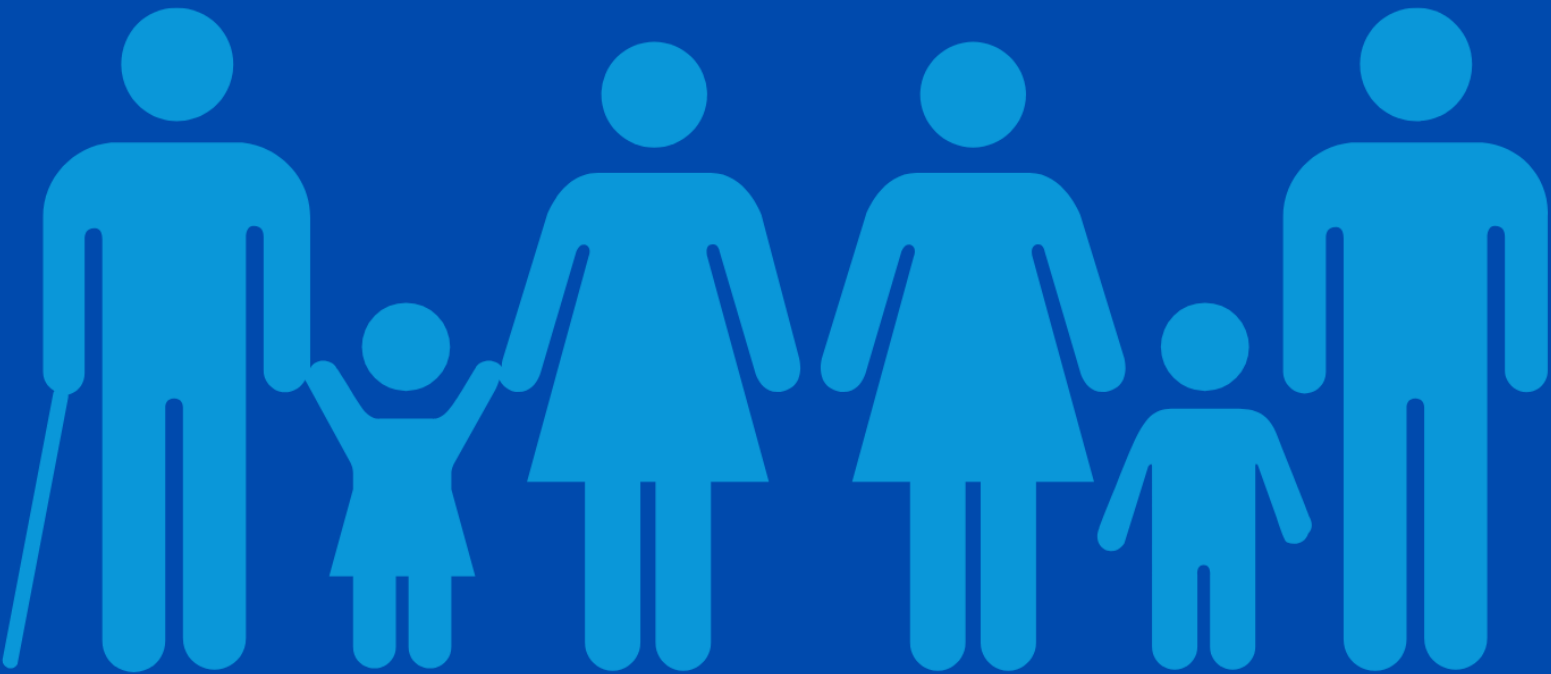


ANNUAL PERFORMANCE REPORT



Contents

1.	Foreword	4
2.	Introduction	5
3.	Performance Management and Governance.....	6
3.1	Overview.....	6
3.2	Integrated Performance Management Framework (IPMF).....	6
3.3	Analysis of Key Performance	7
3.4	Children and Families	8
3.5	Telecare & Digital.....	9
3.6	Public Health	10
3.7	Hospital Care & Delayed Discharge.....	11
3.8	Finance	12
3.9	Carers & Allied Health Professionals	13
3.10	Care at Home / Care Homes.....	14
3.11	Learning Disability & Mental Health	15
4.	Financial Performance and Best Value	16
4.1	Financial Performance.....	16
4.1.1	Financial Performance 2023-24.....	16
4.1.2	Savings Delivery.....	16
4.1.3	Financial Outlook, Risks and Plans for the Future	16
4.2	Best Value	17
5.	Engagement	19

Appendices

Appendix 1: Joint Strategic Plan Monitoring Year Two (2023-2024).....	21
Children’s Services	23
Child Poverty.....	24
Child Protection	26
Violence Against Women and Girls (VAWG).....	27
Adult Protection	29
Community Justice.....	32
Public Health.....	34
Right Care Right Time	37
Adult Care –Older Adults/Adults and Hospitals.....	39

Learning Disabilities.....	42
Mental Health.....	43
Primary Care.....	45
Dentistry.....	47
Alcohol and Drug Partnership (ADP)	49
Allied Health Professionals (AHP)	54
Carers	55
Prevention Programme	56
Digital Health Care Strategy	57
Technology Enabled Care (TEC).....	59
Corporate Services	60
Appendix 2 Health & Wellbeing Outcome Indicators (HWBOI's) & Ministerial Steering Group Indicators (MSG).....	62

1. Foreword

We are pleased to publish the Annual Performance Report for the past year, covering 1 April 2023 to 31 March 2024.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports to provide an overview on how we have improved, adapted and reshaped services during the reporting period.

The HSCP is a complex organisation bringing together a range of partners, services and substantial financial resources. The partnership is responsible for meeting local and national objectives and it is therefore important that we publicly report on how we are performing against the agreed outcomes that we aspire to.

The Annual Performance Report provides an opportunity to reflect on the past year, another extremely challenging year, yet we were still able to celebrate achievements.

We thank all colleagues and partners for their ongoing efforts to deliver our vision and essential health and social care services for local people and those most in need and hope we can all share in the successes of delivering longer, healthier and independent lives.



Dougie McFadzean
Chair of Argyll & Bute
Integration Joint Board



Evan Beswick
Interim Chief Officer
of Argyll & Bute HSCP

2. Introduction

Welcome to Argyll and Bute's Annual Performance report for the year from 1 April 2023 to 31 March 2024 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

Successes

- In increasing number of looked after children are placed near their home
- There is an increase in the number of telecare users with a digital device
- There is an increase in the number of Near Me consultations
- There is 100% recruitment of community link workers in the most deprived areas
- A&E attendances are only slightly below the target waiting time of 4 hours
- There is a reduction in overall percentage of clients with high cost care packages
- There is a reduced percentage of people waiting for care at home reviews and reduced unplanned admissions from care homes
- Increasing trend of learning disability clients with Direct Payments (Option One)
- Increased trend of carers being supported
- We have a new Justice Social Work Service Plan

Challenges

- Continuing challenges of recruitment and retention of staff
- The targets for delayed discharges and consequently bed days are not being met, there have been continuing winter pressures
- People are still waiting longer than they should for Allied Health Professional (AHP) outpatient referrals

3. Performance Management and Governance



3.1 Overview

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team. The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board and recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard. The dashboard also includes an overview of the Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures.

To support the use of the Dashboard, Performance & Information Team analysts have been identified for each of the Heads of Service and Service Leads to support and check performance across the eight key service areas. This bespoke and individual analyst input and support will be available during each quarter going forward and will work to build more robust performance reporting with management commentary.

The IPMF is supported by a fully interactive performance Dashboard which is accessible to all users via the Performance & Improvement Team SharePoint site. The reporting template captures live narrative from Heads of Service and Leads and this is used to better understand key actions to address performance, embed ownership and identify key performance risks. The quarterly performance reporting cycle is supported by individual analyst support for Heads of Service and Leads, this has been successful in developing performance relationships and opening conversation and discussion regarding reporting and development of future performance goals and targets. Alongside this the Performance & Improvement Team have developed an annual review cycle which begins at Quarter 3 each year and will form the basis of an annual review of all the Key Performance Indicators (KPI's), with a view to explore new targets, improved performance and the development of new service KPI's.

The monitoring and reporting of performance using the IPMF ensures the HSCP is able to deliver against key strategic priorities, national data demands and the Strategic Plan objectives and service priorities;

- 1. Choice, Control and Innovation
- 2. Early Intervention & Enablement
- 3. Living Well & Active Citizenship
- 4. Community Coproduction



3.2 Integrated Performance Management Framework (IPMF)

The data used in this report focusses on two Key Performance Indicators (KPI's) against each of the service areas identified within the IPMF, the data used utilises FQ4 (2022/23) to FQ3 (20223/24) and defines the quarter data using Financial Year as the benchmark. The data used is reflective of the wider integrated performance agenda encapsulated within the IPMF and includes service delivery and performance monitoring from all services.

3.3 Analysis of Key Performance

Overall performance against the 93 KPI has been broadly consistent with FQ1 23/24 reporting 43% on track KPI and F24 23/24 recording a peak of 55% on track



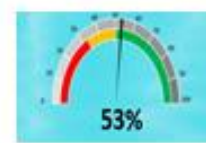
FY Q1 23/24



FY Q2 23/24

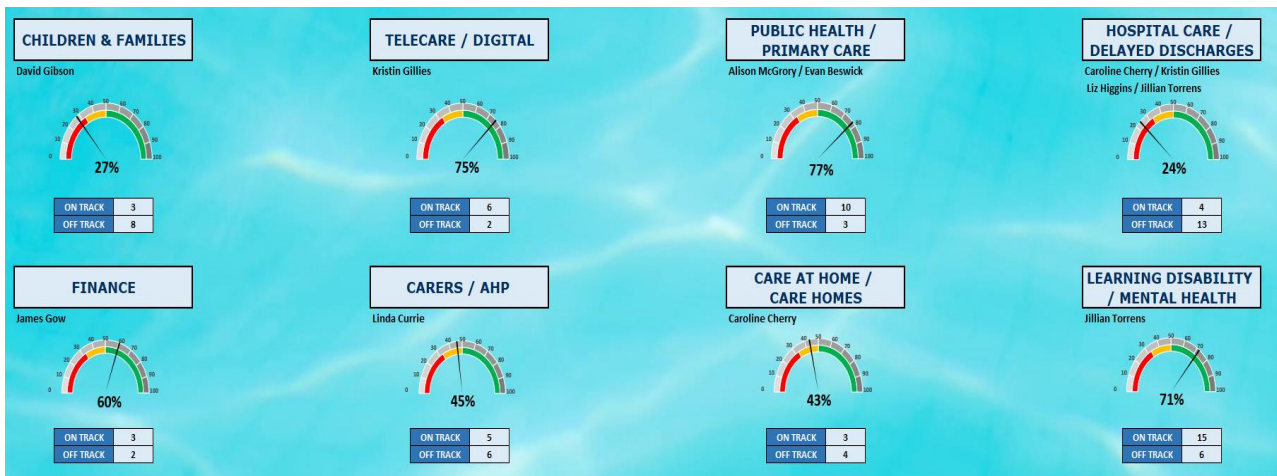


FY Q3 23/24



FY Q4 23/24

Latest FQ service performance for FQ3 23/24 identifies performance against the 8 service reporting categories as below:



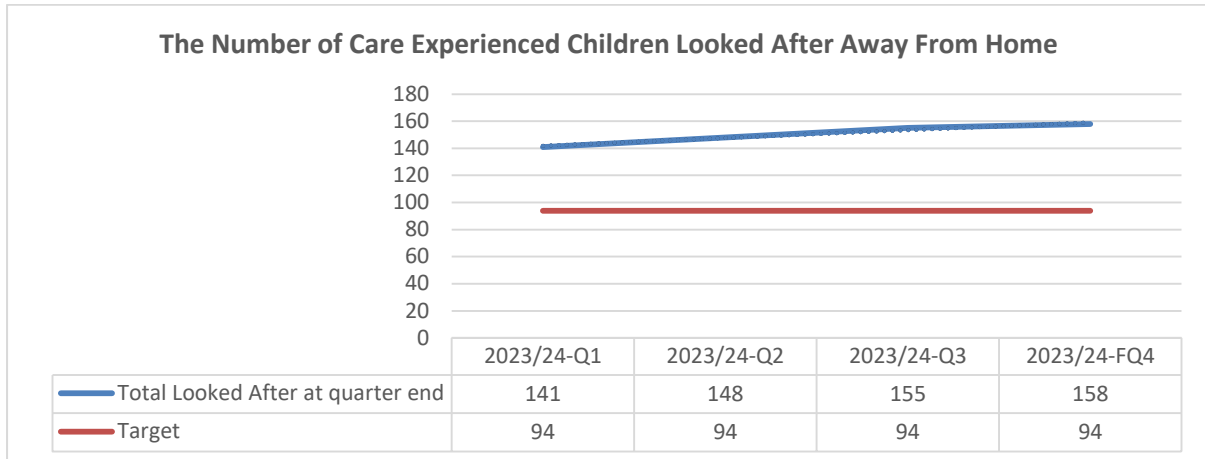
The performance narrative attached to each of the KPI's is used to demonstrate key areas of continued improvement for the HSCP and is supported by an Annual Performance & Improvement Review Cycle, this ensure that all KPI's are revisited yearly and updates and improvement made to ensure performance objectives remain both relevant and supportive.

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

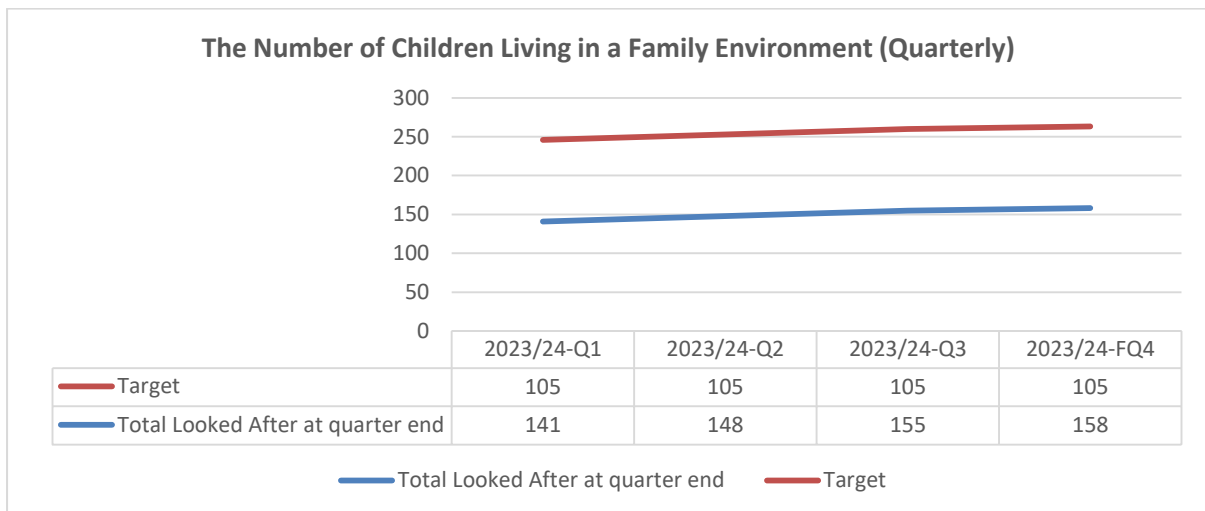
3.4 Children and Families

Reduce the proportion of care experienced children who are looked after away from home

Trend analysis across the four quarters for 2023/24 identifies a 11.4 % increase against target comparing FQ1 with FQ4. The overall number of children looked after away for home notes an 50% increase above target baseline at FQ4 which is recovered slightly at FQ1 (40%). It is worth noting that this data continues to be influenced by the high rate of young people coming to the HSCP under the National Transfer Scheme for Unaccompanied Asylum-Seeking Children and this is driving the increased numbers against baseline target.



Increase the proportion of care experienced children (Subject to Compulsory Supervision Order, s25 or Permanence Order) placed at home, or in Kinship or Fostering Care

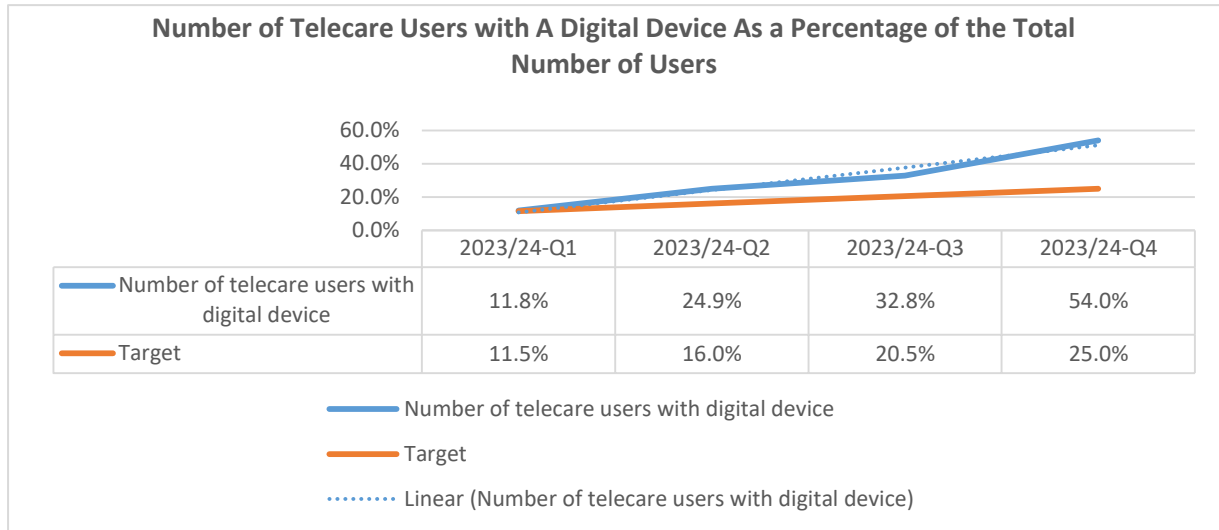


Performance relating to the number of children supported to live in kinship or foster care notes a sustained improving trend against target. Across the four quarters there has been a sustained quarterly increase with an overall increase of 11.4 comparing FQ1 performance against FQ4. Comparing FQ4 performance against target notes an overall 40.3% increase.



3.5 Telecare & Digital

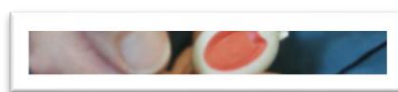
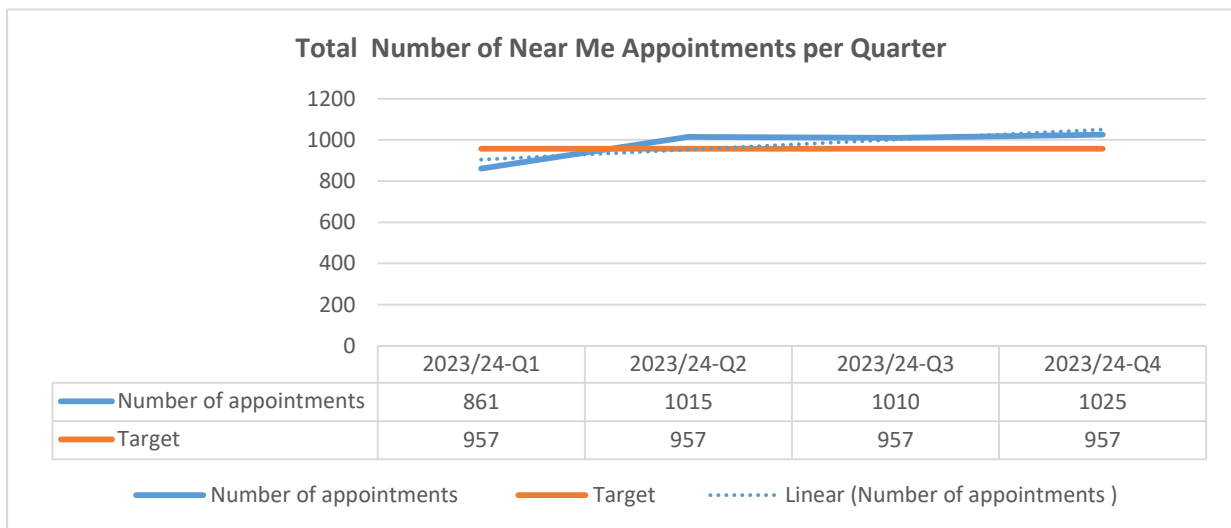
Increase the percentage of Telecare users with a digital device as a percentage of all Telecare users



The percentage of Telecare users with a digital device notes a sustained improving trend across the four quarters and against a quarterly increasing target. On average the actual percentage increase across the year to date is 23.2 % this is an increase of 7.2 % against the average target 16%.

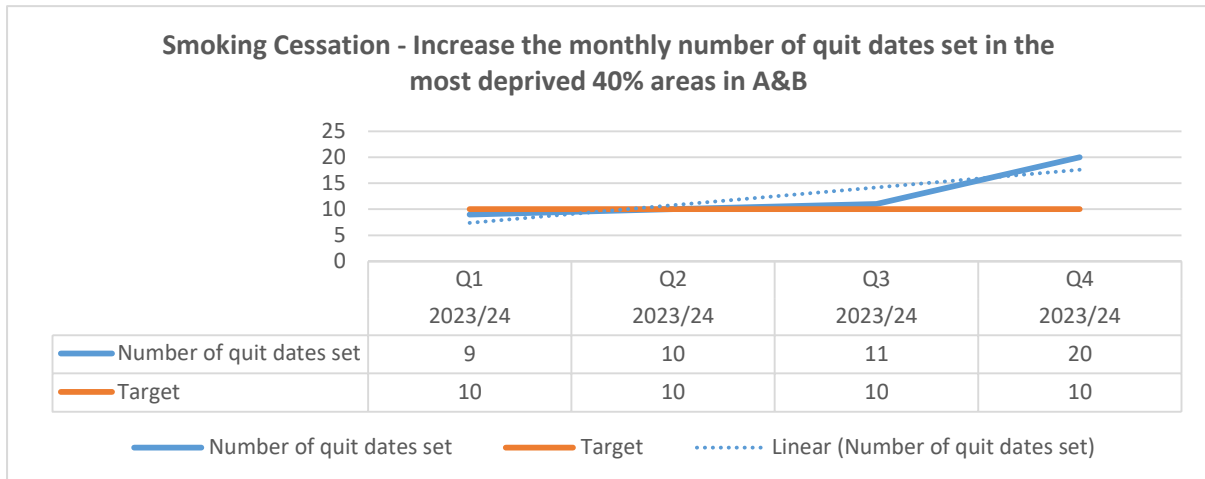
Maintain the number of patients being seen by 'Near Me' Clinics

Performance for the four quarters notes a 17.4% increase from FQ1 compared with FQ4. Performance against target is recovered from FQ2 onwards with an average across all quarters of 962 against the 957 target. Q4 notes the highest recorded Near Me appointments, this equated to 6.8% above target with a 1.4 % increase when compared with FQ3 (5.4%) performance.



3.6 Public Health and Primary Care

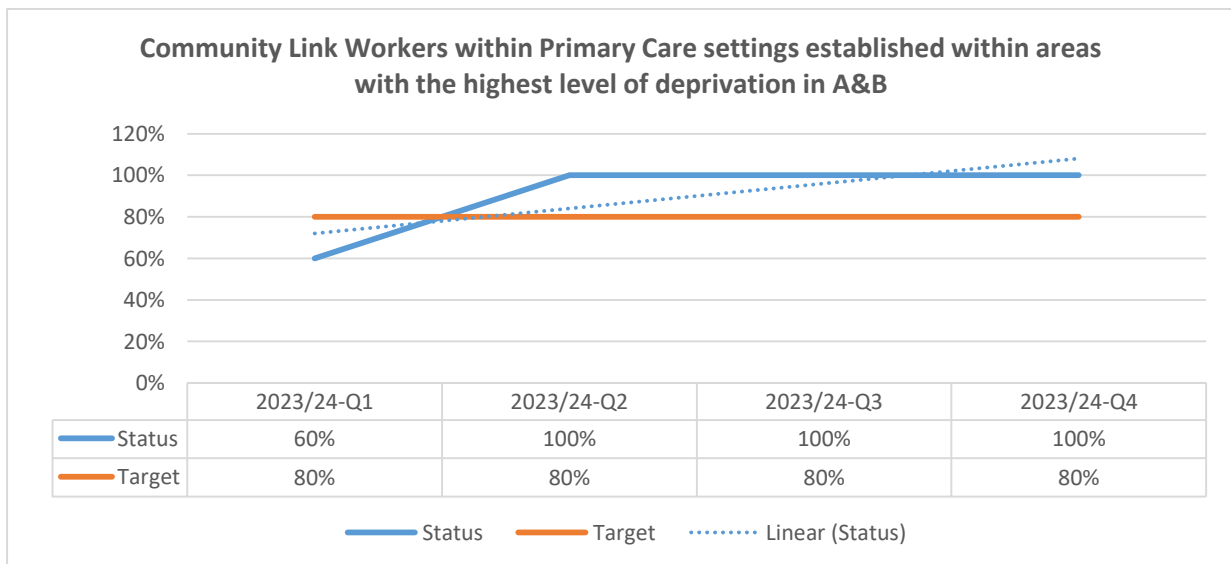
Increase the monthly number of smoking quit dates set in the most deprived 40% areas in A&B



Overall numbers across the four quarters note performance matching the target at FQ2 and then increasing performance for FQ3 & 4 against target. The linear average trend notes 12.5 quit dates set across the four quarters, with target matched at FQ2 and then above target at FQ3 onwards. FQ4 performance notes a 67% increase against target.

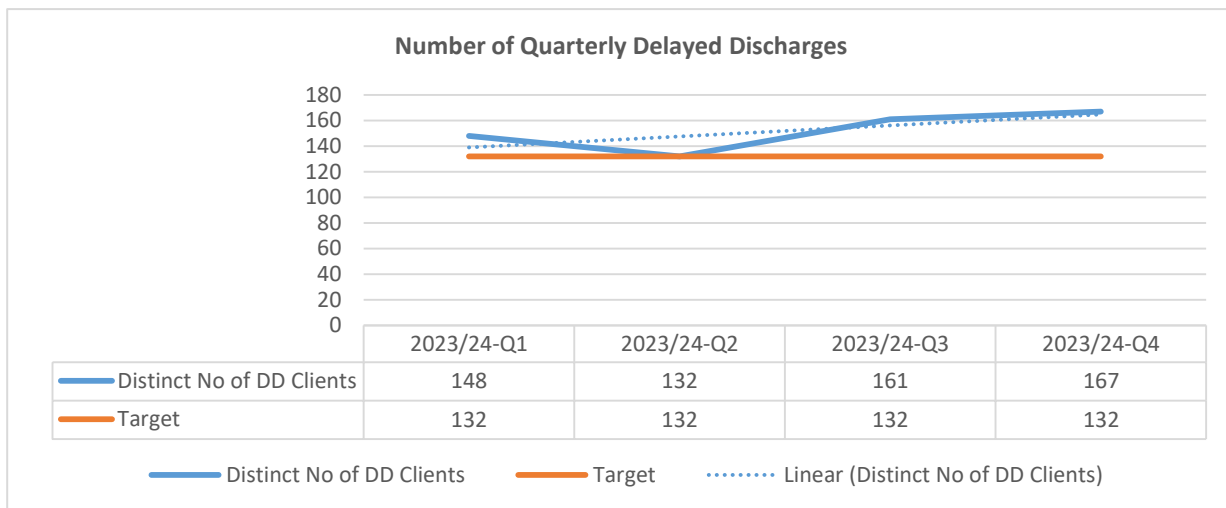
Community Link Workers within Primary Care settings established within areas with the highest level of deprivation in A&B

The business case to deliver Community Link workers within the 5 most deprived areas in Argyll and Bute has been a key focus for the HSCP with the overall performance trend noting and improvement across the four quarters. Data for FQ1 notes a reduction of 20% per quarter against target, performance is improved for FQ2, FQ3 and FQ4 with reported 100% of workers in place against the target.



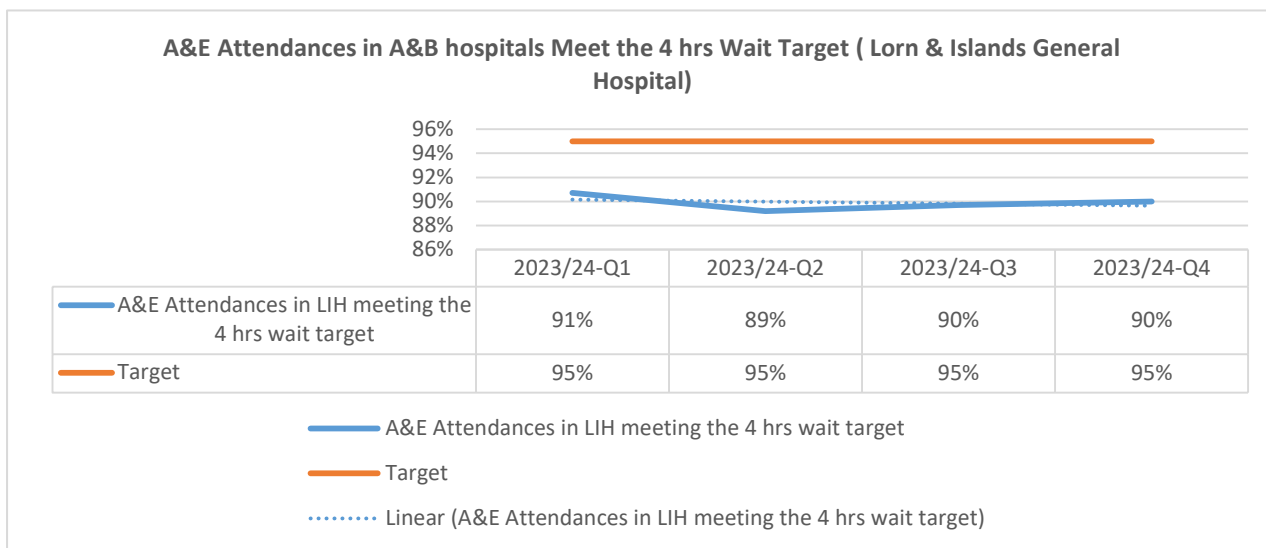
3.7 Hospital Care & Delayed Discharge

Reduce the number of people delayed in hospital



Data trend notes an overall increase against target in performance across the four quarters, Q2 notes performance on target (132) this is against the other quarters which show above target increases. The overall average number of Delayed Discharges across the four quarters (152) with FQ2 performance achieving target and then increasing by 23% for FQ4. This increase for FQ4 could be attributed in part to the effects of winter whole system pressures across the HSCP and Scotland wide.

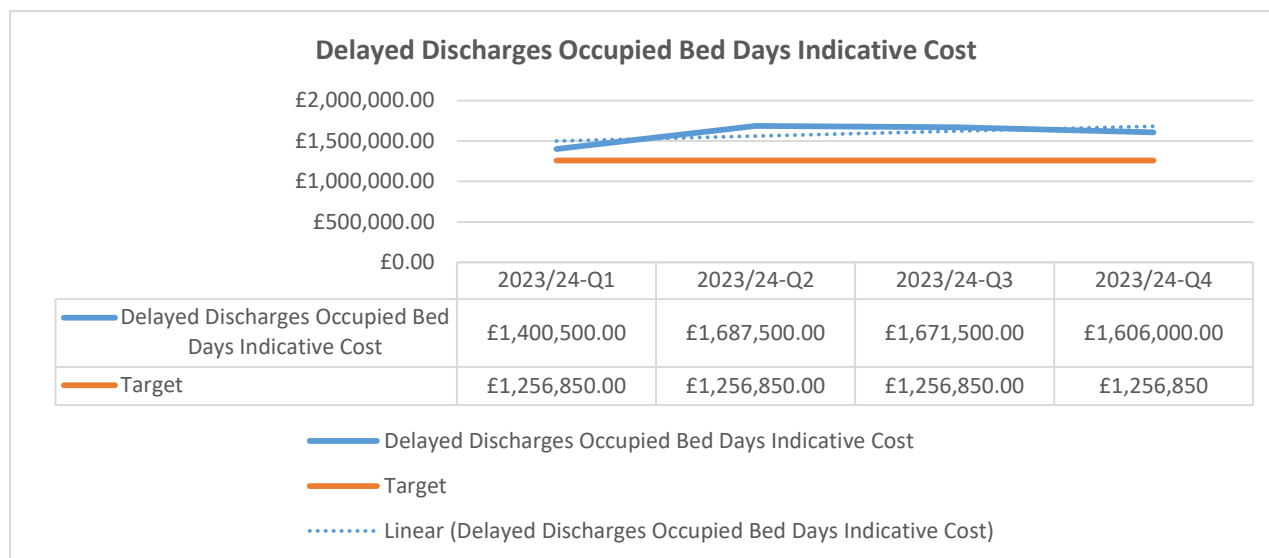
A&E Attendances in A&B hospitals meet the 4 hrs wait target



Hospital attendances are represented as part of the nationally reported A&E activity recorded within the Lorn & Islands General Hospital with regards to waits against the four hour national target. The data notes an average of 90 % across all four quarters, remaining just below the 95% target. The date trend is relatively flat across the year with data for FQ4 remaining 5% below target

3.8 Finance

Reduce the cost of hospital stays as a result of a Delayed Discharge

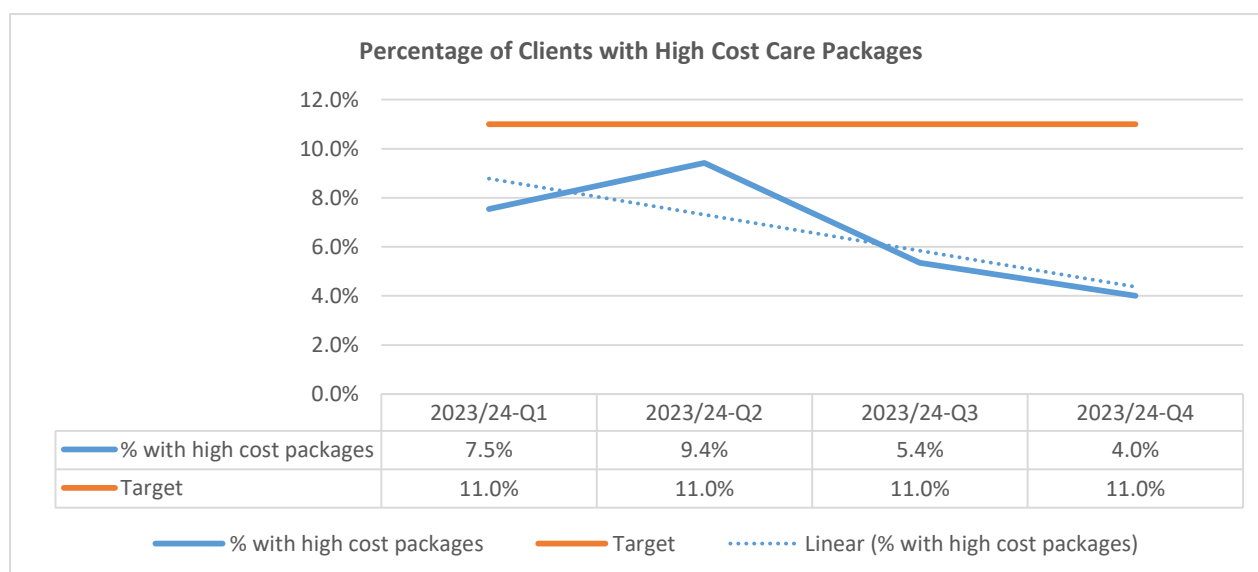


Reducing the costs of a hospital stay utilises an indicative cost model which is linked to Delayed Discharge performance across the HSCP. The targets set for this year have not been achieved with a consistent 23% increasing trend comparing the average of the four quarters against target. Performance at FQ4 notes a 24% increase against target, this is compared to 11% above target at FQ1.



Reduce the overall percentage of clients with High Cost Packages of Care

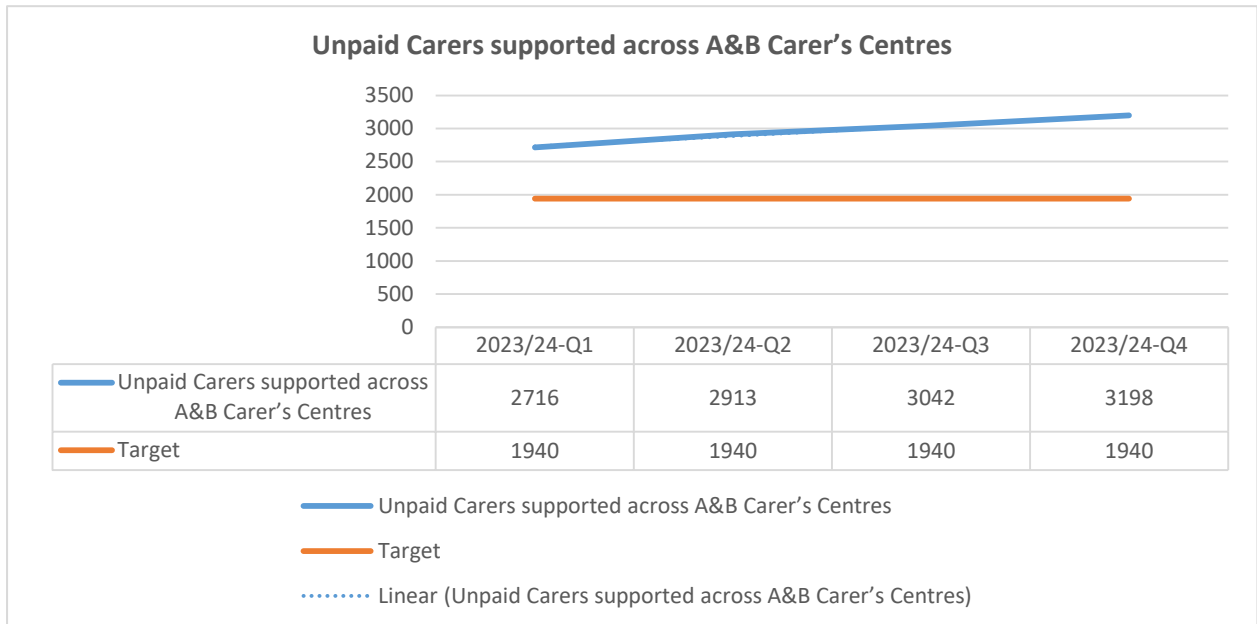
The data for the numbers of clients with High Cost Packages notes a reducing trend against target. The low percentage totals for the data set equates to an average reduction of 6.6%. FQ4 notes a 99.3% reduction against the quarterly target



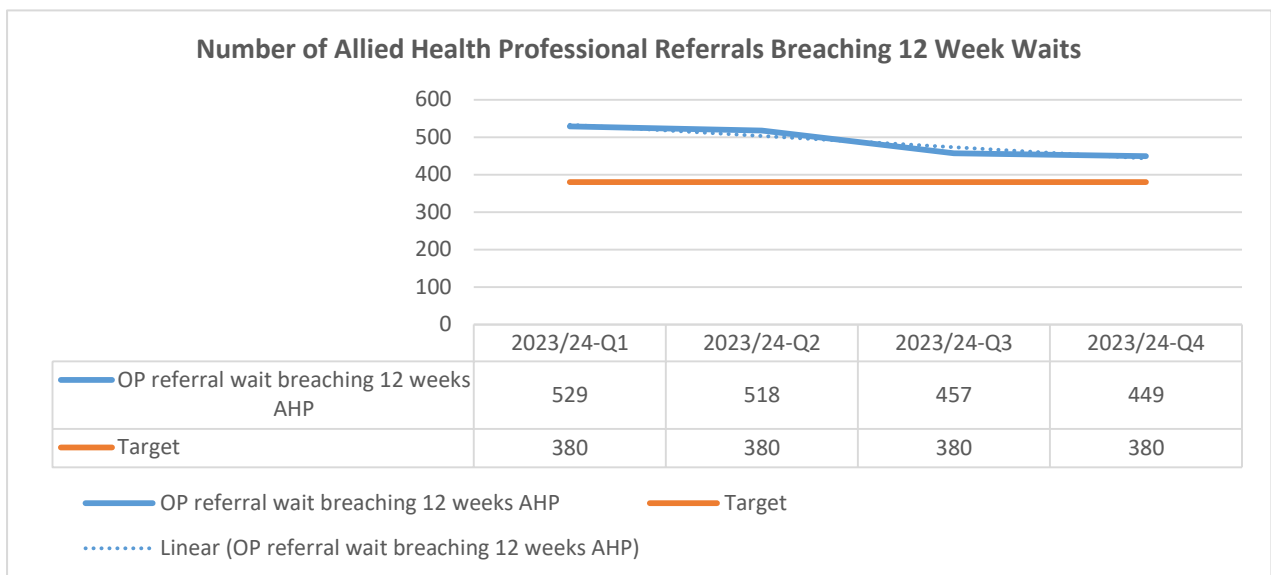
3.9 Carers & Allied Health Professionals

Increase the number of Unpaid Carers supported across A&B Carers Centres

Trend analysis for the number of carers supported across the Carers Centres notes a sustained increasing trend against target with an overall average (2967) carers supported across the year. FQ4 notes a 44% increase above target with (3198) carers supported.



Reduce New Outpatient Referral waits breaching >12 week waits for AHP services



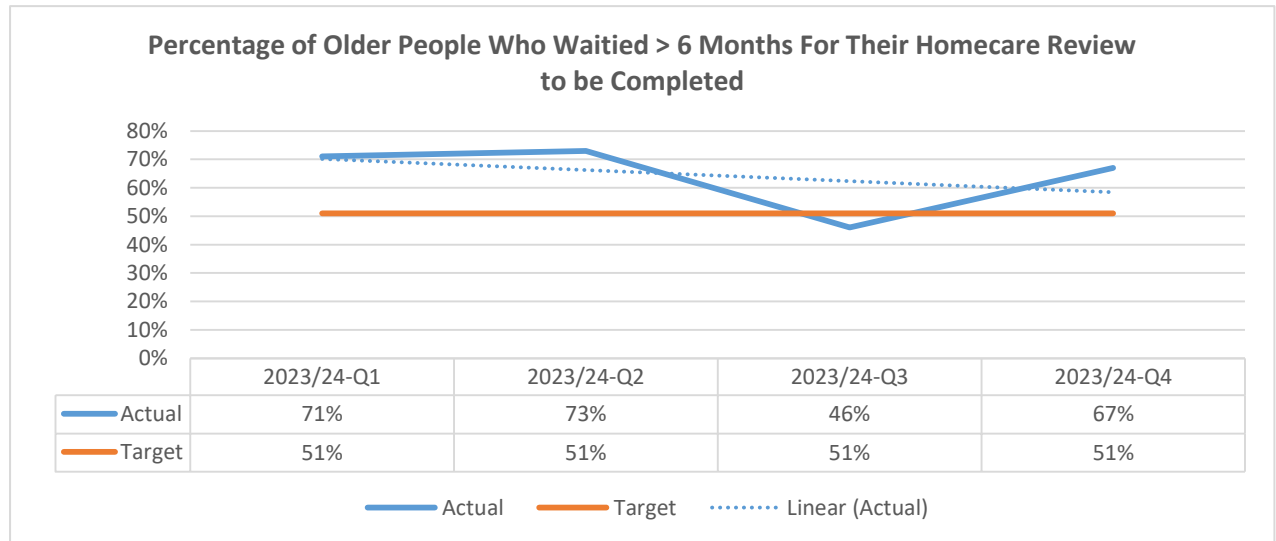
The linear trend for those waiting more than 12 weeks for AHP services notes an overall sustained reduction against target, however performance across the year remains above the target. FQ4 notes the lowest number of waits (17%) above target. The average across the year notes (488) waits.



3.10 Care at Home / Care Homes

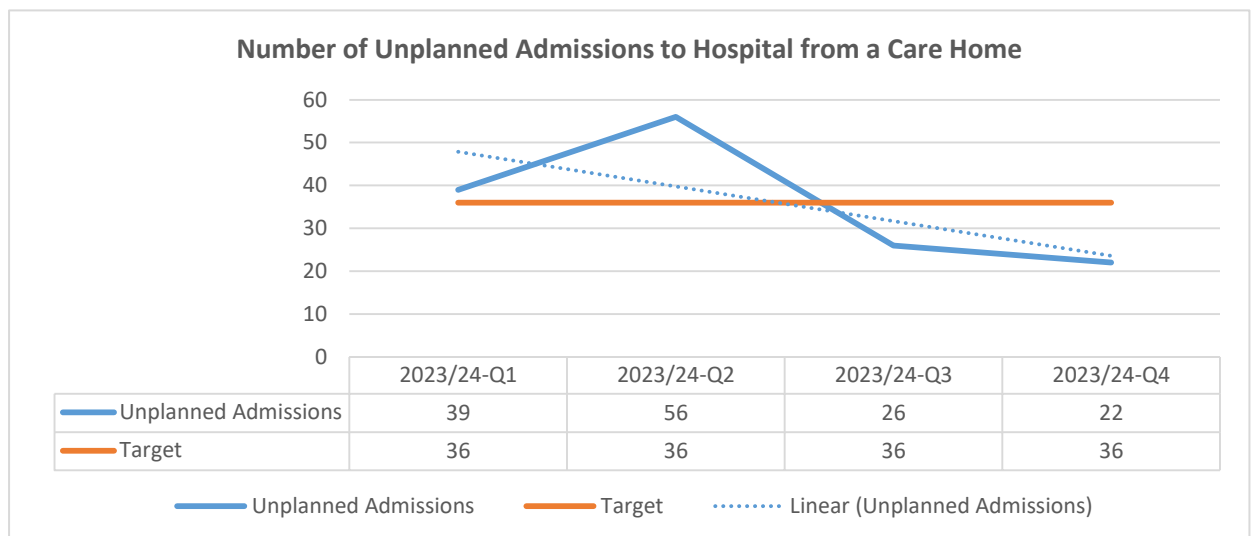
Reduce the Percentage of Older People Who Waited > 6 Months for Their Homecare Monitoring Review to be Completed

Overall trend analysis notes a reduction against target across the year with regards to the number of older people waiting more than 6 months for a review of their homecare. Average waits across the year is 64%, this is 13% above target, this is offset with FQ3 noting 5% below target performance.



Reduce unplanned admissions to A&B Hospitals Directly from a Care Home

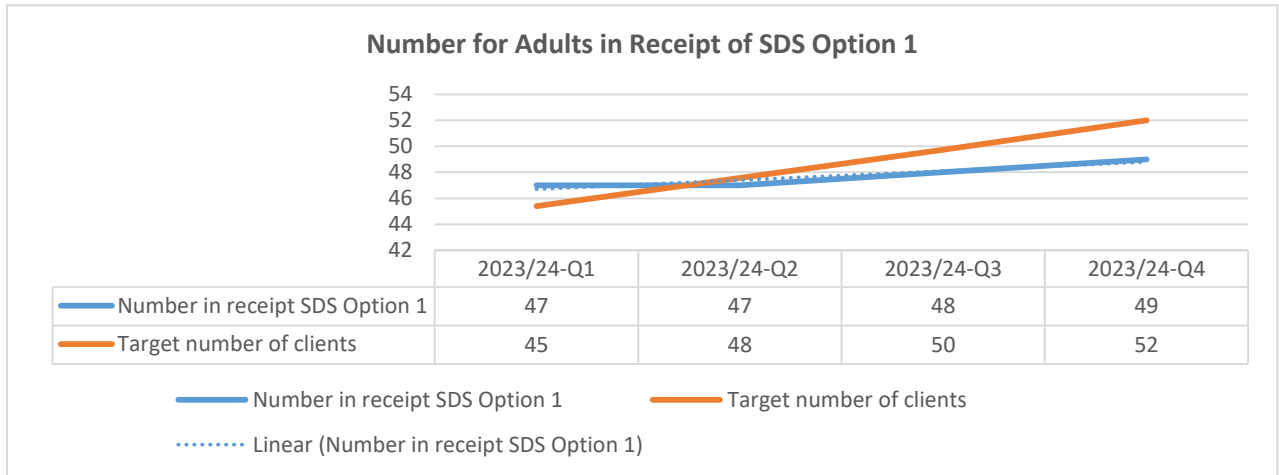
Unplanned admissions to hospital from a Care Home note an overall decreasing trend across the year, remaining above target for the first two quarters with FQ3 reporting a 32% reduction against target. On average across the four quarters there is 36 unplanned admissions from a Care Home.



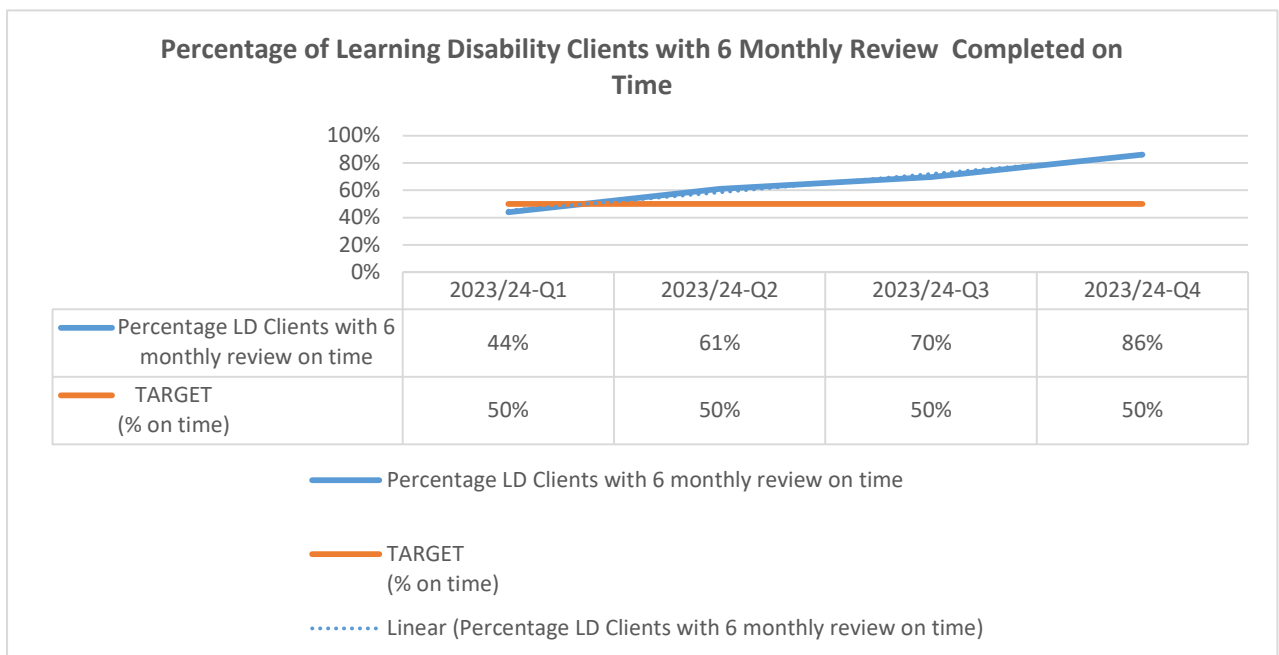
3.11 Learning Disability & Mental Health

Increase the Percentage of 18-64 Adults Supported and Living in the Community, in Receipt of a Self-Directed Support Option¹ - Direct Payment

Data notes an increase trend across the year with regards to the number of clients in receipt of Direct Payments against the projected increasing yearly target. FQ2, FQ3 and FQ4 note performance below target, with FQ4 performance noting a 6% reduction against a quarterly increasing target. FQ1 performance notes a 4% increase against target



Increase the Percentage of 18-64 adults with a Learning Disability 6 Monthly Care Reviews Completed On Time



Linear analysis with regards to the data trend for completed reviews notes improving performance across three of the four quarters. Data for FQ2, FQ3 and FQ4 notes a consistent increase in performance with regards to reviews completed at 6 months, culminating in a 36% increase on target at FQ4. Average overall performance is 54% across the year.



4. Financial Performance and Best Value

4.1 Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it. Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee. It also publishes its Annual Report and Accounts which are subject to independent external audit.

4.1.1 Financial Performance 2023-24

The IJB is reporting an underspend against its budget and therefore a small increase in the reserves balances it holds. It is therefore in an improving financial position and will carry forward funding in reserve to progress key transformation projects and investments and help fund its budget shortfall in 2024/25. A number of factors contributed to this improved position including effective delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government. Some of the general reserve had to be used during 2023/24 to support spend on social care services which exceeded the funding provided by Argyll & Bute Council. This was primarily driven by higher demand for Older People services including care at home provision and residential care placements.

The revenue outturn for 2023/24 was an underspend of £2.9m against the resources available to the HSCP, which totalled £362m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be used to invest in key projects and to mitigate the financial challenge facing the HSCP in 2024/25. The following table summarises performance against budget analysed between Health and Social Work services:

Service	Total Spend £000	Funding £000	Funds Transfer £000	Surplus / (Deficit) £000
Social Work Services	93,677	77,605	14,455	(1,617)
Health Services	265,718	284,679	(14,455)	4,506
GRAND TOTAL	359,395	340,879	-	2,889

4.1.2 Savings Delivery

The budget for 2023/24 included a savings target of £8.9m. As at the year end, £7.4m or 83% of the target was delivered. The HSCP needs to continue to improve its efficiency and deliver best value. It manages its savings programme rigorously and recognises that this is critical to longer term financial sustainability.

4.1.3 Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions and direct service delivery in a way which ensure it operates on a financially sustainable basis within the finite resources available to it. There are significant on-going cost and demand pressures across health and social care services as a consequence of demographic change, new treatments, increasing service expectations and on-going high inflation. Managing these pressures and funding uncertainty is becoming increasingly difficult, the real value of budgets continues to be eroded by price and cost increases. There is on-going requirement to improve efficiency, deliver savings and transformation plans.



The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally,

robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services.

The Annual Report and Accounts for the year provide further detail and analysis in respect of financial performance, financial risks and governance arrangements and improvement plans.

4.2 Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.



The governance framework represents the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity and in line with the principles of public service. The IJB has statutory responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer who is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. The IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the **8 Best Value Themes** below:

❖ Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the Strategic Plan and Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these documents which set the strategic priorities. The IJB has approved its budget and Savings Plan for the 2024/25 financial year.

❖ Governance and Accountability

The IJB has an open and transparent governance system in place. It seeks to continually develop and improve in response to emerging good practise and independent audit review. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

❖ Effective use of resources

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

❖ Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP

works closely with third sector partners and its commissioned service providers by holding regular meetings with strategic partners and stakeholders. This has continued throughout 2023/24 and illustrates the ethos of partnership working. Further examples of effective partnership working during include the purchase of the Kintyre Care Centre, the outcomes from the Coll Collaborative Group, the establishment of the Prevention Transformation Programme, participation in several place based programmes and the re-establishment of the locality planning groups.

❖ **Community Responsiveness**

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

❖ **Fairness and Equality**

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

❖ **Sustainability & Carbon Reduction**

Carbon reduction is an important strategic objective for all public bodies. There are a number of strands to the IJB approach including:

- The development of opportunities for remote provision of services and remote working to reduce travel for staff and service users. There has been extensive use of Near Me for remote consultations where appropriate, and continued utilisation of Microsoft Teams;
- Piloting the use of drones for transporting items such as laboratory samples from islands and remote areas;
- The installation of electric vehicle charging points and investment in the electrification of the vehicle fleet;
- Investing in management capacity to develop a strategic approach to the HSCP estate to facilitate the development of capital schemes to reduce carbon emissions;
- The commissioning of specialist consultancy services to identify opportunities for carbon reduction across the estate;
- Identification of property fabric related backlog maintenance and improvement issues; and
- The rationalisation of the estate through improved co-location arrangements.

❖ **Performance, Outcomes & Improvement**

The HSCP continues to report performance in a holistic way and it has implemented its Integrated Performance Management Framework. It continues to work to increase activity to pre-pandemic levels and address the backlog of treatment and diagnosis. Addressing the backlog and long waiting times is a priority for NHS services across Scotland. It reports on progress to the IJB regularly. A further priority remains the management of delayed discharges from the acute sector, both within Argyll & Bute and Greater Glasgow & Clyde. The HSCP continues to perform well by this measure, however the number of delays during the year has increased and become increasingly difficult to manage due to a number of factors, including staffing in community based services.

5. Engagement



HSCP Engagement Strategy

In September 2023 the HSCP published a new Engagement Framework to set out our strategic intentions to effectively engage with staff, partners, carers, people who use services and the wider population. This strategy, which was ratified by the IJB, ensures the HSCP meets the requirements of Healthcare Improvement Scotland's national guidance, Planning with People. Across the organisation, there is recognition that gathering a range of views can help us to deliver more effective health and social care services.

The Engagement Framework was developed by a working group made up of HSCP officers and partners including the Third Sector Interface, Healthcare Improvement Scotland and community representatives. This group has now formally constituted as a subgroup of the Strategic Planning Group and will meet quarterly. Ongoing activity since September has focussed on quality assurance of the Framework in line with national standards on Planning with People.

The Engagement Framework includes the following four quality standards:

- Engagement is planned, proportionate and meaningful and effective
- Representatives are supported in their role
- Engagement of people in service planning
- Positive culture where staff feel valued and engaged

A report on progress against these standards was presented to the IJB and this is available to view here: [Argyll and Bute HSCP Engagement Quality Standards \(scot.nhs.uk\)](https://scot.nhs.uk/argyll-and-bute-hscp-engagement-quality-standards)

The HSCP collated an action plan of engagement activity to be conducted over 2023-2024. This included 48 separate projects where engagement would be carried out. The outputs of this activity are reported within the body of this report.

Full details of the HSCP's approach to engagement can be viewed here: [Public engagement | NHS Highland \(scot.nhs.uk\)](https://scot.nhs.uk/public-engagement-nhs-highland)

Engagement updates from each service area can be found within Appendix 1: Joint Strategic Plan Monitoring Year Two

A&B | Transforming HSCP | Together

Argyll & Bute Health & Social Care Partnership

Email

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Websites



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

[About Argyll & Bute \(scot.nhs.uk\)](https://scot.nhs.uk)

Twitter



<https://twitter.com/abhscp>

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<https://www.facebook.com/abhscp>



Year Two Progress Report

Joint Strategic Plan 2022-2025

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



This document can be made available in a range of formats and languages,
For contact details please see the last page of this document.

Table of Contents

Children’s Services	23
Child Poverty	24
Child Protection	26
Violence Against Women and Girls (VAWG).....	27
Adult Protection	29
Community Justice.....	32
Public Health.....	34
Right Care Right Time	37
Adult Care –Older Adults/Adults and Hospitals	39
Learning Disabilities.....	42
Mental Health.....	43
Primary Care.....	45
Dentistry	47
Alcohol and Drug Partnership (ADP)	49
Allied Health Professionals (AHP).....	54
Carers.....	55
Prevention Programme.....	56
Digital Health Care Strategy	57
Technology Enabled Care (TEC)	59
Corporate Services	60

Children's Services

Priorities Year 2	Progress update
Continue to deliver on the Children and Young Peoples Service Plan (CYPSP).	The Children and Young Peoples Service Plan work continues. The Plan for 2023 – 26 has been published. There has been some restructuring of A&Bs children in order to offer clearer focus and action orientation.
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board (CPB) and reported to Strategic Group. A self-evaluation day has taken place. Promise plan is being updated.
Continue to monitor and evaluate progress in all our service plans.	Progress is monitored through the various plans. This includes Children's Rights, Child Poverty, CYPSP, CPB, Promise. Governance is via Child Protection Committee (CPP) to Chief Officer Group Public Protection (COGPP) or via CPP.
Develop programme of change in relation to the Children's Promise Change programme.	Local actions embedded in Corporate Parenting Plan and CYPSP.
Continue to engage with Children and staff on transformation agenda.	We have established 7 locality care experienced participation forums which meet regularly. Work is continuing to ensure young people are involved in the CYPSP. The participation officer post became vacant in the last year however attempts are being made to identify ongoing funding to allow recruitment.
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	This work is now aligned with the Community Justice Plan.
Continue to act as a conduit for information and resources on Equally Safe / Train/ National initiatives for managers and staff.	This has been taking place and will continue to do so.
Develop project plan for Transforming Responses to Violence against Women and Girls Project.	Plan developed and updated.

Engagement activities taken place 2023/2024

We have established 7 locality care experienced participation forums which meet regularly
The development of the 2023 -26 CYPSP has involved engaging and working with young people. The new Plan will have an animated version designed by young people.
Work ongoing to identify funding to allow recruitment of a participation officer.

Child Poverty

Priorities Year 2	Progress Update
Further develop the role and purpose of the Child Poverty Action Group and consider resource issues. (CPAG)	The role of the CPAG has remained largely the same and acts to monitor and coordinate actions to tackle child poverty. Barriers have included availability of member's time and a change in Child Poverty Lead.
Begin to roll out Poverty Awareness Training to staff.	The Poverty Awareness Training, delivered in 2022 was not continued due to budgetary constraints. This was successful delivering to a total of 220 professionals, over 20 occasions, was rated valuable or very valuable by all 81 participants who completed evaluations. This is still a priority.
Review the Child Poverty Action Plan and consider what is required to meet the Scot. Gov. Child poverty reduction targets in 2023.	The Child Poverty Action Plan is reviewed annually and a review published and shared with Scottish Government as required by the 2017 the Child Poverty (Scotland) Act. The Scottish Government is not likely to meet their 2023 targets, nor will many local authorities attain them due to circumstances like the cost of living crisis. Work has been done locally looking at what is required to reduce levels of child poverty. Data analysis is being developed that it is hoped will allow us to better target those in need of additional supports and contribute to a more informed map of child poverty across Argyll and Bute. It is hoped that this will mean in future we will be able to better focus what resources we have. Some key actions include the Strategic Islands Plan and the Employability Partnership employing a Child Poverty Coordinator. A website one-stop-shop information on advice services, housing, debt and benefits etc. has been created and will be developed further. Engagement for the ABOIP and other purposes have identified transport costs and the lack of reliable transport and transport infrastructure as an area of concern.
Use Communications and Engagement Plan to improve community engagement with child poverty work in Argyll and Bute.	A Communications and Engagement Group was created and a plan commenced. This group did begin work on a communications and engagement plan and did valuable work in areas like engagement around the child friendly graphic Plan on a Page and a Challenge Poverty Week media campaign. However the group hasn't met in the last 12 months, largely due to other commitments.
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	This is taking place.
Look at impacts of Covid-19 and EU exit; consider what actions are required by the Child Poverty Action Group and its members to address these.	This has been happening with both the CPAG and The Financial Advice and Inclusion Group; coupled with looking at impacts on the cost of living crisis and how to address that.
Produce a formal communications and engagement plan.	Not completed – in incomplete draft form only.
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has been happening on a regular basis and will continue to be the case. Money Counts – virtual training opportunity which is available for any staff and partner organisations across NHS Highland and Argyll and Bute. Aims to raise awareness of poverty, how to raise the issue of money worries, and where to signpost/direct people for additional support. Between April 23-February 24, 16 courses were delivered across Highland & Argyll and Bute with 98 attendees.
Review the Child Poverty Action Plan and assess progress on key areas of work.	See above for note on review of Child Poverty Action Plan.
Begin to develop a Data Base to improve monitoring and focus of resources locally. Begin to use it to improve the work of the	Data development work has been taking place and is going forward with good results. Nationally Argyll and Bute are working with the Improvement Service and SAVI to create and effective model and

Child Poverty Action Group and services locally.	identify legal gateways that will allow for the necessary use of data to meet tackling child poverty objectives.
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Engagement activities taken place 2023/2024

Some of the engagement work that took place in 2023-2024 has been related to the engagement around United Nations Convention on the Rights of the Child (UNCRC) Implementation. £53,000 has been obtained from the UNCRC Innovations fund for a series of engagements to take place in 2024 talking to children and young people about their rights and what is important to them. We are also working with the Poverty Alliance and their Taking Action on Rural Poverty Project (TARP) which will seek to set up a lived experience citizen's panel to talk about poverty and ask what people would like to see happening. Other important engagement work that has taken place related to the new ABOIP. Poverty was identified as a concern by many children and young people. Work is also taking place (2023-2024) to develop engagement with the Youth Voice Group to learn the views of children and young people on issues like poverty and children's rights.

Child Protection

Priorities Year 2	Progress Update
All new Child Protection Committee (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.	Induction pack complete. All new members have met with Lead Officer. This is ongoing as and when new members attend.
Produce and implement a biennial strategic improvement plan which will be monitored by the Performance, Quality and Assurance (PQA) using a RAG system. Red actions will be reviewed by PQA and reported to CPC.	CPC lead officer appointed and plan has been reviewed.
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.	Training Officer now in post and general contact local in person training now running with calendar dates throughout first half of 24. Specific and Specialist levels will follow in second half of 24 into 25.
Develop and implement training framework which supports practitioner knowledge and confidence in working with Child Sexual Abuse which includes Child Sexual Exploitation and child trafficking.	With appointments of CPC lead Officer and Training Officer roles, plus guidance on updated Child Protection procedures now concluded, training plan for specific and specialist levels now being concluded. Further development and standardisation sessions are being planned to for those leading Initial Referral Discussion (IRD).
Domestic Abuse (DA) Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.	Has been implemented, and full Child Protection audit undertaken in March included cases chosen because of Domestic Abuse. Findings will inform future auditing focus.
Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present.	One meeting has taken place, but still significant work to align Children & Families and adult processes Joint session between Adult Protection Committee and Child Protection planned for May 2024.
Advocacy services will engage with children on the Child Protection register to understand their experience and to provide the CPC with recommendations as to how things can be improved.	CPC continues to receive bi-annual reports from the advocacy worker. The reports provide evidence of face to face engagement with children and seeks the views and comments by children and families. CPC find these reports very informative re needs of children on the Child Protection register.

Engagement activities taken place 2023/2024

Engagement took place with workers around the Domestic Abuse protocol, CSE/SA and the development of the updated national Child Protection guidance

Violence Against Women and Girls (VAWG)

Priorities Year 2	Progress Update
Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in October 2022.	This happened and steady progress was made in the actions within this project. Research into experiences of lived experience women in domestic abuse was carried out. Safe and Together continued to be rolled out.
Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.	Yes staff have continued to complete the Core Programme and, where appropriate the Supervisors / Managers module. One Trainer has been trained. Developing Equally Safe Fund Budget for Year 3 has been confirmed.
Research Project relating to the transformation project to continue.	This research has been completed
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.	Between 20 th of April 2023 and 27 th of March 2024, 1,100 hours of training was delivered to 335 people.
Achieve improvement in services and pathways relating to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.	Social Work staff and Managers who work with people with learning disability were put into contact with Women's Aid and Rape Crisis Trainers and joint work took place on improving co-working and referral in relation to domestic abuse.
Review progress of the transformation project and the delivery of the Equally Safe Plan.	This took place via the Equally Safe Annual Return and quarterly / 6 monthly reports to the Developing Equally Safe Fund.
Have in place a Communications and engagement plan.	Whilst there is a Communication process in place that facilitates communication with partnership members and media campaigns during events like the 16 Days of Action, this area requires work. A more formal process involving improved consultation and engagement with lived experience women and children would be a step forward.
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	This assessment was carried out but results required to be looked at more closely. This process was impeded by difficulties in convening a Project Board.
Establish working groups to facilitate training and other aspects of the transformation project.	A working group has been established to facilitate the rolling out of Safe and Together. It has not been necessary to establish a working group to facilitate the other training elements as these elements were agreed by the partnership and delivery facilitated by the Chair.
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	As the Transforming Responses to Violence Against Women and Girls Project has been extended to a third year, research to assess its overall impact has not yet commenced.
Roll out of the Safe and Together Model to commence.	The roll out of Safe and Together has commenced and a growing number of staff have completed the Core Programme and, where appropriate the Supervisors and Managers module. More staff are currently enrolled and starting their learning journey. One Trainer has completed their programme and will soon commence training other staff.
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	This did commence as planned and will be ongoing over the coming year.
Roll out of DASH training to relevant workers.	Dash training was rolled out as planned and will be ongoing as necessary; there are in house Trainers available for this.
Review the Argyll and Bute Equally Safe Plan.	A review of the Argyll and Bute Equally Safe Plan has not yet taken place; this is due largely to the need to first develop linked Community Justice and Justice Services plans.
Development of Data Base that will assist us	Whilst some data is being collected and scrutinised, this process is not

to monitor trends in Domestic Violence and other gendered violence.	yet at a stage where it is routinely done and the results proving to be helpful in analysing local domestic abuse trends.
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	The delivery of the Equally Safe Annual Return took place as planned.

Engagement activities taken place 2023/2024

Some engagement activity did take place during 2023-2024. Sharing of information regarding the VAWGP and tackling domestic abuse and other gendered forms of violence did take place. This was by the sharing of key information through groups such as: Council's Equality Forum; Financial Advice and Inclusion Group; Chief Officers Group Public Protection; Community Safety Partnership; Living Well Networks; National VAWG Network and members own websites and media platforms and communications. There were also specific media events like the 16 Days of Action and International Women's Day. However more consultation and listening to the views of lived experience women and children requires to happen.

Adult Protection

Priorities Year 2	Progress Update
<p>Develop improved data collection based on national dataset activity.</p>	<p>The revised Adult Support and Protection minimum dataset has now been rolled out across Scotland. It includes the terminology changes from the revised Code of Practice and aims to generate more robust, meaningful and comparable data.</p> <p>The Go Live of the Eclipse IT system at the same time inevitably meant additional challenges for data collection in the Partnership however there has been significant improvement with the assistance of the Eclipse and Performance Teams.</p> <p>We continue to work towards developing more meaningful analysis of Adult Support and Protection (ASP) activity throughout the localities.</p> <p>Work is ongoing as new indicators are required for the national return.</p>
<p>Review Significant Case Review (SCR) guidance and Code of Practice changes.</p>	<p>We have developed joint guidance on learning reviews commissioned by both Argyll & Bute Child and Adult Protection Committees. It replaces the previous guidance for Child Protection Committees conducting an Initial or Significant Case Review (2015).</p> <p>It has been locally adapted based on the National Guidance for Child Protection Committees undertaking Learning Reviews (Scottish Government, 2021), and the National Guidance for Adult Protection Committees Undertaking Learning Reviews (Scottish Government 2022).</p> <p>Protecting children, young people and adults is an inter-agency and inter-disciplinary responsibility overseen by Child Protection Committees and Adult protection Committees and our committees are responsible for deciding whether a Learning Review is warranted and, if so, for agreeing how the review is conducted. Both committees keep the Chief Officer Group advised of all cases referred for a potential Learning Review and report their recommendations on these matters to the Chief Officer Group for consideration and ratification.</p> <p>Through 2023/24 we undertook substantial work to revise Argyll and Bute Adult Support and Protection Procedures in line with the Code of Practice guidance and the changes to recording documentation on the Eclipse IT system.</p> <p>Guidance on the revised code of practice changes have been disseminated throughout the workforce via various forums and training sessions.</p>
<p>Continue audit and review rolling programme.</p>	<p>A reflective ASP audit was completed across the four Localities of Argyll and Bute January 2024.</p> <p>The purpose of the audit was to identify the quality of practice and recording in Adult Support and Protection cases after the Joint Inspection of Adult Support and Protection in Argyll and Bute was completed in September 2021.</p> <p>A sample of 40 separate cases which had ASP activity between March 2022 and April 2023 were audited of adults who had been subject to Duty to Inquire, Investigation and Case Conference.</p>

	Ongoing 6 monthly file audits have been established.
Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.	We continue to develop protection links via joint working with our Child Protection Committee colleagues, culminating in our annual Joint Committee meeting. Throughout 2023/24 we have undertaken joint working on learning reviews, transitions and missing people policy and procedures. We have contributed to the recent Child Protection Committee self-evaluation and the Alcohol and Drug Partnership Action Plan 2023/24. We are members of the Violence Against Women and Girls Partnership and encourage participation from Adult Services in their “safe and together” and wider training opportunities.
Continue staff support and contact programme.	The Council Officer and Adult Support and Protection Forum meets quarterly. The Lead Officer chairs the monthly Multi-Agency Forum with Police Scotland, Fire and Rescue Service and colleagues, both Health and Social Care, from the Partnership. A programme of specific training pertinent to Council Officer and Second Worker roles continues to be prioritised throughout the year.
Meet the Improvement Plan targets arising from Inspection.	<p>We have created a detailed improvement plan itemising 57 specific actions. To date, 23% of actions detailed in the ASP action plan are rated “red”; 38% are rated “amber; and 39% are rated “green”.</p> <p>The key improvements are:</p> <ul style="list-style-type: none"> • All relevant partners should be invited to participate in case conferences and review case conferences. • The ‘three-point test’ is an essential factor in determining if the adult is at risk of harm. The application of the test should be clearly documented during initial inquiry to show decision making rationale. • All adults at risk of harm should have a risk assessment, which is comprehensive. • There should be a consistent approach to preparing and recording chronologies for all adults at risk of harm who require one. <p>The improvements are being developed through training courses including Chairing Case Conferences, The Role of the Second Worker, Recording and Defensible Decision-Making and Effective Chronologies and Risk Assessments.</p> <p>Development of new chronology and risk assessment documentation has been rolled out across the workforce and improvement activity is an integral part of all meetings, forums etc. with the workforce.</p>
Implement Code of Practice changes.	The Lead Officer and Project Assistant – SDS undertook a significant overhaul of the Argyll and Bute Adult Support and Protection Procedures. This is a substantial document which required lengthy revision and editing in line with the revised Code of Practice. This work has now been completed and the revised procedures have been presented at the Adult Protection Committee (APC) for adoption and implementation.
Implement guidance for Primary Care and GP’s.	<p>The development of the second worker training course has enabled promotion and understanding of the role with particular reference to our Health colleagues.</p> <p>The promotion of online training for Health staff and the ability to access both the TURAS models and Policy Hub Scotland are currently being further explored.</p>
Progress audit activity, case files.	A schedule of monthly peer review/ case file audit has been

	<p>established. Set targets for improvement have been implemented. These targets will be reviewed at Council Officer forums.</p> <p>The Lead Officer is now undertaking quarterly monitoring of all Adult Support and Protection Inquiries.</p>
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	<p>The Adult Support and Protection Committee continues to work with the Child Protection Committee in developing its policies and procedures in line with the new style of Learning Reviews for both adults and children.</p> <p>The Lead Officer has also been involved in Large Scale Investigations (LSI) in 2023/24. Recommendations resulting from these are noted and the Lead Officer is currently revising the existing local guidance for LSIs having regard for the IRISS LSI Investigation framework and further new IRISS resources to support consistency, transparency, and person-centred practice in investigations.</p>
Develop 'escalation' policy.	<p>The Monthly (MAF/D) meetings with Police and Scottish Fire and Rescue Service and are designed to highlight any high-risk cases and to determine routes for escalation.</p> <p>Complex case escalation continues to be a priority in the wider context of Adult Social Work activity and the Adult Protection Committee recognises the role of Council Officers in supporting vulnerable adults where escalation is required. We are involved in the development of an overarching escalation policy within Adult Services.</p>
Support staff and communities as recovery from Covid regulation emerges.	<p>Challenges such as recovery from the pandemic and the cost-of-living crisis are thought to have contributed to increased referral rates through 2022 and 2023.</p> <p>Self-harm and neglect have been a focus for the Adult Protection Committee particularly since Covid when numbers increased. An Argyll and Bute self-harm and hoarding event is currently being planned for later in 2024.</p>

Engagement activities taken place 2023/2024

Promotion of ASP awareness on social media platforms and contribution made to locality community partnership groups.

Level 1 ASP training programme regularly delivered Also programme including specialist subjects i.e. Financial Harm offered within community.

Regular attendance and contribution to ASP National Implementation Group and Chronology sub-group.

Community Justice

Priorities Year 2	Progress Update
<p>Implement and monitor our local Community Justice Improvement Plan and performance framework.</p>	<p>The publication of the refreshed national documentation (the last of which was August 2023) has meant a delay in publishing our local plan. We intend to begin consultation on the draft local plan in April 2024, for the period 2023/4 – 2027.</p> <p>Whilst developing our draft local plan, the Community Justice Partnership has implemented a range of multi-agency engagement and activity across the 4 national aims and 13 priority actions contained within the refreshed National Strategy for Community Justice during 2022-2024.</p> <p>Argyll & Bute Community Justice Partnership will report on the national performance framework, including the 10 national outcomes, in September 2024.</p>
<p>Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.</p>	<p>A three year Justice Social Work Service Plan is complete, with focus in Year 2 on</p> <ul style="list-style-type: none"> • Improvements in Diversion from Prosecution practice • Implementation of new national Justice Social Work report template • Implementation of new national Throughcare and Aftercare Release Licence Reports and protocols. • Continued rollout of Bail Supervision Scheme and use of Structured Deferred Sentences as per national policy direction • All Justice Social Work Staff trained in Schema Therapy and DBT to improve interventions and trauma responsive services • Rollout of Justice Eclipse system • Monthly Audit Programme now in place • Development of Joint work with LAAS to deliver voluntary Throughcare service <p>Justice Social Work improvement activity contributes to every community justice national aim and the majority of the ten outcomes. The Community Justice Partnership will continue to monitor, review and support the development of multi-agency responses to assist the delivery, including national developments that may negatively impact the delivery of Justice Social Work services.</p>
<p>Review the learning from the second phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.</p>	<p>The activity related to the first phase of the research is ongoing. The final research submission during 2023 is a significantly wide scoping document with recommendations that require a multi-agency response. The need for a second phase is currently under review and will be progressed through the Community Justice and Violence Against Women Partnership.</p>
<p>Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.</p>	<p>The Care Inspectorate Community Justice documentation was published in August 2023, later than expected. The Community Justice Partnership has scheduled validated self-evaluation activity during 2024/25</p>
<p>Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.</p>	<p>The Community Justice Partnership has developed the draft local plan during 2023-2024, consultation and final publication by June 2024.</p>
<p>Develop strategic and operational links with Third Sector and Children’s Services (Youth Justice) and other key local partnerships.</p>	<p>As noted in our engagement activity update, developing strategic and operational links activity has been underway. In addition, operational activity within Children, Families and Justice portfolio has been focused</p>

	on creating a baseline in relation to youth justice. This activity will continue to be included in our improvements scoping youth justice approaches and responses across all four national aims.
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	The Community Justice Advocacy service, delivered by third sector partner Lomond Advocacy and Advice Service became operational early 2024 and is funded until December 2024. Performance reporting and monitoring in place.
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	The extensive range of activity associated with the research requires multi-agency review and responses. The activity associated with this review of the learning and recommendations is ongoing.
Finalise the review of our local Community Justice Partnership.	The Community Justice Partnership, whilst reviewing the requirements of the new national strategy and associated documents, enhanced its membership. The membership will remain open with relevant additions, as required.

Engagement activities taken place 2023/2024

Significant activity was undertaken during 2023/2024 during the development of our local draft plan and at the Community Justice Partnership meetings. The range of organisations and services included national and local public and third sector and was based around the four aims, thirteen priority actions and ten national outcomes for community justice. Engagement with a range of representatives from the following:

Justice Social Work	Children & Families
Addictions	We Are With You
Carr Gomm	Housing
Hope Kitchen	Lomond and Argyll Advocacy Service
Alcohol and Drugs Partnership	Blue Triangle
Third Sector Interface	Scottish Fire & Rescue Service
Police Scotland	Skills Development Scotland
Health & Social Care Partnership	Community Justice Scotland
Scottish Government	Violence Against Women Partnership
Scottish Prison Service	
Community Planning Area Planning Groups	

The activity focused on reviewing the requirements within the new national documentation, creating baselines for where we are and identifying where there is capacity for improvement within current resources and what requires additional national resources.

Public Health

Priorities Year 2	Progress Update
Continuation of previous year's activity and new activity to be agreed in partnership.	Argyll and Bute HSCP Public Health team continued to work on the below activities, agreed according to national priorities, assessment of local need and through joint working with a range of partners.
Deliver on joint Health Improvement plan between Argyll and Bute and north Highland.	<p>A joint Health Improvement plan has been developed between Argyll and Bute and Highland, with a view to delivering some activity NHS Highland-wide. The aim is to share learning and streamline pieces of work where relevant. In year two of this workplan, the following joint training has been developed and delivered:</p> <ul style="list-style-type: none"> • Money Counts – virtual training opportunity which is available for any staff and partner organisations across NHS Highland and Argyll and Bute. Aims to raise awareness of poverty, how to raise the issue of money worries, and where to signpost/direct people for additional support. Between April 23-February 24, 16 courses were delivered across NHS Highland with 98 attendees. • MAP of Health Behaviour Change – The aim of this course is to give practitioners skills and confidence to notice, discuss and support opportunities for patients to make and maintain behaviour changes. In 2023/2024, three training courses were delivered to 27 attendees. This course is now delivered quarterly across NHS Highland.
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.	<p>The Public Health team have contributed to the NHS Highland Social Mitigation Strategy through a range of projects relating to:</p> <ul style="list-style-type: none"> • Child Poverty, through the Argyll and Bute Child Poverty Action Group. Delivered Money Counts training to a range of health, social care, and 3rd sector staff. Distributed and promoted Worrying about Money leaflets at community events and with partners. • Promoted children's rights by representing Public Health on the Argyll and Bute United Convention for the Rights of the Child (UNCRC) Group. • Mental health improvement – commissioned training courses on Mental Health First Aid for Children and Young People to two cohorts of learners, delivered to 18 people from a range of public and third sector organisations. • Equalities - continued to support delivery of Equality Impact Assessment statutory duties throughout HSCP. <p>In October 2023 the Public Health Team supported the submission of an Anchor Strategy to Scottish Government. It is anticipated this strategy will take over the intentions of the Social Mitigation Strategy in 2024.</p>
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.	<p>The Public Health team have supported the strategic direction and delivery of the Living Well Strategy from 2019-2024. During this final year of the strategy, the following has been achieved:</p> <ul style="list-style-type: none"> • Evaluation sub-group developed to evaluate the Living Well Strategy • Evolution of Living Well strategy into new Living Well Programme Board. This programme board uses the background of the strategy to inform a 5-year plan of prevention, by focusing on wellness, not illness, empowering and enabling those within Argyll and Bute to live well. • Continued contract management of the Community Link Working in Argyll and Bute Service. During 2023-2024 the service was available in 14 GP practices and received 556 referrals. 90% of

	<p>those who used the service in 23-24 and completed an outcome questionnaire reported an increase in their wellbeing.</p> <ul style="list-style-type: none"> • Working in partnership with RSPB to bring Nature Prescriptions to Argyll & Bute. RSPB Nature Prescriptions are a free, non-medical approach based on accessible connections to nature that will improve wellbeing by engaging with nature in a personal and meaningful way. • The Public Health team support the delivery of the local suicide prevention action plan working with Argyll and Bute Strategic Suicide Prevention Group. In May 2023, Health Improvement Team co-facilitated a development day which supported the focus and direction of the group. Argyll and Bute Council buildings were lit up with purple lights to highlight World Suicide Prevention Day. Information on support services were also shared during this time and over the Festive Period. • The Smoking Cessation team within Public Health continue to deliver a service across A&B that targets the 40% most deprived communities but is available to all residents. There are 4 smoking cessation advisors within the team and during 23-24, they supported 135 people in their efforts to stop smoking. The team also promoted their service and highlighted the dangers of smoking at a number of community events.
<p>Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.</p>	<p>The Public Health team continued to build capacity for health improvement in partners and our communities. Our Living Well networks held quarterly meetings within their local areas which were well attended by members of the community, Third Sector and Statutory sector. In addition, communications, surveys, consultations etc from various sources (e.g. Public Health team, Locality Planning Groups, Third Sector) were sent out by email and social media via the Networks. The Public Health team regularly attended Area Community Planning Groups, relevant thematic Community Planning groups and Locality Planning groups to build capacity for health improvement and coproduction.</p> <p>The Public Health team arrange webinar sessions open to HSCP staff and Third Sector. These have included webinars on Social Prescribing by Scottish Ballet, suicide prevention services by Breathing Space and four webinars on the Adult and Child Health Profiles delivered in partnership with PH Intelligence and Community Learning and Development, highlighting local statistics for each area. These profiles were also presented to the Area Community Planning Groups, helping to build capacity and knowledge.</p> <p>Further engagement activity is described below.</p>

Engagement activities taken place 2023/2024

The Smoking cessation team conducted engagement and awareness raising events throughout the year. This includes engagement with various professions to raise awareness of the service and increase referrals – including local pharmacies, AHPs, Social Work, Specialist Nurses, Primary Care, Community Link Workers, and Living Well Network Coordinators to ensure referral information reaches island populations. The team also undertake community engagement, attending community events such as the Pain and Wellbeing events held by Versus Arthritis and Living Well Network events, and engaging with Children and Young People during the S3 Drama productions. Every March there is a No Smoking Week, which sees awareness raising events of the service and the benefits of quitting across Argyll and Bute, with displays in hospitals, GP Practices community locations e.g. supermarkets and in partnerships with community pharmacies.

There are four Living Well Networks throughout Argyll and Bute, with a dedicated LWN Coordinator for each Locality funded by the Public Health Team. The purpose of the Networks is to develop local partnership working and planning for health improvement activity. In 2023-2024, the Living Well Networks have continued to promote their work and provide information, network and engage with local communities. In 2024 a series of LWN events have been organised, including four community events being held at Mac Pool, Jura Hall, Islay High school and Kintyre Town Hall. Three events provided information and advice from many sources, including support that is available from charities, NHS and Argyll and Bute Council. In some events taster sessions and activities were provided to promote local health and wellbeing resources.

The Public Health team have regular opportunities to engage with community events such as the pain and wellbeing and Living Well network community events. The Public Health team support and attend these events across Argyll and Bute.

Engagement was undertaken with staff around the Community Link Worker service, as part of the service evaluation. This included a focus group with Community Link Workers to understand operations, challenges, and unique experiences faced by service providers. The focus group served as a qualitative method to garner insights and perspectives from community link workers (CLWs) operating within Argyll and Bute. This also included engagement with Primary Care staff and Living Well Network Coordinators about their use and links with the Community Link Working service, including benefits to patients, challenges, and identification of any service improvements. Feedback from those using the service was gathered via the contract monitoring process with the service provider.

Right Care Right Time

Priorities Year 2	Progress Update
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	<p>Ongoing.</p> <p>Service specifications are currently being developed for all community services, which will aim to identify key service deliverables/role and remit. This process will include criteria (inclusion/exclusion) and models of care delivery, in line with local/national context and relevant evidence base/practice guidance.</p> <p>Work is also underway to develop a “lead professional” model to ensure more effective care coordination and oversight. This approach, in turn, seeks to reduce duplication and maximise opportunities to re-able and promote independence. This approach will also ensure a focus on early assessment, early supported discharge and care review.</p>
Plan and progress spend on the recurring funding from Scottish Government.	Ongoing monitoring of spend as part of governance processes.
Established working groups with capacity to progress change and support localities	<p>Ongoing.</p> <p>A comprehensive piece of work has been undertaken to review all working groups and their respective terms of reference. This has been aligned with the IPMF and duplication has been reduced where possible. The established working groups will be aligned with/will take responsibility for key pieces of work which have identified as part of the Older Adult Strategy. Decision making structures have been clarified and all sub-groups will now be accountable in the first instance to the Older Adult Operational and Governance meeting. Programme Boards have existing governance/accountability relationships and will not be changed unless necessary.</p>
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.	<p>Ongoing.</p> <p>A focus on integration of community services is a key focus under the 8 high impact changes, and has also been identified as priority area for further development as part of the Older Adult Strategy. Prevention, rehabilitation, Re-ablement, and promoting independence are key focusses. MDT structures, including those which exist around specialist service areas (i.e. EoL Care) are being reviewed as part of specially commissioned working groups and/or as part of Community Standards. This approach will be informed by available data, and will ensure appropriate alignment/interface with relevant local and national policy. This work also links closely with the below. Trade union and HR will be involved with any conversations which touch on proposed service change.</p>
Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles	<p>Ongoing.</p> <p>Staff skill mix, education and training is a priority focus for the HSCPs Community Standards working group, which aims to ensure that roles and responsibilities are both aligned with job descriptions and responsive to the needs of the settings in which they exist. There will be a particular focus on standardised skills and training standards across the HSCP, including the development of a framework which identifies developmental need, flexibility across settings and unique/generic staffing skills. Governance and decision making will take place via the Older Adult Operational and Governance</p>

	Meeting. Trade union and HR will be involved with any conversations which touch on proposed service change.
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.	Ongoing. This work is being captured via the development of the Care at Home Strategy. The Care at Home new tender is live.
Performance metrics regular reported on.	Complete. An urgent and unscheduled care data dashboard has been developed which encompasses all aspects of system flow. Quarterly Integrated Performance Management Framework (IPMF) Framework assurance is in place. Whole system discharge planning submissions are submitted at national level on a quarterly basis. The actions from these are fed into relevant development frameworks. The HSCP is closely linked with the Centre for Sustainable Delivery (CfSD) and has now identified key "leverage points" which are being worked up through relevant development frameworks. Quarterly reporting will be expected.

Engagement activities taken place 2023/2024

Cowal Community Hospital-paused due to external circumstances (pause on capital funding)

A full engagement plan was developed and as part of this drop in open sessions were in place for the public to view plans and discuss the project. The project was unfortunately put on hold when the pause in NHS capital funding was implemented.

Tigh-a Rhuda Care Home Redesign-ongoing

Engagement specification was developed. Workshops with local stakeholders. Engagement remains on going with the community, staff and public in terms of redesign and build at the care home. The work is likely to conclude in September 24.

Palliative and End of Life Care

Presentation to the IJB then a face-to-face workshop took place with key staff to develop action plan. Will be incorporated into the older adult strategy.

Care Homes and Housing-ongoing.

Short term work on repairs within care homes Hub North work was developed which included visits to care homes, involvement of families, staff and a final stakeholder session. This will be further developed in 2024.

Older Adult Strategy-ongoing

Engagement strategy developed in early 2024.

Care at Home

Survey to all those in receipt of care at home

Adult Care –Older Adults/Adults and Hospitals

Priorities Year 2	Progress Update
<p>Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.</p>	<p>Ongoing.</p> <p>Hospital at Home pilot in Oban has now finalised recruitment and has developed ambulatory care service, which continues to facilitate saved bed days, admission avoidance and early supported discharge. Service development is managed via the Hospital at Home steering group and Operational Delivery Group. Governance is currently via the Urgent and Unscheduled Care Programme Board. HIS are involved.</p> <p>Principles of interface care are being revisited, having been identified as a priority focus/future model of care in support of “home first” approaches. Intermediate care is being developed to focus on ability to facilitate rapid urgent care and assessment, avoid discharge and facilitate early supported discharge. Technology Enabled Care (TEC) is also being developed at pace to support a digital first approach. Development is currently managed via respective steering/development groups. Governance and decision making is via the Older Adult Operational and Governance Meeting in the first instance.</p>
<p>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.</p>	<p>Ongoing.</p> <p>Community assets and community wealth building approaches are being developed as part of the Living Well strategy (with a clear focus on prevention). The HSCP has recently received a request to review frailty guidelines/models, which will establish a baseline and inform the prevention models from a clinical/social work service approach, as well as informing needs around community asset development. This work and approach is multi-agency and involves collaboration with private/third sector.</p>
<p>Developing a meaningful conversation with islands around our health and care services.</p>	<p>Ongoing.</p> <p>Island Strategy is in development to scope and deliver future models of care, which are appropriate to serve our island populations. A comprehensive engagement specification has been developed alongside this work.</p> <p>In addition to this, focussed engagement has taken place with specific island populations (i.e. Mull and Tiree) around Care Home and Care at home developments involving Community Councils. Future models of care in relation to these areas will be clarified further as part of the Older Adult Strategy, which is in development.</p>
<p>Carry out market testing of care at home by reviewing views on the quality of service</p>	<p>This was completed prior to the new tender for care at home, results analysed and presented to the care at home strategy group.</p>
<p>Set up an Self-Directed Support Steering Group in order to embed Self-Directed Support Improvement Standards</p>	<p>Ongoing.</p> <p>Self-directed support has been identified as a priority area of focus for transformation, and is now featured prominently as part of the Older Adult Strategy. The HSCP has an identified lead for self-directed support, and a plan for implementing improvement standards is currently being developed – this planning framework will include a close interface with other, key areas of strategy development (i.e. Care At Home and Island Strategies).</p> <p>Standards are being reviewed as part of the Adult Social Work SLWG.</p>

Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Ongoing. See above and below – this work will form a core part of standard winter planning and the development of the Care at Home strategy.
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Ongoing. A strategy to support the development and future delivery of the Care at Home is in development. This work is being supported by a Service Improvement Officer and is being overseen by the Senior Manager for Resources. Sits within the Care at Home Strategy Group.
Develop an Older Adult Strategy.	Ongoing. The Older Adult Strategy is now completed in first draft format. This has been shared with the Strategic Planning Group for the HSCP, and is now undergoing extensive engagement (March 2023-June 2024). A clear engagement specification and engagement framework has been developed and finalised to support this work. Sessions have been scheduled in mid-June to progress next steps. Careful interface with the JSP will be ensured. Governance is via the Older Adult Operational and Governance meeting and SPG.
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.	Ongoing. A whole system winter plan was developed and shared widely in the approach to winter 2023/24. This plan encompassed engagement and feedback from all care groups within the HSCP. The process included a revised resource bid/approval standard operating procedure, and was supported by a revised urgent and unscheduled care data dashboard. Next steps will focus on a comprehensive planning framework to ensure effective planning and delivery each year. Governance is via the Urgent and Unscheduled Care Programme Board.
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Completed as part of the recruitment pilot-need to evaluate.
Review the use of Extended Community Care Teams and link them to other community services.	Ongoing. A comprehensive review of ECCT teams (role, remit and integration) has been identified as a priority element within the Older Adult Strategy. This work will be undertaken and managed as part of community standards. Governance and decision making is via the Older Adult Operational and Governance meeting. Trade union representation will be ensured. All appropriate people and culture processes will be adhered to.
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.	Working with Hub North on a strategic assessment to develop a capital plan. Intermediate care models will be part of this development. Significant stakeholder engagement took place as part of the strategic assessment.
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	Health and Well Being plan complete and HSCP links into the subgroup.

Engagement activities taken place 2023/2024

Health and Community Care-Annual Engagement Plan 2023-2024

Cowal Community Hospital-paused due to external circumstances (pause on capital funding)

A full engagement plan was developed and as part of this drop in open sessions were in place for the public to view plans and discuss the project. The project was unfortunately put on hold when the pause in NHS capital funding was

implemented.

Care at Home

Comprehensive survey of those in receipt of care at home.

Tigh-a Rhuda Care Home Redesign-ongoing

Engagement specification was developed. Workshops with local stakeholders. Engagement remains on going with the community, staff and public in terms of redesign and build at the care home. The work is likely to conclude in September 24.

Palliative and End of Life Care

Presentation to the IJB then a face-to-face workshop took place with key staff to develop action plan. Will be incorporated into the older adult strategy.

Care Homes and Housing-ongoing.

Short term work on repairs within care homes Hub North work was developed which included visits to care homes, involvement of families, staff and a final stakeholder session. This will be further developed in 2024.

Older Adult Strategy-ongoing

Engagement strategy developed in early 2024. Presentations and development sessions.

Learning Disabilities

Priorities Year 2	Progress Update
Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.	No formal strategy has been developed during this period specifically for LD. Analysis of this area should be undertaken as part of the development of the LD/Neurodevelopmental Strategies. Additionally this area should feed in to an A&B wide Housing Strategy for Health and Social Care. Short/Medium Term – HSCP have recently commissioned an external provider/consultant to undertake a review of all out of area placements in line with the Coming Home Implementation Report recommendations. Part of this work will help to inform current and future need of specialist housing for this area. An opportunity for a Supported Living development has been identified within the Helensburgh & Lomond locality (Medium Term) alongside A&B Council Commercial services.
Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).	Due to the backlog in inspections following COVID and many of the LD registered services being considered low risk, the frequency of inspections have reduced during this period compared to previous years. Some of the internal registered day support services have not received an inspection for 6+ years therefore, this priority will be carried over to Year 3. The large majority of registered Supported Living Services in A&B (internal and external) have undergone an inspection during this period, with all care providers receiving grades of 4 (Good) of 5 (Very Good) under the new Care Inspectorate Quality Inspection Framework. It's anticipated that 2 of the internal day services will be inspected imminently.
Reduce stigma in relation to learning disability and autism through delivery of joint training and/or awareness raising for staff across the HSCP.	Ongoing priority that will continue to Year 3 and beyond. Links to development of A&B LD/Neurodevelopmental Strategies. Indication that LD/Neurodevelopmental Awareness training will become mandatory for all Health and Social Care staff nationally however, no confirmation of roll out of available training resources and timescales attached.
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Work has commenced to develop neurodevelopmental strategy (full lifespan), aligned with national guidance and outcome of LDAND bill. This work is in early stages. A&B specific LD Strategy still to be developed.
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.	Review and Restructure of internal day service provision complete. New management structure implemented with better oversight, equity and consistency across the localities. Service currently working to a 3 year action plan to continually improve and further develop services to the changing needs of the population
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing action. Further work required to increase engagement and understanding of available technology and telecare to assist with increasing independence whilst ensuring the safety and wellbeing of service users

Engagement activities taken place 2023/2024

- Routine engagement with service users and/or carers as part of the Assessment and Care Management Process
- Initial engagement around the development of Neurodevelopmental Strategy
- Staff consultation for waking night rota – Greenwood
- Engagement with Supported Living providers regarding the potential supported living development site in Helensburgh & Lomond

Mental Health

Priorities Year 2	Progress Update
Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies.	<p>Pathways for inpatient dementia assessment and IPCU beds remain a concern. The HSCP are working hard to look at solutions and to support our residents to remain in the local hospitals.</p> <p>Crisis teams in situ in Oban Lorn & Isles, Mid Argyll Kintyre & Islay and Cowal & Bute to support more timeous mental health assessment prior to any requirement for transfer to the acute unit. This service is available to local hospitals 7 days per week between 10 am and 8pm. Helensburgh and Lochside are served via an Service Level Agreement to Greater Glasgow & for crisis interventions</p>
Urgent and emergency teams embedded in Oban Lorn and Isles.	Completed, all teams in situ across Argyll & Bute, vacancies have arisen in Oban and Dunoon, however the team are able to cross cover
Progress planned developments associated with Transforming Together agenda for mental health.	Core and cluster has not progressed for mental health services, this needs dedicated project support and commissioning to progress
Community Mental Health Services review and outcomes.	The review had 22 outcomes, this has been progressed well with many complete; however will be revisited in Year 3 to ascertain where we are now as part of the community short life working group.
Psychological Therapies – we are working with the Scottish government to develop a business case to enhance and develop our PT services across Argyll and Bute 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 Argyll and Bute wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	<p>The realignment of teams to create an Argyll and Bute wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4 is complete. A Business Case has been developed which was submitted to Scottish Government. The service will continue to work alongside Scottish Government to develop our service in line with allocated funding and to improve our wait times.</p> <p>Work to complete care reviews is ongoing.</p>
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 Multidisciplinary Team approach and have a wellbeing nurse, Occupational Therapy , guided self-help worker and primary mental health worker in each locality.	Work to realign the care mental health team to work across GP surgeries and to support those presenting with mild and moderate mental health concerns via a MDT approach is complete. A pathway refresh is underway and a pilot of self-referral is planned to commence this year with a PDSA cycle and soft launch.
Care Reviews.	Work to complete care reviews is ongoing.
Inpatient services – addition of a consultant psychiatrist for the inpatient unit 3 days per week. Recruitment of Registered Mental Health Nurses 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.	<p>There are ongoing issues here; sector consultants are in reaching to the inpatient unit to allow consistency of care in community and transition from acute care.</p> <p>RMN recruitment, second year of earn to learn (new pathway developed in A&B, being piloted in NHS Lothian and has national interest), major recruitment drive, career fayres, advertising on ferries, social media.</p> <p>Retention and recruitment premium secured for inpatient band 5 nurses to attract new applicants until 2025.</p>
<u>Standardisation of processes</u> ; roles and responsibilities; care and support coordination and utilisation of effective training and delivery models (i.e., specialist / generic), as appropriate to support mental health and dementia services locally	<ul style="list-style-type: none"> The community group are exploring variation across teams this year, with an aim to minimise variation across the directorate. This will extend out across all under the Mental Health umbrella. The associate lead nurse for Mental Health is developing a skills framework in which base skills and training needs are recorded and updated and further needs assessment

	<p>will develop from there.</p> <ul style="list-style-type: none">• Dementia services have moved to the mental health directorate and there are early plans to develop a training package to assist both care homes and local hospitals in caring for those presenting living with dementia.• The community group as above have a remit to explore variation and to standardise practises across the localities. This will encompass the community review outstanding actions, ending exclusion and promote integrated service delivery.• Silvercloud platform has replaced Beating The Blues and is part of our developing and growing digital Mental Health strategy and delivery pathway.
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Engagement activities taken place 2023/2024

We continue to work with Acumen to strengthen our relationships with 3rd sector colleagues. Our perinatal agenda and developments have lived people with lived experience and carer involvement in the heart of the pathway

Primary Care

Priorities Year 2	Progress Update
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.	The HSCP Primary Care Nursing Team delivers Adult and Childhood vaccinations to the patients of 23 of the 29 practices in Argyll and Bute.
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitional service arrangements (including additional payment arrangements).	The 6 remaining practices attained rural flexibility status and retained their vaccination/immunisation commitments.
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Hub model working will be part of wider participation of the pharmacotherapy service in the HIS Primary Care Improvement Collaborative which will support using data collection to demonstrate the impact of service redesign and inform future improvements. This will include the use of QI tools and shared learning with other health boards as well as the demonstrator sites included in the Phased Investment Programme.
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	The Service Planning Manager post for developing sustainable and equitable models of island health and social care provision has been appointed to. Work will commence on this strategy once the model for delivery of the Jura out of hours service is agreed.
Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Midwifery model in place for delivery of pertussis.
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	The Jura out of hours options appraisal is under consideration by the Jura OOH Working Group and will be subject to further scrutiny by the Clinical Care and Governance Group before progressing to implementation.
Develop an HSCP model for travel health and travel vaccinations.	Travel health and vaccinations are delivered by community pharmacists in Argyll and Bute.
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.	Recruitment of nursing posts is complete with a small number of vacancies within the PCIF funding envelope. Delivery of some aspects of Urgent Care has been possible through replacement of a direct payment to Dr McLachlan and Partners by NHS employing a trainee ANP using the TUPE process. Similarly, TUPE arrangements were made for 3 ANPs in Helensburgh and Lomond practices which are now under 2c arrangements.
Implement transitional arrangements where practices continue to provide some services.	Transitional payment arrangements were developed and agreed with the Argyll and Bute Local Medical Committee (LMC) for 2023-24. There is no provision in the primary care improvement fund to extend these payments to future years.
Contribute to review of sustainable services on the island of Coll.	Progress will be part of the wider health and social care strategy for islands now supported by the new service planning manager. Scoping work to support a business case for renovations and upgrade to the doctor's house in Arinagour was undertaken and funding has been allocated from the Strategic Housing Fund in addition to reserves.
Co-location of Cowal Medical Practice and Church St Surgery in the Cowal Community Hospital, Dunoon.	Progress has been placed on hold following capital funding restrictions.

Engagement activities taken place 2023/2024

For delivery of sustainable out of hours arrangements for Jura, a collaborative working group was formed. This includes representatives from the community council, local councillors, local GPs, the Scottish Ambulance Service, Coastguard, the council ferry service and HSCP operational and planning managers. This group meets monthly.

The Coll Collaborative Group comprising key stakeholders and community representatives has been constituted to co-design healthcare approaches on the island.

2023/2024 saw completion of recruitment to nursing teams. Engagement was mainly with the Argyll and Bute Local Medical Committee (LMC) and individual GP practices. The vaccination campaigns used social media platforms and notice boards in GP surgeries and other public spaces.

The CTAC and Pharmacotherapy teams are taking part in the Primary Care Improvement Collaborative which will include measuring the impact of changes to service delivery. This will include service user feedback.

Dentistry

Priorities Year 2	Progress Update
<p>Identification of service needs and associated development.</p>	<p>Service need identified: Kintyre, Mid Argyll and Oban area. There is limited provision for PDS services in these areas. Redesign of service provision to allow flexibility and greater provision of dental care in this region for priority groups.</p> <p>Senior Dental Officer post advertised to increase priority patient group access and contact in these locations.</p> <p>NDIP provision, which is mandated by SG is challenging. Successful recruitment of DHT for 2023/24 diet. Further move to embed as core DHT role, further freeing Dental Officer clinical availability.</p>
<p>Development of current services for Island communities and priority groups.</p>	<p>Scoping Mobile dental service (limited provision) and in collaboration with Coll and Colonsay Communities. Currently capital bid preparation underway.</p> <p>Tiree: Dental Officer and DHT (Dental Hygienist Therapist) visiting regularly throughout each calendar month.</p> <p>Fabric of building has been identified as below standard and requires evaluation by means of SLWG to establish upgrade priorities.</p> <p>Mull clinic remains extremely busy. Over 3000 patients registered. Long waiting list. Only service provider on the island. Again, fabric of building identified as sub standard. This is reducing capacity for clinical provision. Critical upgrade required. This includes clinical equipment failure, xray unit replacement, admin areas, connectivity and staff changing and kitchen facilities.</p> <p>Work underway to replace dental chairs and xray units. Following assessment, hoist facility required for accessibility.</p> <p>One enhanced General Dental Practitioner located on Bute. Poor national uptake of SG scheme.</p> <p>Advanced care options for priority groups' patients – GA or IV sedation services for complex care cases/anxiety cases: Currently no provision for this within A&B staffing cohort. External referral to NHSH North or GGC is only route for these patients. SLA and boundaries are unclear. Discussion and informal agreement with NHSH North, who will provide this service for Oban and will accept referrals to Inverness. Discussion with GGC on a case by case basis. Will accept from geographical area near to GGC but boundaries not set and SLA is unclear. Board input required to determine SLA with GGC and NHSH North. Collaboration with NHSH N SCP staff to upskill A&B SDO and DO in Oban to assist with these cases and provide solid referral pathway.</p> <p>Orthodontics: service is maintained within Primary Care, unlike other board areas where this service is delivered in secondary setting. Currently supported by two Consultants (one GG&C and one Highland) on a rolling 6-monthly commitment basis.</p> <p>Service development includes upskilling of SDO to move into orthodontic care. Appropriate PG course currently being identified.</p> <p>Upskilling of one Dental nurse to Orthodontic Therapist underway and expected completion Spring 2026, via NES.</p>
<p>Increasing access for patients in assisted and looked after accommodation settings.</p>	<p>Domiciliary dental care has resumed. Caring for Smiles Programme for Care Home staff has resumed. Oral health care shop to provide oral healthcare items at cost price to care homes piloted and successful and set to continue into year 3.</p>

Increase skill mix in association with in-house training and also NES partners.	AWI training offered to all dentists. Inhalation sedation training to Helensburgh, Dunoon and Oban: we have seen the successful completion of two Dental Officers in this remit. Further associated support staff identified for training with two having completed NES examination process and one having remaining competencies to complete prior to full certification. Clinicians peer review group meetings – CPD. One SDO identified for PG cert in Special Care Dentistry to further enhance service provision. MAP behaviour change and OH improvement training for all PDS sites.
Team building.	Regular team meetings and 1 to 1 meetings as standard. Now establishing connections with other Argyll and Bute services and teams.
Standardising processes.	Single point of referral now via SCI gateway. SOPS being developed and reviewed with expert partners to ensure compliant with current peer-reviewed evidence and legislation. Health and safety processes, assurance reporting and monitoring continues to be developed and embedded at senior level and cascaded to all teams. Considerable upskilling and awareness rising with line manager to achieve current placement. Local team resistance in some areas but continuation to build rapport and aware of current and best practice and information sharing between teams.
Fixed term recruitment in Orthodontic services.	Unable to recruit. Please see above planning underway. Accessing Consultant services on temp contract (weekends currently). Looking at agreement with NESH North for permanent solution for weekday clinics.
In- house development of SDO for Orthodontic services.	SDO development underway, as per above. Mentoring by Consultant in NESH North
Move to baseline funding	Work underway to align SDS and CDS pays templates to reflect current staffing compliment. Historical cross-over between both permitted. Realignment begins to facilitate best use of clinical and preventative budgets.
Capital funding application for service improvements.	Mobile Dental unit underway.
Co-located sites, increase communication with corporate bodies and GDP services.	Lines of communication open to facilitate good working relationships.

Engagement activities taken place 2023/2024

Discussion with Island communities via Living well Coordinator has begun.
Collaborative working with Corporate body GDS in Kintyre and Oban to provide assistance with dental access pressures.
Engagement with Naval Families Federation to ensure emergency care pathway for non-serving personnel and preventative measures in place both community and clinically. Resulting in a Public Service Award 2024 for innovation.

Alcohol and Drug Partnership (ADP)

Priorities Year 2	Progress Update
<p>Develop the ADP strategy.</p>	<p>The ADP Strategy Refresh was completed for 2023 to 2024 following engagement with a wide range of partners at the strategy refresh day in February 2023. Forty attendees from a range of partner organisations, including people with lived experience, met for the full day.</p> <p>Presentations and focus group discussion were undertaken to review the achievements, priorities, strategy progress and identify the key priorities for the remaining year of the strategy.</p> <p>In the following months an action plan, agreed by the ADP, was developed to complement the Strategy Refresh. The ADP agreed to focus on the four pillars of work which closely align with the Argyll and Bute Joint Strategic Plan 2022-2025, these are:</p> <ul style="list-style-type: none"> ● Prevention and early intervention ● Developing Recovery Oriented Systems of Care (ROSC) ● Getting it Right for Everybody ● Public Health Approach to Justice <p>It was agreed these four pillars of work should be taken forward through sub groups. At the ADP committee meetings some sub groups working on the above strands from the Action Plan have reported their progress. The ADP agreed to revise this structure when developing the new strategy and action plan which will commence in May 2024.</p>
<p>Develop community hubs throughout Argyll and Bute.</p>	<p><u>Dunoon and Cowal</u></p> <p>After much planning, including funding and resources from the ADP support team in 2022 to 2023, the Cowal Hub and Recovery Café launched in April 2023. Obtaining charity status the Cowal Hub has continued to develop and attract funding from other sources and provide a wide range of resources, training and support including specific groups for women, families, men, and the LGBT community. A case study on the Cowal Hub and Recovery Café was also submitted within the Medically Assisted Treatment (MAT) Standards annual reporting.</p> <p><u>Helensburgh and Lomond</u></p> <p>The Helensburgh and Lomond Hub, Welcome In, was relaunched in August 2023 providing support and a safe space for people with lived experience of substance use to access support, information and engage in activities. The Scottish Drugs Forum have also linked with the hub to support people with living experience as part of their national programme.</p> <p><u>Bute</u></p> <p>The ADP agreed to contribute £50K to support with the renovations and rental of the hub premises on Bute, the building work is almost complete and anticipated to open before the summer of 2024. The Bute Hub project, led by commissioned third sector providers, WeAreWithYou (WAWY), will help and support recovery in Bute and include all partners to ensure ROSC principles are upheld. Partners will be encouraged to utilise the space within the premises:</p> <ul style="list-style-type: none"> ● To facilitate groups and host external support groups. ● To create a safe space for people to go where they can get the support and help they need.

	<ul style="list-style-type: none"> ● To provide one to one support and structured interventions in addition to scheduled drop in sessions ● To ensure recovery opportunities are visible and promoted in the community of Bute. <p>The ROSC sub group allows a space where representatives of the hubs across Argyll and Bute can meet and network as well as help inform the priorities for the ADP and ensure those with lived experience have a voice.</p>
Expand on the whole families approach.	<p>A Whole Families Group was established in Cowal with a longer term plan to roll out to other parts of Argyll and Bute and be supported by Scottish Families Affected By Alcohol and Drugs (SFAD).</p> <p>The group, supported by the national MAT Standards Implementation Support Team (MIST) identified areas to improve partnership working and agreed a resource booklet for Cowal people affected by alcohol and drugs and their families. The group also agreed to commission work to support a whole families approach in other areas of Argyll and Bute. This proposal was agreed by the ADP Committee and following a procurement process, SFAD were contracted to undertake the work. The specification includes a co-productive approach and support to communities to provide family support and develop standards across Argyll and Bute. This work, commissioned until the end of March 2025 is in the early stages and being monitored by the ADP Support Team to embed in 2024.</p>
Continue to deliver to the requirements of the National Mission.	<p>The ADP continues to work towards delivering the requirements of the National Mission, primarily through a range of sub groups identified to take forward the ADP action plan and progress MAT standards.</p> <p><u>Small Grant Funding</u> The Prevention and Early Intervention sub group supported investment in communities by awarding 12 local organisations with grants to deliver prevention activity. Seven of those grants were targeted to support people with lived experience of alcohol and or drugs problems, two were to support families affected by alcohol and or drugs, five were aimed at young people and all involved partnership working.</p> <p><u>WeAreWithYou</u> The We Are With You (WAWY) commissioned work continues to deliver a wide range of outreach, training, support and services throughout Argyll and Bute.</p> <p>WAWY contribute to prevention, recovery, supporting those preparing, going through and coming out of residential rehabilitation accommodation, as well as the delivery of MAT services. This year saw the introduction of a further dedication online support option, giving added access to those with low levels of need and particularly accessible for more remote communities. The online workers provide interventions and support to lower-level cases in remote and rural areas for a pilot period. The online service provides live contact and uses secure video access, which complements the existing face to face support already delivered and national Webchat service.</p> <p>WAWY continued to offer a wide range of valued support. In Argyll and Bute, 5-10% (between 9 and 16 people) of their overall caseload has consistently engaged for over two years.</p> <p><u>Drug Death Reviews</u> A review of the Drug Death Review Meetings was undertaken and a</p>

new pathway was developed to ensure governance and utilisation of existing structures, the review had identified existing good practise and areas requiring improvement. The new pathway will address some of the findings from the review and the review of the meetings terms of reference is underway in 2024.

Drug Alerts and Harm Reduction

A local multi-agency and multi-disciplinary group for Local Early Warning Systems has been developed for partnership communication of live drug harm issues. This group links with Public Health Scotland's Rapid Action and Drug Alerts Response (RADAR) team to develop local processes for drug alerts. increased Naloxone supplies were purchased as part of a plan to mitigate against potential overdoses from drugs containing nitazenes.

Planet Youth

The ADP agreed to support the Planet Youth Icelandic programme with five secondary schools currently involved in the pilot. S3 and S4 pupils have completed a questionnaire and the results have been sent back for the local coalition groups to review and discuss how to make this a community wide programme. This work is supported by a full time health improvement officer.

S3 Drama Productions Programmes

The ADP continues to contribute funding to the S3 Drama programme "You Are Not Alone" which is delivered across seven secondary schools. Following the pandemic, performances for 2023 to 2024 returned to live school shows. The performances provide an opportunity for young people to engage in questions, understand support that is available and connect with other services.

A group of stakeholders have been established to review the drama programme and identify how best to move forward so it remains relevant and complements Planet Youth and other educational initiatives. The group decided to move the production from S3 to S2 pupils as the schools have feedback the issues raised in the drama are being experienced by the younger people.

Alcohol Licencing

The Licencing Board has discussions how to produce an over-provision statement in Argyll and Bute to place further guidance and limits on access to alcohol off-sale and on-sale premises. Engagement with stakeholders will take place over 2024.

Alcohol Brief Interventions

Recordings of Alcohol Brief Interventions (ABIs) have increased in Argyll and Bute over recent months following progress to improve data collection in Argyll and Bute. Data is now being collected from the wider settings, including Community Link Workers, Midwives, Physiotherapists, Occupational Health, District Nurses, Mental Health Nurses, Dietetics and Speech and Language. A total of 101 ABIs were recorded in quarter 3 of 2023/24. Health Improvement bank staff were also trained to deliver ABI training to increase training provision.

Developing Recovery Communities

The Scottish Recovery Consortium (SRC) supported Argyll and Bute communities develop recovery hubs. In addition to their national offer, the ADP commissioned SRC to further develop the recovery communities in Argyll and Bute by offering a suite of training. SRC will

	<p>continue to deliver a suite of training in ROSC and rights based recovery into 2024 to 2025.</p> <p>Following the delivery of a SRC training course in Campbeltown, the community identified the desire to celebrate recovery and held a local Recovery Walk. The event was supported with a small amount of funding from the ADP which enabled organisers to hold a Recovery Walk and a wide range of activities including cold water swimming, a remembrance ceremony at the beach and a party. The day was very well attended, with around 20 locals joining in as well as attracting attendance from outwith the local area.</p> <p><u>Recovery Communities Grants</u> £86,244 was provided in grants to further develop ROSC, including recovery hubs and lived experience panels throughout Argyll and Bute, including islands. The ADP invited bids to the maximum of £15K to develop lived experience forums and involving people affected by alcohol and drugs in the planning, development and delivery of services to deliver shared outcomes. The grant specification included development of networks and Community Groups to support people affected by alcohol and drugs and applying the principles of Rights, Respect and Recovery.</p> <p><u>Residential Rehabilitation</u> For the period of 2023 to 2024, 12 placements for drugs and alcohol were funded by the multi-agency and multi-disciplinary Residential Rehab Steering Group totalling £80K. One of these placements was direct from prison to residential rehabilitation.</p> <p>Pre, during and post residential rehab support was offered by WAWY and the individuals' key workers remain in touch with the service throughout their recovery journey.</p>
<p>Implement the revised approach to children and families.</p>	<p>A review of the School Support Services was undertaken in the summer of 2023. This included questionnaires to young people and engagement with school staff and services, more detail of this engagement is within the Engagement section of this report.</p> <p>A new specification was developed which includes information for parents and working with existing services and school initiatives. The contract procurement processes took longer than expected and are ongoing.</p>
<p>Initiate MAT standards.</p>	<p>Progress towards MAT Standards 1 to 10 continued in 2023-2024. The MAT Standards Steering Group had oversight of this progress and fed into monthly reporting as well as the 2023-2024 annual reporting to Scottish Government. A range of working groups progressed the MAT standards.</p> <p>A multi agency MAT 8 Group has been established to take forward the requirements within this standard and is working towards their 2023 to 2025 action plan.</p> <p>A new MAT 7 group has been established to take forward developments in primary care. A survey was sent to GP practises as part of scoping drug and alcohol services in primary care.</p> <p>The MAT6 and10 group have produced draft guidance for Primary Care Mental Health Operating Procedures these services provide access to tier 1 and tier 2 psychological therapies.</p>

Remote and rural issues and sufficient resourcing to meet all the standards remains a challenge. The ADP attained the maximum score achievable for their Numerical and Experiential annual reports to Public Health Scotland for the year 2023 to 2024.

Engagement activities taken place 2023/2024

The Argyll and Bute ADP MAT Standards Experiential Programme resulted in 46 interviews across Argyll and Bute from people with lived experience of services delivering Medically Assisted Treatment for substance use. Seven families and eight staff members from statutory and third sector services also engaged, and were offered to attend an in person, telephone or online interview or complete a questionnaire. The Scottish Drugs Forum was commissioned to undertake aspects of the experiential programme, allowing dedicated expertise and a marked improvement from the engagement in the previous year. Two case studies were also submitted as part of the reporting which involved engagement from people with lived and living experience utilising the Cowal Hub. Argyll and Bute ADP were scored 16/16, and awarded status Green for the experiential report.

As part of the review of the ADP school support services, in the summer of 2023, prior to school summer holidays, 226 young people in secondary school responded to a survey, some of which was completed during class time. The young people's survey together with feedback from school staff and services providers formed the review. Representatives from senior management in each secondary school and third sector service providers for each school engaged in semi structured interviews. Additionally, several meetings were held with school staff who held a remit of wellbeing.

A review of the Drug Related Death Meetings was undertaken. This included conducting semi structured interviews with five members of the group and reviewing the reporting process to ensure alignment with existing NHS processes.

The ADP ROSC sub group became established which will be a further avenue for engagement with people with lived experience of alcohol and/or drugs. Two people with lived experience are members of the ADP Committee and provide a conduit between the community and the ADP.

Allied Health Professionals (AHP)

Priorities Year 2	Progress Update
Agree service specifications for all AHP Services and roll-out Job planning within teams.	Service templates drafted. Work planning tool (previously known as Job Planning) developed by colleague Associate Director for AHP's in north. This includes a staff wellbeing tool and will be rolled out across all staff in the next year.
Address long waits-all over 52 weeks become priority 1. Establish rigorous triage in all AHP teams.	ACRT and PIR rolling out across services with reduction in long and unnecessary waits. Piloting of musculoskeletal triage App underway. Still some long waits in Occupational Therapy and Speech and Language Therapy for lower priority referrals.
Aim to have all practices offering First Contact physio (FCP)	Either offering FCP, remote advice or have use of the PHIO App. Muscle and Joint Pain - Circle Integrated Care (circlehealthgroup.co.uk) Funding not available to fully roll-out to all practices.
Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy living.	New post created to support multi-disciplinary early intervention in children & young people services. Living Well programme being implemented offering tier 1 community rehab and tier 2 wellbeing programme.
Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.	All services currently offering increased number of placement offers. Not all taken up and this is being monitored by our Practice Education Leads. Therapy apprenticeship schemes being discussed at national level.
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	Unable to progress until agreement of Health & Care Staffing programme board that AHP's will carry out cycles. Consider light-touch yearly cycles if not formally agreed.
Develop a dashboard for visible demand and activity data for AHP teams.	This has progressed well. AHP dashboard in place and reporting into IPMF. Detailed work required to develop higher level of data quality and standardisation of ECLIPSE.
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	A small number have attended training, training has been offered but limited by system pressures.
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.	Unable to progress therapy assistant work-based apprenticeships as sitting at national level. Early Intervention Advanced Practice role developed in year.

Engagement activities taken place 2023/2024

FCP user feedback survey demonstrated high levels of user satisfaction
Co-production engagement events around Living Well programme

Carers

Priorities Year 2	Progress Update
We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.	Carried into next year
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.	Carer's strategy now completed through collaboration and feedback from Carers.
Review of the current Eligibility Criteria for Adults and Young People.	Carried to next year
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	Educational input and training available on LEON.
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	Carer's strategy completed. 4 Carer focus groups identified to support HSCP learning. Continued growth in the number of Carers being supported
Review and update of our Caring together strategic plan.	Carers Strategy drafted, reviewed, and finalised. Action plan now in place for the next three years.

Engagement activities taken place 2023/2024

333 Carers provided information during the Carers Strategy Consultation which enabled the strategy to be completed. 198 Carers responded to an on-line questionnaire. 6 in- person events were held with the support of Carer Centres across A&B.

Prevention Programme

Priorities Year 2	Progress Update
Continue Health Behaviour Training and consider workforce development of prevention /public health agenda.	Training has been offered across the HSCP Tier 1 & 2 model will be implemented in the next year with a competency framework for new staff in terms of training. A wider communication and engagement strategy will be required to educate on the service and how to access.
Continue work outlined in three tiers	Tier 1 (Community rehab) & 2(wellbeing programme) model established and ready for implementation. Develop sustainable business model alongside service implementation Community Assets – workplan under development
Communication & engagement plan developed and rolled-out.	Planned now we are ready to implement
Changed to Co-production of Community assets (Strand 2 of programme)	Community assets (tier 3) group established with clear plans and links to Community Planning Partnership.
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	Ongoing as part of Living Well programme, broaden to acknowledge all aspects of prevention work underway in the HSCP

Engagement activities taken place 2023/2024

Co-production event and training
Updates to LPG's and Living Well networks

Digital Health Care Strategy

Priorities Year 2	Progress Update
<p>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 Community Health and Social Care Boards.</p>	<p>Awaiting an update Nationally as to the implementation of a National Care Service. The HSCP continues to engage nationally in forums and looks forward to further plans.</p>
<p>Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.</p>	<p>A suite of flexible working policies were launched in November 2023 covering Flexible Work Location, Flexible Work Pattern, Retirement Career Break, Special Leave, Maternity, New Parent Support, Shared Maternity and Shared Adoption Parental Leave, Breastfeeding, Adoption, Fostering and Kinship. Parent support was also updated to reflect the recent statutory changes to paternity leave.</p> <p>The council family leave policies have also been updated to reflect the recent statutory changes to paternity leave. The council's hybrid working policy was launched in November 2022</p> <p>We have a well developed and mature remote IT working solution across the HSCP and NHS.</p>
<p>Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.</p>	<p>Work towards phase 2 of Eclipse project commencing in progress.</p>
<p>Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland.</p>	<p>NHS Scotland are actively developing a national strategy to move greater number of IT systems to hosted cloud services. NHSH will also be moving more services to a data centre.</p> <p>A new project has been established for 2024/25 which will target the development of key areas with regards to Fleet and Zero Net Carbon Emissions:</p> <ul style="list-style-type: none"> • Transformation • Estates & Infrastructure • HR savings • Commissioning • Finance • Performance • Digital
<p>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".</p>	<p>The HSCP digital transformation is an ongoing process to support and enhance delivery of services that will improve productivity and reduce the burden of work on staff. Skills development across HSCP will continue to maximise the operational business benefits of new productivity tools that are included in MS365.</p>
<p>Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.</p>	<p>Federation phase 1 is complete. Providing improved communication across the HSCP and other public services. In the form of instant messaging, audio and video calling.</p>
<p>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.</p>	<p>Work is ongoing with Skyports, who are doing more test flights to support the Civil Aviation Authority framework for further flying in Argyll and Bute. There is an exciting pilot planned for late July 2024 where the Regulatory Pioneering Fund is funding flights of medical goods, including pharmacy from Islay to Jura which could support Out of hours care.</p>

Engagement activities taken place 2023/2024

Review & Modernisation of Transformation Board 2024/25

Eclipse Staff Forum- Phase 1

Ongoing review and management of Eclipse via Change Control Group with wide service presentation and service leads across health and social care

Extensive engagement with Community Health Team regarding feedback to OLM Phase 2 Discovery Report and local process mapping including new form development.

Technology Enabled Care (TEC)

Priorities Year 2	Progress Update
Expand digital solution across Argyll and Bute.	We are currently sitting at 46% of all Telecare clients in receipt of a digitally capable Telecare device. This is on track to be complete by December 2025
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	Information sessions on the TEC offering continue to be held both virtually and in person across Argyll and Bute. The Connect Me platform has a range of methods for people to upload their results, ensuring no digital exclusion.
Ensure TEC is a core service embedded in all aspects of delivery of care.	We have worked hard to ensure that TEC features within all core strategies e.g. Care at Home, Islands Strategy, Women's Health and that TEC is considered routinely in all hospital discharges.
Supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care.	Information sessions on the TEC offering continue to be held both virtually and in person across Argyll and Bute to all HSCP colleagues. TEC team representation at key locality meetings to build working relationships with key departments.
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.	The number of people attending Near Me clinics has increased alongside the number of clinics being available for Near Me. Refresher training has been offered to all staff currently signed up on Near Me.

Engagement activities taken place 2023/2024

- Kintyre Show
- Living Well Network
- Buddi roadshows in Oban, Campbeltown, Inveraray and Helensburgh
- TEC awareness sessions in each locality, both in-person and virtually
- Telecare awareness session to ACHA sheltered accommodation residents in the west of Argyll

Corporate Services

Priorities Year 2	Progress Update
<p>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 Community Health and Social Care Boards.</p>	<p>Awaiting an update Nationally as to the implementation of a National Care Service. The HSCP continues to engage nationally in forums and looks forward to further plans.</p>
<p>Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.</p>	<p>A suite of flexible working policies were launched in November 2023 covering Flexible Work Location, Flexible Work Pattern, Retirement Career Break, Special Leave, Maternity, New Parent Support, Shared Maternity and Shared Adoption Parental Leave, Breastfeeding, Adoption, Fostering and Kinship. Parent support was also updated to reflect the recent statutory changes to paternity leave.</p> <p>The council family leave policies have also been updated to reflect the recent statutory changes to paternity leave. The council's hybrid working policy was launched in November 2022</p> <p>We have a well developed and mature remote IT working solution across the HSCP and NHS.</p>
<p>Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.</p>	<p>A new project has been established for 2024/25 which will target the development of key areas with regards to Fleet and Zero Net Carbon Emissions:</p> <ul style="list-style-type: none"> • Transformation • Estates & Infrastructure • HR savings • Commissioning • Finance • Performance • Digital
<p>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.</p>	<p>The progress of the Medical records centralisation project has seen the HSCP benefit from less locality based administration to centralised booking, appointing and management of patient pathways. Further improvements to the TrackCare system would allow this work to develop further.</p>
<p>Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.</p>	<p>Phase 1 Eclipse project Implemented- June 2023, work ongoing to finalise partnership agreement with OLM for Phase 2 which will focus on the development of the four community health teams;</p> <ol style="list-style-type: none"> 1. Community Nursing 2. Allied Health Professionals 3. Child Health 4. Community Mental Health <p>A Change Control Group has been established to support the embedding and local change to support Phase 1 post go-live.</p>
<p>Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.</p>	<p>Federation phase 1 is complete. Providing improved communication across the HSCP and other public services. In the form of instance messaging, audio and video calling.</p>
<p>Complete the final phase of our "Drone service" beta</p>	<p>Work is ongoing with Skyports, who are doing more test flights</p>

service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health service.

to support the Civil Aviation Authority framework for further flying in Argyll and Bute. There is an exciting pilot planned for late July 2024 where the Regulatory Pioneering Fund is funding flights of medial goods, including pharmacy from Islay to Jura which could support Out of hours care.

Engagement activities taken place 2023/2024

Review & Modernisation of Transformation Board 2024/25

Eclipse Staff Forum- Phase 1

Ongoing review and management of Eclipse via Change Control Group with wide service presentation and service leads across health and social care

Extensive engagement with Community Health Team regarding feedback to OLM Phase 2 Discovery Report and local process mapping including new form development.

Appendix 2 Health & Wellbeing Outcome Indicators (HWBOI's) & Ministerial Steering Group Indicators (MSG)

The National Health and Wellbeing Outcome Indicators continue to provide a performance framework for the planning and delivery of health and social care services. These indicators, alongside the Ministerial Steering Group Integration Indicators, focus on the experiences and quality of services for people using those services, carers and their families.

Currently there are 20 indicators of National Health and Wellbeing Outcomes (NHWBO), and 6 MSG Integrations indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland

The data used for both the HWBOI's and MSG is the most recent for 2023/24 (or latest available) and is split to identify the outcome and performance indicators within the dataset. Latest overall performance noted below.

HWBOI-Outcomes

Data notes 55.5% (5 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	90.8%	92.0%	90.7%
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	75.0%	73.0%	72.4%
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	66.9%	53.0%	59.6%
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	66.0%	59.0%	61.4%
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	68.6%	74.0%	70.0%
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	77.6%	84.0%	68.5%
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	76.7%	67.0%	69.8%
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	38.0%	38.0%	31.2%
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	76.4%	67.0%	72.7%

HWBOI – Outcomes - Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	92.0%	91.1%	92.0%	93.0%	92.5%	92.2%	93.5%	90.8%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as	73.0%	74.1%	74.7%	71.9%	76.5%	71.9%	77.4%	67.2%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	53.0%	62.4%	63.9%	60.5%	61.9%	59.5%	63.4%	57.9%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	59.0%	55.6%	67.1%	65.9%	74.4%	65.7%	62.1%	56.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	74.0%	65.2%	76.3%	75.7%	65.6%	68.7%	72.6%	64.8%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.0%	62.1%	71.1%	80.4%	67.9%	68.6%	73.7%	72.3%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	70.1%	76.1%	73.6%	76.0%	69.3%	76.2%	66.1%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	33.7%	35.8%	32.0%	34.6%	28.2%	28.0%	32.8%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	67.0%	63.7%	79.6%	78.2%	79.9%	70.0%	71.9%	66.8%	72.7%

HWBOI- Performance Data

Data notes 55.5% (5 of 9) HWBOI Performance measures reporting as above the national Scotland Rate. *Indicators 12, 13, 14, 15, 16, 18 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Scotland
11 - Premature mortality rate per 100,000 persons*	393	403	398	386	398		442
12 - Emergency admission rate (per 100,000 population)*	12,938	12,402	10,702	12,004	11,968	12,204	11,707
13 - Emergency bed day rate (per 100,000 population)	112,235	108,088	91,065	106,155	118,552	120,888	112,883
14 - Readmission to hospital within 28 days (per 1,000 population)*	83	80	96	89	84	85	104
15 - Proportion of last 6 months of life spent at home or in a community setting*	90.0%	90.8	92.4	90.8%	89.6%	89.7%	89.1%
16 - Falls rate per 1,000 population aged 65+*	26.2	26.0	24.3	29.2	27.6	28.4	23.0
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	79.0%	77.3%	77.0%
18 - Percentage of adults with intensive care needs receiving care at home*	68.4%	70.8.0%	72.3%	72.1%	72.2%	68.3%	64.8%
19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	540	343	570	804	912	902
20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.0%	22.0%	N/A	N/A	N/A	N/A	N/A

HWBOI- Performance Data – Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	398	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,204	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	120,888	94,390	104,376	102,850	105,962	87,123	125,062	110,293	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	85	119	91	116	95	77	120	122	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.7%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	28.4	25.4	23.0	14.6	23.8	17.7	16.3	23.6	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77.3%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.3%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.8%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	912	166	238	1,876	639	980	1,605	814	902
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ministerial Steering Group Indicators

MSG Indicators data notes that all MSG measures have increased in the last reporting year. Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
MSG 1.1 - Number of emergency admissions	8,374	8,231	6,917	7,820	7,928	8,933
MSG 1.2 - Number of Admissions from A&E	5,244	4,945	3,668	5,040	4,957	5,097
MSG 2.1 - Number of unplanned bed days acute specialties	65,794	64,008	53,390	67,255	77,094	77,882
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	13,204	11,208	9,049	9,212	11,575
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	17,740
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	83.0%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,929	12,757
* MSG 5.1 - % of last six months of life by setting community & hospital	90.0%	89.6	90.80%	90.8%	89.6%	
* MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	93.2%	