

**Argyll and Bute Council**  
Comhairle Earra Ghaidheal agus Bhoid

Customer Services  
Executive Director: Douglas Hendry



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22 July 2015

## NOTICE OF MEETING

A meeting of the **MID ARGYLL PARTNERSHIP** will be held in the **COUNCIL CHAMBERS, KILMORY, LOCHGILPHEAD** on **WEDNESDAY, 29 JULY 2015** at **10:00 AM**, which you are requested to attend.

**Please note that there will be a half hour discussion at the end of the meeting to enable local Community Councils to discuss the issue of linking into the local Community Planning Group.**

Douglas Hendry  
Executive Director of Customer Services

## AGENDA

1. **WELCOME AND APOLOGIES**
2. **MINUTE OF MEETING HELD ON 29 APRIL 2015** (Pages 1 - 6)
3. **MATTERS ARISING**
4. **ELECTION OF CHAIR AND VICE CHAIR**
5. **COUNCIL CONSULTATIONS AND WEBSITE POLICY UPDATE** (Pages 7 - 12)  
Report by Executive Director of Customer Services
6. **OUTCOME 1: THE ECONOMY IS DIVERSE AND THRIVING**
7. **OUTCOME 5: PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES**
  - (a) **Argyll and Bute Health and Social Care Partnership Outline Strategic Plan** (Pages 13 - 44)
  - (b) **Funding Opportunities for Rural Areas**  
A verbal update by Community Development Officer

**(c) DOCHAS Centre Update Report**

Verbal update by Maggie McLaren, Manager

**(d) MEN'S SHED**

Verbal update by Lynda Syed.

**8. COMMUNITY**

**9. THEMES FOR NEXT MEETING**

**10. ANY OTHER BUSINESS**

**11. DATE OF NEXT MEETING**

The next meeting of the Mid Argyll Partnership will take place on Wednesday 28 October 2015 at 10.00am, within the Council Chambers, Kilmory, Lochgilphead.

**Mid Argyll Partnership**

Councillor Robin Currie

Councillor Donald MacMillan

Councillor Douglas Philand

Councillor Anne Horn

Councillor John McAlpine

Councillor Sandy Taylor (Chair)

Shirley MacLeod, Area Governance Manager

Contact: Lynsey Innis, Senior Area Committee Assistant; Tel: 01546 604338

**MINUTES of MEETING of MID ARGYLL PARTNERSHIP held in the COUNCIL CHAMBERS,  
KILMORY, LOCHGILPHEAD  
on WEDNESDAY, 29 APRIL 2015**

**Present:** Councillor Sandy Taylor (Chair)

Councillor Donnie MacMillan

**Attending:** Melissa Stewart, Area Governance Officer  
Antonia Baird, Community Development Officer  
Carol Keeley, Emergency Planning Officer  
Inspector Julie McLeish, Police Scotland  
Ben Tustin, SEPA  
Mary Smyth, Craignish Community Council  
Dave Kent, South Knapdale Community Council

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting and general introductions were made.

Apologies for absence were intimated on behalf of

Councillor Anne Horn  
Kate McAulay, NHS  
David Jardine, Forest Enterprise  
Joanna Peebles, Scottish Water  
Rod Buchanan, ACHA  
Jim Malcolm, Dunadd Community Council  
Andy Buntin, Lochgilphead Community Council  
Lynda Syed, Furnace Community Council and Argyll Voluntary Action (AVA)  
Leonard MacNeill, West Lochfyne Community Council

**2. MINUTE OF MEETING HELD ON 11 MARCH 2015**

The Minute of the Mid Argyll Partnership meeting held on 11 March 2015 was approved as a correct record.

**3. MATTERS ARISING**

The Area Governance Officer informed the Partnership that it hadn't been possible for reports outlining how the Council consults with Communities and the Council's Website Policy to be brought to this meeting but confirmed that these would be brought to the next meeting of the Partnership.

The Chair advised that he had advised Leonard MacNeill of West Lochfyne Community Council of the appointment of a consultant to conduct a survey with a view to the repair of the Tullochgorm War Memorial. He advised that the

Partnership would be kept up to date on future progress.

#### **4. WORKSHOP UPDATE**

The Chair provided a brief update in relation to the workshop, which had taken place earlier in the day. He advised that although there had been poor attendance, the discussions which had taken place had been positive and had given Members an opportunity to share experiences. Councillor Taylor advised that it had been identified that the local community would benefit from additional support from the Council in relation to Community Development. Mr Kent and Mrs Smyth agreed that the workshop had been beneficial in changing the focus of Mid Argyll Partnership to make it more about strategic planning and assisting communities to feed into the SOA Local.

#### **5. COMMUNITY RESILIENCE PLANNING**

##### **(a) COMMUNITY RESILIENCE**

The Council's Emergency Planning Officer provided an update in relation to the Community Resilience Plans. She advised that throughout Argyll and Bute there have been 73% of Resilience Plans completed. Talking specifically about the Mid Argyll area she advised that to date there are 8 completed plans, 6 of which from Community Councils and 2 are island based. She explained that there are another 5 in progress and that the team were keeping an eye on the other communities who have yet to make their intentions clear, although she did stress that all communities were different and not all wished to make a Resilience Plan.

Ms Keeley spoke of the Community and Business Resilience Event and a telephone exercise which had recently been run. She explained the desire to run both again with a view to engaging more communities.

Ms Keeley explained that going forward her team were actively encouraging the progression of plans and encouraging Community Council's to use the team as a point of contact.

Discussion was had in relation to the poor attendance at the event and during the exercise with Mr Kent advising that the reason South Knapdale Community Council had failed to engage in the telephone exercise was due to communication issues. Ms Keeley explained that she had received a lot of feedback which had cited communication issues as the main reason for not completing Resilience Plans.

The Chair, asked Ms Keeley to provide more information on the Community and Business Resilience Event. Ms Keeley advised that events had been held in the major towns within Argyll and Bute and had been attended by partners such as Police Scotland, Fire Scotland and SSE. She also advised that a direct email invite had been issued to all Community Council's within the areas and that social media had been used to advertise the events. Ms Keeley expressed her disappointment at the poor turnout, but advised that the team were currently looking at ways in which to encourage better attendance.

The Chair thanked Ms Keeley for the information provided.

(b) **COMMUNITY SAFETY**

Inspector Julie McLeish of Police Scotland introduced herself to the Partners and advised that she had recently taken over the role, which encompassed the Mid Argyll and Kintyre areas. She explained that this was her first time attending the Partnership and as such had no presentation to give, but was hoping for some guidance on the things that Partners would be most interested to hear about at future meetings.

The Chair advised that local community Police Officers routinely attended the Community Council meetings and provided an update in terms of local issues. He advised that Partners may be interested in trend information. Both Mr Kent and Mrs Smyth agreed that trend information may be useful, and enquired as to the situation with the amalgamation of the K and L Divisions. Inspector McLeish confirmed that the amalgamation would not affect “on the ground policing.”

The Chair thanked Inspector McLeish for the information provided.

**6. OUTCOME 3: EDUCATION, SKILLS AND TRAINING MAXIMISES OPPORTUNITIES FOR ALL**

Mary Smyth enquired whether there was some way in which young persons who leave school with little or no higher qualifications, could link in to local education without the need to leave the area. In specific she felt there was a missing link for those who left school with no highers but then within a year of 2 wanted to obtain these qualifications and whether this was possible. The Area Governance Officer suggested that this may be something that could be picked up at the ACPG meeting on 13 May 2015 in terms of feedback from the Group on this outcome.

The Chair outlined the Council’s commitment to modern apprenticeships and spoke of the incentive for Community Council’s to sign up to the idea of passing a percentage of community benefits from windfarm monies to a central pot within Argyll and Bute for educational purposes and potential apprenticeship schemes. He explained that in some areas this is actively happening with monies being passed to organisations such as ALIEnergy; the GRAB Trust and Argyll Countryside Trust. He explained that this is one area which he hopes to embrace in terms of bringing a report to a future meeting of the Partnership.

**7. OUTCOME 4: CHILDREN AND YOUNG PEOPLE HAVE THE BEST POSSIBLE START**

The Chair spoke of the Scottish Government incentive GIRFEC (Getting It Right For Every Child) with the implementation of free school meals for every child in Primaries 1 to 3 and also the additional pre-school hours. He made mention of the impact that the Young Children’s Act may have in terms of the Single Outcome Agreement, and advised that this may be a topic for a future meeting.

**8. COMMUNITY**

Councillor MacMillan outlined the ways in which he keeps in touch with the Community. He also explained his use of the Council's Portal system, which is used for logging service complaints, such as pot holes.

Ben Tustin advised that at present SEPA are working well within the community with a full schedule of work. He advised that he routinely speaks with a number of Community Councils, but advised that he was happy to address any particular issues that communities may have, and would be happy to attend local Community Council meetings.

The Community Development Officer advised of Community Action Plan training, which is scheduled to take place on Thursday 2 July 2015. She advised that she will be issuing invites to Community Council's in the near future.

In the absence of attendance from Lochgilphead Community Council, the Chair advised that a representative had attended the workshop earlier in the day and that the Community Council are committed to engaging in the progress of the SOA and the SOA Local.

The Chair also advised that the problems with erosion on the Furnace shore line, as outlined previously by the representative from Furnace Community Council, was being addressed by both the Council and Scottish Water, who were in agreement to reinstate and implement coastal protection measures.

### **9. THEMES FOR NEXT MEETING**

It was noted that the themes for the next meeting would be:-

Outcome 1: The economy is diverse and thriving; and

Outcome 5: People live active, healthier and independent lives

#### **Decision**

The Partnership agreed to discuss Outcomes 1 and 5 at their respective Community Council meetings, and bring back to the next meeting of the Partnership ideas which could benefit the local community.

### **10. DATE OF NEXT MEETING AND FUTURE MEETING PROGRAMME**

The Partnership discussed proposed meeting dates going forward with a view to aligning the meetings of MAP to facilitate discussions around outcomes which would feed into the Area Community Planning Group.

#### **Decision:**

The Partnership agreed to hold future Mid Argyll Partnership meetings on the following dates; Wednesday 29 July 2015; Wednesday 28 October 2015 and Wednesday 27 January 2016.

### **11. ANY OTHER BUSINESS**

### (a) **APPOINTMENT OF CHAIR & VICE CHAIR**

Members of the Partnership were asked to nominate and agree the Chair and Vice Chair of the Partnership.

The Area Governance Officer indicated that although not present today, Lynda Syed of Furnace Community Council and AVA had indicated that if nominated for either role, she would be happy to accept.

Councillor MacMillan suggested that due to the lack of Partners present, it would be better to postpone the appointments until the next meeting of the Partnership. The Chair noted that he would not be present at the next meeting, but suggested that Ms Syed be invited to take the Chair for the meeting on 29 July 2015 with a view to appointing a Chair and Vice Chair at this time.

With no one being otherwise minded, this became the decision of the Partnership.

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**ARGYLL AND BUTE COUNCIL**

**Mid Argyll Partnership**

**Customer Services**

**29 July 2015**

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**PUBLIC CONSULTATION**

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**1.0 EXECUTIVE SUMMARY**

Argyll and Bute Council aims to work with as well as for the people of Argyll and Bute. Seeking the views of our communities through consultation is an important part of that.

Further to a request by the Mid Argyll Partnership, this report outlines the different ways in which the Council consults with our communities, and steps we are taking to develop our consultation approach.

The views of the Partnership on building on effective consultation approaches are welcome.

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**ARGYLL AND BUTE COUNCIL**

**Mid Argyll Partnership**

**Customer Services**

**29 July 2015**

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## **PUBLIC CONSULTATION**

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### **2.0 INTRODUCTION**

- 2.1 Argyll and Bute Council consults with our communities on a range of issues, and uses different approaches to encourage and facilitate response.
- 2.2 This report outlines different approaches used, and highlights steps being taken to build on the effectiveness of consultation exercises.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Mid Argyll Partnership gives views on building on the effectiveness of consultation exercises.

### **4.0 DETAIL**

#### **Consultation topics and promotion**

- 4.1 In addition to areas of work where there is a statutory requirement for consultation, the Council seeks views on a wide range of matters from planning our future to parking proposals or how people like to receive council news.
- 4.2 The two most popular ways in which to receive news about the Council, indicated through responses to a consultation exercise, were through local newspapers or the Council's website. This has contributed to the approaches we take to promoting consultations.
- 4.3 Different approaches are used in raising awareness of consultations. These may include issuing information via:
- local media (press release and/or adverts)
  - in the Council's weekly news round up
  - on social media
  - via email
  - face to face meetings
  - web chats
  - printed information in Council offices

#### **Methods of consultation**

- 4.4 A range of formats have been used in seeking responses such as :

- on-line surveys
- face to face feedback via our Third Sector Partnership, with people who would not seek proactively to express their views
- printed questionnaires in libraries
- printed questionnaires to our Citizens' Panel
- area events, workshops and drop in sessions
- questionnaires to specific target groups
- focus groups recruited from the Citizens' Panel membership

4.5 The Council's Citizens' Panel consists of 1,000+ people across Argyll and Bute who together are a representative sample of our population.

### **Feedback – level of response and contribution of views given**

4.6 Levels of response vary across consultations.

4.7 Examples of response rates are:

- Responses from the Citizens' Panel is on average 70%
- The budget consultation of 2014/15 received 1,400+ responses; the first phase consultation for planning our future this year received 1,000+ responses.

4.8 A summary of steps taken as part of these two specific consultations is listed in Appendix 1, along with a summary of how views to the latter were used in progressing the planning of future service delivery of the Council.

4.9 With further consultation planned on service delivery choices later in the year, views on building on effective consultation approaches are invited from the Partnership. The steps the Council is already taking are listed below.

### **Developing our consultation approach**

4.10 The Council is currently looking at ways in which to build and improve on the effectiveness of consultation exercises.

4.11 Steps already being progressed are:

- Development of a feedback section for consultations which are available on the Council's website
- Agreement in place with community planning partners to consider where possible options for combining topics for consideration at consultation events
- Review of best use of the Citizens' Panel

## **5.0 CONCLUSION**

5.1 The views of the Partnership on building and improving upon the

effectiveness of consultation exercises are invited as part of the Council's work to develop our approach to consultation.

## **6.0 IMPLICATIONS**

6.1 Policy: none

6.2 Financial: none

6.3 Legal: none

6.4 HR: none

6.5 Equalities: comments on developing our approach will support increasing effectiveness of consultations in reaching those with a view to give

6.6 Risk: Updating approaches to consultation will help ensure that methods are relevant and effective

6.7 Customer Service: comments on developing our approach will support increasing effectiveness of consultations in reaching those with a view to give

Jane Fowler  
Head of Improvement and HR  
Tel: 01546 604466

## **APPENDICES**

Appendix 1: Consultation: examples of methods and use of feedback

**Appendix 1: Consultation - examples of methods and use of feedback**

**Methods used for financial planning consultations in 2014 and 2015**

<b>Promotion</b>	<b>Methods</b>
Local media adverts	Printed questionnaires to Citizens Panel
Press releases	Printed questionnaires in libraries and customer service points
Social media promotion	Face to face meetings through our Third Sector Partnership
Web chats	On-line survey
Emails (for example to community planning partners)	Targeted consultation with our youth services

**Use of feedback to the first phase of the Planning Our Future consultation**

Responses given to the first phase of the Council’s consultation on planning our future service delivery were considered by the council's Policy and Resources Committee in April this year as part of agreeing initial savings targets. For example:

- 'Investing to create jobs' was highlighted as the most popular approach in investing for the future of Argyll and Bute. It was agreed to consider options for investing more in the Economic Development service.
- Education services were shown as important across all ages. In response to this, and in support of the council's priority to give our children and young people the best start in life, our child protection, youth and looked-after children services have not been asked to identify savings.
- Feedback highlighted the importance of the road network. Having already invested millions of pounds in the road network, a 'light touch' only is being looked at in terms of levels of savings being considered.
- The majority of people told us that Argyll and Bute is not well promoted, at a time when we are aiming to attract people and jobs to the area. The Council will look at options for investing in promotion in support of the Single Outcome Agreement.

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Argyll and Bute Health and Social  
Care Partnership  
Outline Strategic Plan 2016/17-  
2019/20



## *“A conversation with you”*

This outline is part one of our consultation on the Argyll & Bute Strategic Plan. Part two will be the full Strategic Plan, available for formal consultation from September 2015.

We are looking for your thoughts, suggestions comments and questions to finalise the full plan.

It will be going out to formal consultation September – November 2015



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## VISION

**Helping the people  
in Argyll and Bute  
to live longer,  
healthier,  
independent lives.**

*'working together with you'*

## 1 Argyll and Bute Health and Social Care Partnership.

**‘A conversation with you’ is the first step in getting your comments and ideas about the Strategic Plan. The second step will be a full draft Strategic Plan.**

Welcome to this information and consultation document. It is about the Strategic Plan which will lay out how health and social care services will be delivered in Argyll and Bute in the future.

It explains what is happening, including the legal requirement and the reasons why we need to change.

As with all change some things will be kept and some things will be altered or stopped as we move forward. We are ambitious for our services so want to make positive changes that do away with duplication and inefficient, top down systems. We want people to collaborate and build on our commitment, experience and skills, best practices and services. We will focus on what you have said you value, and on the services that keep you safe and well.

But money is tight and we will have to make tough choices. We will make them in consultation with you and they will be honest. We have an opportunity to build something better for all of us. Your experiences and expertise will help to re-shape public services.

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport, speaking on June 15<sup>th</sup> 2015 in the Scottish Parliament commended staff at every level of NHS Scotland and Scotland’s care services. However, she recognised that *‘delivering the healthcare that the Parliament would want for the people of Scotland in a time of straitened budgets and an ageing population presents one of the country’s biggest challenges.’* Ms Robison went on to say that she *‘further recognised that NHS Boards and staff across the country are finding it increasingly difficult to meet the key challenges.’*

Placing communities at the heart of integration the Cabinet Secretary pledged *‘.... to make a difference to local communities by allowing them to take charge of their own health and wellbeing in innovative ways.’*

### *Key facts*

Argyll and Bute HSCP budget will be around £250m. However, Constraints on public sector funding are expected to continue over the next few years. In addition, Argyll and Bute's share of government funding is likely to reduce as a result of a forecast decrease in our population. This will have an impact on health and social care budgets.

Argyll and Bute Council’s overall savings targets will be around £9 million in both 2016/17 and 2017/18.

NHS Highlands saving targets for Argyll and Bute are likely to be between 2-3% (£3.6-£5.4 million)

Decisions on the level of funding allocated and savings the HSCP will have to make will be made by February 2016

Speaking about the challenges to the health and social care system, including poor patterns of health, health inequalities, rapidly changing demography, high levels of preventable disease and tight fiscal conditions, the Cabinet Secretary announced a national debate on how we might make greater strides to improve health and social care by 2030.

*She said 'I want a public debate to consider those wider issues. I want to explore how service users and providers can have joint responsibility for a healthier population and how healthcare services can be matched by individuals actively promoting their own health and wellbeing and I also want the debate to consider more coherent cross-sector working on population health, with firmer links with, for example, housing, welfare and employability to support sustainable economic growth.'*

With these comments the Cabinet Secretary has set the scene for the future and the direction for our Strategic Plan, with recognition of the ageing population and reducing budgets and a vision of stronger partnership working, locality driven, with greater personal and individual responsibility for health and wellbeing.

You will see these key points reflected in this document and in the full Strategic Plan.

### ***A question for you to think about:***

***Do you have any experience, good or bad, of health and social care services that you'd like to tell us about?***

### **What does the legislation guiding HSCP work mean in practice?**

All Local Authorities are required to integrate services with their Health Board, through the formation of a Health and Social Care Partnership (HSCP). There were options about what could be included in the new Partnership. Building on excellent joint working that already exists in Argyll & Bute, it was agreed it was best to include as much as possible. This is:

- All health services allowed within the legislation
- All children and families social work
- All adult social work
- All criminal justice social work

***The legislation:***

- **The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the responsibilities of new Health and Social Care Partnerships.**
- <https://www.legislation.gov.uk/asp/2014/9/content>:

During 2015, the new Partnership (HSCP) will be legally created. From the 1<sup>st</sup> April 2016 it will take over responsibility for all health and social care services in Argyll and Bute from the Council and NHS Highland. There will be a single health and social care organisation with single teams and a single budget. This budget will also cover the specialist health and care services provided outside of Argyll & Bute, mainly in Glasgow.

The budget will be approximately £250 million and there will be around 3000 members of staff. Legislation requires the Partnership to commit to working with the Voluntary sector, the Independent sector and communities in the planning and delivery of services. Representatives from these sectors are part of the **Integration Joint Board**, which will plan and manage services from April 2016.

The Partnership is required to produce a 3 year Strategic Plan 2016 - 2019 as the road map for the changes to services that are necessary to make them fit for the future. This is what we are working with you and staff to produce now.

***A question for you to think about :***

***Are there any health and social care services we deliver particularly well?***

**Services in the future will be about people and the best outcomes for them...**

Our fictional family 'The Mathesons' came to visit from 2017 to show what we hope services will look like by then. We have included their stories throughout this document to illustrate our vision. You will also be able to read their stories in the HSCP Integration newsletters we will produce.



Hello, I'm Linda Matheson. My family has been able to get a lot of support locally and it has helped us to deal with some difficult problems. Compared to the way things were before, I think it's easier to get the help we need, closer to home.

### Questions for you to think about

As you read through this outline plan there are some things we would like you to think about:

- Would you like to tell us how you take responsibility for your own health and wellbeing, or how you might think about doing this?
- Are there any health and social care services that help you achieve your personal goals?
- Given the demographic demands and fiscal constraints are there any service areas where we could do things better?
- How can we better work with people to help them stay in their own homes and prevent them going into hospital?
- How can we support people to promote their own health and make a good recovery?
- What do you think are the health and social care issues that most affect people in your community?
- In your opinion, are there any objectives or priorities missing? If so, what are they?
- How could working together with you save money to invest in front line services and the prevention of ill health?

We will remind you of these questions throughout and at the end of this document, please tell us what you think.



I'm Gemma Matheson. I thought being a young, single Mum was the end of the world. It has turned out okay because we are getting the support we need to care for Oliver. Speak up for what you need – we did!



## 2 What is a Strategic Plan?

The Strategic Plan will describe how Argyll and Bute Health and Social Care Partnership will make changes and improvements in the way it delivers health and social care over the next three years. It will explain what services we are responsible for, what our priorities are, why and how we decided them. It will show how we intend to make a difference by working closely with partners in and beyond Argyll and Bute.

The Strategic Plan will provide a “road map” for how health and social care services will be organised and provided in this area to meet our vision - *Helping the people in Argyll and Bute live longer, healthier, independent lives.*

“Strategic planning or commissioning” is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.” – **National Steering Group for Strategic Commissioning 2012**

### Preparing the outline Strategic Plan

Before writing this outline plan, we looked at all the existing services, plans, information and data, as well as the current budget and what are the future funding levels for health and social care in Argyll and Bute. Many of you have already commented on these plans. Your contributions are not lost; they will be included in the overall Strategic Plan.

### Strategic Needs Assessment

This is defined as “a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities”

We carried out a Joint Strategic Needs Assessment and analysis of our communities. It looked at measures such as life expectancy, disease prevalence and lifestyle factors that can help us to predict the likely need for health and social care. It also looked at current levels of services and where there are gaps. It identified where there is unequal access to service provision.

### Local planning

The Strategic Plan covers the area within Argyll and Bute Council’s boundaries. It is important that we take account of the particular needs of people in different parts of Argyll and Bute. In Argyll and Bute, there are seven recognised localities centred on the towns and communities.

- Bute
- Islay
- Mid Argyll
- Oban Lorn and the Isles
- Cowal
- Helensburgh and Lomond
- Kintyre

Localities will be the engine room of change and the place where most decisions affecting people who live in that community are taken and managed by all our partners. Hence services will be “Locally Planned, Locally Owned and Locally Delivered”

The Strategic Plan provides the framework to support areas to undertake this role so that they have the tools, resource and capability to meet service needs in towns, the surrounding rural communities and islands.

Some of our more remote islands are already expert in delivering integrated health and care to their communities. We will look to learn from them.

#### Key facts

Locality Management and planning; what is that?

- Understand health and care needs of your community
- Bring together partners to plan within a strategic framework to meet needs and achieve outcomes
- Organise and deliver services in local areas which are of high quality, safe, appropriate, sustainable and continually improving.
- Operate within budgets, complying with care, workforce, and audit standards
- Manage performance ensuring this is informed by service user and public involvement and feedback



***Questions for you to think about:***

**Are there any service areas where we could do things better?**

### **3 Why do we need to change?**

This section looks at the main issues facing us in Argyll and Bute now. We recognise that the way we provide care needs to change in order to meet both current and future demand. Health and care services as they are now will not be able to deliver the high quality service we expect. It may not be possible to fund them or recruit enough staff to maintain them.

There are a number of reasons why we need to change, which include:

- To keep people healthy and independent
- To deliver better services and improve patient and care outcomes
- To give our children and young people the best possible start in life
- To continuously improve the quality of services – faster, responsive services
- To make sure that services are cost effective and sustainable – not dependant on locums or temporary staff
- To make jobs and professions in health and social care desirable, so that we address recruitment problems
- To recruit the right staff to vacant posts
- To make best use of our workforce in terms of their capacity and capability
- To meet plans for economic growth and help reverse the trend of a falling population in Argyll & Bute
- To meet the likely rise in demand for services, as the overall population of Argyll & Bute ages
- To put in place what people have said they want; a single point of access to health and care and to stay in their homes and communities as far as is practicable
- To show we have listened to people who have said they only want to tell their story once
- To support our new service models with modern buildings that are occupied and used to their full extent, with no wasted space, no duplication in function and with flexibility evidenced by all partners
- To deliver services with increasingly limited resources
- To agree new ways of making decisions

I'm Graham MacMillan. I didn't plan to stay in Tarbert. I was going to get away and see some of the world, mess around and have fun.



Now I have Gemma and Oliver to think about, so I need to learn some new things – I didn't try very hard at school – and get a job. I need jobs to be out there, otherwise I will have to leave Argyll and find work somewhere else.

### Working in partnership.

By bringing Argyll and Bute health and social care services together through our Partnership, we can concentrate more on person centred care; increase opportunities for everyone to manage their own health improve people's experiences through joint working, better communication, and improved efficiency and reduce duplication of work and effort. We want to continually improve informed by feedback from you.

### Promoting healthy lifestyles.

We want to empower people and communities to become healthier. To achieve this we need to invest in education and the prevention of ill health. We need all of our communities to help raise awareness of health and well-being and a belief that we can use all the benefits of living in Argyll & Bute to promote our own health and well-being. Small changes make big differences. People need information so they can make positive choices and enjoy healthier lifestyles. There are increasing numbers of people of all ages with long-term conditions such as heart disease, lung disease and diabetes, but lifestyle choice can help to prevent or manage some of these conditions. Diet, exercise, smoking cessation and reducing alcohol intake all have positive effects for many people.

#### *Key facts*

People with long-term health conditions account for:

- 70% of health and care spend
- 80% of GP appointments
- 60% of outpatients and A&E attendances
- 70% of emergency admissions
- 80% of all prescribed medicines
- Extra needs for home care, equipment and housing support, carer support issues and long term institutional care needs.

People who live in Argyll & Bute can expect to live longer than the Scottish average – the great news is that we can expect to live longer in good health, too.



Hi, I'm Oliver MacMillan. One in three babies born around the same time as me will live to be 100 years old. That's much older than my Great Grandpa is now!

### Care as close to home as possible.

There is good evidence that it is better to care for people as close to home as possible. Inpatient hospital care is only for when you have an urgent clinical need and should be short stay with rapid rehabilitation. That is what people have told us they want and need.

The 'care closer to home' approach is about:

- Being clear about the role of hospitals in meeting the health treatment needs of the population – acute medical care
- Making community care the norm with a range of alternatives to meet peoples changing health and care needs over their lifetime.
- Making sure that all care, wherever we deliver it is person-centred and is what the person wants.

#### Key facts

- Argyll and Bute emergency admission rate is lower than the Scottish average.
- However , the length of time they are in bed is longer than the Scottish Average
- We also know that Argyll and Bute performs well with regard to delayed discharge numbers (17 per month on average in 2014). But we need to improve when people are delayed in a hospital bed whilst waiting for care or support closer to home.



I'm Peter Matheson, Oliver's Great Grandfather. I'm 82. When I had some falls and suffered breathing problems I thought I would go to hospital and then a care home. I felt like giving up altogether.

Instead my family, GP, community nurses and Occupational Therapist looked after me at home. My house has been re-arranged; I have Telecare to call for help, a Home health pod to check my breathing and regular visits. They call it a virtual ward. I call it staying at home, close to my friends and family.

### Questions for you to think about

***How can we better work with people to help them stay in their own homes and prevent them going to hospital?***

### Increasing demand for health and social care services.

Overall there is a falling population in Argyll and Bute at present and this poses a significant challenge especially when combined with an increasing elderly population who have more health and care needs.

One way of positively reducing these challenges is by supporting people to maintain their health and wellbeing. Many older people enjoy good health and continue to make a significant contribution to society as carers, teachers, workers and volunteers. The Health and Social Care Partnership will have a key role in enabling people to live as full and healthy a life as possible as well as caring for the most vulnerable people in our communities.

### ***Questions for you to think about:***

***How can we support people to promote their own health and make a good recovery when they are ill?***

### Health inequalities in our population must be resolved.

Inequalities in health between the most affluent and disadvantaged members of society are longstanding, deep-seated and have proved difficult to change. Across Argyll and Bute, men living in the most deprived neighbourhoods die 7.6 years earlier and women 3.3 years earlier, on average, than people living in the most affluent neighbourhoods. They spend more of their lives in ill health.

This is due to a complex mix of social, economic, cultural and political reasons. As a Health and Social Care Partnership, we must actively work with colleagues in housing, education and a range of other sectors in order to address such inequalities. This is a national priority.

Our Integrated Children's Service Plan, aiming to give our children and young people the best possible start in life, is already in place and will form a key part of ensuring all children have a good start in life.

By working with many partners it focuses on the key areas of ensuring that children and young people are:

- Safe – protected from abuse neglect and harm
- Healthy – in body and mind
- Achieving – getting the best of out of school and hobbies
- Nurtured – feeling secure and cared for
- Active and included – encouraged to take part in play and sport
- Respected and responsible – treated fairly and treating others with respect

The plan will see the partners working even more closely together, with a particular focus on preventing problems arising and getting involved early with the youngest children.



I had a very difficult childhood. I couldn't fit in at home or school, life just hurt my head! I almost got sent away. It turned out that I am on the Autism Spectrum!

I eventually got help at school and at home, through a joined-up support plan. Now I have a job that I love and my own home.

I'd say the support that I got helped me make the best of my life.

**Ensure our core hospital, community and care services are safe, sustainable, of a high quality and used appropriately.**

Our aim is to have high quality services, for people of all ages that are person-centred, empathic, and safe, reflecting the highest standards.

It will be challenging to sustain our core services into a future with tight budgets and increasing demand. We already know it is difficult to recruit staff in some areas and disciplines (GPs, nurses, care workers, consultants). We have to look at new ways of providing services.

Inevitably there will be changes in the way some services are delivered. This is not necessarily negative – we have already seen some excellent changes in providing more care in the community by transferring resources from unused hospital beds.

As we have said before, local areas are the experts on making the best choices for their communities, which is why they are the 'engine room' of integration.

**Health and Social Care Workforce**

The integration of health and social care will affect both staff working for the NHS and Argyll and Bute Council. It is the biggest change in a generation in Scotland.

It will also have an impact on independent organisations. The majority of social care services, for example, are delivered by the independent sector (private care homes and home care providers). The integration of services is as important for them as it is for public services such as housing and leisure.

We have to consider the roles of independent contractors, such as GPs, community pharmacists, dentists and optometrists who deliver a vast proportion of health care in Argyll and Bute.

We must also recognise the significant role the voluntary sector plays in care and involve them in planning and delivery as equal partners. We recognise the essential role of unpaid/family carers in delivering care to family members, friends and neighbours. We know that they need plentiful support to continue in a caring role and they can help us plan services.

Workforce planning and development is crucial. We are facing significant problems in recruiting and retaining health and social care staff and we know we have an ageing workforce.

So a key component of the strategic plan will be to identify our future workforce needs and put actions in place to address these. This will include getting the most out of the skills of our existing workforce, with flexible working between hospital and community. We must develop and adopt new service models which are effective and rewarding to work in, and are attractive to new recruits.

Our Strategic Plan will recognise the central role of health and social care in our economy. We will continue to work with Community Planning partners to help deliver greater economic growth and so help the reverse the fall in population.

## Where and how services are delivered.

Our geography of scattered communities in remote and rural areas and islands is challenging. We currently have 7 community hospitals, a mental health hospital and a Rural General hospital. There are 15 Independent sector care homes and 6 Local Authority care homes, 33 GP practices, 12 Dental practices and 26 pharmacies, Administrative offices..... the list goes on.

Our Strategic Plan will look at how we can make best use of these, so we do not tie up funding in old, unnecessary buildings but invest more in our workforce and

### Key facts

- Our workforce is ageing, 47.21% of our health and social care work force is aged 50+ and will be looking toward retirement.
- Recruitment difficulties include Senior Dental Officer, Radiographer, Infection Control Nurse, however we experience particular difficulty with medical staffing (GPs, consultants), community pharmacists, specialist posts (especially if fixed term) and Community Nurse Managers
- 2,146 voluntary organisations are registered with the third sector in Argyll providing 3,461 registered volunteers.
- Argyll & Bute has the largest Time Bank network in the UK.
- There are 10,790 unpaid carers in Argyll & Bute

mobile technologies so less time is wasted in bureaucracy or travel. We will also ensure our buildings are used more flexibly and fully.

The locations of many of our health services and buildings in Argyll and Bute were planned and set up in the 1940's, when treatment and services were often provided on an emergency and in-patient basis and people went into hospital and stayed there for longer, for treatments that we now consider relatively minor.

Better medication, new treatments and greater knowledge of health improvement and prevention of ill health have reduced the need for emergency response and in-patient treatment, aided by the ability of a range of health and care professionals to offer support in the person's own home.

Technology has changed things too, as people learn how to manage their long-term conditions and use technology so professionals can remotely monitor their well-being. This saves many lengthy journeys and worrying appointments.

The Third Sector provides opportunities for people of all ages and with a variety of needs to develop and enjoy activities. This reduces social isolation, enables them to contribute to our communities and helps to prevent health issues from developing.

We need to talk to you, the people who use services and engage with you in planning services. This will give us better services which meet needs and a better shared understanding of how and where these can be delivered and by whom.

### **Public Expectations for Health and Social Care.**

We have held many consultations and public engagement events. Some of these have helped develop plans such as Modernisation of Mental Health, Integrated Children and Young People Service Plan and Reshaping Care for Older People. Some consultations have been very local and included GPs or specialist services. We have also listened to complaints and concerns. We have listened to carers, service users, patients and support groups and together you have told us that you want:

- Support as locally as possible with quick access to specialist services - Local hospital as the hub with specialist care in Glasgow.
- A single integrated health and care team centred on your local GP practice.
- Information and choice in what happens to you.
- One assessment that is shared between professionals.
- Planned care.
- Minimal travel



## Unpaid carers.

Unpaid carers rarely identify themselves, seeing all the care and support they provide as an extension of their relationship to the person needing help, to remain at home for as long as possible. Health and social care staff will encourage unpaid carers to attend their local Carers Centres where they will receive all the emotional support and information they need to keep caring.

### ***Questions for you to think about:***

***What do you think are the health and social care issues that most affect people in your community?***

***How accessible are health and social care services in your area and what would improve accessibility?***

## What Money is available?

Argyll and Bute HSCP will have a budget of approximately £250 million. It spends 54% of its health and social care budget on hospital or institutional care, which is slightly less than the Scottish average (56%).

Due to increasing wage costs, rises in the costs of treatments and the increasing needs of an older population we know that this budget is getting tighter every year. This means that the HSCP will have to find savings to maintain frontline services and to develop the new services you have asked for.

So now, as we face financial constraints and a rising demand we have to look at what we really NEED in terms of buildings and the type of care based in buildings. We have to produce a clear financial plan which takes account of the funding we have and the savings we need to make to sustain, invest in and develop services.

Where can we find savings?

- Reducing bureaucracy and duplication of work – one instead of multiple assessments of people, sharing back office services like supplies, transport fleets and accounts.
- Rationalising buildings and services. If more services are delivered in the community we will need fewer care home and hospital beds. We could share office or buildings with other partners and move to mobile working to support 24/7 care.
- Reducing our management costs - streamlining our management arrangements

- Specialist Acute health care is very expensive not only to the NHS but also to patients and relatives. They often have to absorb extra costs such as transport, loss of earnings, child care cover, leave, as well as personal costs and distress.
- If you can remain well by taking responsibility for your own health, and, with support, anticipate and prevent (where possible) acute illness, this is much more cost effective for everyone and much better for you.

### ***Questions for you to think about:***

### ***How could working together with you save money to invest in front line services and the prevention of ill health?***

#### **Best use of the resources, value, efficiency**

The Strategic Plan has to consider:

- What financial, building and workforce skills (resources) we have
- How we use them (capacity capability, value)
- How we can achieve the greatest efficiency and productivity (Value for Money).

By combining resources, we will be able to provide better local services, making sure that expensive facilities and our highly skilled workforce are utilised to their full potential, resulting in greater service efficiency.

Locality plans will need to tackle difficult issues - breaking down barriers between services and professions, learning to work well with the Third and Independent sectors - but also accepting that traditional boundaries between communities may have to be removed. The changes occurring on Isle of Islay, the Isle of Mull and Iona and the Isle of Bute are examples of this in practice for GP and wider community health and social care provision on our islands.

On the mainland the service models in Helensburgh, and new out of hours service models in Mid Argyll and Kintyre, also provide a great opportunity to jointly develop and test new services.

We also need to replace and modernise some of our buildings so they are fit for purpose to deliver these new services. We will therefore be looking to plan, prepare business cases and prioritise investment working with localities. Major developments we are implementing/considering include:

- New Mental Health Hospital, Lochgilphead
- Replacement of Rothesay Health Centre, Hospital and care home
- New GP Surgery in Dunoon

- Replacement/refurbishment of Islay Hospital, Bowmore GP Practice and Gortonvogie care home

## 4 What will it all look like in 2019/20

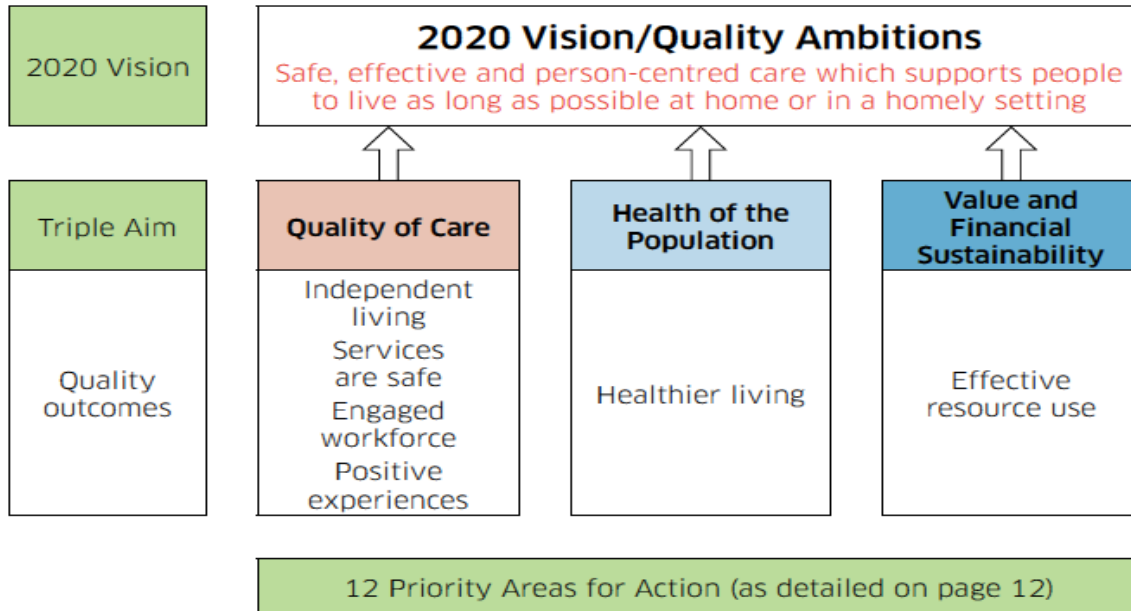
So taking all this into account we expect to see the following changes in health and care services over the next 3 years.

- GP and other 'front-line' services will continue to be provided locally through local surgeries. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients e.g. a male or female doctor and offer you a range of GPs and nurses with special interests and training.
- Most hospital treatments will not require a stay in hospital, with hospital beds being used only for those needing more complex medical care.
- With more care delivered in the home, and with more support for carers (especially family and friends), nursing- and care-home beds will be used for those who need a higher level of care.
- Re-ablement will be the aim for everyone.
- A single Health and Social Care team will provide more services in your home, all day, every day – and night.
- You will only need to contact one person for all Health and Social care in your community.
- More people will choose self -directed support to design and deliver services that meet their personal needs and objectives.
- There will be more expectation, support and referral for keeping yourself healthy and using everyday social and leisure pursuits to help keep you healthy.
- We will become used to using technology to support care at home, by allowing, for example, remote monitoring of long term conditions and enabling consultations with trained staff.
- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary.

**2020 Vision for Health and Social Care.**

This policy document below details the Scottish Government road map for the future of health and social care and the “Triple Aim”. You can read about this in full by clicking the link below or get a copy by contacting us at the address at the end of the document.

<http://www.gov.scot/Resource/0042/00423188.pdf>



**Quality of Care.**

People and the quality of the care they receive is the focus of all service delivery. We will ensure that we plan and commission services based on the quality of care they deliver. We will ensure that people can easily choose services on the basis of quality and outcomes.

People who are providing care and support must be appropriately skilled, qualified and have the personal attributes to be in a role that has dignity and respect at its heart. Care and support provision must not only comply with essential standards of care but we must work together with partners to ensure that best practice and continually improving are assured and vulnerable people remain safe.

**5 What will the Health and Social Care Partnership achieve?**

The Scottish Government has identified some specific benefits for individuals to be achieved with the changes proposed. These are called health and well-being outcomes and are listed on page 28.

## 6 What Next

We hope that this outline plan has helped you to understand the issues that are facing us and why we need to make big changes to the way that we plan and deliver health and social care in Argyll and Bute. We want you to get involved over the coming months and the next section details how you can contribute now.



Hi, I'm Peter Matheson,  
from Tarbert.

In 2015 I became a public  
representative on the  
Strategic Planning Group.

I have had to learn a lot of  
things about services, needs,  
planning and budgets.

The part I like best is talking to  
local people and finding out  
what the priorities are for  
them, then taking that back to  
the group.

I feel that it's helping to get the  
messages from ordinary people  
right at the heart of planning.

## 7 Have your say

Thank you for reading the outline of Argyll and Bute Health and Social Care Partnership's Strategic Plan for health and social care services.

Your views are essential to help shape the final strategic plan and ensure that it meets the needs of people in Argyll and Bute. Now you've read this why not take part?

1. We have an online survey at:  
<https://www.surveymonkey.com/r/OUTLINESTRATEGICPLAN>
2. You can answer the questions below and email your comments to us at:  
[socialcareintegration@argyll-bute.gov.uk](mailto:socialcareintegration@argyll-bute.gov.uk)
3. You can fill in the questions and return them to us using the FREEPOST address which we have included on page 26
4. You can get a paper copy of the questionnaire by emailing us at [socialcareintegration@argyll-bute.gov.uk](mailto:socialcareintegration@argyll-bute.gov.uk) or phoning 01546 605635
5. Your local Health Care Forum can discuss this with you and take comments.
6. Contact your local Third Sector Interface:  
  
Oban 01631 564839  
  
Helensburgh 01436 671613  
  
Campbeltown 01586 554744  
  
Islay 01469 810743  
  
Dunoon 01369 700100  
  
Lochgilphead 01546 606808

You will be able to see the full plan during the formal consultation period in September – November 2015.

The consultation documents on this outline plan are available on the Argyll and Bute HSCP Integration webpage – [www.healthytogetherargyllandbute.org.uk](http://www.healthytogetherargyllandbute.org.uk)

Please note that your feedback will be confidential. By that we mean:

- we will not name you in the document, we will create a report of the views we receive

- If you share your views but you do **not** want these to be part of the public record of the feedback we receive, we will respect that and your views will not be included

- We gave you questions to think about throughout this outline plan. Here they are again – please let us know what you think.

QUESTION 1: *Do you have any experience, good or bad, of health and social care services that you'd like to tell us about?*

QUESTION 2: *Are there any health and social care services we deliver particularly well?*

QUESTION 3: *Are there any service areas where we need to do things better?*



QUESTION 4: *How can we better support people in their own homes and prevent them going to hospital?*

QUESTION 5: *How can we support people to promote their own health and make a good recovery?*

QUESTION 6: *What do you think are the health and social care issues that most affect people in your community?*

QUESTION 7: *How accessible is health and social care services in your area and what could we do to improve accessibility?*

QUESTION 8: In your opinion, are there any objectives or priorities missing? If so, what are they?

Question 9 – *What other ways could we save money to invest in front line services and the prevention of ill health?*

Please indicate in the boxes below if:

- you wish to receive an acknowledgement that your comments have been received
- you wish to be sent a copy of the consultation on the next stage of the draft plan

Please give your name and contact address (or email if preferred) below:

Name.....

Address/email address.....

**Freepost Address**

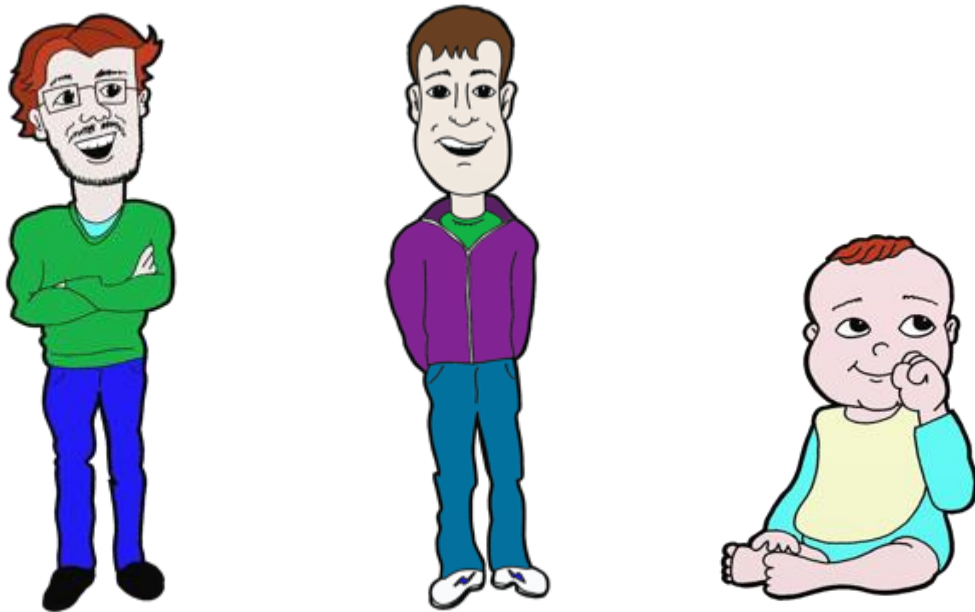
Caroline Cecil  
Planning & Public Involvement Manager  
FREEPOST RRYT-TKEE-RHBZ  
NHS Highland (Argyll and Bute CHP)  
Blarbuie Road, LOCHGILPHEAD, Argyll, PA31 8LD

If you need help completing this form or to receive a copy in a different language/ format (e.g. large print) contact us on 01546 605635 or email [caroline.cecil@nhs.net](mailto:caroline.cecil@nhs.net)

Versions of this document are available in other languages, Braille, large print etc please contact us at the number or e-mail above.



**GET INVOLVED – WE DID!**



## Appendix 1: National Health and Wellbeing Outcomes:

There are nine Health and Wellbeing Outcomes, these have been set by Scottish Government and which apply to all services and to all local authority areas. These national targets are what the Argyll and Bute Health and Social Care Partnership we are expected to achieve working with people in Argyll & Bute:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services

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