

19 May 2022

SUPPLEMENTARY PACK 1

ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) - MICROSOFT TEAMS on WEDNESDAY, 25 MAY 2022 at 1:00 PM.

I enclose herewith an additional appendix in respect of agenda item 12 (**JOINT STRATEGIC PLAN (2022-2025)**) which was not included on the Agenda for the above meeting.

BUSINESS

12. JOINT STRATEGIC PLAN (2022-2025) (Pages 3 - 14)

Attached is the Equality Impact Assessment relative to the approval of the Joint Strategic Plan (2022-2025).

Argyll and Bute HSCP Integration Joint Board (IJB)

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Section 1: About the proposal

Title of Proposal
Approval of the Joint Strategic Plan (2022-2025)

Intended outcome of proposal
<p>Argyll and Bute HSCP have developed a Joint Strategic Plan (JSP) to cover the period April 2022 to March 2025. The Strategy is a high level strategy which aims to:</p> <ul style="list-style-type: none"> • Establish the vision, strategic objectives and priorities and outlines the local and national outcomes, which will be used as the basis for the development of a performance framework • Explains what our priorities are, why and how we decided upon them and how we intend to make a difference by working closely with partners • Provides the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. • Is underpinned by a number of national and local policies, strategies and action plans. • Describes the HSCP approach to locality planning. <p>The Strategy will also link to the Joint Strategic Commissioning Strategy which sets out how the Partnership can develop a sustainable and diverse health and social care market that is equipped to deliver personalised, flexible and innovative, high quality services across all of our local communities.</p> <p>The Strategy was developed by the Strategic Planning Group and was informed by the Market Facilitation and Strategic Commissioning Steering Group and public, stakeholder and staff engagement.</p>

Description of proposal
<p>The HSCP is responsible for the planning and delivery of health and social care services for adults and children in Argyll and Bute.</p> <p>To support this, a Joint Strategic Plan has been developed. The vision, objectives, priorities and commissioning intentions have been consulted on and agreed and have been set in line with the forthcoming Review of Adult Social Care.</p> <p>One of the Commissioning Intentions under the Priority of Choice and Control & Innovation is that we will ensure that every decision will be made in consultation and engagement with the people of A&B and will have a positive effect for those with protected characteristics.</p> <p>The JSP aims to ensure that people receive the right level of care at the right time from our workforce of professional staff and can move through services easily. Services are planned strategically from the population and local data, evidence and what people and our workforce tell us. We need a range of services from prevention programmes to critical care.</p> <p>We also need to link in the Performance Framework to realistically monitor our progress</p>

towards our objectives and priorities and the outcomes for people who live in Argyll and Bute.

Each area is currently developing their own strategic plan and commissioning plan. Any barriers of access will be identified within these plans. The HSCP Strategic Plan will be an iterative document in response to these plans and in response to the national policy developments and the recovery plans following Covid-19.

HSCP Strategic Priorities to which the proposal contributes

The JSP sets out all of the HSCP Strategic Priorities

Lead officer details

Name of lead officer	Stephen Whiston
Job title	Head of Strategic Planning, Performance & Technology
Department	Strategic Planning

Appropriate officer details

Name of appropriate officer	Kristin Gillies
Job title	Service Planning Manager
Department	Strategic Planning

Sign-off of EIA	Stephen Whiston
Date of sign-off	

Who will deliver the proposal?

Kristin Gillies

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

Consultation / engagement

There has been a full consultation period for the development of the JSP carried out between September and December 2021. This has included the public, staff, stakeholders and the third and independent sector.

An engagement specification and plan recording all of the engagement is available and a summary is within the JSP and full reports can be made available.

All presentations to the public had a BSL signer and offers were made of accessible prints.

Data: Please refer to Joint Strategic NA within the Strategic Plan

The data shown here reflects information about protected and identified characteristics for the population of Argyll and Bute. We used this information to consider the impact of the JSP on these groups.

Age

Population size

- The 2020 mid-year population estimate for Argyll and Bute is 85,430.
- Bute and Cowal have the highest proportion of people aged over 65.

Population Change

- The population has decreased 3.6% since 2010 with the number of deaths registered

higher than the number of births each year since the early 1990s.

- The population of those aged 75 and over has increased each year since 2002 with 11.7% of the population aged 75+ compared to 8.6% in Scotland as a whole.

Projected population

- The population of working age has decreased and is projected to continue to do so. The population of those under 16 has decreased and this is also projected to continue.
- The number of people aged 75+ and 85+ is projected to continue to increase over the next 10 years.

Current and future needs

- The increasing proportion of older people places a pressure on delivery of health and social care services due to increasing demand. This increase in demand is likely to continue.
- A decreasing population of working age has an effect on the recruitment of staff and on the availability of familial carers.
- Increased need for end of life care.

Disability

Long Term Conditions

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

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

Types of disability

Census data from 2011 provides an indication of the types of disability that people are living with. 8% of people report deafness or partial hearing loss compared to 7% reporting a physical disability. 4% reported having a mental health condition, 3% report blindness or partial sight loss and 2% a learning difficulty. A large proportion report 'other conditions'.

The Scottish Disability Consortium report that there are 318 adults living in Argyll and Bute with learning disabilities (Table A3.5).

Table A3.5 Adults with learning disabilities

Measure	Area	2015	2017	2018
Number of adults known	A&B	374	311	318
Rate of adults known per 1,000 population		5.1	4.2	4.3
	Scot	6.1	5.2	5.2

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) provides a population measure of mental health. Argyll and Bute also compares favourably to Scotland as a whole for this indicator (Scottish Government). WEMWBS shows a different pattern by age band to general health with those aged 65+ having higher WEMWBS scores than those aged 35-64.

Higher crude prevalence (per 100 patients) of Mental Health of patients on general practice QOF registers within Argyll and Bute (1.04) compared to Scotland as a whole (0.9).

Source: QOF Calculator Database, as at 28th June 2016.

	Data Type	Time Period	Cowal	Bute	Helensburgh & Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban & Lorn	Argyll & Bute HSCP	Scotland
Population with long-term condition	%	2019/20	27	26	20	25	26	24	22	23	24	19
Cancer registrations per 100,000	rate	2017-2019	610	604	627	472	642	539	697	629	609	644

Source: PHS locality profiles, 2021

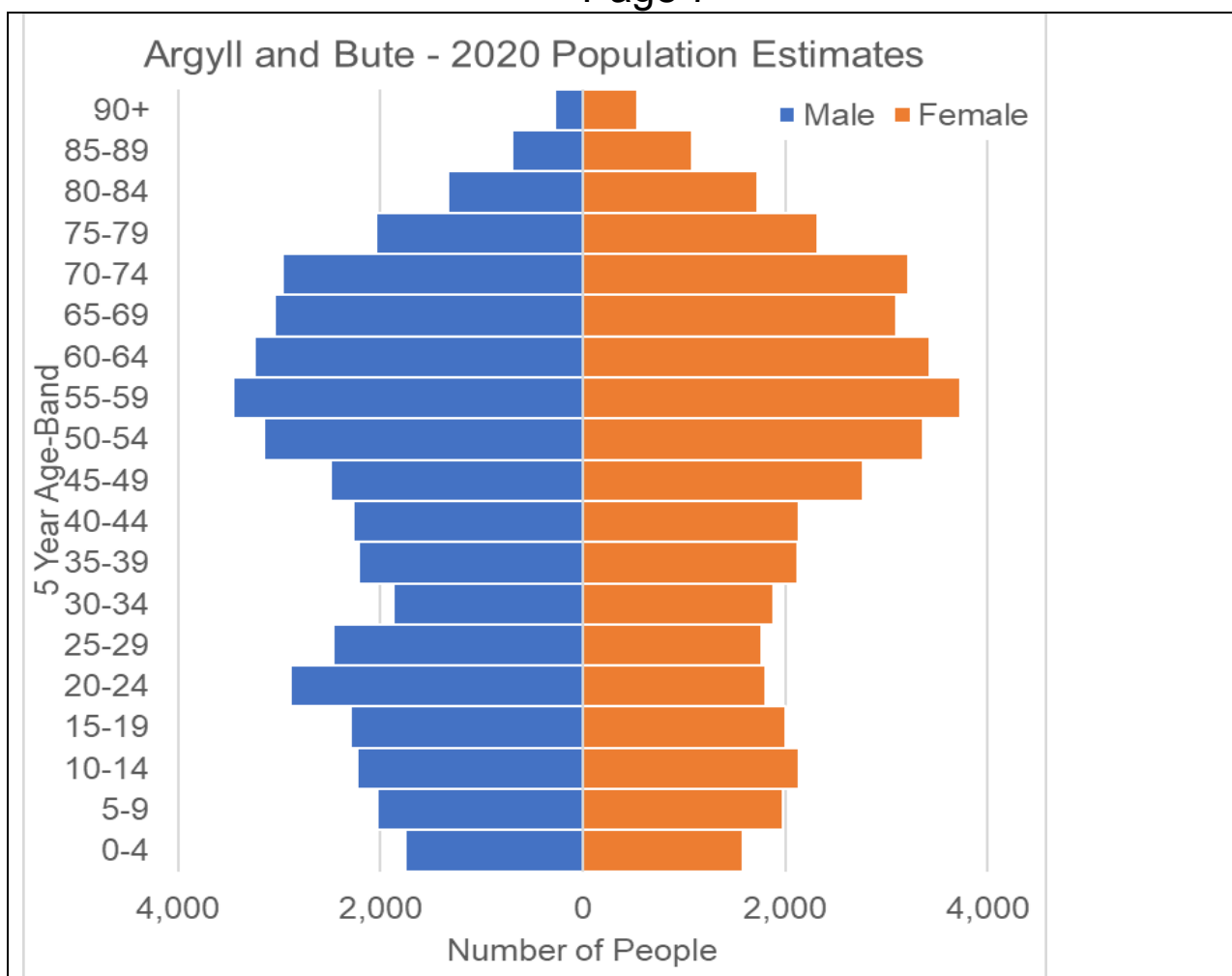
Ethnicity – 2011 census data

1. 99% of the population of Argyll and Bute identified as 'White' at the 2011 census, with 79% identifying as 'White: Scottish'. 4% of the Argyll and Bute population speak Gaelic (census 2011). There is a higher proportion of people identifying as 'White: Other British' compared to Scotland as a whole. This is consistent with relatively high rates of migration to Argyll and Bute from other parts of the UK.
2. 96 people living in Argyll and Bute in the 2011 census identified themselves as Gypsy/Travellers. Argyll and Bute has three dedicated sites for Gypsy/Traveller sites at Torlochan (Dunoon), Duncholgan (Lochgilphead) and Ledaig (north of Oban, near Benderloch) with a total capacity of 30 pitches. The occupancy of these sites varies and, in addition, some of those who identify as Gypsy/Travellers will living in mainstream accommodationⁱ. People identifying as Gypsy/Travellers can also be transient within the community and there are challenges around the provision of care, particularly around screening programmes etc. In addition it can be difficult to accurately predict the current and future needs of this group and as such the DPH report reports associated low health outcomes. Additionally there are some areas which have transient travellers at certain times of the year which are not recorded. Challenges come around screening programmes and this patient current and future needs are harder to predict and possibly subject to greater disparity resulting in care provision inequality.
3. Approximately 1,700 people living in Argyll and Bute (2% of the population) were born in another EU Country and a further 3% of people were born outside the EU. Over 600 people in Argyll and Bute reported that they did not speak English at all or well at the 2011 census.
4. 6% of children born in Argyll and Bute in 2018 had mothers born in another EU country with a further 5% of children were born to mothers born outside the EU, lower than for lower as a whole (NRS).
5. Bute was chosen as a site to resettle refugees from Syria. At October 2018, there were 21 families and 90 individuals settled on Buteⁱⁱ. These people have required specific support to access health and social care services e.g. translation service, and additional funding was provided to Argyll and Bute Council and NHS Highland to support this.
6. A higher proportion of people in Argyll and Bute than in Scotland as a whole identify themselves as Christian, and particularly Church of Scotland.

Sex

1. For younger adults, the asymmetric shape of the pyramid with higher number of males compared to females is due to the Faslane military base. Faslane employs more males than females. In contrast, there are more females than males in each 5-year age band from 65-69 and older.
2. Life expectancy is slightly higher in Argyll & Bute than for Scotland as a whole. Female life expectancy is higher (81.6 years) compared to male life expectancy (76.8 years) and we must aim to reduce this inequality.

Population pyramid showing 2020 population estimates for Argyll and Bute



Gender Reassignment

There is no data available

Marriage and Civil Partnership

50.1% people within Argyll and Bute were recorded in most recent Census (2011) as 'Married' or in a registered 'Same-sex civil partnership'.

Source: Scotland Census 2011

In the years 2005 – 2017 there have been 12,938 marriages and 147 civil partnerships within Argyll and Bute.

Source: National Registers of Scotland. Marriages, by Council area 1991 to 2017 (MT.02); Civil partnerships by Council area 2005 to 2017(MT.03)

Pregnancy and Maternity

In 2020, there were 592 births in Argyll and Bute. This is a decrease of 6.2% from 631 births in 2019. Of these 592 births, 288 (48.6%) were female and 304 (51.4%) were male.

Source: 2020 Births by Council Area in Scotland. Births by sex, Argyll and Bute, 1997-2020. National Registers of Scotland.

36% Babies are exclusively breastfed at 6-8 weeks.

Source: SCOTPHO: breastfeeding (2018/19 – 2020/21)

Religion

Religion of residents in Argyll & Bute and Scotland in 2011

Religion	Resident at 2011 Census		
	Argyll & Bute	Argyll & Bute	Scotland
All people	88,166		
Church of Scotland	35,298	40%	32%
Roman Catholic	9,960	11%	16%
Other Christian	6,779	8%	6%
Muslim	186	<1%	1%
Other religions	636	1%	1%
No religion	28,252	32%	37%
Not stated	7,055	8%	7%

Sexual Orientation

Not available. Data available nationally only and not broken down to smaller geographical areas. Hopefully this will be further informed by the new Scottish Census 2021. However there is a potential area for health equality improvement in the transgender patient group. Specifically around CHI number, which are gender specific. Patients who have transitioned from male to female and vice versa are often discriminated due to the retainment of their birth CHI. Raising awareness in this area and promoting simple administrative solutions would reducing inequality and promoting fairness in this the transgender patient group

Mainland Rural Population

Percentage of the population (2020) of each local area by Scottish Government 8-fold urban-rural classification

Local Area	Other Urban Areas	Accessible small Town	Very Remote Small Towns	Accessible Rural	Remote Rural	Very Remote Rural
Bute			72%			28%
Cowal			66%			34%
Helensburgh and Lomond	59%	15%		15%	11%	
Islay and Jura						100%
Kintyre			61%			39%
Mid Argyll						100%
Oban, Lorn and the Inner Isles			51%		4%	45%
Mull, Iona, Coll, Tiree and Colonsay						100%
Argyll and Bute	18%	4%	31%	4%	4%	38%

Islands Population

Argyll and Bute HSCP area has 23 inhabited islands, which is more than any other local authority in Scotland. These include Bute; Coll; Colonsay; Gigha; Iona; Islay; Jura; Mull and

Tiree. According to the 2011 Census 17.1% of Argyll and Bute population live on the islands.

Percentage of locality population living on an Island in 2011

Locality	% of population
B&C	30%
H&L	0%
MAKI	17%
OLI	25%
A&B	17%

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

GP Practice Location	List Size
Bute	6,282
Mull	3,481
Islay	3,324
Tiree	749
Jura	259
Coll	176
Colonsay	139

Source: Scottish Health & Social Care Open Data, PHS

There is the potential for inequality of service provision to the islands.

Low Income

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

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

Number of people in income or employment deprivation 2017, by local area

Area	Number of people in deprivation for:	
	Income (all ages)	Employment (working age)
Bute	1,066	478
Cowal	1,895	930
Helensburgh and Lomond	1,875	946
Islay and Jura	267	121
Kintyre	993	437
Mid Argyll	799	389
Oban and Lorn	1,308	655
Mull, Iona, Coll and Tiree	247	109
Argyll and Bute	8,450	4,065

Source: ScotPHO, 2022

As at April 2017 the average worker in Argyll and Bute earned £504.80 per week (earnings by work place) lower

Source:
Annual Survey of Hours

than the £547.30 Scottish average.

and Earnings (ASHE)
(NOMIS, April 2018)

Low Wealth

As at March 2018, 925 Individuals in Argyll and Bute were recorded as claiming Unemployment and Employment Benefit this is lower than the Scottish average with 1.8% of the population within Argyll and Bute claiming compared to 2.6% within Scotland.

Source: ONS claimant count with rates and proportions (NOMIS, March 2018)

Material Deprivation

1. By locality, Cowal and Bute has the highest number and proportion of people living within the most deprived two quintiles within Scotland. Helensburgh and Lomond is the only locality with datazones within the least deprived quintile in Scotland.
2. Deprivation in rural areas may not be as obvious as in urban settings. Rural datazones are likely to be more mixed with regards to socioeconomic status, e.g. the housing available is more likely to represent a range of Council Tax bands, and datazones tend to fall into the middle SIMD rankings. It is datazones within urban areas or towns that tend to be identified as within the most deprived in Scotland.
3. Not all people living in the most deprived quintile experience deprivation and similarly, there may be people living in the least deprived quintile who do experience deprivation. Of all those in Argyll and Bute who are income deprived, 80% do not live within areas in the least deprived SIMD quintile in Scotland

Table A2.5 Number of people by local area living in each quintile of deprivation for Scotland in 2020

Area	1 (Most deprived)	2	3	4	5 (Least deprived)	Total
Bute	2,156	1,436	1,648	0	746	5,986
Cowal	1,795	3,412	8,807	0	0	14,014
Helensburgh and Lomond	1,888	2,001	4,548	8,833	8,445	25,715
Islay and Jura	0	626	2,754	0	0	3,380
Kintyre	1,102	1,299	3,627	1,347	0	7,375
Mid Argyll	0	2,069	4,431	2,618	0	9,118
Oban, Lorn and the Inner Isles	449	2,865	7,254	5,527	0	16,095
Mull, Iona, Coll, Tiree and Colonsay	0	0	2,746	1,001	0	3,747
Argyll and Bute	7,390	13,708	35,815	19,326	9,191	85,430

48% of households in Argyll and Bute were estimated to be in fuel poverty as opposed to the Scottish average of 30.7%. Approximately 42% of Argyll and Bute is off the gas grid and hence have to resort to more expensive fuels

Source: The Scottish Housing Condition Survey 2017

20.4% of children in our area are in low income households
– a total of 3,176 in 2015

Source: End Child Poverty)

Socio-economic background

Deprivation and poverty is associated with poorer health and wellbeing. Deprivation within rural areas is likely to be hidden by the mixed socioeconomic status of small rural areas.

Average gross weekly pay for full-time workers in Argyll and Bute is £565.60. This compares to a Scottish average of £657.80 and a British average of £688.20

Source: Office for National Statistics Annual Survey of Hours and Earnings 2018, residence-based analysis. Figures relate to the median earnings for employees living in the area.

There is a clear link between poor health and wellbeing outcomes and income/deprivation. We also know that those who are trauma experienced are more likely to be in the lower SES groups and experience poorer health and wellbeing.

Communities of place

It should also be noted that within Argyll and Bute HSCP area:

- 73% live in remote or very remote areas
- 47% live in areas in the 20% most deprived for geographic access to services (derived from travel times)

Source: Scottish Government Urban-Rural (UR) Classification 2016, SIMD 2016 and NRS population estimates (2017) and Census 2011.

Communities of Interest

Carers

8,655 people (aged 16+) within Argyll and Bute reported providing unpaid care in Census 2011, however, estimates are higher with **12,677** people (aged 16+) estimated as providing unpaid care based on data published by National Records of Scotland (2011 Mid-year population estimates, Crown copyright) and Scottish Health Survey (Scottish Government).

Source: Report on provision of Unpaid Care Argyll and Bute, 18th November 2016, Argyll and Bute Health and Social Care Partnership Public Health Information

Young Carers

166 people (aged 0-15 years) within Argyll and Bute reported providing unpaid care in Census 2011, however, estimates are higher with **574** people (aged 0-15 years) estimated as providing unpaid care based on data published by National Records of Scotland (2011 Mid-year population estimates, Crown copyright) and Scottish Health Survey (Scottish Government).

We are aware of a huge negative impact on carers during the Covid 19 pandemic.

Other information

n/a

Gaps in evidence

There are gaps in evidence around gender reassignment and we hope these will be addressed by the 2021 Census.

Section 3: Impact of proposal

Impact on service users:

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

If you have identified any negative impacts on service users, give more detail here:

We have identified only positive outcomes as we are producing a Joint Strategic Plan which is value based, aspirational and aims to reduce health and wellbeing inequalities. This should have a positive impact for all groups with protected characteristics.

We are also developing an Islands Strategy over 2022/2023 which will have a positive impact on how we deliver services on an equitable basis. This will also provide a template for work with rural communities.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

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

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

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age			x	

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

If you have identified any negative impacts on service deliverers, give more detail here:
There is a Workforce Development Strategy for local Health and Care services currently being written which will consider all of the above inequalities within it.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

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

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?	N/A
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Details of knock-on effects identified

Section 5: Monitoring and review

Monitoring and review
The JSP will be monitored and reviewed by the Market Facilitation and Strategic Commissioning Steering Group and the Strategic Planning Group.

ⁱ https://www.argyll-bute.gov.uk/sites/default/files/0000001_argyll_bute_final_hnda_2016.pdf

ⁱⁱ <https://www.argyll-bute.gov.uk/moderngov/documents/s133000/Year%203%20Evaluation%20Of%20The%20Argyll%20and%20Bute%20Refugee%20Resettlement%20Programme%20over%200.4.pdf>

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