case Conferences and Reviews and timescales, Second Worker Guidance, Fire and Rescue inclusion and development, and further training and development.

Challenges

Covid: Operations have been challenged throughout the pandemic; such challenges have included home working, office closures, access to home visits, safety and a changed environment.

Staffing: Pressures on staff activity have been difficult and challenging. The Adult Protection Committee (APC) intends to explore this issue through development events later this year to consider how this might be alleviated.

Inspection: The inspection process was difficult for many of the above reasons particularly file reading arrangements, and demands made on professional and administrative staff during a school holiday period and Pandemic regulations.

Retirement of Lead Officer: The Lead Officer of some five years has retired and replacement is now complete. The authority has also seen major change in both senior management and locality management arrangements.

How has Covid affected your past and future intentions and priorities?

During the Covid-19 pandemic staff time and resources were particularly affected prompting the HSCP to think of new and innovative ways to protect the most vulnerable in our community from harm. In line with the national picture, Argyll and Bute HSCP 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. However, teams strived to offer a consistent service across all localities.

Although we experienced challenges during the pandemic it strengthened the relationship between partner agencies and the HSCP. An example of this was that the Strategic Leadership Team formed the COVID-19 Caring for People Tactical Group which was made up of third sector agencies, the Community Planning Partnership, Argyll and Bute Council Customer Services, NHS Health Improvement Services and the Voluntary Sector. Collaborative working included weekly meetings with our partners who coordinated over 1,000 volunteers to support vulnerable adults. It also developed a communication strategy during the pandemic to encourage adults to use registered voluntary agencies when seeking support during shielding. The Lead Officer for ASP was an active member of this group and regularly reported on the CSWO in relation to Adult Protection activity. Links to the voluntary sector were enhanced throughout the period. The Committee has continued to meet and good information through newsletter and information support has been provided. Consideration as to how best to support our staff and communities will receive regular focus.

ADULT PROTECTION

What have we done so far?

- Provided a biannual Committee Development Session.
- Monitored impact of covid on adult protection issues.
- Produced a Monthly Newsletter on issues pertinent to ASP.
- Addressed financial harm, establishing an APC sub-group and ensuring regular information on the subject.
- Contributed to the Multi-agency Risk Assessment Conferences (MARAC) awareness training.
- Presented a Large Scale Investigation (LSI) Learning event.
- Ensured staff protected on investigations etc, and noted no real fall in referrals and activity.
- Provided training for Council Officers.
- Provided training on Defensible Decision Making.
- Presented a modern day slavery awareness event.
- Developed further awareness and understanding of Older People Abuse.
- Focused development of AP multi –agency awareness.

What do we plan to do?

- Ensure standardisation and improve quality of chronologies and risk assessment across the Partnership.
- Encourage in person participation in ASP case conferences where appropriate and safe to do so.
- Ensure appropriate use of trained second workers from Health and other disciplines.
- Ensure regular use of case studies and Significant Case Review (SCR) Findings.
- Explore further staff support and trauma aware practice.
- Improve knowledge and understanding of ASP process across the Partnership and raise awareness of this within the Community.

ADULT PROTECTION

Priorities Year 1

- Meet the Improvement Plan targets arising from Inspection.
- Implement Code of Practice changes.
- Implement guidance for Primary Care and GP's.
- Progress audit activity, case files.
- Develop issues arising from Initial Case Reviews, LSI findings.
- Develop 'escalation' policy.
- Support staff and communities as recovery from Covid regulation emerges.

Priorities Year 2:

- Develop improved data collection based on national dataset activity.
- Review SCR guidance and Code of Practice changes.
- Continue audit and review rolling programme.
- Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.
- Continue staff support and contact programme.

Priorities Year 3:

- Monitor likely impact of national developments, mental health law review, national care service and other safety activity in trafficking etc.
- Develop enhanced service user/ citizen involvement in processes and policy.
- Continue process of review and audit.

COMMUNITY JUSTICE

Current Situation

Since the introduction of the Community Justice (Scotland) Act 2016 placed statutory duties on a range of partners to work together to reduce/prevent reoffending there have been significant shifts in direction for justice services. These shifts have been led by the national organisation Community Justice Scotland.

Community justice is a multi-agency improvement response to reducing/preventing reoffending, the complex needs of those involved in the justice system requires a wide range of services including: housing; addictions; mental health; employability and skills; and, third sector partners.

Argyll and Bute established a local Community Justice Partnership, chaired by the Chief Executive, membership includes all named statutory partners, Argyll & Bute Third sector Interface and Community Justice Scotland. The focus of the membership activity has been in relation to understanding our statutory duties and Justice Social Work developments, delays occurred due to the impact of the pandemic however the Justice Social Work Community Justice Delivery Plan will be finalised by March 2022.

Our community justice improvements focussed on Justice Social Work multi-agency planning because a significant range of the national improvements are delivered by them locally including:

- Community Sentences
- Diversion
- Bail Support
- Structured Deferred Sentences

The Argyll and Bute Community Justice Partnership will now take forward the development of a local Community Justice Outcome Improvement Plan and redefine our focus from April 2022.

There are a range of national drivers for the Argyll and Bute Community Justice Partnership to consider during 2022-2023, these include:

- Publication of the Scottish Government Vision for Justice (February 2022)
- Publication of a refreshed Scottish Government Community Justice Strategy and related Performance Framework (expected Spring 2022)
- Publication of a refreshed Scottish Government Equally Safe Delivery Plan (Violence Against Women and Girls)
- Reviewing the justice connections to support delivering The Promise
- Reviewing the Argyll & Bute approach and response to youth justice

Challenges

- The impact of the pandemic in relation to taking forward and implementing improvements
- The extensive range of partners and stakeholders involved in delivering improved community justice outcomes
- The extensive cross-cutting nature of effective community justice strategic planning across the wide range of partners
- The fast paced developments at a national level and how that translates into local improvement activity
- Resourcing improvements has been constricted by the current Scottish Government funding model
- Ongoing reviews of key national strategic documents

The Argyll and Bute Community Justice Partnership will consider these challenges during 2022-2023 when developing the next local Community Justice Outcome Improvement Plan

How has Covid affected your past and future intentions and priorities?

Prior to the pandemic a range of improvements and consultations were planned in relation to Justice Social Work, these halted during periods of restrictions, however Justice Social Work continued to provide their core service to people on community sentences and those being released from prison on statutory orders.

One key development during the pandemic was the finalisation of the Information Sharing Protocol between the Scottish Prison Service and Argyll and Bute Council, facilitating the transfer of information on what local citizens had entered prison and those due for release within 12 weeks. This has provided opportunity to develop our prison Custody to Community pathway in a more informed way with the ability to understand numbers and needs.

The Community Justice Partnership began meeting again in May 2021 and have taken the opportunity to review functions and delivery of statutory duties. Forward planning and implementation is now underway again.

COMMUNITY JUSTICE

What have we done so far?

- We have analysed the connections between Justice Social Work delivery and Community Justice developing a draft improvement plan for 2022-2024.
- Secured funding from the Corra Foundation to review our prison Custody to Community Pathway.
- Developed strategic links into the Alcohol & Drugs, Community Safety and Violence Against Women & Girls Partnerships.
- Contributed funding to a two year research project led by the Violence Against Women & Girls Partnership which will include understanding victims experiences with additionality to review the behaviours of men who perpetrate violence against women and girls.
- Developed strong partnership working with the national body Community Justice Scotland.
- Undertaking a review of the Community Justice Partnership to refresh our focus in light of the new national Justice Strategy and the pending Community Justice Strategy.

What do we plan to do?

- Support and monitor the implementation of the Justice Social Work Community Justice Improvement Plan.
- Finalise the Argyll & Bute prison Custody to Community Pathway and develop a monitoring process.
- Strengthen strategic links with other partnerships and develop new strategic links with Third Sector, Children's Services (Youth Justice), Employability, Welfare and other key partnerships.
- Support the Violence Against Women & Girls research project to learn from the experiences of women and improve our responses to men who perpetrate violence against women and girls.
- Continue to work with Community Justice Scotland, in particular, to respond to the publication of the new national Community Justice Strategy and Outcomes Performance and Improvement Framework (expected by June/September 2022 respectively).
- Produce a local Community Justice Outcome Improvement Plan and related performance framework.
- Embed an approach of continuous improvement in the functioning, delivery and outputs from our Community Justice Partnership.

COMMUNITY JUSTICE

Priorities Year 1

- Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.
- Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.
- Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.
- Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.
- Implement the prison Custody to Community pathway, including performance reporting and monitoring.
- Finalise the review of our local Community Justice Partnership.

Priorities Year 2:

- Implement and monitor our local Community Justice Improvement Plan and performance framework.
- Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.
- Review the learning from the second phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.
- Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.

Priorities Year 3:

- Implement and monitor our local Community Justice Improvement Plan and performance framework.
- Review the progress of the Justice Social Work (Community Justice) Improvement Plan, support future developments.
- Implement and monitor the improvements related to the jointly commissioned Violence Against Women & Girls research.
- Implement improvements to the Community Justice Partnership identified through the Care Inspectorate validated self-evaluation.

PUBLIC HEALTH

Current Situation

The role of the Public Health Team (PHT) in Argyll and Bute is to prevent health problems from arising and to enable people to lead healthy and active lives. The PHT works closely with the Public Health Department in Inverness. The PHT has an annual operational plan and publishes an annual report of activity. Key areas of work include:

- Health intelligence and data analysis, for example, regular epidemiology reporting
- Covid-19 pandemic response, for example, delivery of testing programmes
- Health improvement and community development, for example, leadership for the Living Well Strategy, suicide prevention and financial inclusion; plus delivery of national priorities for prevention including smoking and healthy weight
- Alcohol and Drug Partnership
- Health and care service improvement, for example, health screening, community engagement for service change and professional advice on equalities

Challenges

Managing the pandemic response and delivering existing portfolios has been challenging and has involved ongoing re-prioritisation of work since March 2020. Some topics were ceased as staff were redeployed, for example, NHS Highland Tobacco Strategy, supporting the Violence Against Woman Partnership and Equally Safe Strategy, and supporting the HSCP response to Adverse Childhood Experiences (ACEs). This situation remains uncertain and dynamic but there is hope for a shift back to core business from 2022 onwards.

A Covid-19 needs assessment carried out by PHT intelligence staff identified significant impacts arising from the pandemic, these include: mental health problems, employability, the economy and poverty. NHS Highland's Social Mitigation Plan endorsed by the board in May 2021 provides a framework to mitigate these impacts.

How has Covid affected your past and future intentions and priorities?

The following Health Improvement workstreams were not delivered due to Covid-19:

- Reduce tobacco related harm by delivering actions in the NHS Highland Tobacco Strategy
- Represent Public Health on Violence Against Women Partnership - VAW- Equally Safe Strategy
- Develop capacity in services and partners to develop a planned and effective approach to the ACEs agenda
- Workforce development and capacity building for PH activity, for example, Living Well self-management of long term health conditions, equalities, engagement

Ongoing PHT activity is delivered in a planned way and outlined in an annual operational plan. This plan is informed by: national PH priorities and new policy direction, NHS Highland objectives, HSPC priority areas, and community identified priorities.

Covid-19 and the resulting mitigation measures widened health inequalities for our most vulnerable. Going forward, more of our work will be focused on prevention and social determinants of health.

Staff have gained valuable skills, knowledge and experience in dealing with the pandemic which will be utilised as we move into a business-as-usual environment – we expect Public Health staff to be the last to transition back to 'normal'.

PUBLIC HEALTH

What have we done so far?

The PHT has a dedicated website **ablivingwell**

The annual report of activity for 2020-21 can be found in the Resources and Publications section.

- Delivery of Lateral Flow Testing and PCR testing programmes in the community in accordance with Scottish Government strategy.
- Daily and weekly detailed Covid-19 epidemiology reporting.
- Co-ordinating Caring for People community resilience response, including responding to 4,102 requests from the public and the delivery of 45,000 food parcels.
- Developing an emotional support helpline and thereafter commissioning third sector colleagues to engage with people in receipt of mental health services to evaluate how the pandemic had impacted them.
- The PHT conducted a scoping exercise by engaging with staff to complete a survey designed to identify gaps in knowledge around health screening (50 frontline Mental Health and Learning Disability staff and 19 Primary Care staff completed the survey).
- 73 successful smoking quits were recorded by the Stop Smoking Advisors using technology and innovative approaches to deliver their service.
- The PHT supported the implementation of the Scottish Government 'Every Life Matters' Strategy on Suicide Prevention, within the heightened economic and social pressures felt by individuals throughout the COVID-19 pandemic.
- The PHT collaborated on the development and implementation of an NHS Highland wide Social Mitigation Plan.
- Data and evidence to target effective interventions in response to Covid-19 was carried out by the Public Health Data Intelligence Specialists and reported within the Covid-19 Needs Assessment. Intelligence was gathered on direct health impacts of Covid-19, other health impacts, societal and economic impacts.
- In 2019 their key output was the Joint Strategy Needs Assessment.
- The PHT supported the completion of the Equalities Outcome Framework mainstreaming report to meet the Scottish Specific duties of the Equality Act and refreshed the Equalities Outcomes in partnership with Argyll and Bute Council and NHS Highland in summer 2021.
- HIV and other sexually transmitted infection support services continued to be delivered by Waverley Care with oversight and monitoring from the PHT.

What do we plan to do?

Public Health work is planned according to HSCP and board wide needs and well as national policy. An annual Public Health workplan is developed for Argyll and Bute, some of these actions roll forward each year set out in our priorities overleaf.

PUBLIC HEALTH

Priorities Year 1

- Develop joint Health Improvement plan between Argyll and Bute and north Highland.
- Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.
- Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation.
- Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.
- Respond and deliver national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland.
- Alcohol and Drug Strategy actions – reduce drug deaths; recovery orientated support.

Priorities Year 2:

- Continuation of previous year's activity and new activity to be agreed in partnership.

Priorities Year 3:

- Continuation of previous year's activity and new activity to be agreed in partnership.

RIGHT CARE RIGHT TIME

Current Situation

Right Care Right Time

The above programme is a transformation area, previously known as Unscheduled Care. This means anyone attending or admitted to hospital that wasn't planned. Our ambition is to ensure we do provide the right care, in the right place at the right time.

The programme is currently looking at two key areas of improvement for patients;

- Enhancing community services to keep people at home, carry out increased assessment at home rather than in hospital and to increase re-ablement and independence to reduce dependency on care at home.

Minimising delay when in hospital with robust community pull back home, a streamlined and clear process for planning discharge and aiming to reduce the need for admission for some procedures, this can be known as Interface Care.

Links with Prevention Programme and Primary Care Modernisation is crucial.

What do we plan to do?

Scottish Government Winter Pressures funding is to address these key areas

Delayed Discharge

- Number of people delayed in their discharge from hospital
- Significant reductions in delayed discharge and occupied bed days
- No's to interim care, no's moved on from interim care and average length of stay

Staff

- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute

Assessment

- Increase in assessments carried out at home rather than hospital
- Evidence of a reduction in the number of people waiting for an assessment
- Evidence of a reduction in the length of time people are waiting for an assessment

Care at Home

- Numbers waiting for assessment of care
- Numbers waiting for care
- Unmet hours reduced

TEC/Equipment

- Increase in the use of community equipment and technology to enable care, or other digital resources to support care provision
- Evidence of resource to support the use of technology and digital resource

RIGHT CARE RIGHT TIME

Priorities Year 1

- USC leadership post in place
- Localities will have agreed actions plans to support the two key areas of improvement.
- Plan and progress spend on the recurring funding from Scottish Government.
- Established working groups with capacity to progress change and support localities
- Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re abling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission.
- Enhance clinical education for all staff , develop skill mix, apprenticeships and health care support worker skilled roles
- Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need.
- Performance metrics regular reported on.
- Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.
- Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.

Public engagement;

- What do our communities want to increase support unpaid carers?
- What do communities want from HSCP community teams?
- Agree model that assist us to move towards a National Care Service.

Priorities Year 2:

- Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.
- Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.

Public engagement;

- What do our communities want to increase support unpaid carers?
- What do communities want from HSCP community teams?
- Agree model that assist us to move towards a National Care Service

Priorities Year 3:

- Implementation stage

ADULT CARE-OLDER ADULTS/ ADULTS AND HOSPITALS

Current Situation

The overarching message from this strategic direction is to ensure older people are viewed as a valued asset 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 and that older adults can live in their own home or in a homely setting- home first. 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.

Challenges

This has been an extremely challenging year for older adult, adult services and hospital services across Scotland.

There has been an impact due to staff fatigue, staff having to isolate, loss of availability of staff from abroad and competition from other sectors of industry opening up again following lock down.

Hospitals have had to cope with the pandemic and Covid-19 patients, a presentation of more severe illness once restrictions lifted and staff fatigue and burn out. Infection control has had an impact on bed numbers, safe practice and the delivery of care.

Care homes have been working hard to maintain a safe environment for their residents, but many have had periods where admissions have been halted due to the need for caution and overall the occupancy figures have reduced. This reflects the national picture.

Day services have been closed since April 2020, reducing availability of support to unpaid carers.

Cares services have been met with recruitment difficulties and a diminishing workforce, with waiting lists for service being apparent.

Severe staff shortages have meant that services are currently being delivered through a range of different teams. There has however been an impact on hospital discharges and the delivery of re-ablement in the community. The level of service is also being reduced to only meet critical needs and the impact of this may affect other parts of the system including the impact on unpaid carers.

People with dementia have been particularly affected by the pandemic, with national evidence of the impact of isolation and disrupted routines.

Community alternatives to support statutory services are only just beginning to be taken forward.

How has Covid affected your past and future intentions and priorities?

The past year has posed many challenges for people and services across Argyll and Bute, with Covid-19 restrictions requiring service delivery to change and by reducing the social elements available to people in the community.

A range of services have lost significant numbers of staff, with recruitment remaining the key challenge to ensure services are able to deliver a safe and sustainable service going forward.

An Assurance Group has been meeting throughout the pandemic, with membership from a range of disciplines, Scottish Care and the Care Inspectorate. Any immediate risks in care at home services or care homes are raised at this meeting with appropriate advice guidance and support being actioned.

Additional funding through the Scottish Government under the umbrella of Unscheduled Care has been allocated to the partnership and priorities are being developed to ensure the opportunities for service redesign and ways of attracting and recruiting staff are established.

Funding is being targeted at processes to ensure flow of people through the system from community to hospital and out to community as quickly as possible.

A new way of delivering service to the front end of care at home has been commissioned with a mobile team being established in a number of areas. This type of service will be monitored to learn from what works well and how service changes could be instigated to ensure recruitment and retention of staff through changes to the commissioning process.

Additional support is also being delivered through dedicated nursing posts focusing on care homes.

We are working closely with the Scottish Government to develop a service for people with long covid.

ADULT CARE-OLDER ADULTS/ ADULTS AND HOSPITALS

What have we done so far?

- Diagnostic tests available for clinicians within clinical settings have been a growth area over the last decade. Technology has enabled a wide range of tests to become available, with variable degrees of sensitivity and reliability.
- Point of care testing (POCT) is defined as an analytical or physiological test performed at or near the site of patient care. In Argyll we rely heavily on POCT particularly in our community hospital Emergency Departments"
- Development of a robust assurance function for care homes and care at home service. This included the development of a Care Home Task Force a partnership with care homes and colleagues across the HSCP/NHS/Council.
- Increased and improved partnership working with external care providers.
- Establishment of an Older Adult Strategy Group to support and drive forward an Older Adult Strategy.
- Establishment of an Older Adult and Dementia Reference Group to ensure community engagement becomes part of the overall planning and development process.
- Re-establishment and redesign of day services providing a focus on critical respite for unpaid carers.
- Establishment of a Care at Home Strategy Group with a short term and longer term action plan taking account of immediate pressures and to plan for future development.Re-focus of the Care Homes and Housing work-stream to identify the need and direction of commissioning for the future.
- Appointment of an Unscheduled Care Lead to ensure all elements of hospital discharge and prevention of admission are standardised and integrated.
- Initial work is taking place to establish plans for the islands, taking account of the Island's Act and developing unique island solutions beginning with conversations on Coll, Mull and Tiree.
- Been part of the Place Based Review for Dunoon and Rothesay looking at how health and social care services fit with the wider place based approach.
- Implemented the Enhanced Community Dementia Team model in 3 localities within Argyll and Bute. Developed an operational framework for the service and recruited key posts to develop the Enhanced Service. This key service is still developing.
- Agreed proposals to permanently fund a 24 hour responder service with agreement that solutions are required for our island communities. The increased responder service will also respond to uninjured fallers within their homes and prevent unnecessary hospital admissions.

What do we plan to do?

- Over the next year we aim to introduce Colon Capsule Endoscopy (CCE) which is an additional supporting diagnostic test, which alongside optical colonoscopy is a highly accurate tool for investigating lower gastrointestinal (GI) disease. When a complete test is performed, CCE is no less effective than colonoscopy, and creates additional capacity to healthcare services with the aim of reducing waiting times for all lower GI diagnostics. In Argyll and Bute this will benefit patients by reducing patient travel to Oban for Endoscopy which can be really difficult especially after Bowel Prep.
- Over the next 2 years we aim to strengthen the strategy for governance and maximise the use of POCT across Argyll and Bute.
- Expansion of access to day treatments in our hospitals to reduce hospital admissions and use of inpatient beds.
- Our nursing workforce is being examined and establishment settings reviewed ensuring the right size, right skills workforce across all our hospital and community services.
- Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.
- Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.
- Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services.
- Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.
- Develop a strategic and inclusive approach to Dementia within Argyll and Bute which sees supporting people with dementia in our communities as essential and part of everyone's role.
- Developing a meaningful conversation with islands around our health and care services.Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other.
- Encompass this within our commissioning strategy.
- Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure.
- Develop parts of our preventative model through use of Primary Care Link workers.
- To work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.
- Review the use of Extended Community Care Teams and link them to other community services.
- Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute.
- Develop an Older Adult Strategy.

ADULT CARE-OLDER ADULTS/ ADULTS AND HOSPITALS

Priorities Year 1

- Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.
- Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.
- Develop an Older Adult Strategy.
- Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other.
- Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.
- Review the use of Extended Community Care Teams and link them to other community services.
- Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute.
- Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.

Priorities Year 2:

- Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.
- Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services.
- Developing a meaningful conversation with islands around our health and care services.
- Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure.
- Develop parts of our preventative model through use of Primary Care Link workers.

Priorities Year 3:

- Develop a strategic and inclusive approach to Dementia within Argyll and Bute which sees supporting people with dementia in our communities as essential and part of everyone's role.
- Encompass this within our commissioning strategy.

LEARNING DISABILITY SERVICES

Current Situation

There are approximately 377 Adults living with a learning disability and/or autism spectrum diagnosis known to Health and Social Care services within Argyll and Bute. 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 and/or autism across Argyll and Bute.

Providing effective support for people with learning disabilities and/or autism in ways that address their personal outcomes is a priority for the Argyll & Bute Health and Social Care Partnership (HSCP). Whenever possible, we will work to support people to live healthily and well within their local communities, with their families and friends. We will seek to enable people with learning disabilities to enjoy good physical and mental health, making use of facilities and activities available locally, in partnership with local groups and organisations from across the sectors.

Our shrinking population, recruitment and retention of health and social care staff and rurality of Argyll and Bute, presents many challenges to the delivery of learning disability and autism services.

Challenges

There are number of challenges that Argyll and Bute Health and Social Care Partnership's Learning Disability and autism services face:

- Recruitment and Retention issues across all Health and Social Care disciplines; T&C's, wages stagnated, limited career progression opportunities,
- Lack of appropriate housing models for service users, and affordable housing options to attract health and social care staff to the area.
- Limited autism specialist services and resources across A&B
- Limited employment opportunities and community assets for individuals with LD/ASD
- Increasing demand for services

How has Covid affected your past and future intentions and priorities?

The covid pandemic has had a significant impact on all health and social care services across Argyll and Bute. Much of the focus during the pandemic has been on crisis intervention and delivery of operational services to individuals with learning disabilities and/or autism.

As a result of national restrictions many of our support services were required to reduce capacity and limit face to face delivery of services. This has greatly impacted on the social isolation of many of the vulnerable people that we support.

As restrictions have lifted, services are now seeing the longer impacts of the covid pandemic and lockdown restrictions.There has notably been a deterioration in the mental health and wellbeing of many individuals as a result of a prolonged period of isolation. This creates additional challenges for relatively small operational teams and already stretched health and social care services.

LEARNING DISABILITY SERVICES

What have we done so far?

- Development of additional Core and Cluster models across A&B for Learning Disability services.
- Initiated the review and redesign of internal LD Day Services staffing structures across Argyll and Bute, to ensure equity and consistency across locations and ensuring they are fit for the future.
- Increased oversight and voice of LD & Autism services following the HSCP management restructure.
- Improved our communication and engagement with communities and service users, through the newly established HSCP Engagement Framework.
- Improved management of transitions cases through re-establishment of the Disability Transitions Group and better transition links with schools.

What do we plan to do?

- Review and redesign of LD Day Services across A&B, working in partnership with H&SC staff, care providers, service users, carers and wider communities to develop future models of support.
- Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.
- Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.
- Further develop and improve communication and engagement with service users, carers, providers and H&SC to support the co-production of alternative models of care.

- Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).
- Further development of specialist Core and Cluster housing to support individuals with complex needs and reduce the requirement for individuals to be placed out with the area.
- Sustain and improve the positive and dynamic relationships with external providers and support services.
- Increase the uptake of Self Directed Support, through delivery of enhanced training to staff and development of easy read information for service users and/or carers.
- Reduce stigma in relation to learning disability and autism through delivery of joint training and/or awareness raising for staff across the HSCP.
- Implementation of the actions set out in the Learning/ Intellectual Disability and autism – Recovery and Transformation Plan.

LEARNING DISABILITY SERVICES

Priorities Year 1

- Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.
- Review and redesign of LD Day Services across A&B, working in partnership with H&SC staff, care providers, service users, carers and wider communities to develop future models of support.
- Implementation of the actions set out in the Learning/Intellectual Disability and autism – Recovery and Transformation Plan.
- Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.

Priorities Year 2:

- Increase the uptake of Self Directed Support, through delivery of enhanced training to staff and development of easy read information for service users and/or carers.
- Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.
- Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).
- Reduce stigma in relation to learning disability and autism through delivery of joint training and/or awareness raising for staff across the HSCP.

Priorities Year 3:

- Further development of specialist Core and Cluster housing to support individuals with complex needs and reduce the requirement for individuals to be placed out with the area.

MENTAL HEALTH SERVICES

Current Situation

There are increasing numbers of people living with mental health problems in our communities and an increasing demand for support and care services centred on all areas of mental health. Specifically,

- in-patient beds for people with severe and acute episodes of mental ill health
- Community services to support people living at home.

It is well recognised that anticipatory and crisis care planning reduces admission to a hospital bed and a positive therapeutic environment supports recovery. A multi-disciplinary team approach provides more efficient and effective care in the community and new technologies can support care delivery.

Recruitment to specialist mental health professionals and care support workers remains challenging.

Challenges

- Increasing demand for services.
- Recruitment to specialist mental health professionals.
- Recruitment to care/support workers.
- Delivery of care in a large wide spread geographical area.
- Ability to provide a response to acute episodes of care out with normal working hours.

How has Covid affected your past and future intentions and priorities?

We have continued to work towards our priorities; however during Covid many barriers to change were lifted which accelerated our implementation, such as Near Me platform. This promoted our ability to deliver interventions remotely and reduced travel requirements for our staff, increasing the capacity of our teams depending on previous travel requirement, This has prompted us to think about how we retain this and although not suitable for all or that all our patients like this delivery model, will assist us to deliver more interventions.

Many of our groups and face to face delivery of services ceased unless clinically determined required, this has impacted on social isolation and understanding the nuances such as body language, environment and carer input that is important in seeing the whole picture in mental health support.

The Scottish Government have been giving much focus on MH and Addictions services since Covid and the full extent of Covid on our populations mental health is yet to be fully understood. Mental health referral rates were increasing prior to Covid and teams struggled to meet pre-Covid demand for services, however through remobilisation and renewal, the Scottish Government have directed our priorities going forward. To date this has a focus on child mental health, psychological therapies, eating disorder pathway, perinatal mental health and primary mental health care and we will continue to work alongside our colleagues to remobilise in line with the directives and priorities highlighted.

MENTAL HEALTH SERVICES

What have we done so far?

- Completed a review of our Community Mental Health Teams recommendations of which (still subject to approval) will be actioned via our Mental Health and Dementia Steering group.
- Identified resource to deliver the Wellness Recovery Action Planning (WRAP) approach to enable people to self-manage their mental wellbeing.
- A dedicated mental health/addiction housing practitioner post, fully funded by housing, will continue to provide support and linkages between housing and support services.
- Recent Islay trial of 'Near Me' the use of video consultation to support primary care mental health workers and clients.
- Agreed a new locality based consultant model of care.
- Establishment of inpatient beds within Mid Argyll Community Hospital (July 2018).

What do we plan to do?

- Continue to support the statutory requirement of Mental Health Officer duties within services.
- Ensure consistency of agreed method of engagement with service users, carers and other relevant representatives.
- Refine and implement local Mental Health Strategies.
- Implement the locality based consultant model of care and work to resolve recruitment difficulties. This has been completed in 2021, each locality now has an adult general consultant attached to the community team. There is also a new Addictions consultant's.
- Continue to explore new technological ways of delivering therapy and support. We have a digital footprint of cCBT, Silver Cloud and digital CBT all available in A&B. During Covid the use of and roll out of Near Me digital secure platform was accelerated to allow us to provide therapy and support to our patients throughout the pandemic.
- Further develop the review and implementation of Community Mental Health Teams across Argyll and Bute. Teams are being streamlined where psychological therapies are becoming aligned to the newly recruited Consultant Psychologist, Primary care teams are embedding alongside GP surgeries, MHOs and MH SW are managed as an A&B wide service and Crisis teams are established in localities.
- Increase crisis interventions in the community to reduce risk and to manage hospital admissions safely, if required. In the last year of development, all localities have access to urgent and emergency practitioners, they work between the hours of 10am to 8pm 7 days per week and will undertake all mental health crisis assessments, can provide increased support for up to 14 days, refer on to third sector or statutory services or arrange and escort patient to hospital if required.
- Work with Primary Care colleagues to help support the roll out of anticipatory and preventative care strategies associated with the new GP contract. Primary care team as detailed above have been established in each locality, they are working toward piloting self-referral pathways to maximise timely assistance and help.

MENTAL HEALTH SERVICES

Priorities Year 1

- Progress planned developments associated with Transforming Together agenda for mental health.
- Community Mental Health Services review and outcomes.
- Psychological Therapies – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.
- The primary care mental health team have also realigned to work across GP surgeries and to support those presenting with mild and moderate mental health concerns. This team have a MDT approach and have a wellbeing nurse, OT, guided self-help worker and primary mental health worker in each locality.
- Care Reviews.
- Inpatient services – addition of a consultant psychiatrist for the inpatient unit 3 days per week. Recruitment of RMNs remains fragile due to the national shortage and the inpatient environment holds large vacancies, support around recruitment and retention is well under way across NHS Highland.

Priorities Year 2:

- Establish clear pathways to keep patients in local hospitals before transferring to acute units and further developcommunity supports and strategies, aimed at supporting individuals to remain at home and in their community and ensure effective admission and discharge planning.
- Urgent and emergency teams embedded in OLI, MAKI and C&B for all MH crisis presentations and support between the hours of 10am to 8 pm 7 days per week using Action 15 monies. The team also provide an escort support for those who need to progress to hospital under MH (Scotland) Act 2003.

Priorities Year 3:

- Consider and consolidate standardisation of processes; roles and responsibilities; care and support co-ordination and utilisation of effective training and delivery models (i.e. specialist / generic), as appropriate to support mental health and dementia services locally.
- Further scoping of leadership and management of teams have enabled operations managers across the service, to ensure less variation and to support standardisation of process and to reduce barriers to pathways, this will continue once remobilisation of services progress.

PRIMARY CARE (GENERAL PRACTICE)

Current Situation

There are 31 GP practices in Argyll and Bute, with a registered patient population of 89,154 as at 1 July 2021 .

The new GP Contract was introduced in April 2018 requiring service redesign delivered by a wider multi-disciplinary team. The national priority is to reduce the workload of GPs and practices by the HSCP delivering services.

These services will be delivered by clinicians such as Pharmacists, Physiotherapists and Nurses

There are 6 main streams to this work, with the national priority for the first 3, with a target date ofApril 2022.

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care (Advanced Practitioners)
- Additional Professional Roles
- Community Link Workers

This will see extra funding of £2.9 Million per year.

The past year has also seen the delivery of the COVID vaccination campaign by HSCP teams. While not part of the 2018 GMS contract, this comprises an important part of the vaccination workstream. At April 2022, COVID vaccinations, some childhood immunisations and some CTAC services are being delivered by HSCP teams. Pharmacotherapy, Physiotherapy, Mental Health and Community Link Worker services are in place covering the majority of the population of A&B.

It is recognised that there are challenges in implementing the new GP contract in Argyll and Bute within a remote rural and island context, and an options appraisal has been approved by Scottish Government enabling us to explore rural flexibility.

General practice has remained open throughout the pandemic within a safe physical environment. New innovative ways of working to support patients to access care, for example, the introduction of telephone triage and the use of remote consulting (Near Me) has changed the way patients access care while social distancing and other infection control measures are required.

The recruitment of a head of primary care in October 2021 brings new opportunities to develop the support infrastructure for general practice in Argyll and Bute.

Challenges

- The provision of Out of Hours primary medical services in our isolated and remote island communities
- The ageing workforce and increasing vacancies in our GP practices. When considered alongside the need to provide GP OOHs, means it is more difficult to recruit GPs
- Developing new service models and recruiting other clinical staff to allow the transfer of work from GP practices to HSCP staff
- Insufficient levels of funding available under the primary care modernisation agenda to deliver all aspects of service redesign as set out by the 2018 GMS Contract
- Delays in delivering the services outlined in the 2018 GMS contract
- Delivering the extended flu and Covid vaccination campaigns
- Using technology to offer support and provide a service to staff and patients
- Provision of robust fit for purpose IT systems required for the delivery of modern GP Services
- Sourcing adequate fit for purpose accommodation across A&B for new MDT ways of working
- Encouraging recruitment to GP and new MDT posts within A&B
- Developing clinical leadership and developing structured links between general practice and the HSCP

How has Covid affected your past and future intentions and priorities?

- All GP Practices remained open during Covid pandemic. GP Practice contingency plans and local buddying arrangements between GP practices established.
- New innovative ways of working to support patients to access care while social distancing and other infection control measures are required
- Telephone triage, Near Me and Asynchronous Consulting
- Telephone triage of all contacts – majority of contacts resolved without face to face appointments where clinically appropriate
- Face to face appointments more appropriately directed across the primary healthcare team
- Investment in hardware to support remote working and consulting carried out by all disciplines (GP, ANP, PN, Pharmacists, Physiotherapists, etc)
- Development of safe physical environments, red room pathways, social distancing
- Uncertainty remains around the future of the COVID and flow navigation pathways
- Community Pharmacies have provided patients with access to their medication during the pandemic, including extending deliveries to shielding patients. The pharmacies have also been providing advice on minor ailments, medicines use and with extension of pharmacy first free access to treatment for uncomplicated Urinary Tract Infection in women and Impetigo.The pharmacy team have supported medicines use such as oxygen in hosptials & Red Rooms as well as supporting the planning for the covid vaccination programme along with supply

PRIMARY CARE (GENERAL PRACTICE)

What have we done so far?

- Developed a Primary Care Modernisation Programme Board reporting to the IJB.
- Pharmacotherapy teams are in place to provide a new medicines management service within most GP practices in each locality. Teams comprise of pharmacists and pharmacy technicians.
- A plan for a primary care nursing team with posts located either in community hospitals or in GP practices has been agreed in consultation with individual GP practices to support community treatment and care and vaccination transformation within existing primary care modernisation funding.
- Agrees and partly appointed to an HSCP primary care nurse management structure to oversee the transformed delivery of vaccinations, community treatment and care and some aspects of urgent care within Argyll and Bute.
- First Contact Practitioner Musculoskeletal Physiotherapists are in post are providing a service to some practices in each locality. Where the service is in place, patients benefit from quicker access and treatment, reducing unnecessary referrals to GPs.
- A fixed term first contact practitioner post has been recruited to with the specific purpose of extending the reach of the existing primary care musculoskeletal service to remote and island GP practices through more effective use of technology opportunities.
- To help address specific recruitment challenges to the pharmacotherapy service a remote hub model has beencreated in Helensburgh. The hub run by Pharmacy technicians & Assistants with pharmacist oversight will provide a minimum consistent level of service to all practices.
- A Primary Care Mental Health Service is now operational for some GP practices in all localities providing time limited intervention for patients with common mental health problems. There is a monthly average of 90 patients now referred to this service.
- Facilitated closer working between GP practices across Argyll and Bute including Lochgilphead and Inveraray, Helensburgh and Garelochhead and the 3 Islay practices.
- Merged the GP Practices on the Isles of Mull and Iona and recruited GPs to the new Mull and Iona Medical Group under an independent General Medical Services Contract.
- Undertaking a review of the strategic plan for the provision of primary medical services for the patients of Kintyre Medical Group.
- Creation and implementation of 3 Whole Time Equivalent (WTE) Advanced Practice Anticipatory/ Emergency Care Nurses working in partnership across 5 GP Practices within Helensburgh and Lomond Locality.
- Developed a network of GP Cluster Quality Leads in each locality, supporting organisational priorities.
- Developed a network of Clinical Lead GPs across Argyll and Bute.
- Investment in General Practice to enable the use of telephone triage and remote consulting.

- Investment in General Practice to improve telephony.
- Established locality wide GP Out of Hours (OOHs) services in all mainland areas, centred on the local hospital. Continued to support the single island service on Islay.
- A 3 year contract to commission a Community Link Worker service for 10 GP practices in Argyll and Bute has been awarded to We are With You (formerly Addaction). The service will take referrals from primary care teams and use a person-centred social prescribing approach to strengthen the link between primary care, other health services, and community resources.

What do we plan to do?

- Complete the development of a combined CTAC and vaccination service covering all practices in A&B. With flexibilities for rural practices.
- Develop a highland-wide travel vaccination service.
- Extend a self referral option for primary care mental health services to additional GP practices. This is being successfully piloted in 1 GP practice in each locality.
- Produce a primary care mental health plan in collaboration with Mental Health.

PRIMARY CARE (GENERAL PRACTICE)

Priorities Year 1

- Establish immunisation teams to administer vaccines in all localities and assess recruitment priorities based on the impact on workload of delivering Covid vaccines and the additional flu vaccine cohorts.
- Develop an HSCP model for travel health and travel vaccinations.
- Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care.
- Implement transitional arrangements where practices continue to provide some services.
- Provide information of what services will not transfer from GP practices as an outcome of the rural options appraisal process. The Scottish Government and SGPC will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022.
- Contribute to review of sustainable services on the island of Coll.

Priorities Year 2 and 3:

- Ensure that locality based vaccination teams and campaign planning are sufficiently robust to deliver Vaccination & Immunisations and Childhood Vaccination in line with their removal from GP practices from 1 April 2022.
- Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitionary service arrangements (including additional payment arrangements).
- Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.
- Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.
- Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.
- Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.

DENTISTRY SERVICES

Current Situation

Argyll & Bute's Public Dental Service can be split into two distinct groups: Dental and Oral Health Improvement. The department is currently adapting to a new departmental management team, having been without a Dental Nurse Manger for circa two years and an Operations Manager for a number of months, prior to staff coming into post. The Oral Health Improvement Manager was overseeing all operations until this point.

The department is remobilising, however remains below pre-pandemic throughout owing to fallow time, rebalancing and clinical staff moving out with the Board area. This has caused a very finely balanced team to have a reduced skill mix and ultimately led to a reduction in service offer and provision.

We, the DMT, are working with the leads for each area to increase productivity, engagement and morale within the department.

PDS is currently without an Assistant Clinical Dental Director, although we have successfully interviewed, we await confirmation of a start date. The new post holder will be 0.5 WTE compared to the outgoing post holder who was WTE. The post holder will have no clinical component, holding line management and governance of the clinician peer group

We currently do not have a pathway for sedation services, although we have staff training underway and shortly to begin to deliver Inhalation Sedation services. Both Orthodontic providers have signalled their end dates, with the Clinical Dental Director, working with colleagues in north Highland to explore service provision and how best to deliver this care in Argyll & Bute.

We have one site, Campbeltown, who are an Outreach Centre for BDS5 undergraduate dental students. This is by means of SLA with Glasgow University but budgets remain exceptionally tight having not been renegotiated since the programme's inception.

Each of our sites require some form of investment in infrastructure, this varies significantly site-by-site. We have alerted Estates to areas of high priority but staffing continues to be a barrier in undertaking these works, rendering some of these sites un-operational.

Recruitment is ongoing. Argyll and Bute's recruitment experience reflects the national picture of recruitment and retention within the dental sector. We are currently exploring and actively advertisement of fixed-term part-time posts. PDS may be in a better position than some Board areas as current part-time colleagues have expressed an interest in increasing their contracts to WTE if possible. With this in mind, work in underway to ensure PAYS in establishment are utilised to increase access to dental care.

Challenges

The challenges A&B Public Dental Service face are:

1. Capital investment: most sites require investment in kit (chairs, sedation delivery equipment, ventilation, windows, doors, flooring to highlight a few). The budget constraints are significant with recurring savings further reducing the departments ability to invest in clinical spaces and align them to current IPC guidelines.
2. Lack of access to eESS and SSTS: The department is still paper based. We have no access to SSTS and simple annual leave processes are still carried out in card format. Electronic platforms were piloted but this was not extended to PDS. This has a huge impact on day-to-day operations. Electronic systems would negate the need to have paper copies for month end to be posted to Payroll. It would also enable those with line management responsibilities have better oversight of the department and reduce any cross-over of clinicians holidays, therefore ensuring year-round provision.
3. Upskilling the workforce: Courses are difficult to fund and also access. Many have been postponed by NES during the pandemic response. This has extended the anticipated time frame for service delivery in areas such as sedation provision.
4. Rebalancing of patients in MAH.

How has Covid affected your past and future intentions and priorities?

Covid has been highly disruptive for the PDS, resulting in no clear vision of where the departments ambitions were. The department was simply reactive as opposed to proactive. There resulted a lot of discontent and AfC staff members were untrusting of those previously within DMT. Some clinical staff are unwilling or are resisting change, being in the form of a more visible and tangible managed service, preferring remote and rural service provision that they had become accustomed to delivering.

Priorities of the PDS are the fostering a culture of openness, transparently and highlighting staff development. COVID service recovery has slowed the move towards electronic reporting systems for annual leave. Ever changing regulations and pressures from staffing are very resource consuming. However, this further highlights the need for investment in the department to align PDS with other departments in terms of IT and infrastructure.

Operationally, we continue to recover routine services and explore domiciliary care, island provision and provision for priority groups. This is an extensive scoping exercise which includes posts in establishment currently vacant, in order to move this forward.

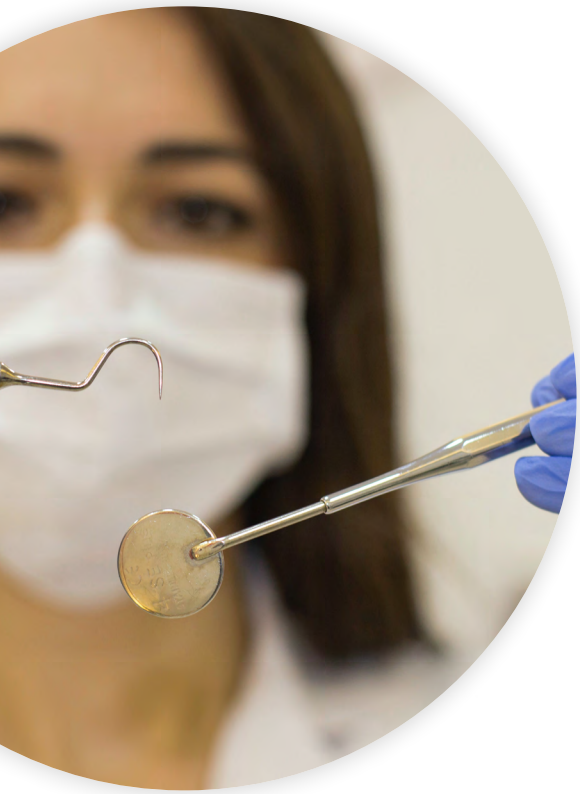
DENTISTRY SERVICES

What have we done so far?

What have we done so far:	What means of achieving this:
• Team building	• Virtual DMT meetings. • Increased visibility of SMT on location.
• Improving and standardising processes	• Working alongside SDO to update and ensure policies are current. • Streamlining admin processes • Representation at new working groups and established working groups across HSCP area. • SOP in progress for electronic leave reporting.
• Shared decision making and increase communication	• Peer to peer weekly meetings to increase cross pollination and highlight need for leads to work together. • Increase communication with Admin Team. • Increased visibility of SMT on location. • Active engagement with colleagues, action planning and pathway for feedback.

What have we done so far?

What have we done so far:	What means of achieving this:
• Increase access to priority groups • Increase sustainability and eco-friendly processes • Infrastructure improvement: site specific • Team and service development	• Work alongside Management Accountant to ensure PAYs in establishment are filled and give maximum patient access for budget allowance. • Recruit to fixed term part time posts to increase presence on island communities, further increasing access to priority groups. • Increase the profile of prevention methods and incorporate Childsmile into routine PDS care, drawing upon Oral Health Improvement Teams expertise. • Introduce electronic platforms to A&B PDS. • Representation at working group level. • Work alongside Transport in scoping move to electric fleet. • Cross working and information sharing with North Highland PDS on recycling dental waste streams initiative. • Liaise with Estates for processes and SOPs to ensure compliance with co-habited sites external contractors and also in-house works. • Training in sedation services for staff groups • Capital funding for Inhalation Sedation equipment and radiography equipment • Exploration of innovative treatments such as Sodium Diamine Fluoride to reduce General Anaesthetic referral rate and also increase engagement with paediatric population group. • Explore enhanced dental practitioner training opportunities with NES for PDS dentists providing domiciliary care. • Formal management training. • HND in Dental Nursing qualification for Dental Nurse Manager.



DENTISTRY SERVICES

Priorities Year 1

- Post-covid recovery.
- Restarting all non-urgent care.
- Identification of service needs and associated development.
- Development of current services for Island communities and priority groups.
- Increasing access for patients in assisted and looked after accommodation settings.
- Increase skill mix in association with in-house training and also NES partners.
- Team building.
- Standardising processes.
- Fixed term recruitment in Orthodontic services.
- Scoping of in-house development of SDO for Orthodontic services.
- PAYs in establishment take to advert to increase staffing numbers.
- Capital funding application for service improvements.
- Co-located sites, increase communication with co-operate bodies and GDP services.

Priorities Year 2:

- Development & Implementation of inhalation sedation services
- Team Training of Intravenous Sedation services.
- Sustainability focus: fleet and recycling dental waste.
- Increase skill mix in association with in-house training and also NES partners.
- IT and telephony platforms – train and develop staff use and knowledge.
- Implementation of standardising processes.
- Development of verifiable in-house training event.
- Capital funding application for service improvements.

Priorities Year 3:

- Development & Implementation of intravenous sedation services.
- Sustainability focus: increase/move some fleet vehicle to electric and standardise recycling dental waste streams as appropriate.
- Develop Special Care and Paediatric pathways of care.
- Service change from paper to electronic platforms.
- Implementation of verifiable in-house training event.
- Capital funding application for service improvements.

ALCOHOL AND DRUG PARTNERSHIP

Current Situation

The Argyll and Bute Alcohol and Drug Partnership (ADP) is a partnership of statutory and voluntary organisations working together to achieve a reduction in the harmful effects of alcohol and drugs on both individuals and the wider community. Alcohol and drug support is available in all localities throughout Argyll and Bute provided by our integrated Argyll and Bute Addiction Team (ABAT) and by We Are With You, an external provider of community based adult substance use recovery services. Our delivery goals and strategy are led by the Scottish Government Rights, Respect and Recovery **(https://www.gov.scot/publications/rights-respect-recovery/documents)** and the National Drugs Mission fund **(https://www.gov.scot/publications/national-drugs-mission-funds-guidance)**

VISION

Argyll and Bute is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:

- have the right to health and a life free from the harms of alcohol and drugs
- are treated with dignity and respect
- are fully supported within communities to find their own type of recovery

PREVENTION AND EARLY INTERVENTIONS	DEVELOPING RECOVERY ORIENTED SYSTEMS OF CARE	GETTING IT RIGHT FOR EVERYBODY	PUBLIC HEALTH APPROACH TO JUSTICE.
OUTCOME: Fewer people develop problems with alcohol and drug use	**OUTCOME:** People access and benefit from effective, integrated, person-centred support to chieve theirr recovery	**OUTCOME:** People affected by alcohol and drugs use will be safe, healhy, included and supported	**OUTCOME:** Vulnerable people are diverted from the justice system wherever possiible, and those within justice settings are fully supported

Challenges

Partnership working is often challenging. Each partner in the ADP, although working towards common goals, have different structures, cultures, aims, values and data sharing protocols. Some may be working within different legislative frameworks which define their powers, their duties to provide specific services and the targets and outcomes that they are expected to meet.

How has Covid affected your past and future intentions and priorities?

- Some services have not been developed further due to Covid; however a service has been in place.
- Alcohol Brief Interventions have been on hold?
- We would hope to increase the outreach that has been made necessary because of Covid, enabling people to access services without having to travel to a location.
- Some partners have disengaged due to Covid pressures and we will aim to rebuild and strengthen the partnership.

ALCOHOL AND DRUG PARTNERSHIP

What have we done so far?

- The ADP governance structure has greatly improved but our aim is to continually improve and strengthen the partnership, maintaining input from people with lived and living experience.
- Recovery communities expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activities.
- Funding has been provided to extend the Scottish Government counsellors in secondary schools program to children in primary 6 & 7.
- Links have been strengthened through the creation of a Recovery Steering Group which aims to represent all of the Recovery Communities and develop a collective voice on their behalf.
- Both ABAT and WAWY have staff trained to distribute Naloxone to individuals & their family members. Both teams also provide Injecting Equipment Provision (IEP) utilising outreach and click & collect approaches.
- The existing school-based support service has continued, though the service has had to adapt due to Covid-19 restriction, with access to the schools limited in many cases. Services have been innovative in their use of social media, instant messaging, text, phone video-conferencing and meeting outside of school grounds.
- The ADP has recently received the results of a needs assessment to inform the development of services for children and young people in Argyll & Bute.
- Family Support groups have been setup in Helensburgh, Cowal, Bute and Oban.
- We Are With You have developed new ways to reach individuals and families who need support using telephone and video appointments.
- The Custody to Community Pathways for people leaving Prison and returning to Argyll & Bute is aimed at ensuring all are provided with Naloxone on liberation.
- We are working with Planet Youth and partners in Education on the Icelandic Prevention Model pilot.
- A dedicated mental health/ addiction housing practitioner post, fully funded by housing, will continue to provide support and linkages between housing and support services.

- We have initiated Scotland's first peer led Recovery Advocacy programme. This has been developed by a partnership of Scottish Recovery Consortium, Lomond & Argyll Advocacy Service and REACH Advocacy.
- Where appropriate prison addiction staff contact ABAT to continue clinical treatment in the community. This approach has worked well for the continuation of prescribed methadone and buprenorphine.
- A Substance Misuse Liaison Service has improved access to treatment. Pathways have been developed within A&E departments. This has worked in tandem with the new Emergency and Urgent Mental Health. Access to the weekly The Non-Fatal Overdose (NFOD) report allows follow up with individuals who are either not known to service or not currently on caseload.
- The ADP has supported the S3 Drama 2021/22 programme, both financially and by attending a number of the events, for several years. The yearly programme is a partnership approach between Health and Education where a drama production, pupil workshop, three lessons plans, a Q&A with service providers and a pupil resource booklet are provided for each S3 pupil. In the last three years this has been part of a roadshow delivered around October.Due to the pandemic the initiative was scaled back to include a live online drama production facilitated by classroom teachers and delivered in March 2021 followed by three lesson plans. The drama production covers a wide range of issues including alcohol use, sexual exploitation, sexuality, mental wellbeing, self harm and other key issues.Previous evaluations have consistently demonstrated that pupils are better informed of services and have found the medium of drama particularly effective.
- Cool2Talk is a web based question and answer service aimed at 12 – 25 year olds. The service answer questions posted on a website within 24 hours. The questions received are varied and cover topics such as emotional and physical health, alcohol and drugs, sexuality and many others. The most commonly asked questions focus on emotional health and dealing with stress. The ADP has been the main funder of this service for a number of years. Although there are only a few questions which are specifically related to the use of alcohol or drugs the service is seen as an opportunity for early intervention and prevention rather than as a specific support for alcohol and drug issues. Online chat sessions with trained counsellors take place two to three times a week; these offer real time support on any issue.
- WAWY introduced online Mutual Aid Partnership (MAP) group sessions three times per week. They also offered safe distanced walk & talk sessions with people who are unable to engage by phone/digital. Where required they carried out doorstep welfare checks when they were unable to make remote contact with people.

What do we plan to do?

- We aim to continue to work in partnership to deliver the ADP strategy.
- We will work in partnership to deliver the Medically Assisted Treatment Standards and the objectives of the national mission.
- We will develop a ROSC web based system and app to make this more accessible.
- We will work with partners to deliver a Cowal hub that offers a one stop shop to support services including, advocacy, GP practice staff, drug and alcohol treatment services, etc. If successful we plan to develop hubs in other localities.
- We will assess the needs analysis and move forward with a revised approach to support for children and young people affected by their own or another's substance use.

ALCOHOL AND DRUG PARTNERSHIP

Priorities Year 1

- The ADP strategy.
- Initiate MAT standards.
- Increase access to residential rehab.
- Develop a revised approach for children and young people's support.
- Initiate the whole family approach strategy.
- Increase access to advocacy.
- Work with criminal justice to create a continuation of care.
- Shared care.

Priorities Year 2:

- The ADP strategy.
- Develop community hubs throughout Argyll and Bute.
- Expand on the whole families approach.
- Continue to deliver to the requirements of the national mission.
- Implement the revised approach to children and families.

Priorities Year 3:

- Create a new strategy.
- Continue to work in partnership to expand on what is working and developing what is not.
- Continue to deliver to the requirements of the national mission.

ALLIED HEALTH PROFESSIONALS

Current Situation

Professions within A&B are Physiotherapy, Occupational Therapy, Podiatry, Speech & Language Therapy, Radiography, Orthotics, Audiology and Dietetics. These services offer a diverse range of therapeutic diagnostics and interventions with the overall aim of minimising symptoms, supporting condition and self-management. Diagnosing and treatment of conditions from cradle to grave to enable full engagement in daily life and occupations, increasing independence and rehabilitation and reablement following injury, illness or disease.

AHP's work in all areas including adults, children and young people, mental health, dementia, learning disabilities. The services have teams in each locality and have staff on or visit islands regularly working in hospitals, community, schools and primary care amongst other setting.

The AHP professions are currently highly valued for their impact on delivery of strategic aims to help people remain happy, healthy and independent. The clinicians work on treatment or goal plans collaboratively with patients to help reach optimum level of function.

AHP's in NHS Highland are currently one of the most advances across NHS Boards in establishment setting which is a process to meet the statutory obligations of the health & Care Staffing Act (2018) Scotland. This puts a duty on board to ensure safe staffing levels. We are currently in Cycle 2 of this process. (see priority 1)

Challenges

Remobilisation – increased time for cleaning, ability to only visit one school per day, reductions in face to face appointments and build up of waiting lists during the pandemic have left a legacy of catch up with active caseloads and people waiting to be seen. Every effort and short-term funding is being used to assist.(Priority 2)

Recruitment-we struggle to recruit to certain professions (OT, Physio and Radiography currently), particularly across the west of Argyll. Time taken to replace vacant posts leaves gaps in service and reliance on locums.(Priority 4)

Fragility of teams, most of our teams are small and cover a wide range of clinical services. Issues with recruitment and retention, or any staffing gaps have a big impact on service provision.

Financial challenges mean that there is constant pressure around savings and minimising of spend on provision of equipment, additional staffing and training. Some clinical areas have minimal AHP staffing or no staffing e.g. Mental health physio.

How has Covid affected your past and future

Increased focus on fragility and capacity of teams. Noted difficulty is visibility of AHP activity and gaps in service. (we have 68 professional services across localities of A&B)

Increased remote working in clinical and non-clinical work. Increase in efficiency and reduction in travel.

Increased waiting times for services (Priority 2)

Increased and advanced levels of frailty and deconditioning seen in our population-trying to increase our offer around physical activity with collaborative working with leisure services and third sector.

ALLIED HEALTH PROFESSIONALS

What have we done so far?

- AHP leaders and the teams work above and beyond to provide high quality clinical care despite challenges.
- AHP's view themselves as having a role in prevention and early intervention and are striving to increase their input earlier in patient's lives to either prevent or minimise impact of illness, disability or injury.
- AHP's are core members of the multi-disciplinary team and have enhanced MDT working significantly into primary care in the last three years.
- AHP's are currently one of the first within NHS Scotland boards to develop and carry out establishment setting.
- Increased our rehabilition skills in all areas to support major trauma, long-term conditions and neurological conditions and diseases.
- Recruitment of a Housing OT to support assessments for adaptations to individual housing.

What do we plan to do?

- Ensure appropriate staffing levels within all AHP Services.
- Remobilisation.
- Embed OT and Physiotherapy into primary care as part of primary care modernisation.
- Increase capacity of AHP professions to deliver preventative and early intervention, progress to prehab and preablement as well as rehab and reablement.
- Improve retention of staff and make Argyll & Bute an employer of choice for AHP's.

ALLIED HEALTH PROFESSIONALS

Priorities Year 1

- Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.
- Develop a dashboard for visible demand and activity data for AHP teams.
- Scope offer of first contact physiotherapy to remote and rural practices.
- All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.
- Review of recruitment within AHP professions and enhance skill set opportunities g. Increase number of advanced practice roles, therapy assistant support to qualify as an AHP.

Priorities Year 2:

- Agree service specifications for all AHP Services and roll-out Job planning within teams.
- Address long waits-all over 52 weeks become priority 1. Establish rigorous triage in all AHP teams.
- Aim to have all practices offering First Contact physio.
- Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy living.
- Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.

Priorities Year 3:

- Have established yearly cycle tools and process.
- Ensure all national and local waiting times targets are met.
- Primary Care-increase of first contact to other professions.
- Measure outcomes of preventative and targeted work alongside specialist 1-1 and reactive work.

CARERS

Current Situation

Argyll and Bute Health and Social Care Partnership (A&BHSCP), and their partners, including the Carers' Partnership, believes that caring for others, at an individual, family and community level is the most important work that any of us can do.

Our vision is that all 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 caring

Our Values Working with Carers

Our values reflect the values of A&BHSCP. These include compassion, integrity, respect, continuous learning, leadership and excellence **(CIRCLE)**.

We will work with Carers in ways that are:

Person centred

People with a caring role should be aware of any support/ services available so they can make informed decisions about them. They can choose what, if any services they wish to be involved in or even if they wish to make it known that they are a carer. Each person with a caring role is unique and this should be recognised and respected regardless of their circumstances.

Integrity-based

People with a caring role should be asked for feedback about how they perceive and experience services. This information should be considered and, where appropriate, acted on and used to rectify mistakes and improve service provision and design. Any outcomes of such feedback should, in turn, be fed back to those appropriate people

Caring and Enabling

Carers are assisted and supported to minimise the negative impact of their caring role while maximising their confidence to cope with their caring role and thrive within that and other areas of their daily life.

Compassionate

People with a caring role are treated with positive regard and empathy at all times

Respectful

People with a caring role are respected at all times; their knowledge and skills are recognised and valued.

Carer support services are available across Argyll and Bute, with 4 administrative areas covering: Helensburgh and Lomond,- Bute and Cowal, Mid Argyll, Kintyre and Islay & - Oban, Lorn and Isles

Support is available to ensure all carers can access advice and support no matter of their age or caring role.

Adult Carer Support Plans and Young Carer Statements will help support carers in obtaining the right level of support for them. Short break and the local eligibility criteria all help to carer outcomes.

In order to address the requirements of the Carers (Scotland) Act 2016, the following five outcomes were identified and are incorporated into Argyll and Bute's Carers Act Strategy

1. All Carers are identified at the earliest opportunity and offered support to assist them in their caring role
2. Young Carers are supported with their Caring roles and enabled to be children and young people first
3. Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to enable them to enjoy a life outside their caring role
4. Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role

People who provide care are supported to look after their own health and wellbeing which includes reducing any negative impact of their caring role on their own health and wellbeing.

Challenges

- Coronavirus has been the biggest challenge in providing support to Carers over the last 2 years.
- Unpaid Carers have been unable to access the same level and variety of supports services they previously had prior to Covid. This resulted in increased caring roles for many Carers.
- This impacted on carers, and increased the feelings of isolation due to lack of respite and group support. Carer services highlighted the impact on Carers physical and mental health due to respite and replacement care not being available.
- Our Carer Centres & Services worked creatively in providing alternatives to decrease the impact of missing day service support and respite opportunities.
- Our challenge is to reach all unpaid carers within Argyll and Bute, so that preventative services can be known about, accessed, and used effectively, Care homesworked hard to maintain a safe environment for their residents, but due to this there where periods when admissions had to be cancelled or delayed due to the need for caution. This reflects the national picture.
- Day services have been closed since April 2020, reducing availability of support to unpaid carers. Care at home & Home support services have been met with recruitment difficulties and a diminishing workforce, with waiting lists for services being apparent. Severe staff shortages have meant that services are currently being delivered through a range of different teams. There has however been an impact on hospital discharges and the delivery of re-ablement in the community. The level of service is also being reduced to only meet critical needs and the impact of this may affect other parts of the system including the impact on unpaid carers.

How has Covid affected your past and future intentions and priorities?

- Nationally figures show Pre-Covid 40% of carers hadn't had a break for a year, 25% had not had a break in 5 years. Only 3% of carers currently receive any statutory support. 82% of young carers had no break during Covid.
- The Covid pandemic meant we have had a delay in meeting the timescales of the commitments set out in our Carers Strategy.
- During the pandemic there was an increase in numbers of unpaid carers being registered with our carer centres. Carer services had additional challenges to ensure carers were kept connected and supported.

CARERS

What have we done so far?

- Worked with Carer Services to implement the Caring together Strategy.
- Recruiteda Carers Act Officer and a Young Carers project assistant.
- Carried out contract reviewing and monitoring.
- Built capacity within the enhanced performance team.
- Updated our Young Carers Statement.
- Increased the visibility and awareness of unpaid carers and the support they provide.
- Recruited Carer representation on the IJB.
- Carried out a consultation on Respite and Short breaks.
- Linked with the Carers Census.

What do we plan to do?

- We intend to deliver on all of our 5 priority outcomes fulfilling our 26 key commitments by completion of a wide actions over the next three years as detailed in our Carers Strategy Implementation Plan available on: **http://bit.ly/ABCarersStrategy**

CARERS

Priorities Year 1

- Continue to work closely with our Carer Centre Services to deliver on A&B Caring Together Strategy.
- We will develop a Carer APP which will assist in the sharing of information and provide guidance to carers.
- There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.
- There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers during the planning of services and recognising their involvement as an equal partner in care. This will include guidance on how we communicate and work together.
- Develop and implement processes to ensure that Carers Support Plans, Young Carers Statements, and Emergency Plans are completed, and the information is shared across all services as agreed.
- We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.
- We will work collaborative with Carers and Carer centres to create a Carer Pathways.
- We will work to develop guidance to support carer visibility and involvement prior to hospital discharge.
- Review and update of our Caring together strategic plan.

Priorities Year 2:

- We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.
- In collaboration with Carers, develop a plan to ensure that feedback and input from Carers are included in all appropriate planning and decision making and within the Carers' participation and engagement statement.
- Review of the current Eligibility Criteria for Adults and Young People.
- Increase our involvement with education and raising Young carer Awareness.

Priorities Year 3:

- Review and update of our caring together strategic plan.
- Review of our Short breaks statement.

PREVENTION PROGRAMME

Current Situation

This transformation work stream was formed in the Summer of 2021 to provide a community-asset based approach to preventative, physical activity based, befriending & short breaks for adults and their carers. This approach should allow for local initiative and development while maximising any investment we have and other funding providers offer.

The work stream is aiming to;

1. Ensure that there are a range of community based services that keep adult people well, active and in their communities, this may involve expanding a range of supports and link with developments around the Primary Care Community Link Worker programme with a focus on providing preventative and enabling support.
2. Oversee expanding support for unpaid carers and continued implementation of the Carers Act.
3. To review current HSCP expenditure on these types of service and consider options to reduce duplication of service, maximise use of funding and consider models for developing or supporting community hubs across A&B, linking with the Strategic Commissioning Framework.

Challenges

Ensuring best value of HSCP funding which is currently spread across many organisations.

Ability to invest due to financial pressures.

The need to increase preventative and early intervention approaches as medium to long-term strategy to managing demand and fulfil our strategic vision.

How has Covid affected your past and future intentions and

Increased universal knowledge of public health approaches and social inequalities.

Given more time to evaluate own life and wellbeing and the impact of own health.

Increased focus on wellbeing and mental health.

Provided some new funding streams for preventative work.

Increased deconditioning, social isolation.

All of which have raised the profile of public health as everyone's business.

PREVENTION PROGRAMME

What have we done so far?

- Harnessed and affiliated existing projects and given them the strategic level oversight and support they require to progress;
    - Living Well Strategy
    - Physical Activity Group
    - Carers Act Implementation group
- Provided a central point for funding to be directed to preventative projects e.g. Flexible Funds.
- Raised the profile of prevention with a communication strategy and provided tangible plans to increase impact.
- Gained an overview of HSCP grant funded services and progressed a gap analysis against the strategic commissioning framework.

What do we plan to do?

- To increase prevention and early intervention the Transformation Board has agreed that we elevate this work stream to consider all aspects of prevention across our health and social care services by;
- Consider and support roll-out of Multi Disciplinary Team and third sector frailty models
- Propose a multi-agency programme
- Prioritising workforce education on health behaviour change
- Consultation and engagement with public and staff to evaluate readiness for prevention and how the community wish to engage with this approach. (review of engagement work undertaken so far to identify gaps first)

PREVENTION PROGRAMME

Priorities Year 1

- Establish Health Behaviour Change training within the HSCP.
- Communication & engagement plan developed and rolled-out.
- Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.

Priorities Year 2:

- Continue training.
- Create and implement plans.

Priorities Year 3:

- Review impact of training.
- Continued implementation of plans.

DIGITAL HEALTH & CARE STRATEGY

Current Situation

ARGYLL & BUTE HSCP DIGITAL MODERNISATION STRATEGY 2022-2025

This Digital modernisation strategy has been developed to direct the operation, investment plans and future use of Information Technology (IT) and digital services in Argyll and Bute Health and Social Care Partnership (HSCP).

The prime focus of this strategy is to ensure the design of IT and Digital services and structures deliver positive outcomes for staff, service users and other stakeholders.

Challenges

- Operational managers and team leaders remain having to use 2 systems (NHS or Council) and processes to obtain patient and client information, manage staff, manage budgets, obtain performance information and order supplies. This continues to causes duplication and delay and is a waste of time and resources for the HSCP and out patients and clients.
- National NHS IT systems and local systems between health and care cannot be joined up e.g. NHS and Social Care, Payroll NHS employed staff national system, council payroll system for council employed staff.
- Improving patient's access to services alongside the need to increase efficiency and productivity will require more use of digital services and IT systems. Further notwithstanding the impact of the Covid19 pandemic it is clear this requires additional significant investment to ensure development of HSCP IT infrastructure, strengthening cybersecurity and improving resilience of its services.
- Co-locating health and social care staff has progressed integrated working of services, but with the transfer to home/hybrid remote working, the challenge is to ensure blended approach to support staff well being. However, there is now the issue of establishing an organisational digital and working culture that values this hybrid way of integrated working.
- There is expected to be a significant drive to reduce the cost, save money and increase the productivity of corporate services to fund front line services as we meet the cost of Covid19 in future years.
- The establishment of the National Care Service by 2025, will pose a significant transition and change challenge to the HSCP as it takes on new responsibilities and digital modernisation is a key requirement for the service.

How has Covid affected your past and future intentions and priorities?

Digital Modernisation

Prior to the pandemic the service was commencing a significant enhancement to address the challenges detailed above, we continue to have issues of duplication and access to respective NHS and council IT systems and difficulties in communication e.g. no single HSCP e-mail list, access to policies etc. However, there has been a significant focus on improving where possible and the pandemic enabled rapid movement in some areas with the role out our Microsoft Teams across the NHS and Argyll and Bute council have also adopted this platform.

Details of the digital outcomes we are planning to achieve within the HSCP working within the new National Health and Social Care digital strategy December 2021, and alignment with the respective strategies of NHS Highland and Argyll and Bute Council. This has shaped and informed the HSCP Digital Health and Care Strategy.

Consequently this has shaped and informed our current **Digital and IT priorities** for 2022/23 and 2023/24, which very much reflect the feedback we have received from our staff and partners and specifically our patients and clients.

Our key achievements in the last 12 months during the pandemic include:

- Delivering remote working for over 1200 users providing laptops, networks and software
- Completion of procurement for replacement of social work/community NHS Carefirst system with Eclipse. Implementation from September 2022.
- The replacement of our 7 Hospital telephone systems in May 2021, thereby facilitating digital voice modernisation going forward including expansion into primary care.
- Telecare and Telehealth significant expansion in uptake and demand for services particularly near me. Key challenge is the shift of telecare from analogue to a national digital platform within the next 3 years.
- As a first in the UK, undertaking a stage 2 trial to use beyond visual line of sight Drones to collect and deliver laboratory specimens integrated with a digital platforms to order and track specimens from surgery to laboratory.

NHS launches UK's first COVID test drone delivery service in Scotland on Vimeo

Our digital modernisation work has also improved our carbon foot print, by reducing the burden of travel on our staff across our different types of transport, Car ferry and air

DIGITAL HEALTH & CARE STRATEGY

What have we done so far?

- Responded to the pandemic by expanding and enhancing our IT infrastructure to facilitate home/hybrid working in 2021/22

  On council systems we had 289 HSCP unique users. 6,181 authentications on VPN council system – May 2020 12.000 NHS Highland users office 365 /access to teams as at July 21
- Keeping our services safe and cyber secure
- Strengthening resilience in the up time and performance of IT infrastructure
- Increasing the uptake and use of Technology Enabled Care (TEC) by clients and patients including "Near Me" video consultation platform.
- Completed the procurement and commenced the implementation of our replacement social work and community health IT system with the new "Eclipse" system as at a cost £465,000

What do we plan to do?

To achieve these aims health and care must focus on 6 priority areas: The HSCP will progress its digital modernisation by focusing on the 6 priority areas detailed in the figure attached, This will mean we will:

- Continue with co-location of health and social care corporate staff to work together in the same locations and in the same teams both physically & virtually
- Integrate health and social work administration and implement digital technology- progress digital health and care record
- Facilitate and support agile and mobile working for community based staff across the health and social car partnership including the independent sector
- Modernise and automate our admin processes and free up staff resource to support front line services
- Harness the opportunities of "big data2 and the internet of things to improve services to users, patient and clients and reduce burden of work on staff.
- Provide enhanced training and support to develop a digitally skilled workforce across health and care enhancing digital literacy

Digital access

- People have flexible digital access to information their own data and services which support their health and wellbeing whenever they are.

Digital services

- Digital options are increasingly vailable s a choice for people accessing services and staff delivering them.

Digital foundations

- The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

- Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures

- Our wellbeing and economy benefits at Scotland remains at the heart of digital innovation and development.

Digital-driven services and insights

- Data is harnessed to the benefit of citizens, services and innovation.

DIGITAL HEALTH & CARE STRATEGY

Priorities Year 1:

- Implement the new ECLIPSE IT system and increase the number of community health staff using the single health and social care IT system.
- Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.
- Complete the final phase of our "Drone" beta service for clinical logistics in the West of Argyll leading national innovation in the use of this technology in the Scottish Health service.

Priorities Year 2 and 3:

- Progress the National Care Service Implementation programme once primary legislation is in place from June 2022. Implement when defined single integrated digital services for health and social care staff as part of new CHSCB.
- Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.
- Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.
- Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland.
- Complete our digital transformation where more is accomplished with less because of new ways of working by enhancing the Digital literacy and skills of our workforce -

"Our people will need to train in new skills and adopt working in different ways- collaboration".

TECHNOLOGY ENABLED CARE

Current Situation

Our Telecare Service supports approximately 2500 clients to live safely at home. Equipment that is available includes falls pendants, property exit sensors, smoke/ heat sensors & bed/chair sensors.

We also use activity monitoring – Just Checking to monitor activity within the client's home supporting us to build effective care packages for client's as appropriate. This equipment can be installed for a short assessment period or longer if required.

Current project ongoing is Analogue to Digital transformation ensuring A&B has a digital solution is available when the telephone networks are fully digitalised in 2025.

NHS Near Me continues to be used widely; however there is a falling trend in usage from previous months. This is replicated nationally not exclusive to A&B. As COVID restrictions continue to ease the team's challenges continue to maintain as much activity as possible and facilitate shared learning during this time across existing and other specialties & services.

Tec team have purchased Ipads to support digital inclusion in A&B and these may be issued in a "loaning library" type way allowing citizens with no equipment to be able to attend appointments.

We are working with our Social Work colleagues at present building Near Me waiting areas for Out of Area reviews. Training is underway with staff and we are offering ongoing support while they adopt this new way of working.

Some work is also being undertaken with our Acute Care teams allowing them to link in with specialist services in Glasgow, supporting remote patient care.

Our online Cognitive Behavioural Therapy programmes continue to be used successfully and the most recent of these platforms Silver Cloud has had additional programmes added to the platform. Again training and support to our colleagues who are referring to these platforms is constant and attendance to National meetings to keep A&B at the forefront of any changes.

Challenges

- The transformation of the telephone networks from Analogue to Digital is complex and requires investment in equipment and ensuring appropriate solutions are available and suitable for clients in Argyll & Bute, particularly in areas where mobile signal is not reliable.
- Global microchip shortages are impacting on availability of equipment required.
- Pressures on Commissioned Services are often funding related
- Awareness of what TEC can offer clients is limited in Argyll & Bute
- Funding for Telecare currently comes from clients however Scottish Government proposals for National Care Systems means that funding may require to be met from the HSCP in the future.
- Near me challenges include maintaining momentum and encouraging continued use of service as restrictions ease
- Restricted Wi-Fi in hospitals will impact on Acute Care usage and Virtual visiting availability

How has Covid affected your past and future intentions and priorities?

The establishment of a virtual team of TEC Technicians meant that cover was available across Argyll and Bute much more easily. We are grateful that Care and Repair continued to install equipment in client's homes during the Pandemic (following appropriate risk assessment) to ensure that telecare was available to those who needed it.

TECHNOLOGY ENABLED CARE

What have we done so far?

- Ensured stock levels are sufficient to minimise the risk of not having appropriate equipment.
- Allocated resource (People and finance) for the investment required in the Analogue to Digital Project.
- Work in partnership with Commissioned Services to better understand pressures they face and find joint solutions.
- Continue to support planning for role out of services in Social Care.
- Continue to progress roll out within urgent care.
- Work with planning colleagues to ensure Near Me reamins part of Remobilisation Planning and re designing clinics.
- Link with North Highland colleagues in promoting digital care.

What do we plan to do?

Over the next three years we intend to increase the use of digital services and further develop TEC services within Community Teams to ensure it is a core service. We will also further develop 'Attend Anywhere' clinics in Dermatology, Respiratory and Gynaecology pressure specialities significantly reducing travel for appointments. The use of home health monitoring will be expanded to help for example titrate medication to clients, freeing up staffs time to offer more direct patient care. We will also complete our new Argyll and Bute TEC strategy, which will include the shift from Analogue to Digital technology.

More information in relation to our TEC service is available on our website at:
https://www.argyll-bute.gov.uk/social-care-and-health/argyll-and-bute-telecare-service

TECHNOLOGY ENABLED CARE

Priorities Year 1:

- Work on finding a digital solution within the pilot area.
- Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.
- Ensure TEC is a core service embedded in all aspects of delivery of care.
- Encourage promotion of all services throughout patients/ clients journey.
- Supporting collegues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care.
- Continue to develop NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel.

Priorities Year 2:

- Expand digital solution across Argyll and Bute.

Priorities Year 3:

- Ensure all Telecare clients have a digital solution in place.

CORPORATE SERVICES

Current Situation

Corporate services include finance, planning, performance IT including telecare and telehealth, HR, pharmacy management, medical management and, commercial vehicles "fleet" and estates, buildings and services (all be it that ownership of the assets and some operational responsibility sits outside the HSCP with NHS Highland and Argyll and Bute Council).

There is a requirement to make corporate services more productive and cost efficient and to provide an integrated service for the HSCP. The aim of corporate services is therefore to assist and support our clinical, social work and care service as the deliver front line services. Corporate services also support the governance requirements of the IJB.

The National health and wellbeing outcome indicators require HSCPs to use resources effectively and to integrate support services to provide efficiencies. The HSCP will continue work towards ensuring they focus on productivity improvement, cost efficiencies and modernisation to reduce the burden of work on operational staff.

Challenges

- Not all corporate support services from the Health Board are delegated to the partnership and none are delegated from the Council to the Partnership
- Operational managers and team leaders remain having to use 2 systems (NHS or Council) and processes to manage staff, budgets, information and order supplies. This continues to causes duplication and delay and is a waste of time and resources
- National IT systems and local systems between health and care cannot be joined up e.g. Payroll NHS employed staff national system, council payroll system for council employed staff
- Increased efficiency and productivity will require more use of digital services and IT systems and notwithstanding the impact of the Covid19 pandemic it is clear this require significant investment to ensure resilience in services
- Co-locating health and social care staff has progressed, but with the transfer to home working, the challenge is about ensure blended approach to support staff well being. However, there is now the issue of establishing an organisational culture that values this hybrid way of integrated working
- There is expected to be a significant drive to reduce the cost, save money and increase the productivity of corporate services to fund front line services as we count the cost of Covid19.
- The establishment of the National Care Service by 2025, will pose a significant transition and change challenge to the HSCP as it takes on new responsibilities etc.

How has Covid affected your past and future intentions and priorities?

Estate

- HSCP continued to progress the rationalisation of its estate with co-locating teams and also moving staff into the Council Buildings in Kilmory, this was achieved in summer 2019.
- Covid19 impact has seen the majority of our non-front facing staff in health and social care working from Home from April 2020 with rapid and significant enhancement in our digital and IT infrastructure.
- Looking forward the HSCP has evaluated the impact of this via surveys, feedback and evaluation and in line with the developing national policy will see it operate a "blended" approach with home and office working continuing. This over the next 3 years will see working with our council partners continued reduction in our estate footprint.

Digital Modernisation

Prior to the pandemic the service was commencing a significant enhancement to address the challenges detailed above, we continue to have issues of duplication and access to respective NHS and council IT systems and difficulties in communication- no single e-mail list, access to policies etc. However, there has been a significant focus on improving where possible and the pandemic enabled rapid movement in some areas with the role out our MS Teams.

The outcome of this work is about removing the burden of work on staff, increasing productivity of our front line teams, removing and automating admin tasks (record handling, printing, posting, sharing information electronically, reducing the burden of travel for staff and patients and clients etc.) Freeing up admin resource to support other front line work and produce cost saving.

- Our key achievements in the last 12 months of the pandemic include:
- Maximising remote working for over 1200 users providing laptops, networks and software
- Completion of procurement for replacement of social work/community NHS Carefirst system with Eclipse. Implementation from June 2022.
- Completion of replacement of 7 Hospital switchboard system in May 2021, facilitate digital voice modernisation going forward.
- Telecare and Telehealth significant expansion in uptake and demand for services particularly near me. Key challenge is the shift of telecare to national digital platform within the next 3 years

Argyll and Bute's **digital priorities and outcomes** for 2021-2025 which we are planning to achieve within the HSCP working within the new National Health and Social Care digital strategy December 2021 and alignment with the respective strategies of NHS Highland and Argyll and Bute Council. In addition to this our **digital and IT priorities** for 2022/23 and 2023/24 which very much reflect the feedback we have received from our staff and partners and specifically our patients and clients.

CORPORATE SERVICES

How has Covid affected your past and future intentions and priorities?

NHS Fleet Modernisation and decarbonisation

Significant work has occurred over the last 2 years to understand the suitability and use of our commercial fleet and prepare for the achievement of the zero carbon target by 2025. The pandemic resulted in a dramatic reduction in the cost of travel and use of our vehicles in 2019/20 however, this is increasing again in 2020/21 and 2021/22.

The HSCP has now electric charge points on all its hospital sites except Mull due to funding received from Scottish Government. However, we have now reached our electricity "supply" limit into our sites and require an upgrade.

The HSCP now has a fleet of 34 electric vehicles, but we still have 150 more that need replacing if we are to achieve our zero emissions target.

We have a significant challenge to achieve the carbon neutral target and the table below details our NHS vehicle lease replacement schedule for the next 3 years.

Vehicle Type

Argyll and Bute HSCP NHS Fleet replacement profile

Vehicle type	Replacement 2022/23	Replacement 2023/24	Replacement 2024/25
Cars / SUVs	54	63	10
Vans	8	8	10
Lorry	-	-	1
Tractor	-	-	-
Total	**62**	**71**	**21**

The Energy Savings Trust decarbonisation report for Argyll and Bute HSCP covering our commercial and "grey fleet" (private cars used for work purposes) is main recommendations are below, would see a reduction of 238 tCO2 from our commercial fleet.

The HSCP has also taken the national lead in exploring the use of unmanned beyond visual line of sight Drones to enhance its clinical logistics network focusing on blood specimen transportation.

This is still in its beta testing phase with our final testing of the service planned for 2022. This however, could see the HSCP adopting drones to improve the speed of diagnostic testing for our GP practices and hospitals improving care and treatment for our patients.

NHS launches UK's first COVID test drone delivery service in Scotland on Vimeo

The benefits to patients include swifter access to results and convenience, instead of being dependent upon what time the van comes to collect blood specimens.

The benefits to the organisation include reducing the burden of travel on our portering team time and distance and types of transport, ferry and air. Also the increased risk having to travel in the winter etc as well as reducing our carbon footprint.

What have we done so far?

- Responded to the pandemic by expanding and enhancing our IT infrastructure to facilitate home/hybrid working in 2021/22.
- 12.000 NHS Highland users office 365 /access to teams as at July 21.
- On council systems we had 289 HSCP unique users. 6,181 authentications on VPN council system – May 2020.
- Completed the procurement and commenced the implementation of our replacement social work and community health IT system as at a cost £465,000.

What do we plan to do?

Continue with co-location of health and social care corporate staff to work together in the same locations and in the same teams both physically & virtually.

Integrate health and social work administration and implement digital technology- progress digital health and care record.

Facilitate and support agile and mobile working for community based staff across the health and social car partnership including the independent sector.

Explore further opportunities to rationalise estates and properties by hybrid working and support the council "Our Modern workspace" project.

Continue to improve the cost and use of Health and Social care business fleet to improve service to users, obtaining funding to invest in enhancing our electrical supply to provide increase charge point infrastructure to and reduce cost and CO2 footprint achieve 2025 target.

Modernise and automate our admin processes and free up staff resource to support front line services.

Harness the opportunities of "big data2 and the internet of things to improve services to users, patient and clients and reduce burden of work on staff.

CORPORATE SERVICES

Priorities Year 1:

- Identify estate rationalisation opportunitiesas part of Councils "Our Modern Workspace" project.
- Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.
- Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.
- Obtain funding and expand our electric vehicle charging point infrastructure by 30 and our electric vehicles by 35.
- Complete the final phase of our "Drone service" beta service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health service.

Priorities Year 2 and 3:

- Progress the National Care Service Implementation programme once primary legislation is approved. Support when defined single integrated corporate services for health and social care staff as part of new CHSCB.
- Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.
- Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.
- Complete our digital transformation where more is accomplished with less because new ways of working with or without technology. Digital transformation is not about technology only – **Our people will need to train and adopt working in different ways- collaboration.**

PERFORMANCE MEASUREMENT - HOW WILL WE KNOW?

Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2020/21, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised Integrated Performance Management Framework is been designed and will be rolled out fully in 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland.

Integrated Performance Management Framework (IPMF)

The Integrated Performance Management Framework (IPMF) will provide the local and national performance backdrop for strategic planning activity and also ensures that outcomes are measureable and evidenced based.

A performance framework needs to be short and clear in roles and responsibilities. Managers need to be involved in the development of the KPI's to ensure ownership and keep them relevant to their services and improved service outcomes. We need to learn from what has worked and what has not with regards to previous performance reporting. Data are accessible for all managers across health and social care.

From a cultural perspective the development of the Integrated Performance Management Framework (IPMF) will change the way managers will engage with performance and improvement. The drivers for change identify seven overarching principles which give the context and backdrop for the development and implementation of the Integrated Performance Management Framework (IPMF).

Overarching Principles

1. The Clinical & Care Governance Committee can demonstrate that the senior leadership are committed to and involved in improving the performance of the Health & Social Care Partnership (HSCP).
2. Standardise the way the HSCP manages performance and improvement- everyone will be able to identify clearly their contribution against Key Performance Indicators (KPI's).
3. Delivering a high performing culture and a consistency of approach with clear expectations and a single process which helps retain focus on key performance targets and priorities.
4. Ensures a comprehensive understanding of local performance-offering scope to look at cause and effect in the improvement journey.
5. Accurate and timely record of actions captured to ensure locality performance is visible to the HSCP and those using services.
6. Provides a forum for group problem solving and success- sharing of experience and overcoming barriers to improvement.
7. Supports the use of data to evidence both local and strategic decision making using a Best Value approach.

Key IMPF change goals are:

- We have an effective performance management framework which supports and articulates HSCP goals and objectives.
- We are able to inform and empower staff and managers with regards to what really matters and reinforcing positive behaviours.
- We are freeing-up leadership time and capacity across the HSCP.
- We are delivering improved customer service for the people who use our services.
- We are working collaboratively and communicating effectively with all stakeholders.
- We are developing real opportunities for staff training and development to support the delivery of a high performance culture.
- We are listening and gathering feedback from staff and managers to help drive and inform improvement.

FINANCIAL IMPLICATIONS - WHAT WILL WE SPEND?

Finance

The Argyll and Bute Health and Social Care Partnership is required to operate within the resources it has available to it and on a financially sustainable basis. The partnership has set a balanced budget for financial year 2022/23 and is currently developing longer term finance and investment planning. It is important that the strategic priorities and objectives of the HSCP align with its budget.

Overall the HSCP has faced significant financial challenges in recent years and these are now being addressed. The financial position is improving and our services are being better funded by government, this gives us increased scope to consider how we develop and transform our services and invest in the longer term.

2022-23 Approved Budget

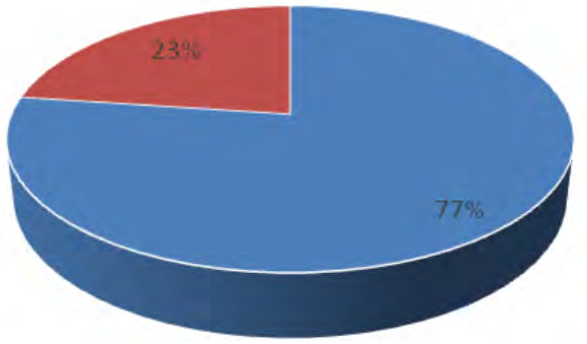
The approved budget for 2022-23 outlines our plans to spend the funding allocated to us, totalling £320.9m for the year. The HSCP is benefiting from recent commitments from the Scottish Government to better fund and priorities Health and Social Care Services. Almost all of our funding comes from Scottish Government to the two partner bodies, NHS Highland and Argyll and Bute Council who then allocate it to the HSCP. The chart summarises the current position whereby 77% of the funding originates from Health budget through NHS Highland and the remaining 23% is passed through Local Authority funding mechanisms via Argyll and Bute Council.

The HSCP has set an expenditure budget for the year which balances to the available resources. However, this requires £3.9m of savings to be delivered in year in order to achieve financial balance. This on-going need for efficiency and cost improvements is driven by on-going inflation, demand increases and the introduction of new interventions and treatments. The impact of demographic change is an important aspect of this challenge, as our population ages health and care needs increase materially while the working age population is reducing in our area.

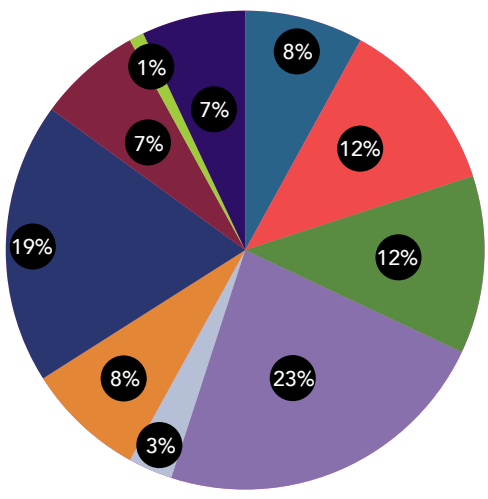
We seek to ensure that our savings plans improve efficiency and reduce costs in ways which minimise the impact on service users and the wider community.

The expenditure budget is allocated across a wide range of services throughout Argyll & Bute and with external providers, particularly related to Hospital Services in NHS Greater Glasgow & Clyde.

Argyll & Bute HSCP - Funding 2022 / 2023 £m



A&B HSCP Budget Summary



Medium Term Financial Plan

The HSCP is in the process of developing its longer term financial plan. This will sit alongside the Strategic Plan and Commissioning Strategy.

The partnership is now in much improved financial position and is able to look forward positively with service transformation and long term investment planning being prioritised. Despite the improved financial position of the HSCP, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium term financial outlook. Uncertainty relating to future funding, the on-going impact of covid and the macroeconomic outlook with high inflation, increasing energy costs and supply chain disruption adds to the planning challenge. We also expect to have to manage a backlog of treatment and longer waiting times in the coming years, these have arisen as business as usual activity reduce during the pandemic.

The HSCP will be required to continue to develop and deliver efficiency savings to offset increasing costs and increasing demand for care. This increasing demand is expected to be driven by an ageing population the introduction of new drugs and treatments and government policy. We also need to be mindful of local demographics as a reducing population may continue to make recruitment of staff challenging and may continue to feed into funding formulas and reduce the level of resource available.

The HSCP will continue to work to ensure value for money is achieved and some re-prioritisation will be required to transform the services we deliver and changing demands on the services we provide.

Financial Risks and Challenges

The key risks currently identified include:

- delivery of new and existing savings;
- general inflation and staff pay increases being higher than public pay policy;
- high levels of macroeconomic risks and uncertainty;
- costs of new treatment and demand levels for all services;
- staffing establish setting and the introduction of the safe staffing legislation;
- on-going covid pandemic; and
- sustainability of key providers and commissioned services.

There are number of factors which provide mitigation against financial risks, these include:

- high level of reserves carried into 2022/23 will help enable short term mitigation of financial risk on a non-recurring basis;
- planned activity and spend continues to be constrained by the available workforce increasing the likelihood that it will take time to grow into the increased budget;
- the implementation of the Commissioning Strategy and improved enagement with service providers and the Voluntary Sector; and
- Increased focus longer term investment and transformation.

Additionally, the commitment to the development of the National Care Service poses a significant risk of disruptive structural change which is likely to divert attention from operational and strategic priorities and planning within the coming year.

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

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Email: nhsh.strategicplanning@nhs.scot

Websites: https://argyll-bute.gov.uk/health-and-social-care-partnership

About Argyll & Bute (scot.nhs.uk)

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If you would like to share feedback on the Joint Strategic plan and/or Specific Individual area. Please share your comments and feedback via our online survey click here. A paper Survey can be requested please contact nhsh.strategicplanning@nhs.scot