

## NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)** will be held **BY MICROSOFT TEAMS** on **WEDNESDAY, 30 AUGUST 2023** at **1:00 PM**, which you are requested to attend.

### BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST (IF ANY)**
3. **MINUTES** (Pages 3 - 10)  
Argyll and Bute Integration Joint Board held on 31 May 2023
4. **APPOINTMENT OF MEMBERS TO THE INTEGRATION JOINT BOARD (IJB) AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE** (Pages 11 - 14)  
Report by Business Improvement Manager
5. **CHIEF OFFICER'S REPORT** (Pages 15 - 24)  
Report by Chief Officer
6. **MINUTES OF COMMITTEES**
  - (a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 June 2023 (Pages 25 - 28)
  - (b) Argyll and Bute HSCP Audit and Risk Committee held on 20 June 2023 (Pages 29 - 32)
  - (c) Argyll and Bute HSCP Finance and Policy Committee held on 23 June 2023 (Pages 33 - 34)
  - (d) Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023 (Pages 35 - 38)
7. **FINANCE**  
Reports by Head of Finance and Transformation
  - (a) Budget Monitoring - 3 months to 30 June 2023 (Pages 39 - 52)
8. **SPOTLIGHT ON HEALTH AND COMMUNITY CARE** (Pages 53 - 62)  
Report by Head of Service – Health and Community Care
9. **ARGYLL AND BUTE CHILD POVERTY ACTION PLAN REVIEW 2022 - 2023** (Pages 63 - 136)  
Report by Head of Children & Families and Justice

- 10. UPDATE REPORT ON THE IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)** (Pages 137 - 144)  
Report by Head of Children & Families and Justice
- 11. WORKFORCE REPORT QUARTER 1 (2023/24)** (Pages 145 - 164)  
Report by People Partner
- 12. EQUALITY OUTCOMES AND MAINSTREAMING REPORT** (Pages 165 - 186)  
Report by Associate Director of Public Health
- 13. JOINT STRATEGIC PLAN: ONE YEAR MONITORING: ENGAGEMENT**  
(Pages 187 - 262)  
Report by Strategic Planning, Performance and Technology
- 14. DATE OF NEXT MEETING**  
27 September 2023 at 1pm

## **Argyll and Bute HSCP Integration Joint Board (IJB)**

Contact: Hazel MacInnes Tel: 01546 604269

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held  
BY MICROSOFT TEAMS  
on WEDNESDAY, 31 MAY 2023**

**Present:** Councillor Amanda Hampsey, Argyll and Bute Council (Chair)  
Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Vice Chair)  
Graham Bell, NHS Highland Non-Executive Board Member  
Councillor Kieron Green, Argyll and Bute Council  
Councillor Gary Mulvaney, Argyll and Bute Council  
Councillor Dougie Philand, Argyll and Bute Council  
Jean Boardman, NHS Highland Non-Executive Board Member  
Susan Ringwood, NHS Highland Non-Executive Board Member

Shona Barton, Governance Manager, Argyll and Bute Council  
Evan Beswick, Head of Primary Care, NHS Highland  
Geraldine Collier, People Partner, Argyll and Bute HSCP  
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP  
Linda Currie, Lead AHP, NHS Highland  
Fiona Davies, Chief Officer, Argyll and Bute HSCP  
Jennifer Dryden, Alcohol and Drugs Partnership Co-ordinator, Argyll and Bute ADP  
Kristin Gillies, Senior Service Planning Manager, Argyll and Bute HSCP  
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP  
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP  
Elizabeth Higgins, Lead Nurse, NHS Highland  
Julie Hodges, Independent Sector Representative  
Lorna Jordan, Interim Principal Accountant, Argyll and Bute Council  
Kenny Mathieson, Public Representative  
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council  
Angus MacTaggart, GP Representative, Argyll and Bute HSCP  
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP  
Pippa Milne, Chief Executive, Argyll and Bute Council  
Laura Stevenson, Alcohol and Drugs Co-ordinator, Argyll and Bute ADP  
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface  
Kirstie Reid, Carers Representative, NHS Highland  
John Stevens, Carers Representative, NHS Highland  
Fiona Thomson, Lead Pharmacist, NHS Highland  
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP  
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP  
Beth Wiseman, Senior Manager – Child Health and Maternity, Argyll and Bute HSCP

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Fiona Broderick, Kevin McIntosh, Betty Rhodick and Caroline Cherry.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

### 3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 March 2023 were approved as a correct record.

### 4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 April 2023**

The Minutes of the Meeting of the Clinical and Care Governance Committee held on 6 April 2023 were noted.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 11 April 2023**

The Note of the inquorate meeting of the Audit and Risk Committee held on 11 April 2023 was noted.

(c) **Special Argyll and Bute HSCP Audit and Risk Committee held on 23 May 2023**

The Minutes of the Special meeting of the Audit and Risk Committee held on 23 May 2023 were noted.

The Chair of the Committee, Councillor Kieron Green, advised that unfortunately the meeting on 11 April 2023 had been inquorate and therefore in terms of preparing the annual report there was a requirement to hold a special meeting for this prior to it coming to the IJB.

(d) **Argyll and Bute HSCP Strategic Planning Group held on 25 May 2023**

The Minute of the meeting of the Strategic Planning Group held on 25 May 2023 was noted.

Kristin Gillies, who had Chaired this meeting of the Strategic Planning Group, advised that the meeting had considered updates on the Joint Strategic Plan and Joint Commissioning Strategy and provided assurance to the Board that these strategies were on track.

### 5. CHIEF OFFICER REPORT

The Board gave consideration to a report by the Chief Officer for May 2023 which included a welcome to Councillor Amanda Hampsey to her first meeting as Chair of the Board; thanks to the previous Chair Sarah Compton Bishop; congratulations to Sarah Compton Bishop on her appointment as Chair of the NHS Highland Board; thanks to Jean Boardman, NHS Highland Representative who's last Board meeting it was; and thanks to Stephen Whiston, Head of Planning, Performance and Technology who was retiring. The report highlighted some examples of the good work that had been taking place across the Health and Social Care Partnership; the challenges that they were facing as an HSCP and what they were doing to tackle them. The report included information on public engagement activities that had been taking place and on the HSCP's Excellence Awards that had taken place on 12 May 2023.



**Decision**

The Integration Joint Board noted the report by the Chief Officer.

(Reference: Report by Chief Officer dated 31 May 2023, submitted)

**6. REVIEW OF COMMITTEE MEMBERSHIPS AND CHAIR POSITIONS**

The Board gave consideration to a report advising that the current Vice Chair of the Board, Sarah Compton Bishop, had been appointed as Chair of NHS Highland Board and proposing changes to Committee membership and Chair positions in respect of this; and noting the end of term for NHS Highland Board Member Jean Boardman.

**Decision**

The Integration Joint Board –

1. noted the proposal by NHS Highland to replace the NHS Executive member in the Vice Chair role;
2. noted that the NHS Highland Board had agreed at their meeting on 29 May 2023 that Graham Bell would be put forward for the Vice Chair position;
3. noted the proposal for the current Vice Chair to remain as a member;
4. noted that Jean Boardman's term of office would conclude on 30 June 2023 and that NHS Highland were working with the Scottish Government's Public Appointments Team to recruit to vacancies;
5. agreed the proposal that the newly appointed Vice Chair would take on the role of Vice Chair of the Finance and Policy Committee, Chair of the Clinical and Care Governance Committee and attendee at the Strategic Planning Group in line with the Committee Terms of Reference;
6. agreed the proposal that the former Vice Chair take up the committee positions vacated by the previous NHS non-executive member; and
7. agreed that the co-chair of the Strategic Planning Group be appointed on recruitment of new members following the end of Jean Boardman's term.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

The Chair thanked the former Chair, Sarah Compton Bishop, for her time and dedication to the Board and welcomed Graham Bell to his new role as Vice-Chair of the Board.

Sarah Compton Bishop advised that she was working to expedite the recruitment process for NHS Highland Board Executive Membership as it was normally a lengthy process and that she was also working to ensure that there was representation from Argyll and Bute on the NHS Highland Board and putting planning in place for the future to ensure that this remained the process. She advised that she would remain as a member of the IJB in the interim to support the transition period.

## 7. COMMITTEE ANNUAL REPORTING

The Board gave consideration to a report providing a summary of the Committee Annual Reports which were required to provide assurance that the committee structure was functioning well and provide the appropriate scrutiny that the Board delegates through the terms of reference.

### Decision

The Integration Joint Board –

1. noted that committees have concluded their annual reporting;
2. noted the participation and engagement with the assurance questionnaire and support for a hybrid approach to this for 2023-24; and
3. noted that committees have identified their own continuous improvement plan to be implemented.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

## 8. FINANCE

### (a) Provisional Year End - 12 months to 31 March 2023

The Board gave consideration to a report providing a provisional summary of the financial position of the Health and Social Care Partnership as at 31 March 2023 and year end position which would be reported in the Annual Accounts. The report also provided a summary of the delivery of the savings programme and reserves.

### Decision

The Integration Joint Board –

1. noted that the HSCP expected to report an underspend of £9.1m for 2023/24, equivalent to 2.7% of the resources allocated to it;
2. noted that it is anticipated the HSCP would be able to carry this underspend forward to fund the 2023/24 budget gap and key infrastructure and transformation projects;
3. noted confirmation that savings of £4.1m had been delivered, 68% of savings plan;
4. noted that total reserves held had reduced from £21.2m at the start of the year to £16.9m at the year-end; and
5. noted that all figures provided in this report were provisional and subject to external audit.

(Reference: Report by Head of Finance and Transformation dated 31 May 2023, submitted)

**9. ARGYLL AND BUTE HSCP DRAFT ANNUAL PERFORMANCE REPORT 2022/23**

The Board gave consideration to a report presenting the draft Annual Performance Report 2022/23 for approval.

**Decision**

The Integration Joint Board approved the draft Annual Performance Report for the Health and Social Care Partnership for the year 2022/23 subject to scrutiny by the Strategic Planning Group.

(Reference: Report by Senior Service Planning Manager dated 31 May 2023, submitted)

The Integration Joint Board took a 10 minute comfort break at this point.

**10. HSCP DIGITAL HEALTH AND CARE MODERNISATION STRATEGY 2022-2025**

The Board gave consideration to a report presenting the Digital Modernisation Strategy that had been developed to direct the operation, investment plans and future use of information technology and digital services in Argyll and Bute Health and Social Care Partnership.

**Decision**

The Integration Joint Board –

1. agreed to support and endorse the strategy which had been presented and approved at the HSCP Digital Modernisation Programme Board; and
2. noted that the HSCP Digital Health and Care strategy would continue to be iterated and developed and was being used to inform the strategies and digital/IT/ICT priorities of NHS Highland and Argyll and Bute Council.

(Reference: Report by Head of Planning, Performance and Technology dated 31 May 2023, submitted)

The Chair thanked Stephen Whiston, Head of Planning, Performance and Technology for his time and dedication to the work of the HSCP and for his contribution to the Board; and wished him well for the future.

**11. CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2023 - 2026**

The Board gave consideration to a report presenting the Argyll and Bute Children and Young People's Service Plan 2023-26, which succeeded the previous plan.

**Decision**

The Integration Joint Board -

1. endorsed the joint plan for 2023-26 which succeeded the previous plan; and
2. noted that it would be reported on annually to partners.

(Reference: Report by Head of Children and Families dated 31 May 2023, submitted)

## **12. HSCP STRATEGIC WORKFORCE PLANNING - UPDATE**

The Board gave consideration to a report summarising the activities that had taken place since the Strategic Workforce Plan was published in October 2022, outlining the consultative approach taken across the partnership, developing a Workforce Planning Oversight Group and 3 action focused working groups to deliver on the key priorities of the workplan.

### **Decision**

The Integration Joint Board –

1. noted the content of the report, advising the IJB of the HSCP approach to delivering the commitments and priorities of the Strategic Workforce Plan as agreed at the IJB in July 2022 and published in October 2022; and
2. took the opportunity to ask questions relating to the content of the report.

(Reference: Report by People Partner dated 31 May 2023, submitted)

## **13. WORKFORCE REPORT QUARTER 4 (2022/23)**

The Board gave consideration to a report focusing on work force data for financial quarter four (January 2023 to March 2023). The report aimed to show the current demographic position, highlighting trends and advising of the changes and progress made, as well as actions taken to address areas of concern.

### **Decision**

The Integration Joint Board –

1. noted the content of the quarterly workforce report;
2. took the opportunity to ask any questions on issues that were of interest or concern; and
3. discussed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by People Partner dated 31 May 2023, submitted)

## **14. ARGYLL AND BUTE ALCOHOL AND DRUGS PARTNERSHIP (ADP) STRATEGY UPDATE: 2021-2023 ADP REPORT AND REFRESHED 2023 PRIORITIES**

The Board gave consideration to a report presenting the Argyll and Bute Alcohol and Drug Partnership Report 2021-2023 and a refresh of the priorities for the Alcohol and Drug Partnership for 2023 in Argyll and Bute.

### **Decision**

The Integration Joint Board –

1. noted the progress made on addressing the Alcohol and Drug Partnership (ADP) strategy priorities between 2021-2023 as detailed in supplementary paper A; and
2. noted the work undertaken to refresh the ADP strategy, with renewed partnership priorities for 2023 as detailed in supplementary paper B.

(Reference: Report by Interim ADP Co-ordinators dated 31 May 2023, submitted)

#### **15. UPDATED PLANNING WITH PEOPLE GUIDANCE 21 APRIL 2023**

The Board gave consideration to a report outlining the updated Planning for People Guidance and its role in supporting the delivery of its legal duty.

##### **Decision**

The Integration Joint Board –

1. noted the updated guidance; and
2. agreed the recommendation of self-assessment against the Health Improvement Scotland Quality Framework.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

#### **16. DIRECTIONS LOG UPDATE - 6 MONTHLY REPORT**

The Board gave consideration to the 6 monthly directions log update.

##### **Decision**

The Integration Joint Board noted the directions log update.

(Reference: Directions Log as at 31 May 2023, submitted)

#### **17. DATE OF NEXT MEETING**

The date of the next meeting was noted as 31 August 2023.

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### ***Integration Joint Board***

**Date of Meeting: 30 August 2023**

**Title of Report: Appointment of members to the IJB and representation on the IJB Committee Structure**

**Presented by: Charlotte Craig**

**The Board is asked to:**

- Note appointment of NHS non-executive Dr Gaener Rodger as a representative of the IJB and subsequent update of membership throughout the Committee structure.
- Proposed appointment of Cllr Dougie Philand as Strategic Planning Group co-chair
- Propose and approve the membership changes to ensure committee quoracy and representation in line with the terms of reference.

## **1. EXECUTIVE SUMMARY**

NHS Highland has appointed an existing non-executive, Dr Gaener Rodger to the Integration Joint Board and it will continue its recruitment process for further NHS non-executive members. Dr Rodger has previously served on the Integration Joint Board.

It is proposed Dr Rodger takes a place as an NHS representative on the Clinical and Care Governance Committee and the Audit and Risk Committee.

It is further proposed that Cllr Dougie Philand is appointed as co-chair to the Strategic Planning Group.

Non-executive member Sarah Compton-Bishop will return to the Finance and Policy Committee.

## **2. INTRODUCTION**

This report outlines the requirement for the IJB ensure it has adequate representation from partners and to make required appointments to each of the committees and to the Strategic Planning Group.

## **3. DETAIL OF REPORT**

- 3.1 The Terms of reference indicate the requirement of members for the committee structures, this also includes professional advisors and wider partners on the Strategic Planning Group.

The tables below indicate they required IJB membership and proposed changes in red.

<b>Clinical &amp; Care Governance Committee</b>		
<b>Role</b>	<b>Current</b>	<b>Membership</b>
Chair IJB Member (Council or NHS)	Cllr Amanda Hampsey	Member
Vice Chair IJB Member (Council or NHS)	Graham Bell	Member
IJB Member	<b>Dr Gaener Rodger</b>	<b>Member</b>
IJB Member	Dougie Philand	Member

<b>Audit &amp; Risk Committee</b>		
<b>Role</b>	<b>Current</b>	<b>Membership</b>
Chair IJB Member	Cllr Kieron Green	Member
Vice Chair IJB Member	Susan Ringwood	Member
IJB Member	<b>Dr Gaener Rodger</b>	<b>Member</b>
IJB Member	Cllr Dougie Philand	Member
IJB Member		Member
IJB Member		Member

<b>Finance &amp; Policy Committee</b>		
<b>Role</b>	<b>Current</b>	<b>Membership</b>
Chair	Amanda Hampsey	Member
Vice Chair	Graham Bell	Member
IJB Member	Gary Mulvaney	Member
IJB Member	<b>Sarah Compton-Bishop</b>	<b>Member</b>
IJB Member		Member
IJB Member	Kenny Matheson	Member

<b>SPG Role</b>	<b>Current Member</b>	<b>Role</b>
Co chair	Kristin Gillies	Head of Strategic Planning and Performance
Co chair (IJB member)	<b>Cllr Dougie Philand</b>	<b>Elected member</b>
Chief Officer	Fiona Davies	Chief Officer Health and Social Care
IJB Member Council	Amanda Hampsey	Chair, Integrated Joint Board
IJB Member NHS	Graham Bell	Vice Chair, Integrated Joint board

The proposed membership is sufficient to ensure quoracy and partnership representation in line with the terms of reference.

#### 4. RELEVANT DATA AND INDICATORS

Not applicable

#### 5. CONTRIBUTION TO STRATEGIC PRIORITIES

The IJB require to have appropriate arrangements in place to provide robust governance and partner representation on the IJB.



**6. GOVERNANCE IMPLICATIONS**

**6.1 Financial Impact**

None

**6.2 Staff Governance**

None

**6.3 Clinical Governance**

Appointment of appropriate membership to ensure oversight for the safe and effective delivery of care, professional standards and practice.

**7. PROFESSIONAL ADVISORY**

None required specifically for this report

**8. EQUALITY & DIVERSITY IMPLICATIONS**

The governance structure of the IJB supports scrutiny of equalities issues.

**9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

None.

**10. RISK ASSESSMENT**

Risk of non-compliance with the Terms of Reference and agreed representation on Committees if new elected members are not nominated.

**11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

None for this report.

**12. CONCLUSIONS**

The IJB are required to nominate member representatives to the IJB Committees and Strategic Planning Group to replace the members no longer part of the Integration Joint Board. These arrangements would be effective immediately.

**13. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

**REPORT AUTHOR AND CONTACT**

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**Integration Joint Board****Agenda item:****Date of Meeting: 30 August 2023****Title of Report: Chief Officer Report****Presented by: Fiona Davies, Chief Officer****The Integration Joint Board is asked to:**

- Note the following report from the Chief Officer

**Introduction**

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I would like to welcome you to my Chief Officer Report for August and I hope you find it of interest.

In this month's report one of the areas I have outlined is that the Scottish Government's Islands Programme has awarded £450,000 to assist with the modernisation and reconfiguration of the Tigh a Rudha care home on Tiree. The facility is owned by Argyll and Bute Council and run by the HSCP. This investment is very welcome and really good news for the local communities of Tiree and Coll who use the care home.

I was also delighted that the Project Wingman bus was recently in Argyll and Bute as part of its tour around the NHS Highland Board area. This is a fantastic charitable project which was founded in 2020 in response to the COVID-19 pandemic and it provided a well-deserved opportunity for HSCP staff to pop along to the bus for a break and to enjoy free refreshments in a relaxing atmosphere.

On the 5 July we celebrated the 75<sup>th</sup> anniversary of the NHS and I know that many HSCP staff celebrated the anniversary with local workplace events and there was an abundance of homebaking as well as plentiful tea and coffee. It was great to see so many people taking part on the day and I would like to thank all staff for their hard work and commitment to the people of Argyll and Bute.

I also had the pleasure of attending an NHS 75th Anniversary Reception at the Scottish Parliament in June which was hosted by the Scottish Government. I attended the event with three members of staff who were drawn at random from a list of HSCP Excellence Award nominees who expressed an interest in attending.

In the report I have also included a brief update on the recent iMatter staff survey and I was heartened to see that there has been a significant increase in the number of staff responding. Thank you to all HSCP staff for your commitment to this survey. A report on the full results of the survey will be presented to the IJB at its September meeting.

It is also important that my report highlights some of the organisational challenges facing the HSCP and this month I have outlined the major pressures we are experiencing with the provision of General Dental Services across Argyll and Bute.

As well as including information on what is going on locally I feel it is important to include regular updates on some of the key policy decisions that are taking place at a national level. This month I have included information on the accountability arrangements for the National Care Service and also the new national strategy on dementia.

Thank you once again for taking the time to read the report.

### HSCP Updates

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#### **iMatter Staff Survey**

The iMatter staff survey for this year concluded with a 48% response rate, a marked increase on last year's 31%. While still slightly lower than the NHS Highland Board wide figure of 50% it is a 17% improvement on last year.

While striving for continuous improvement it is important to celebrate the incremental improvements that we are making year on year and this is testimony to the ongoing work in this area and the commitment of HSCP staff.

Strong employee engagement remains a priority for the HSCP and there has been focused work in recent years and we will continue to build on the feedback we receive to inform actions.

A report on the full results of the survey will be presented to the IJB at its September meeting.

#### **Project Wingman**

The Project Wingman bus was recently in Argyll and Bute as part of its tour around the NHS Highland Board area. It was located at Mid Argyll Hospital in Lochgilphead from 26 - 30 June and was at Cowal Community Hospital in Dunoon from 3 - 7 July.

HSCP staff (both NHS and Council) were invited to pop along to the bus for a well-deserved break and to enjoy free refreshments in a relaxing atmosphere on the big blue bus. They were also able to access well-being and self-care information and chat to colleagues from the Guardian Service, People Services, Spiritual Care Services and Talent Services.

We would like to thank everyone who came along on the day (over 200 staff attended across both localities) to visit the bus and our thanks to colleagues who volunteered to help when the bus was in Argyll and Bute.

*Project Wingman was founded in March 2020 in response to the COVID-19 pandemic and it rallied 6000 grounded, furloughed and redundant airline workers to provide a listening ear, a cup of tea and empathetic understanding. The tour around NHS Highland was funded by NHS Charities Together and NHS Highland Endowments.*

### **£450,000 Investment in Tiree Community Care Hub**

In May 2023 Argyll and Bute Council, on behalf of the HSCP, was successful in applying for funding of £450,000 from the Scottish Government's Islands Programme to assist with the modernisation and reconfiguration of the Council owned Tigh a Rudha care home on Tiree.

Tigh a Rudha is a critical part of the island community and provides essential care and support to elderly residents of Tiree and Coll when required.

This investment will act as a catalyst to better meet the current and anticipated future care needs of both islands and will support Tiree's and Coll's population retention and growth plans.

Tigh a Rudha will be transformed into a modern and flexible Community Care Hub which will also provide onsite key worker accommodation, and intermediate, end of life and respite care facilities and GP beds.

A short life discussion group involving the main stakeholders of the project, including both communities representatives, staff and GPs, has also been set up with the aim of supporting decision making on the future use and layout of the building in the context of what was approved by the Islands Programme and the Tiree and Coll Community needs.

### **NHS 75th Anniversary Parliamentary Reception**

As part of the NHS 75th Anniversary celebrations the Scottish Government hosted an NHS 75th Anniversary Reception at the Scottish Parliament on 20 June. An invitation to the Reception was extended to all IJB Chief Officers and three members of their staff.

The focus of the evening was based around:

- celebrating and demonstrating 75 years of achievement and how it has made a difference to people's lives
- recognising the contribution of staff - across NHS, partners in care, voluntary organisations, and volunteers - thanking them for their hard work and commitment, demonstrating their achievement and successes, whilst acknowledging the challenges they face

- confirming the ongoing commitment to the founding principles of the NHS; looking forward and building confidence amongst staff about the future of the NHS, recognising that the way care is delivered will continue to change, with a particular focus on innovation and technology.

The Chief Officer attended the event along with the following HSCP staff, who were drawn at random from a list of HSCP Excellence Award nominees who expressed an interest in attending:

- Karen Nonhebel, School Nurse, Mull and Iona
- Nadia Johnson, Mental Health Officer/Team Lead Mental Health Social Work, Helensburgh
- Adrian Angus, Porter & Assisted Vaccination Teams with transport and queue management, Lochgilphead

### **Blue Green Prescribing for Scotland**

The HSCP's Public Health Team is participating in an exciting programme in partnership with Scotland's Hydra Nation and Glasgow Caledonian University to investigate how to increase the use of non-pharmaceutical approaches to common mental health conditions. This is in recognition of the environmental impacts of antidepressants and emerging evidence about the efficacy of antidepressant use.

Scotland is abundant in natural water environments (blue spaces) which can help promote mental health and wellbeing. However, these blue spaces are at risk from pharmaceutical pollution such as antidepressant residues, for example, as a result of unsustainable prescribing practices, overprescribing, and improper disposal of unused medicines. Aside from the negative impacts on water environments, pharmaceutical use also contributes 25% of NHS Scotland's total carbon emission.

Blue-green prescribing is the prescribing of water based non-pharmaceutical interventions and eco-informed prescribing of antidepressants to people with common mental health conditions. The research, defines blue-green prescribing as:

1. The prescription of blue space activities (e.g. swimming, kayaking, surfing, paddle boarding, canoeing, etc.) to people with common mental health conditions using social prescribing pathways.
2. Green prescribing – is the eco-informed prescription of antidepressants to people with common mental health conditions by considering antidepressants with less environmental impacts.

The research hopes to inform a novel prescribing strategy to help reduce antidepressant pollution and improve public mental health. Blue-green prescribing could also help reduce prescribing costs and waiting lists for mental health services by making locally available blue spaces activities available and accessible to wider population groups.

Further information is also available from the following [Policy Brief](#).

## **Vaccination Programmes**

The Spring/Summer COVID-19 vaccination programme across the HSCP was completed on 30 June 2023 and the overall uptake across all cohorts was 72.2% with the care home uptake at 92%. Our vaccinations teams are already working on preparations for the autumn/winter vaccination programme.

The HSCP is also currently running pneumococcal and shingles vaccination clinics and staff have been lettering and texting those individuals who meet the eligibility criteria to invite them in for a vaccination.

## **Integration Joint Board Unaudited Accounts**

The Unaudited Annual Accounts for the Integration Joint Board for the period 1 April 2022 to 31 March 2023 have now been published and a copy of the accounts can be viewed online [here](#).

## **Service Updates**

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### **Orthopaedic Referral Pathway Redesign**

In 2021-22 all advanced practice physiotherapy (APP) staff within the HSCP undertook significant additional training to further develop their knowledge and skills around current best practice for the management of orthopaedic conditions. This additional training and review was part of a project to review and redesign the orthopaedic referral pathways for patients and to develop an Active Clinical Referral Triage process as part of the wider 'realistic medicine framework'.

In 2022 redesign works started to create these new orthopaedic pathways for all Argyll and Bute residents to provide them with rapid access to specialist Allied Health Professional orthopaedic services including imaging, specialist injections and orthotics. The aim of this redesign was to ensure patients receive the right information, investigations and treatment at the right time and to ensure any patients requiring surgery had been offered all other options first.

In February 2023 the new pathway changes were implemented with all but the most urgent referrals being directed to the specialist AHP service. This is the first AHP led service of its kind in Scotland and the results so far have been extremely encouraging as they highlight that out of every 100 referrals that would have previously been added onto a consultant waiting list only 35 are being added to the list now with the remaining 65 being managed successfully by local AHP services.

The outcome of this redesign has been very positive for patients as not only does it speed up the process for them to be seen by an appropriate health care professional but at the same time it reduces the waiting times for patients who do need to be on a consultant waiting list freeing up consultant capacity and reducing patient travel.

## Organisational Challenges

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### Dentistry Services

The HSCP was formally informed on 19 May that The Hollies (Pain Free Dental Company), an independent dental practice in Dunoon, was intending to change their business model and plans to de-register from the provision of NHS dental services to adults from 30 September 2023. The Practice has informed patients in writing of this intention.

This change to the business model in Dunoon mirrors the picture across the country where a national shortage of NHS dentists has significantly reduced access to NHS dental services (also called General Dental Services) in many Health Board areas.

There are 14 Dental Practices within Argyll and Bute (who have varied commitments to NHS Dental Services) and none of these are currently accepting new NHS adult patients. Many Practices have reported difficulties filling dentist vacancies and dealing with the backlog of care following COVID-19.

In addition to independent dental practices there is also what is called the Public Dental Service (PDS) which is a service run by local NHS Boards with dentists working for the PDS salaried and employed by the relevant Board. These are separate to independent practices and have a responsibility to provide emergency treatment (but not routine care) to unregistered patients. They also provide dental care to those individuals registered with the PDS who have additional support needs.

The NHS Highland Dental Helpline (0845 833 2310) can offer advice to the public on which Practices are currently offering NHS registration for patients and it will also provide advice and appointments for unregistered dental patients with a dental emergency. For dental emergencies out of hours always dial 111.

A reform process of dental services is also currently underway at a national level to understand and make improvements to the current situation. (The Scottish Government has also recently issued a press release on the payment structure for dentists which you can view [here](#))

## National Updates

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### Partnership on National Care Service

The Scottish Government has reached an initial agreement with local government and the NHS about accountability arrangements for the National Care Service (NCS).

The agreement aims to establish who will be responsible for people's care once the NCS is established. Overall legal accountability will be shared between Scottish Government, the NHS and local government. Staff will continue to be employed by local authorities, and councils will still be responsible for assets like buildings and the delivery of services. Further information is available [here](#).



## **Health Secretary marks 75th anniversary of the NHS**

Health Secretary Michael Matheson has paid tribute to the staff who have helped deliver the NHS throughout its 75 year existence.

Mr Matheson praised the extraordinary efforts of those involved with the service, particularly in the recent years of the pandemic. He also expressed his gratitude to those whose spirit of innovation has helped the NHS adapt over the years. Further information is available [here](#).

## **Update on Medication Assisted Treatment Standards**

Drugs and Alcohol Policy Minister Elena Whitham has welcomed research showing more people are getting treatment for problem substance use and said she is determined to oversee further improvements.

The Medication Assisted Treatment (MAT) standards support the consistent delivery of safe, accessible, high-quality drug treatment, so everyone can get the same level of care wherever they live in Scotland. Further information is available [here](#).

## **Taking action on dementia**

Improving the lives of people with dementia is at the heart of a new 10 year strategy. The strategy, Everyone's Story, outlines a vision for dementia policy over the next decade and identifies a number of priorities which would improve the lives of people living with dementia, their families and carers.

These include support pre and post diagnosis, actions to enable more people to live well in their communities, involving those affected in the design and delivery of their own support and access to care from a skilled and trauma-informed workforce when appropriate. Further information is available [here](#).

## **Good News**

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### **Celebrating the Voluntary Service of Heartstart Instructors**

50 Heartstart instructor volunteers in Argyll and Bute are going to be awarded specially designed badges by Heartstart Argyll and Clyde in appreciation of their dedication and service in teaching emergency lifesaving skills in the community and schools.

Heartstart is an initiative to teach young people and adults what to do in a life-threatening emergency. The two-hour training session teaches people to learn new skills such as how to recognise a cardiac arrest, perform Cardio Pulmonary Resuscitation (CPR) and use an Automated External Defibrillator (AED). It also includes basic emergency life support such as recognition of a heart attack and choking in adults, children and babies.

Heartstart and the HSCP work closely to recognise the value of teaching these life support skills to members of the public, schools, workplaces and in local communities. The programme has been a long-standing successful training service spanning over 26 years. Their accomplishment is due to the dedication and commitment of Heartstart coordinators and volunteers involved in delivering the courses.

Experienced Heartstart coordinators and volunteers provide training in their own time to communities and schools throughout Argyll and Bute. Ten of these volunteers have been providing vital life-saving training and services for over 25 years, with a further 40 volunteers delivering training for 5 years and more. All of these volunteers will be receiving the badge from Heartstart Argyll and Clyde in recognition of their valuable service and their dedication to the Heartstart project and Argyll and Bute communities. Further information is available [here](#)

### **Victoria Hospital birthing pool is now open**

The new birthing pool at Victoria Hospital on Bute was officially opened in June by Isla Barton, Director of Midwifery for NHS Highland. Water birth is the process of giving birth in water using a deep bath (birthing pool). Being in water during labour is shown to help with pain as well as being more relaxing and soothing than being out of water. The water can help to support the Mum-to-be's weight, making it easier to move around and feel more in control during labour.

The midwives on Bute have worked really hard to ensure that the installation was completed without much disruption, whilst continuing to support women in labour at the unit. We would like to take this opportunity to thank all staff, patients, and visitors for their patience and for their support throughout the process.

Across Argyll and Bute our midwives work hard to continuously develop and improve maternity services that are safe and personalised, that put the needs of the women, their baby, and family at the heart of the quality care that they deliver. View the full release [here](#).

### **Cowal Community Hospital gifted a replica of the George Cross**

Cowal Community Hospital has been gifted a replica of the George Cross awarded to the NHS in 2021, in recognition of over 70 years of service and the exceptional efforts of NHS staff across the UK during the COVID-19 pandemic.

We would like to thank Karen MacLagan, Team Lead and Medical Secretary, based within the administration team at the hospital for being the driving force behind applying for the replica of the George Cross and gifting it to the hospital. It recognises the extraordinary courage, compassion and dedication of all NHS staff from when the NHS was founded in 1948, and particularly recognises the dedication of all NHS staff throughout the challenges of the COVID pandemic.

The replica George Cross and featured original award letter from Her Late Majesty Queen Elizabeth II have been proudly showcased within the main reception of Cowal Community Hospital. View the full press release [here](#).

## Staffing Updates

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### **Health Improvement Principal**

Samantha (Sam) Campbell has recently been appointed as Health Improvement Principal. Sam joined the NHS Highland Public Health team in 2007 accepting the position of Health Improvement Officer. Through her continuous professional career development, she progressed to Senior Health Improvement Officer, then to Health Improvement Lead and to Health Improvement Principal in May 2023.

Sam will be responsible for developing and implementing plans to improve the health and wellbeing of the people of Argyll and Bute and does this by strengthening working relationships with local partners and communities. She will continue to work alongside Argyll and Bute Living Well Networks and a wide range of stakeholders to improve the quality of services available to communities, carers, and their families.

### **Senior Manager – Resources**

We would like to welcome Simon Deveney who joined the HSCP as Senior Manager (Resources) in June. This is a continuing role for the organisation, overseeing the registered adults' services across the HSCP.

Simon is an experienced social care professional having worked in and led registered services across Scotland and in the United States for 9 years, while also having spent the last 9 years working for the Care Inspectorate as an Inspector and Team Manager.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on THURSDAY, 1 JUNE 2023**

**Present:**

Graham Bell (Chair)

Fiona Davies	Councillor Amanda Hampsey
Jean Boardman	Councillor Douglas Philand
Rebecca Helliwell	Alison McGrory
Elizabeth Higgins	Brian Reid, as substitute for David Gibson

**Attending:**

Sarah Compton Bishop, Chair of NHS Highland Board  
 Linda Currie, Associate Director of AHP  
 Allyson Turnbull-Jukes, Director of Psychology  
 Duncan Clark, Clinical Director for Child and Adolescent Mental Health Service  
 Evan Beswick, Head of Primary Care  
 Jillian Torrens, Head of Adult Services  
 Margo Howatson, Clinical Governance Manager  
 Charlotte Craig, Business Improvement Manager  
 James Brooks, Performance and Information Team Manager  
 Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

It was noted that at the IJB meeting, held on 31 May 2023, Graham Bell had taken on the role of Vice Chair of the IJB and subsequently the role of Chair of the Clinical and Care Governance Committee with immediate effect, following the successful recruitment of Sarah Compton Bishop to the role of Chair of the NHS Highland Board.

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

Fiona Thomson, Associate Director of Pharmacy  
 David Gibson, Head of Children, Families and Justice/Chief Social Work Officer  
 Caroline Cherry, Head of Health and Community Care

**2. MINUTES**

The Minute of the Clinical and Care Governance Committee, held on 6 April 2023 was approved as a correct record.

**3. ACTION LOG**

Having given consideration to the Action Log, the following updates were agreed:-

- Action 1 Jillian Torrens provided a verbal update on the waiting times in Cowal and Bute and confirmed that a report would be brought to the next meeting of the group highlighting the progress made in further reducing waiting times. It was also agreed that the Lead, which was currently noted as Dr Rebecca Helliwell would be updated to read Jillian Torrens. To remain on the action log as an action for the August 2023 Committee meeting.
- Action 2 It was agreed that this would be monitored by the Chair and the Business Improvement Manager outwith the meeting. To be removed from the action tracker.
- Action 3 As item was on agenda for discussion at item 9, it was agreed to remove from the action tracker.

#### **4. HEALTH & SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT - FQ4 (JAN TO MAR 2022/23)**

Consideration was given to a report and a power point presentation which detailed the HSCP performance for financial quarter 4 (January to March 2023) and contained information in relation to the new service specific performance indicators.

##### **Decision**

The Clinical and Care Governance Committee:-

1. Acknowledged performance for FQ4 (January to March 2023).
2. Recognised the development and delivery of the new digital performance reporting Dashboard as part of the new Integrated Performance Management Framework.
3. Noted the System Pressure Report, attached as Appendix 1 to the report.
4. Noted the Delayed Discharge Sitrep for March 2023, attached as Appendix 2 to the report.

(Reference: Report by Senior Performance and Improvement Manager, dated 1 June 2023, submitted)

#### **5. CLINICAL GOVERNANCE GROUP**

Having noted that the Clinical and Care Governance Group, which supports operational clinical and care governance, receives improvement actions and considers operational items raised by exception, the Committee gave consideration to a report which provided an update on the activity within the Group, noting assurance on this level of the framework.

##### **Decision**

The Clinical and Care Governance Group noted the continuing development of the group and the developing agenda.

(Reference: Report by Clinical Governance Manager, dated 1 June 2023, submitted)

Councillor Dougie Philand joined the meeting during discussion of agenda item 5 (Clinical Governance Group)

## **6. JOINT COMPLAINTS PERFORMANCE**

Consideration was given to a verbal update by the Clinical Governance Manager on the Joint Complaints Performance. Ms Howatson advised that the Clinical Governance team continue to assist and review current complaint handling strategies to ensure that timely quality responses are provided. She outlined the upcoming training planned for complaint handling on 9 June 2023, which will include investigating and compiling responses. She further advised that this training would be delivered jointly with Social Work to gain a greater understanding of the processes between the HSCP.

### **Decision**

The Clinical and Care Governance Committee:-

1. Noted the information provided.
2. Agreed that this item be brought back to the next meeting of the Committee with both Health and Social Care complaints data being provided in the same format.

## **7. DASHBOARD REPORT**

Consideration was given to the dashboard report, which provided information on Stage 2 complaints; adverse events recorded in NHS Highland between February 2023 and April 2023; the total number of incidents recorded in Argyll and Bute over the last 13 months; the total number of incidents recorded by site over the last 13 months; the number of Significant Adverse Event Review (SAER) information declared in NHS Highland as compared to Argyll and Bute for same period; the total number of Argyll and Bute hospital inpatient falls and falls with harm over the last 13 months; the total number of grade 2-4 pressure ulcers within Argyll and Bute over the last 13 months; data in relation to infection rates within Argyll and Bute; medical errors; and violence and aggression incidents by location.

### **Decision**

The Clinical and Care Governance Committee agreed to note the information provided.

(Reference: Report by Associate Director of Nursing, dated 1 June 2023, submitted)

## **8. ALLIED HEALTH PROFESSIONALS (AHP'S) - BI-ANNUAL REPORT**

The Committee gave consideration to the bi-annual report of the Allied Health Professionals (AHP's) in Argyll and Bute. The report included information relating to

the services covered by the professionals; an update from functional/locality Clinical Care and Governance groups; impact analysis; risk assessment; data and information and improvement actions.

**Decision**

The Clinical and Care Governance Group noted the update and supported the actions contained within the report.

(Reference: Report by Associate AHP Director, dated 1 June 2023, submitted)

**9. PROGRESS OF THE DEVELOPMENT OF OPERATIONAL RISK REGISTERS**

Consideration was given to a report which provided an update on the progress of the development of the Operational Risk Registers and an outline of the next phase of works which included the development of a Risk Management training package for Managers.

**Decision**

The Clinical and Care Governance Committee:-

1. Noted the current operational risk monitoring activity.
2. Noted the planned development of work in progress.

(Reference: Report by Clinical Governance Manager, dated 1 June 2023, submitted)

**10. AGENCY WORKER UTILISATION NHS HIGHLAND BOARD AREA**

Having noted that a review of the use of registered and non-registered nursing and midwifery agency workers had resulted in a directive being provided for staff in respect of the use of agency staff, the Committee gave consideration to a report that outlined the required changes to agency utilisation.

**Decision**

The Clinical and Care Governance Committee noted the required changes to agency utilisation.

(Reference: Report by Associate Director of Nursing, dated 1 June 2023, submitted)

**11. DATE OF NEXT MEETING**

The Clinical and Care Governance Committee noted that their next meeting was scheduled to take place on Thursday, 3 August 2023.



**MINUTES of MEETING of ARGYLL AND BUTE HSCP AUDIT AND RISK COMMITTEE held  
BY MICROSOFT TEAMS  
on TUESDAY, 20 JUNE 2023**

**Present:**

Councillor Kieron Green (Chair)

John Stevens  
Susan Ringwood

Councillor Douglas Philand

**Attending:**

Fiona Davies, Chief Officer, Argyll and Bute HSCP  
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP  
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP  
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP  
Paul MacAskill, Chief Internal Auditor, Argyll and Bute Council  
Mhairi Weldon, Senior Audit Assistant, Argyll and Bute Council  
Cameron Waddell, Mazars LLP  
Lynsey Innis, Senior Committee Assistant, Argyll and Bute Council

**1. APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

Sarah Compton-Bishop

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

**3. MINUTES**

**(a) Note of Inquorate Meeting of Argyll and Bute HSCP Audit and Risk Committee, held on 11 April 2023**

The Note of the inquorate meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 11 April 2023, was approved as a correct record and the decisions taken at this meeting were homologated.

**(b) Minute of Special Meeting of Argyll and Bute HSCP Audit and Risk Committee, held on 23 May 2023**

The Minute of the Special meeting of the Argyll and Bute HSCP Audit and Risk Committee, held on 23 May 2023, was approved as a correct record.

#### **4. INTERNAL AUDIT UPDATE**

The Committee gave consideration to a report which provided an update on the work carried out by Argyll and Bute Council's Internal Audit Team on audits which were of operational relevance to the Committee. The report also provided an update on the actions from the audit reports already presented to the Committee which were still open as at 31 March 2023.

##### **Decision**

The Audit and Risk Committee reviewed and considered the progress on completion of the internal audit recommendations.

(Reference: Report by Chief Internal Auditor, dated 20 June 2023, submitted)

#### **5. INTERNAL AUDIT UPDATE - CLIENT FUNDS**

Consideration was given to a report which summarised the status of the actions from the Client Fund audit report already presented to the Committee which were still open as at March 2023.

##### **Decision**

The Audit and Risk Committee reviewed and considered the progress on completion of the internal audit recommendations.

(Reference: Report by Chief Internal Auditor, dated 20 June 2023, submitted)

#### **6. UNAUDITED ANNUAL ACCOUNTS 2022/23**

Having noted that the Integration Joint Board (IJB) is required to produce an audited set of annual accounts, consideration was given to a report which presented the unaudited annual accounts for approval in respect of the year ended 31 March 2023.

##### **Decision**

The Audit and Risk Committee:-

1. Approved the Unaudited Annual Accounts and Report, including the Annual Governance Statement for issue, subject to any changes requested by the Committee.
2. Noted that the IJB is reporting an underspend for the year totalling £9.1m carried forward in general reserves.
3. Endorsed the earmarking of reserves being carried forward, as outlined in note 7 of the Annual Accounts.
4. Noted that the accounts are prepared on a going concern basis.

(Reference: Report by Head of Finance and Transformation, dated 20 June 2023, submitted)

## **7. INTEGRATION JOINT BOARDS - FINANCIAL ANALYSIS 2021/22**

Consideration was given to a report which summarised the recent Audit Scotland report on the financial position of Integration Joint Board's based on the 2021/22 accounts and audits.

### **Decision**

The Audit and Risk Committee noted that Audit Scotland have recently published a financial analysis of Integration Joint Board's based on accounts for the year ended 31 March 2022.

(Reference: Report by Head of Finance and Transformation, dated 20 June 2023, submitted)

Councillor Kieron Green left the meeting at the conclusion of agenda item 7 (Integration Joint Boards – Financial Analysis 2021/22). The Vice Chair, Susan Ringwood assumed the role of Chair for agenda item 8 (Strategic Risk Register Review) and remained in that role until the conclusion of the meeting.

## **8. STRATEGIC RISK REGISTER REVIEW**

The Committee gave consideration to a report which summarised the outcome of the recent review of the Strategic Risk Register undertaken by the Contingency, Risk and Resilience Committee. The report also highlighted the current perceived risk environment and recommended changes to the Strategic Risk Register.

### **Decision**

The Audit and Risk Committee:-

1. Noted that the Strategic Risk Register had been reviewed by the Contingency, Risk and Resilience Committee in May 2023.
2. Reviewed and approved the proposed changes to the Strategic Risk Register.

(Reference: Report by Head of Finance and Transformation, dated 20 June 2023, submitted)

## **9. AUDIT STRATEGY MEMORANDUM**

Consideration was given to the Audit Strategy Memorandum for Argyll and Bute Integration Joint Board (IJB) for the year ending 31 March 2023. The report summarised the audit approach, highlighted significant audit risks and areas of key judgements and provided details of the audit team at Mazars LLP.

### **Decision**

The Audit and Risk Committee noted the contents of the Audit Strategy Memorandum.

(Reference: Report by Mazars LLP, submitted)

**10. DATE OF NEXT MEETING**

The Audit and Risk Committee noted that their next meeting was scheduled to take place on Tuesday, 19 September 2023.



**REPORT IN THE ABSENCE OF A QUORUM FOR THE MEETING OF THE ARGYLL AND BUTE HSCP FINANCE AND POLICY COMMITTEE HELD BY MICROSOFT TEAMS ON FRIDAY, 23 JUNE 2023**

**Present:**

**Attending:**

Having received advance notification that the meeting would be inquorate, the Chair, in consultation with officers agreed that the business of this meeting would be continued to the next meeting, which is scheduled to take place on Friday, 29 September 2023. There was therefore no attendance by Members or Officers.

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**MINUTES of MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on THURSDAY, 3 AUGUST 2023**

**Present:**

Graham Bell (Chair)

Fiona Davies  
Liz HigginsAlison McGrory  
Councillor Dougie Philand**Attending:**

Sarah Compton-Bishop, Chair of NHS Highland Board  
 Fiona Thomson, Associate Director of Pharmacy  
 Duncan Clark, Clinical Director for Child and Adolescent Mental Health Service  
 Alyson Turnbull-Jukes, Director of Psychology  
 Evan Beswick, Head of Primary Care  
 Caroline Cherry, Head of Adult Services  
 Shona Williams, Senior Justice Manager, Children and Families  
 Charlotte Craig, Business Improvement Manager  
 Fiona McCallum, Committee Services Officer, Argyll and Bute Council

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

David Gibson, Head of Children, Families and Justice/Chief Social Work Officer  
 Jillian Torrens, Head of Adult Services  
 Fiona Broderick, Admin Services Manager (Staffside Lead for Argyll & Bute HSCP)

**2. MINUTES**

The Minutes of the meeting of the Clinical and Care Governance Committee held on 1 June 2023 were approved as a correct record.

**3. ACTION LOG**

Having given consideration to the Action Log, the following was agreed –

Action 1 Charlotte Craig confirmed that the report on waiting times in Cowal and Bute would be brought to the Committee once it had been presented to the Clinical and Care Governance Group.

#### **4. CLINICAL GOVERNANCE GROUP**

(a) **Minute of 15 June 2023**

The Committee noted the Minute of the meeting of the Clinical and Care Governance Group held on 15 June 2023.

(b) **Minute of 27 July 2023**

The Committee noted the Minute of the meeting of the Clinical and Care Governance Group held on 27 July 2023.

#### **5. DASHBOARD REPORT**

Consideration was given to the dashboard report, which provided information on stage 2 complaints; adverse events recorded in NHS Highland between April 2023 and June 2023; the total number of incidents recorded in Argyll and Bute over the last 13 months; the total number of incidents recorded by site over the last 13 months; the number of Significant Adverse Event Review (SAER) information declared in NHS Highland as compared to Argyll and Bute for same period; the total number of Argyll and Bute hospital inpatient falls and falls with harm over the last 13 months; the total number of grade 2-4 pressure ulcers within Argyll and Bute over the last 13 months; data in relation to infection rates within Argyll and Bute; medical errors; and violence and aggression incidents by location.

##### **Decision**

The Clinical and Care Governance Committee considered and noted the information provided within the dashboard report along with responses to a number of questions asked.

(Reference: Report by Business Improvement Manager dated 3 August 2023, submitted)

#### **6. PERFORMANCE AND RISK - CHILDREN, FAMILIES AND JUSTICE**

Consideration was given to a report noting and updating on work across integrated Children and Families and Justice Services. The report noted multiple challenges and responses already instigated.

##### **Decision**

The Clinical and Care Governance Committee considered and noted the content of the report along with responses to a number of questions asked.

(Reference: Report by Head of Children, Families and Justice dated 3 August 2023, submitted)

#### **7. PERFORMANCE AND RISK - ACUTE AND COMPLEX CARE**

It was noted that this report would be presented to the next meeting of the Committee in October 2023.



**8. PERFORMANCE AND RISK - HEALTH AND COMMUNITY CARE**

Consideration was given to a report outlining an overview of key risks and issues and provided assurance to the Committee in relation to services provided by Health and Community Care.

**Decision**

The Clinical and Care Governance Committee considered and noted the report indicating assurance in relation to services under health and community care.

(Reference: Report by Head of Service – Health and Community Care dated 3 August 2023, submitted)

**9. PERFORMANCE AND RISK - PRIMARY CARE**

Consideration was given to a report providing a summary update on activity and mitigation of risk for assurance to the Committee in relation to Primary Care.

**Decision**

The Clinical and Care Governance Committee considered and noted the content of the report along with responses to a number of questions asked.

(Reference: Report by Head of Primary Care dated 3 August 2023, submitted)

**10. COMPLAINTS PERFORMANCE REPORTING**

As a partnership of three public bodies which require to follow regulated processes in complaints handling, consideration was given to a report outlining the arrangements for each partner with regulatory duties and the IJB's own arrangements.

**Decision**

The Clinical and Care Governance Committee noted the process for management of complaints within the governance.

(Reference: Report by Business Improvement Manager dated 3 August 2023, submitted)

**11. DATE OF NEXT MEETING**

The date of the next meeting was noted as Thursday 5 October 2023.

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## Integration Joint Board

**Date of Meeting: 30 August 2023**

**Title of Report: Budget Monitoring – 4 months to 31 July 2023**

**Presented by: James Gow, Head of Finance and Transformation**

### The IJB is asked to:

- Note that there is a relatively small forecast revenue overspend of £423k as at the end of month 4.
- Note confirmation that savings of £6.2m have been delivered, 70% of target.
- Note that earmarked reserves of £0.9m have been committed to date.
- Note that additional formula funding has been allocated to Health Boards to improve financial sustainability.

## 1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at the end of month 4. The HSCP is reporting a small forecast overspend of £423k against the current budget of £352m. Some additional NHS funding has been allocated by the Scottish Government to assist the financial sustainability of Boards, if passed through to the HSCP this will improve the underlying position. This report also provides an update on the delivery of the savings programme and use of reserves.
- 1.2 Key cost pressures identified at this point in the year relate to medicines costs, agency nursing and locum medical costs. Some additional funding has been announced to help with drugs costs and the process of moving agency nursing away from non-framework contracts should impact favourably in the coming months. The HSCP planned to utilise reserves to cover its budget gap and the reported position is broadly in line with the approved budget in this regard. The main risks at present relate to the impact of continued high inflation, additional funding being passed through to the HSCP and uncertainty with pay settlements and their funding.

## 2. INTRODUCTION

2.1 This report provides a summary of the financial position of the HSCP as at end of July 2023. Information is provided in respect of the year to date position, the forecast outturn, progress with the savings plan and reserves.

## 3. DETAIL OF REPORT

### 3.1 4 Months to 31 July 2023

The table below summarises the year to date for the first four months of the year. Council services report on a cash basis whereas the Health figures are on an accruals basis. Appendix 1 provides an analysis of the variances.

Service	Actual £000	Budget £000	Variance £000	% Variance
COUNCILSERVICESTOTAL	23,644	23,776	132	0.6%
HEALTH SERVICES TOTAL	82,881	82,446	-435	-0.5%
<b>GRAND TOTAL</b>	<b>106,525</b>	<b>106,222</b>	<b>-303</b>	<b>0.3%</b>

3.1.1 For Social Work budgets, there are no significant concerns, the underspend is largely due to budget profiling and timing related variances.

3.1.2 Health Service budgets are however under some pressure and, an overspend of £435k is reported. The main concerns relate to:

- Medicines – national tariffs have been increased by circa 7% per item and additional funding allocated so far does not cover this increase which is largely outwith the control of the HSCP;
- Spend on agency staff has increased further, particularly relating to Lorn and Islands Hospital medical staffing and out of hours provision; and
- Slippage on some of the savings projects.

The national initiative to end the use of non-framework providers should reduce agency nursing spend in the coming months.

### 3.2 Forecast Outturn

3.2.1 The forecast outturn is summarised below, with detail provided in appendix 2. Members will be aware that a deficit budget was set as additional funding was anticipated. Any actual year end deficit will be funded by the allocation of reserves earmarked for this purpose. As outlined in the budget for the current year, it was expected that the Scottish Government would be under pressure to provide additional funding for NHS Boards due to systemic deficits, this has happened and appendix 3 provides a copy of the correspondence. Discussions are on-going with NHS Highland in respect of this funding. A normal formula allocation is worth circa £2.3m to the HSCP, this would in turn reduce the reliance on reserves in the current year. Additional non-recurring funding for drugs costs is also outlined in the letter.

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance
COUNCIL SERVICES TOTAL	91,088	90,711	377	0.4%
HEALTH SERVICES TOTAL	260,881	261,681	-800	-0.3%
<b>GRAND TOTAL</b>	<b>351,969</b>	<b>352,392</b>	<b>-423</b>	<b>-0.1%</b>

- 3.2.2 Within Social Work, no significant adverse variances are forecast. The small forecast underspend is largely due to high levels of vacancy savings and operational savings across a number of services. There is however an emerging projected overspend relating to care home placements. The Social work budget includes an assumption that reserves totalling £623k will be used to balance the position. Reserves have been earmarked for this purpose, the forecast is therefore:

Social Work	£'000
Assumed reliance on reserves	623
Forecast Underspend @ Month 4	(377)
<b>Forecast reserves funding requirement</b>	<b>246</b>

It is not proposed that the HSCP reallocate the use of reserves at this early stage in the year given the uncertainty with pay settlements for staff. The national care home contract has now been agreed which reduces uncertainty on residential care costs, however, this does not necessarily mean service sustainability risks are reduced as there are deeper issues in the sector.

- 3.2.3 Within the NHS, early indications are that medicine costs have materially increased. This is being investigated with national agencies as drug tariffs have been amended with costs increasing substantially and in excess of new funding. Additionally, spend on agency and locum medical staff remains high to ensure service continuity, this is contributing to the overspend. If additional funding is passed through by NHS Highland, the forecast is currently:

NHS Services	£'000
Budgeted reliance on reserves	3,500
Add forecast overspend	800
Less new NRAC parity and sustainability funding (TBC – see appendix 3)	(2,288)
<b>Potential reserves funding requirement</b>	<b>2,012</b>

While the additional sustainability funding will improve the underlying position with the NHS budget, it is however the case that the HSCP is not currently operating in a sustainable way and expects to have to use reserves to cover service spend.

- 3.2.4 There remains uncertainty in respect of pay awards, potential for industrial action and contract uplifts. While not unusual at this time in the year, the high inflation rate is increasing the probability and potential impact associated with these risks. The delivery of the savings programme and management of agency staffing remain priorities.

- 3.2.5 In summary, the financial position is expected to be challenging to manage, it is anticipated that the Scottish Government will be required to provide additional funding for drug costs and other pressures across the NHS. It is hoped that action on agency staffing will start to have a positive impact on costs in the short term. The severe financial pressures facing NHS Highland remain a risk to the HSCP and the availability of resources for local spend or investments.

### 3.3 Savings Delivery

- 3.3.1 The service improvement team, finance teams and management continue to progress, monitor and report on savings projects. As at the end of Month 4, £6.2m (70%) of the £8.9m target has been declared:

2023/24 Savings	Target £' 000	Year to 31 July 2023		
		Achievement	Balance	%
		£' 000	£' 000	
Fully Achieved	5,633	5,633	0	
Partially Complete	2,957	282	2,675	
Non-recurring	320	320	0	
<b>Total</b>	<b>8,910</b>	<b>6,235</b>	<b>2,675</b>	<b>70%</b>

- 3.3.2 Appendix 4a lists the projects that have been fully delivered and 4b provides detail on the remaining balance of £2.7m, risk rated:

Savings regarded as low risk	£898k	
Savings unlikely to be achieved in full in 2023/24	£1,386k	
Savings unlikely to be deliverable at all in 2023/24	£391k	

It is not proposed that projects are removed from the plan at present.

- 3.3.3 One of the biggest challenges relates to the Cowal Community Hospital project, this is being managed with NHS Highland and has been subject to delay and additional costs. The project is now underway and progress is reported within the Transformation Programme reporting to the Finance & Policy Committee. Resource has also been allocated to support the work on catering, cleaning and hotel services on a shared service basis with Argyll & Bute Council. The amber and red rated savings projects do however remain a financial risk in the current year.

### 3.4 Reserves

- 3.4.1 Earmarked reserves of £17m were carried forward. To date £0.9m has been committed to spend, summarised in Appendix 5.
- 3.4.2 Of the remaining reserves, £4.1m has been provisionally allocated to fund the budgeted deficit. It is of note that the Primary Care Improvement Fund reserve has reduced from £3.1m in March 2022 to £0.2m. This is in line with the approach taken by Scottish Government to reduce funding until reserves are exhausted, new funding has now been allocated for recurring costs within the programme. Priorities for reserves held for Transformation include:

- £600k for the Prevention project over 3 years;
- £1m to support the Cowal Community Hospital project;
- £200k to replace hospital beds;
- £170k match funding to support the Islands Programme bid to facilitate the remodelling of the Tigh a Rudha Care Home on Tiree; and
- £100k match for energy efficiency and the empty homes project.

#### **4 RELEVANT DATA AND INDICATORS**

4.1 Information is derived from the financial systems of both partners.

#### **5 CONTRIBUTION TO STRATEGIC PRIORITIES**

5.1 The Integration Joint Board has a responsibility to set a balanced budget which is aligned to the Strategic Plan. It is required to ensure that financial decisions are in line with strategic priorities.

#### **6 GOVERNANCE IMPLICATIONS**

6.1 Financial Impact – the forecast outturn position is an overspend of £0.4m. It is anticipated that the HSCP will be able to manage this during the remainder of the year and that additional funding will be confirmed.

6.2 Staff Governance – None directly from this report but there is a strong link between HR management and delivering a balanced financial position.

6.3 Clinical Governance – the in-year reduction in resources to support Primary Care Improvement may have Clinical Governance implications.

#### **7. PROFESSIONAL ADVISORY**

7.1 Professional Leads have been consulted with in respect of the implications of the budget and savings programme.

#### **8. EQUALITY AND DIVERSITY IMPLICATIONS**

8.1 None directly from this report.

#### **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

9.1 None.

#### **10. RISK ASSESSMENT**

10.1 There are a number of financial risks which may impact on the forecast:

- Continuing impact of high inflation and service demand;
- Outcome of pay negotiations and funding for these; and
- Delivery of the balance of the savings programme.

NHS Highland also continue to be in a challenging financial situation. With the HSCP being in a relatively favourable position, this creates a risk in respect of future funding and/or reserves balances.

**11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT**

11.1 None directly from this report, engagement on activities relating to savings and transformation forms part of the project plans where appropriate.

**12. CONCLUSIONS**

12.1 This report provides a summary of the financial position as at the end of the first four months of the year. A relatively small overspend against budget is forecast. Additional financial sustainability and drugs funding has been announced with allocations to HSCP still to be confirmed by NHS Highland. It is also hoped that the value work on agency staff will also help manage agency staffing costs down in the coming months. It is expected that the financial position overall will be managed in line with the budget with reliance on reserves being at a lower level than initially planned.

12.2 Good progress has been made with 70% of the savings programme delivered. However, there are a number of projects carried forward into the current year that still need to be completed. Focus on these and consideration of transformation priorities and savings for future years can now be prioritised.

**13. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

**APPENDICES:**

- Appendix 1 – Year to Date Position
- Appendix 2 – Forecast Outturn for 2023-24
- Appendix 3 – Sustainability Funding
- Appendix 4a and 4b – Savings Programme
- Appendix 5 – Earmarked Reserves

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ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP  
REVENUE BUDGET MONITORING SUMMARY - YEAR TO DATE POSITION AS AT 31 JULY 2023

APPENDIX 1

Reporting Criteria: +/- £50k or +/- 10%

For information:

The Council don't do monthly based accrual accounting, whereas Health do.

On the Council side, there may be a mismatch between year to date actual and budgets, due to timing differences as to when invoices are paid.

Health do monthly based accrual accounting, therefore, you should see a correlation in the year to date position and the year end outturn position.

Service	Actual £000	Budget £000	Variance £000	% Variance	Explanation
<b>COUNCIL SERVICES:</b>					
Chief Officer	(281)	(337)	(56)	16.6%	The YTD variance is as a result of profiling of vacancy savings as well as timing of payments to other services of the authority.
Service Development	134	133	(1)	(0.8%)	Outwith reporting criteria.
Looked After Children	2,227	2,268	41	1.8%	Outwith reporting criteria.
Child Protection	888	982	94	9.6%	Variance is as a result of staffing vacancies which have not yet been transferred to vacancy savings combined with demand for services across Third Party Payments.
Children with a Disability	240	245	5	2.0%	Outwith reporting criteria.
Criminal Justice	94	37	(57)	(154.1%)	Variance is as a result of timing of income receipt. Scottish Government grant income has been received slower than anticipated. This is partially offset by staffing underspends due to turnover and vacancies.
Children and Families Central Management Costs	896	1,035	139	13.4%	Variance is due to timing of receipt of grant income - in advance of anticipated expenditure - combined with budget profiling and timing of receipt of invoices for payments to health boards and rental costs. This is combined with payroll underspends which have not yet been transferred to vacancy savings.
Older People	12,231	12,102	(129)	(1.1%)	Overspend reflects demand within the care home placement budget and YTD overspends on employee costs due to use of agency staff in residential units and homecare.
Physical Disability	1,176	1,160	(16)	(1.4%)	Outwith reporting criteria.
Learning Disability	4,953	5,039	86	1.7%	The YTD variance is as a result of timing of payments to third parties combined with YTD over-recovery of income, again due to timing of income receipt.
Mental Health	920	880	(40)	(4.5%)	Outwith reporting criteria.
Adult Services Central Management Costs	166	232	66	28.4%	Variance is as a result of timing of payments to third parties.
<b>COUNCIL SERVICES TOTAL</b>	<b>23,644</b>	<b>23,776</b>	<b>132</b>	<b>0.6%</b>	
<b>HEALTH SERVICES:</b>					
<b>Explanation</b>					
Health & Community Care Services	14,962	14,977	14	0.1%	Overspending on agency nursing, medical & AHP costs being offset by vacancies
Acute & Complex Care Services	13,191	12,916	(274)	(2.1%)	Overspend on agency nursing, medical & AHP costs in both LIH & Mental Health Services
Children & Families Services	3,282	3,361	79	2.4%	Saving due to vacancies
Commissioned Services - NHS GG&C	24,669	24,644	(24)	(0.1%)	Outwith reporting criteria.
Commissioned Services - Other	1,365	1,436	71	4.9%	This variance is influenced by patients delayed on waiting lists with other NHS Scotland providers.
Primary Care Services inc Dental	8,814	8,862	49	0.6%	Outwith reporting criteria.
Other Primary Care Services	3,291	3,291	0	0.0%	Outwith reporting criteria.
Prescribing	8,575	7,199	(1,376)	(19.1%)	Increasing cost of drugs and amendments to drug tariff.
Public Health	582	607	25	4.1%	Outwith reporting criteria.
Lead Nurse	563	605	42	7.0%	Outwith reporting criteria.
Management Service	(308)	(309)	(1)	0.5%	Outwith reporting criteria.
Planning & Performance	998	926	(72)	(7.8%)	Adverse variance due to unachieved savings.
Budget Reserves	0	1,050	1,050	0.0%	Anticipated slippage on reserves and SG allocations.
Income	(652)	(613)	39	(6.4%)	Outwith reporting criteria.
Estates	3,549	3,494	(55)	(1.6%)	Adverse variance due to unachieved savings.
<b>HEALTH SERVICES TOTAL</b>	<b>82,881</b>	<b>82,446</b>	<b>(435)</b>	<b>(0.5%)</b>	
<b>GRAND TOTAL</b>	<b>106,525</b>	<b>106,222</b>	<b>(303)</b>	<b>(0.3%)</b>	

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Variance £000	% Variance	Explanation
<b>COUNCIL SERVICES:</b>					
Chief Officer	1,178	981	197	16.7%	Underspend is due to an over-recovery on vacancy savings combined with underspends on centrally held funds, printing & stationery and postages.
Service Development	494	486	8	1.6%	Outwith reporting criteria.
Looked After Children	7,896	7,869	27	0.3%	Outwith reporting criteria.
Child Protection	3,697	3,572	125	3.4%	Underspend is as a result of demand for contact and welfare services as well as forecast underspends in the Area Teams on payroll costs, payments to other bodies, travel and subsistence.
Children with a Disability	1,001	983	18	1.8%	Outwith reporting criteria.
Criminal Justice	224	200	24	10.7%	Underspend is as a result of staff vacancies and subsequent payroll underspends combined with underspends on travel and subsistence.
Children and Families Central Management Costs	3,867	3,849	18	0.5%	Outwith reporting criteria.
Older People	45,250	45,576	(326)	(0.7%)	Forecast overspend within the care home placement budgets and high utility costs within progressive care. This is partially offset by underspends in Homecare as a result of capacity issues which have reduced the volume of service provided.
Physical Disability	3,561	3,502	59	1.7%	The forecast underspend reflects known demand for Residential Placements partially offset by overspends on Supported Living and Respite due to demand.
Learning Disability	19,520	19,224	296	1.5%	Underspend reflects known demand for Residential Placements partially offset by overspends on Supported Living and Respite due to demand.
Mental Health	3,633	3,710	(77)	(2.1%)	Overspend reflects higher than budgeted demand for services in Supported Living and Residential Placements combined with overspends on staff costs due to agency.
Adult Services Central Management Costs	767	759	8	1.0%	Outwith reporting criteria.
<b>COUNCIL SERVICES TOTAL</b>	<b>91,088</b>	<b>90,711</b>	<b>377</b>	<b>0.4%</b>	
<b>HEALTH SERVICES:</b>					
<b>Explanation</b>					
Health & Community Care Services	44,807	45,007	(200)	(0.4%)	The adverse forecast variance is due to the cost of agency staffing in GP out of hours services
Acute & Complex Care Services	38,471	39,821	(1,350)	(3.5%)	The adverse forecast variance is due to the cost of agency staffing covering consultant and nursing vacancies and leave
Children & Families Services	10,368	10,068	300	2.9%	The favourable forecast variance is due to vacancies
Commissioned Services - NHS GG&C	73,932	73,932	0	0.0%	Outwith reporting criteria.
Commissioned Services - Other	4,409	4,409	0	0.0%	Outwith reporting criteria.
Primary Care Services inc Dental	27,136	27,136	(0)	(0.0%)	Outwith reporting criteria.
Other Primary Care Services	10,909	10,909	0	0.0%	Outwith reporting criteria.
Prescribing	21,964	24,464	(2,500)	(11.4%)	The adverse forecast variance is due to the impact of increased drug pricing & changes to the drug tariff.
Public Health	2,028	2,028	0	0.0%	Outwith reporting criteria.
Lead Nurse	1,856	1,756	100	5.4%	The favourable forecast variance is due to vacancies
Management Service	1,138	1,138	0	0.0%	Outwith reporting criteria.
Planning & Performance	2,725	2,925	(200)	(7.3%)	The adverse forecast variance is due to unachieved savings targets.
Budget Reserves	12,274	9,074	3,200	26.1%	The favourable forecast variance is due to expected slippage on reserves and SG allocations.
Income	(1,838)	(1,838)	0	0.0%	Outwith reporting criteria.
Estates	10,702	10,852	(150)	(1.4%)	The adverse forecast variance is due to unachieved savings targets.
<b>HEALTH SERVICES TOTAL</b>	<b>260,881</b>	<b>261,681</b>	<b>(800)</b>	<b>(0.3%)</b>	
<b>GRAND TOTAL</b>	<b>351,969</b>	<b>352,392</b>	<b>(423)</b>	<b>(0.1%)</b>	

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Territorial NHS Chief Executives

cc

Territorial NHS Directors of Finance

via email

14<sup>th</sup> June, 2023

Chief Executives

### **2023-24 Sustainability and New Medicines Funding**

I am writing to inform you of further funding being allocated to support the 2023-24 financial position. There are two parts to this funding as set out below.

#### New Medicines (VPAS)

Boards should assume a further £100 million of new medicines funding in 2023-24 on a NRAC basis. This will bring the total allocation of funding to £250 million. The final amount is still to be confirmed however we wish to allocate this funding as early as possible in the financial year to allow certainty for service planning. Due to uncertainty about the replacement of the current VPAS arrangement, this increase should be assumed on a non-recurring basis.

#### NRAC Parity and Sustainability

The annex to this letter also sets out the additional allocation of recurring funding which will be allocated on an NRAC basis, with weighting to Boards behind NRAC parity, bringing those Boards to 0.6% from parity. We will continue to review the NRAC position and intend to make incremental reductions in parity distance in the coming years.

This funding is predicated on NHS Boards continuing to work towards delivery of 3% recurring savings in year supported by local and national Sustainability & Value arrangements. I expect this increased funding and associated benefit is fully reflected in 2023-24 forecasts. We will shortly be undertaking a detailed Quarter One review alongside Directors of Finance and teams.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

## Annex: Breakdown of Additional Sustainability and NRAC Parity Funding

Figures in £ million	NRAC Allocation	NRAC Parity adjustment	Total
NHS Ayrshire & Arran	5.2	0.5	5.6
NHS Borders	1.5	1.0	2.5
NHS Dumfries & Galloway	2.1	0.0	2.1
NHS Fife	4.8	3.5	8.3
NHS Forth Valley	3.9	2.7	6.5
NHS Grampian	6.9	1.1	8.0
NHS Greater Glasgow & Clyde	15.6	0.0	15.6
NHS Highland	4.6	3.4	8.0
NHS Lanarkshire	8.7	6.3	14.9
NHS Lothian	10.6	7.7	18.4
NHS Orkney	0.4	0.3	0.6
NHS Shetland	0.3	0.0	0.3
NHS Tayside	5.5	3.1	8.6
NHS Western Isles	0.5	0.0	0.5
<b>Total</b>	<b>70.5</b>	<b>29.5</b>	<b>100.0</b>



**Appendix 4a - 2023/24 Fully Complete Savings**

Ref.	Savings Description	Target £' 000
<b>Social Work</b>		
2122-02	Carry out hostel review to achieve best value in admin and catering - declared non-recurring as contract changes required.	23
2122-11	Remove funding for all lunch clubs	7
2223-18	Increased utilisation of new housing capacity for service users.	18
2223-19	Implement reviews of care packages to ensure these are equitable across the area and transition to older adult care packages were appropriate	80
2223 / 2324-12	MH/LD/PD High Cost Care Package Reviews	325
2324-01	Allocate centrally held growth budgets to cost pressures	1,300
2324-02	Allocate £500k of transformation budget to cost pressures	500
2324-03	Remove Programme Manager & travel budget (SIO team)	85
2324-05	Increase Income Budgets - fees and occupancy increases	268
2324-06	Uplift vacancy target by inflation	200
2324-09	Carer services budget review	320
2324-10	LD Day Services Staffing	62
2324-13	External funding for service improvement LD	30
2324-15	Income from Unaccompanied asylum seeking children	250
2324-16	Remove interim care budget as funding ended	366
2324-18	End Guardian Service for Council Staff	25
2324-17	Whole Family Wellbeing (potentially non-recurring)	120
<b>Health</b>		
2324-19a	Reallocation of NI increase budget not required	888
2324-19b	Review of prior year reserves	200
2324-20	Remove vacant Project Manager Role	60
2324-21	Remove Depute Chief Officer Role	105
2324-23	Energy Efficiency Measures	80
2324-25	Remove Analyst Role	54
2324-27	Mental Health Package Reviews	150
AB2324-22	Revised charging policy - staff accommodation	25
AB2324-29	Public Health - general	6
AB2324-29	Public Health - grants	16
AB2324-29	Public Health - salary costs	20
2324-32	Patient Services Additional Income	50
<b>Total Fully Complete</b>		<b>5,633</b>
<b>Declared on non-recurring basis at present:</b>		
1920-35	Bed reduction savings : Cowal Community Hospital	150
2021-29	Dunoon Gum clinic - underspend	20
2324-31	Non-recurring saving - AHP investment	150
<b>Non-recurring savings</b>		<b>320</b>

Appendix 4b - LIVE SAVINGS PROGRAMME

Ref.	Savings Description	Target £' 000	Declared M4 £' 000	Remaining £' 000	RISK	NOTES
<b>Social Work</b>						
1819-33	Catering, Cleaning and other Ancillary Services	71		71		Shared service model with council now in place, project expected to progress in 23/24 under review due to requirement for contract / procurement expertise - non recurring Sustainability of providers remains a risk Sustainability of providers remains a risk Costings for recent reductions in packages underway - anticipated this can be delivered in 23/24 Expect to declare saving during year
2324-04	Remove contract & demand officer post	49	17	32		
2324-07	Care at Home / Smarter Commissioning Savings	400		400		
2324-08	Unscheduled Care Funding for cost pressures	200		200		
2324-11	Reduce sleepovers and use of TEC	80		80		
2324-14	Reduce external placement budget by 1 - C&F	160		160		
<b>Health</b>						
AB1920-4	Review of Service Contracts (Bute Dialysis)	20		20		Detailed review of contractual arrangements required
AB2021-16	Dunoon Medical Services	120		120		Subject to completion of capital project - plan to be confirmed 24/25 saving
AB2021-64	FME (Dunoon)	50		50		
AB2021-19	Hotel Services redesign to reflect reduction in inpatient numbers	99		99		Shared service model with council now in place, project expected to progress in 23/24
AB2021-23	Catering & Domestic Underspends	30		30		Shared service model with council now in place, project expected to progress in 23/24
AB1819-32	General Catering & Domestic services efficiency target	20		20		Shared service model with council now in place, project expected to progress in 23/24
AB2021-4a/b	Admin & Clerical	127		127		Work underway to establish opportunities for this once 2021-20 is complete
AB2021-20	Centralised booking of medical records - reduction in admin costs	97		97		Good progress made - expect to declare in 23/24
AB2021-2	Standardise procurement of food across all sites Council Shared Service Model	69		69		Shared service model with council now in place, project expected to progress in 23/24
AB2021-3	AHP Workforce Review	11		11		Expect to declare on a non-recurring basis as a minimum
AB2021-1	Redesign of dementia services (excludes commissioned services)	60		60		Bulk of saving declared last year, remaining balance to be confirmed
AB2122-30	re-use of walking frames / improved procurement of musculo-skeletal supplies	20		20		Review of Integrated Equipment Store now underway
AB2122-33	centralise lab ordering £20k and theatre stock ordering £5	20		20		New contract in place, savings to be confirmed (NHS project)
AB2122-42	Islay: saving on local outreach clinics and accommodation	15		15		
AB2122-43a/b	Oban Patient travel £25k; staff travel £10k	10		10		
AB2122-60	Near Me Consultant Travel £10k	2		2		
AB2122-66	Savings from building rationalisation following increase in home working	72		72		Dependent upon conclusion of Cowal Community Hospital Project
AB2223-5	Estates Staffing Structure	129		129		HR support in place, progress remains challenging
AB2223-7	P&P Switchboard Service	54		54		Project nearing completion, expect to declare
AB2223-8	1% reduction in hospital budgets	306	149	157		Work on-going in most localities
AB2223-9	Forensic Service Contracts	20		20		Dependent upon conclusion of Cowal Community Hospital Project
AB2223-1	Review of GP Prescribing practice - reduce volume and price	194	116	78		
AB2324-24	Review telecom lines and switchboard saving	32		32		Non recurring savings being achieved
AB2324-26	Childrens & Families Staffing and service re-modelling	250		250		
AB2324-28	Medicines / prescribing	150		150		
AB2324-30	Resuscitation Training Income	5		5		
AB2324-30	Reduction in training SLA with UWS	5		5		
AB2324-30	Marie Curie Contract underspend	10		10		
		<b>2,957</b>	<b>282</b>	<b>2,675</b>		

1,014	116	898	
1,552	166	1,386	
391	0	391	

## Appendix 5 - Earmarked Reserves

	Reserve Balance 31 March 23 £	Allocated Month 4 £	Remaining Balance £	
Primary Care Improvement fund	609,522	371,400	238,122	
Other Primary Care Projects	108,507	21,012	87,495	
Technology Enabled Care (Near Me)	118,202		118,202	
Additional ADP Funding	430,763		430,763	
Best Start - Maternity Services (Board re-provision)	82,451	32,400	50,051	
Supporting Improvements to GP Premises	178,441	178,441	0	
Scotgem Funding	14,000		14,000	
Covid-19 support	8,356	8,106	250	
Childrens Mental Health Services (CAHMS)	645,170		645,170	
Community Living Change Fund	239,688	35,707	203,981	
Primary Care OOH Funding	139,394		139,394	
Insulin Pumps correction including VAT	69,720		69,720	
ASC Nurse Director Support IPC	61,066	48,400	12,666	
Trauma Network Tranche 1 (70%) / Tranche 2 (30%)	36,825		36,825	
PFG School Nursing Tranche 2	166,783		166,783	
District Nurse Posts	127,015		127,015	
E-health Strategy Funding	137,580	12,500	125,080	
Perinatal MH Funding	19,887		19,887	
Mental Health Officer Training	63,953		63,953	
Type 2 Diabetes Framework (70%) & (30%)	66,972		66,972	
Trauma Training Programme	90,567	17,198	73,369	
Wellbeing Funding	77,428		77,428	
Oban Accomodation	145,000		145,000	
Primary Care Education Fund	250,000		250,000	
Fleet Decarbonisation	86,520		86,520	
Additional Band 2-4 Staffing	636,213		636,213	
Nursing Support for Care Homes	151,386		151,386	
Remobilisation of Dental Services	89,604		89,604	
Mental Health Facilities	285,284		285,284	
Diabetic Technologies	205,114		205,114	
Waiting Times Funding & Cancer Waiting Times Funding	190,583		190,583	
Interface Care Programme	133,032		133,032	
Medical Assisted Treatment Standards	55,052		55,052	
Psychological Therapies	55,923		55,923	
Inequalities Project	23,000	23,000	0	
Dementia Post Diagnostic Support	102,469	37,100	65,369	
Medical Equipment - Dental	84,285		84,285	
Eating Disorders	59,238	21,593	37,645	
Ventilation Improvement	29,200		29,200	
Mental Health Recovery Services	38,931		38,931	
Whole Family Wellbeing Fund	278,737		278,737	
Care at Home Funding	417,896		417,896	
Multi Disciplinary Teams	84,000		84,000	
Interim Care	229,123	10,153	218,970	
General Reserves - Service Transformation	2,225,789		2,225,789	
General Reserves - Social Work Budget Gap 2023/24	630,000		630,000	allocated to cover Year End SW Budget Gap
General Reserves - Estates Projects	700,000		700,000	
Social Work Workforce	103,990		103,990	
Nurse Director Support for Care Homes	62,386		62,386	
GDS element of the Public Dental Service	278,500		278,500	
Hospital at Home Project	250,000	16,500	233,500	
Learning Disability Health Checks	37,640		37,640	
Mental Health after Covid Hospitalisation - Long Covid	26,348	26,348	0	
Recovery Children's Oral Hlth & Dent(Childsmile)	10,827		10,827	
General Reserves - 23/24 Budget Gap Health	3,500,000		3,500,000	allocated to cover Year End NHS Budget Gap
General Reserves - Estates Projects	1,000,000		1,000,000	
General Reserves - Hospital Bed Replacement Programme	200,000		200,000	
General Reserves - Prevention Programme	600,000		600,000	
General Reserves - Transformation Reserve	242,172		242,172	
<b>Total</b>	<b>16,990,533</b>	<b>859,858</b>	<b>16,130,675</b>	
Held by NHS	11,884,231	788,694	11,095,537	
Held by Argyll & Bute Council	4,979,743	63,058	4,916,685	
Held by Both	126,558	8,106	118,452	
<b>Total</b>	<b>16,990,533</b>	<b>859,858</b>	<b>16,130,675</b>	

General Reserves - Service Transformation	2,225,789
General Reserves - Social Work Budget Gap 2023/24	630,000
General Reserves - Estates Projects	700,000
General Reserves - 23/24 Budget Gap Health	3,500,000
General Reserves - Estates Projects	1,000,000
General Reserves - Hospital Bed Replacement Programme	200,000
General Reserves - Prevention Programme	600,000
General Reserves - Transformation Reserve	242,172
<b>Total</b>	<b>9,097,961</b>

	£'000	
General Reserves NHS	5,542	
Allocated to NHS Budget Gap	-3500	
Dunoon GP relocation (23/24 - 24/25)	-1000	
Bed replacement (2023/24)	-200	
Prevention programme (3 years)	-600	
Oban Medical Records room / CTAC	-150	
<b>NHS Balance</b>	<b>92</b>	
General Reserves Social Work	3,556	
Allocated to SW Budget Gap	-630	
Tigh a Rudha potential contribution	-300	
Energy project contribution - SW properties	-30	
KCC Improvement Plan TBC	-200	TBC
<b>SW Balance</b>	<b>2,396</b>	
<b>Total Balance</b>	<b>2,488</b>	





Argyll & Bute Health & Social Care Partnership

**Meeting:** Integration Joint Board

**Date of Meeting:** 30<sup>th</sup> August 2023

**Title of Report:** Spotlight on Health and Community Care

**Presented by:** Caroline Cherry, Head of Service, Health and Community Care

**The IJB is asked to:**

- Note the spotlight on services, key successes and challenge and areas of strategic change and re-design within Health and Community Care.

## 1. EXECUTIVE SUMMARY

The purpose of this report is to shine a spotlight on services, challenges and strategic change under the service area, Health and Community Care. The report will present with descriptors of service, key successes and challenges and the areas taken forward as strategic change. Detail on legislation and policy that governs health and community care are not included.

## 2. INTRODUCTION

In 2022 portfolios for Heads of Adult Services was re-defined to have a better balance of services. The three Heads of Service are: Primary Care, Health and Community Care and Acute and Complex Care. Although there is defined area of service within health and community care, there is clear overlap in operational service delivery and work-streams.

Health and Community Care covers a wide range of functions focused on supporting adults to live well in the community and access timely health care in their own communities when required. Much has been achieved with regards to developing a whole Argyll and Bute approach to service delivery but this remains an area of development.

Health and Community Care is the largest operational function of the HSCP with a primary focus of delivering care in Argyll & Bute and focuses on the delivery of the following strategic objectives:

1. Reduce the number of avoidable emergency hospital admissions & minimise the time that people are delayed in hospital
2. Support people to live fulfilling lives in their own homes for as long as possible
3. Institute a continuous quality improvement management process across the functions delegated to the partnership
5. Promote health and wellbeing across our communities and age groups
6. Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
7. Support staff to continuously improve the information, support, and care they deliver
8. Efficiently and effectively manage all resources to deliver best value

It has a large integrated internal staffing across multiple disciplines and an extended staffing through commissioned providers.

- 6 Community Hospitals
- Community Health and Social Work Teams across Argyll and Bute (including District Nursing, Allied Health Professions, Social Work). Included are Extended Community Care Teams (ECCT) who provide end of life care at home.
- 7 internally delivered care homes (including one nursing home).
- 10 externally commissioned care homes.
- 3 internal day services and a commissioned day service for older people.
- Care at Home Services across Argyll & Bute provide services to 1,049 supported person's and deliver 11,946 hrs of support (figures as of Mon 31<sup>st</sup> July) a week. The service is supported by 12 external partner provider organisations who provide the greatest majority of this support. Internally delivered services exist in Mull and the isles, Islay and Jura, Mid Argyll and Kintyre. A responder function is also commissioned.
- Contact and working with external providers makes up a large part of work within care homes and care at home. The proportion of Adult Care spend under contract for the year 22/23 was 94%, this is above the Council target of 90%. The majority of this comes from the contracts for Care at Home Service, the National Care Home Contract and out of area care home placements. Other contracts/grants include those for Responder Services, Day Services, Carers Support Services and Community Transport.
- Unscheduled Care as a system wide approach sits under Health and Community Care

### **3. DETAIL OF REPORT**

#### **3.1 Strategy-What are we trying to achieve**

Strategically there is a need to be clear what should be available to older adults and to work with older adults to promote independence, dignity and respect. To provide support at home or in a homely setting particularly at the end of life. The older adult strategy is being developed but largely focuses on:

- Ensuring that care at home can be developed to meet need
- Ensuring that we have a clear vision of what should be available for palliative and end of life care
- Providing locally joined up actions on dementia
- Understanding what could be the future offer of care homes and housing, including sustainable models of care and suitable environments. The two pronged approach of meeting the environmental challenges short term whilst developing the strategic assessment for the future working with Hub North.
- Including an understanding of the impact of loneliness and isolation on older people
- Right care, right time

#### **3.2 Unscheduled Care-High Impact Changes:**

Unscheduled care broadly means a health and social response unplanned which could be avoided by a planned response or right care, right time.

In terms of the 8 High Impact Changes, the areas of particular focus for Unscheduled Care are as detailed below. The overarching aim is to deliver high quality adult services which robustly manage

the patient journey to promote living well in later life (and dying well) with a focus on patient /service user choice, prevention and supported self-care.

The success of these work streams, and by extension the delivery of the strategic aims they represent, depends on:

- Communication and Integration.
- Prevention and Learning Lessons to support transformation of services.
- Patient/Service User Centred care.
- Collaboration and Engagement and Co-production.
- Resource Investment, Management and Evaluation.

### **3.3 Care Closer To Home – High Impact Change 1:**

Work-streams related to this high impact change area are focussed and managed via the Care at Home and Care Homes and Housing work streams (and Hospital at Home Pilot). This approach encompasses a “home first” approach, with **Right Care, Right Time, Right Place** at its core. Ensuring that patients are optimally cared for, wherever safe and possible, in their own homes or homely setting is a key priority.

This area of work has shared aims to ensure:

- Understanding and applying population based planning to the delivery of health and social care services.
- Determining appropriate staffing levels, skills and competencies, which are linked to required activity – workforce analysis, support nurturing and development are key.
- Maximising the efficient use of estate and facilities by being clinically/needs led, and utilising 'new ways of working'.
- Avoiding unplanned, unnecessary admissions and referrals to institutional health and social care, hospitals and prevent social exclusion. Ensuring the best quality of service with community wealth and re-ablement focus at the core.
- Improve access to/appetite for remote consultation and patient monitoring – enabling increased capacity and flexibility for both staff and patients (potential to relieve pressure on estates and facilitate more rapid access to services, while promoting living well in a homely setting).
- Continue to develop and improve our offerings and support for Unpaid Carers.
- Improve relationships with partner-sectors to develop our offering for patients and service users.

### **3.4 Redesign of Urgent Care – High Impact Change 2:**

Work-streams related to this high impact change area are focused and managed via our Hospital at Home, Unscheduled Care and Community Hospital work-streams. This approach is guided by the utilisation of appropriate performance management and trend data to ensure that the correct resources are applied at the right time, right place and in the right format (and wherever possible reducing prevalence of unscheduled care, ambulatory and hospital care).

This area of work has shared aims to ensure:

- We ensure safe and appropriate staffing levels and skills, which are equipped to deal with the needs of populations.
- We modernise and maximise our estates and facilities to ensure that they are fit for purpose, well utilised and capable of delivering high quality care.

- We continue to build and develop key working relationships with stakeholders, and in so doing we establish clarity of roles and responsibilities (so that the patient/service users care journey is as seamless as possible).
- We are focused on the transformation and maximisation of the impact of community care. This in turn fosters decreased dependency on hospital beds and the avoidance of admissions by developing robust services within community teams and localities.
- Hospital at Home and its model of delivery become an embedded standard of practice (rather than a defined services area) so that we are better able to respond to and manage urgent and/or complex presentations.
- We reduce pressure on the need for finite specialist resources by ensuring that needs are well managed at earlier stages of intervention (and that they continue to be well managed in partnership with patients/service users, partner organisations and families).

### **3.5 Discharge without Delay – High Impact Change 3:**

Work-streams related to this high impact change area are focused and managed via the Discharge without Delay and Unscheduled Care Work-streams. A recent heat map exercise has been undertaken across the HSCP which revealed key findings and priority focus areas. Hospital at Home and Community Integrated Models of Care are essential priorities.

This area of work has shared aims to ensure:

- Admissions are avoided, wherever there is a safe alternative.
- Wherever possible, discharge planning begins at the point of admission.
- We move from bed management, to patient management (wherein we see the holistic needs in full and responded accordingly within resources).
- Discharges are well supported, with a focus on early supported discharge/discharge to assess, safe and realistic care planning and re-ablement.
- Interfaces are clear and timely, in relation to need (i.e. legal processes, specialist needs and family liaisons/dispute resolution).
- Standardised models and processes are in place, which ensure that aims and expectations are clear at each stage of the care journey.
- Community teams and care home provision is robust and able to receive and support discharged patients in line with their needs and wishes.
- We work as a system to achieve these aims, rather than aligning with traditional models of organisation specific involvement.
- Seven Day Services: Appropriately Targeted to Reduce Variation in Weekend and Out of Hours Working.

### **3.6 Example of Integrated Working-Community Hospitals and Community Services**

These services are managed locally by the Area Manager role. The Area Manager is an integrated post-holder who manages a range of health and social work staff. Integrated management of the areas is key to providing flow for patients/clients within the localities. Area Managers are supported and managed by the Senior Manager, Health & Community and responsible Head of Service. There are 6 community hospitals within Argyll & Bute HSCP, all provide non bypass (i.e. the emergency response must be delivered) Accident & Emergency care, inpatient and outpatient care and in some locations special service including dialysis. The hospitals provide a variety of care including acute admissions, rehabilitation, and palliative/end of life care and day case treatments. A Community Hospital group has been established to review all services. The purpose is to provide strong clinical governance processes across our hospitals sites and ensure a standardised

approach and best practice and guidance including staffing levels, criteria for admission and national guidance.

Community Services include, community nursing, adult social work, occupational therapy, and physiotherapy. The community teams work and are managed in an integrated way to support and meet the identified needs of the population of Argyll & Bute HSCP.

Currently a Community Integrated Short Life Working Group is in progress devolved for the Argyll & Bute Unscheduled Care Group (Right time, Right Place, Right care). The purpose of this group is again to standardise best practice across the HSCP for our community services. The initial focus has been on updating the Community Standards from 2019. This work will progress to standardising processes such as virtual wards, Single Point of Access.

### **3.7 Example-Working Together Care at Home**

To manage demand the service has had to adapt and change, implementing new processes to ensure best use of all available resources. A significant change has been the implementation of Smarter Commissioning: a process which has been implemented in all localities and has very much enhanced communication and collaborative working between the HSCP staff and all external providers. Daily meetings are held with all Care at Home front line managers (Internal service and external providers). The purpose of these meetings are to ensure all available resources are being used as efficiently and effectively as possible, targeting our resources at those most in need. Since the implementation of this process we have seen a marked decrease in those awaiting social care support.

The Care at Home Service is now working with 3 external partners who now hold sponsorship licenses to employ overseas workers. Within Argyll & Bute we now have overseas workers working in the localities of Helensburgh & Lomond and Oban.

Whilst this form of recruitment has shown to be successful in attracting staff to social care, our main challenge is now access to affordable housing. The lack of affordable accommodation has impacted upon the number of staff that can be employed within social care.

### **3.8 Example-Virtual Wards Mid-Argyll/Mull**

We have examples of good practice from the Mid Argyll and Mull team who have developed the virtual ward.

The Mid Argyll Virtual Ward is a completely multi -disciplinary, we have Scottish Ambulance Service, Tec and all other disciplines. The Virtual Ward meet twice a week on MS Teams. This has been proven to reduce admissions and support early discharge. It is supported by the Lochgilphead medical centre who provide the medical cover for it. It has been operational now for 2 years and has gone from success to success. A patient can be admitted onto the Virtual Ward by any discipline who will then be supported by the MDT.

The Mull Virtual Ward is held weekly. It is a fully integrated meeting where all members of the health, social care and 3<sup>rd</sup> sector meet to escalate patient and clients who have changing and complex health and social care needs and are requiring support on the islands of Mull and Iona. Following identification of those people plans of care, including ceiling of care are discussed to allow the delivery to them of the safest care that they need, preferably in their own home. Challenges to delivering this care are also identified and solutions to discussed to ensure the delivery of seamless care in the community.

### **3.9 Example-Spotlight on Care Homes**

Argyll & Bute Council's own internal care home services across are registered to support to 125 people across 7 locations, 6 residential care homes and 1 nursing care home.

A further 388 places are available across the area within 10 privately owned and operated care homes.

Latest data returned from the care homes (w/b 31/7/23) indicates around 95% occupancy of available beds.

All of the homes have been inspected by the Care Inspectorate at least once since the outset of the COVID-19 Pandemic in March 2020. The exception to this is Kintyre Care Centre which was recently re-registered under the ownership of the HSCP and as such is yet to receive its first inspection. Traditionally this will take place 12 months on from its registration in March 2023.

Only 1 home has been graded as less than adequate (3) by the national regulator. Work continues in partnership with this home and the Care Inspectorate to drive improvements within the agreed timeframe. All other homes both internal and external have achieved grades of 3, 4 & 5.

These results are encouraging and a testament to the hard work of the staff within the homes throughout an ever changing landscape in the last 4 years. In April 2020, the Care Home Task Force was developed to bring all care homes together to meet the challenges of the pandemic. This was a multi-agency response and this collaborative approach remains.

Care Homes are no different to other registered services at this time in that they are facing the same staffing crisis to affect the sector across the country. The rural and often remote locations of some of the care homes exacerbates these issues with travel and accommodation frequently being a major obstacle to achieving desirable staffing levels.

Low numbers of staff available can often result in delayed discharges from the hospitals across the area when the staffing provision means that safe staffing levels cannot be reached. The sector across the country is working with the regulator to develop and implement new staffing level tools which will assist in the delivery of safe levels of care.

Staff working across these homes continue to demonstrate great values towards providing the best possible outcomes for those using the service, often in the face of adversity.

We are now moving to a Collaborative Care Home approach with an increased focus on well-being, activity and access to consistent health care services. We particularly want to focus on hearing the voice of residents.

### **3.10 Example-Tigh-a-Rhuda-Island development**

A successful bid to the Islands fund alongside other capital monies has allowed a redesign of the standards and space of our smallest care home on Tiree. Given that the island has no hospital facility, the best possible use of the space will allow for en-suite rooms, improved staff accommodation and a more integrated partnership with local stakeholders. Positive meetings have taken place with the development trust and local GPs. We are now considering a different way to deliver care at home on the island.

## **4. RELEVANT DATA AND INDICATORS**

### **4.1 Performance**

A number of targets have been set against which performance is measured and the following information provides a picture of the activity across a number of health and care services.

## 4.2 Hospitals

Bed occupancy has reduced from 83% in March 2023 to 67.7% in June 2023.

Unplanned admissions to hospital across all community hospitals average around 28 per week with the highest numbers from May to August 2023 being in Mid Argyll, followed by Rothesay.

The number of inpatients with a planned date of discharge who were not discharged on that date reduced from 76.9% in March 2023 to 65.3% in June 2023.

The number of people whose discharge was delayed increased from 27 in March 2023 to 35 in June 2023.

An average of 83 people per week are successfully discharged from Argyll and Bute hospitals.

The number of bed days lost to delays to Argyll and Bute residents placed in Greater Glasgow and Clyde Hospitals has increased steadily from 927 per week in June 23 to 1262 in mid July 2023.

The highest reason for people being delayed are people awaiting completion of arrangements in order to live in their own home – non availability of services.

The second highest reason for delay is attributed to those awaiting completion of post hospital social care assessments.

In July 2023 there were 5 people being considered for the use of S13ZA of the Social Work (Scotland) Act 1968. This is where a person who lacks capacity and does not have Guardianship in place, but has been assessed as needing ongoing care in a care home setting and all parties are in agreement that this will best meet their outcomes, can be placed at the earliest possible stage.

## 4.3 Care Homes

Care home placements have increased over the past year for people aged over 65 years from 516 in June 2022 to 550 in June 2023.

The number of people living in care homes out with the Argyll and Bute area has reduced from 180 in June 2022 to 161 in June 2023.

The percentage occupancy of all care homes across Argyll and Bute (internally owned and externally commissioned) has increased from 78.56% in July 2022 to 81.26% in July 2023.

There are a number of vacancies across the homes however it should be noted that not all vacancies are available due to limited staffing, refurbishments etc and as above, factoring in available beds brings occupancy to 95%.

## 4.4 Care at Home

As at August 2023 there are 1067 people in receipt of care at home support. 113 of these people have chosen option 1 Direct Payment where they commission their own care package with funding from the HSCP. This amounts to 1863 hours per week. A further 782 people receive 8052 hours per week from externally commissioned services and 172 people receive 1953 hours of service from internal care at home services.

There are 16 registered providers with 12 providing care at home currently.

There is unmet need within the service due to recruitment and retention issues within the service both internal and external and the current picture shows 34 people who have their needs assessed but a total of 311 hours cannot be provided. There are a further 18 people who currently are in receipt of care at home support and have been assessed as requiring additional 103 hours and this cannot be delivered.

It should be noted that there is still throughput in the service with a number of hospital discharges and community referrals receiving service. The unmet need list is regularly monitored and prioritised by the service and wherever possible new service is delivered.

## 5. CONTRIBUTION TO STRATEGIC PRIORITIES

This area of service contributes to supporting adults (primarily older adults) to remain at home or in a homely setting by delivering health and community care services.

## 6. GOVERNANCE IMPLICATIONS

### 6.1 Financial Impact

A brief description of resource to Health and Community Care is detailed below.

### 6.2 Overall Budget and Forecast

For the quarter ending 30 June, the total forecast variance on health and community care services is a relatively modest overspend of £114k, Table 1.

**Table 1 – Annual Budget and Forecast Expenditure as at 30 June 2023**

Service	Annual Budget	Forecast Expenditure	Forecast Variance	% Variance
	£'000	£'000	£'000	
Social Care Services	45,303	45,202	100	0.22%
Health Services	123,160	123,374	(215)	-0.17%
<b>Total Health &amp; Community Care</b>	<b>168,462</b>	<b>168,577</b>	<b>(114)</b>	<b>-0.07%</b>

Within Social Care services, higher demand for residential placements is forecast to result in overspend on this budget and this is offset by underspends in homecare services which are arising due to capacity issues. The forecast underspend is due to a forecast over-recovery of income from charges to clients for residential care.

Health services are forecasting a small overspend as a result of agency staffing. With continued recruitment and retention issues across a number of areas, agency cover is necessary to maintain service provision. At present, agency staffing is highest in GP out of hour's services in Oban and Dunoon, registered nursing and AHP services. There is an expectation that increased compliance with the national frameworks for the procurement of agency staffing from 1 June will lead to improvements in the forecast position.

### 6.3 Savings

Good progress has been made in the first quarter in achieving savings, Table 2. With a total target of £2.19m identified across a number of schemes, 49% of the target, £1.08m, has been declared. A total of £1.89m has been forecast to be achieved and work is ongoing to identify and declare the outstanding balance.

**Table 2 – Savings Progress as at 30 June 2023**

Service	Savings Target	Savings Declared	Forecast Achievement	% Variance
	£'000	£'000	£'000	
Social Care Services	1,286	686	1,286	100%
Health Services	908	392	600	66%
<b>Total Health &amp; Community Care</b>	<b>2,194</b>	<b>1,078</b>	<b>1,886</b>	<b>86%</b>

### 6.4 Staff Governance

Governance exists within management and professional advisory functions.



## 6.5 Clinical and Care Governance

There is a clear clinical and care governance structure and process in place.

## 7 PROFESSIONAL ADVISORY

There are numerous interfaces with Professional leads with these service areas.

## 8 EQUALITY & DIVERSITY IMPLICATIONS

There is no proposal for specific change in service detailed in this paper.

## 9 GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not relevant.

## 10 RISK ASSESSMENT

Risks are managed through Clinical and Care governance processes.

## 11 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is an older adult reference group who we are working with to oversee standards of engagement across services. Where change and re-design is in train, engagement is in place.

## 12 CONCLUSIONS

The opportunity to provide a service spotlight seeks to provide the IJB with assurance of strategic direction, service areas, successes and areas of change. This paper has demonstrated the breadth of service areas under health and community care and the importance of integrated working to deliver high quality services.

## 13 DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

## REPORT AUTHOR AND CONTACT

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**Meeting:** Integration Joint Board

**Date of Meeting:** 30/08/2023

**Title of Report:** Argyll and Bute Child Poverty Action Plan Review 2022 - 2023

**Presented by:** David Gibson, Head of Children & Families and Justice.

**The group is asked to:**

- Note the annual review of the Child Poverty Action Plan.

## 1. EXECUTIVE SUMMARY

The Argyll and Bute Child Poverty Action Plan Review 2022-2023 is the fourth review of the Child Poverty Action Plan first published in 2019. It is a requirement under the Child Poverty (Scotland) Act 2017 that local authorities and health boards jointly produce and publish an annual review of their plan, setting out work being undertaken to tackle child poverty in their region. This action is required up until 2030.

The Argyll and Bute Child Poverty Action Group, led by Fiona Davies (Chief Officer; Argyll & Bute Health and Social Care Partnership) have produced this year's review to reflect the work of its members and others working to tackle child poverty across the region in a time of cost of living crisis. It reflects a strong children's rights approach and the shared vision that:

*We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference.*

A graphic version of the plan has been created as a "Plan on a Page" and this has been used in schools and other settings to inform children and young people about the plan.

This has been very successful and not just with this group but also with many adults who prefer a more graphic, easy read version. Media posts have helped to highlight this. This plan version has been created in different colours in order to easier access for those with particular needs.

This was one of the ideas that came from co-production with children and young people and demonstrates the importance of engaging in this way. A QR code on the plan links people to a Council web page that has information on benefits, advice services, housing etc. The Plan on a Page was placed in a number of health and other settings alongside the Money Worries leaflet.

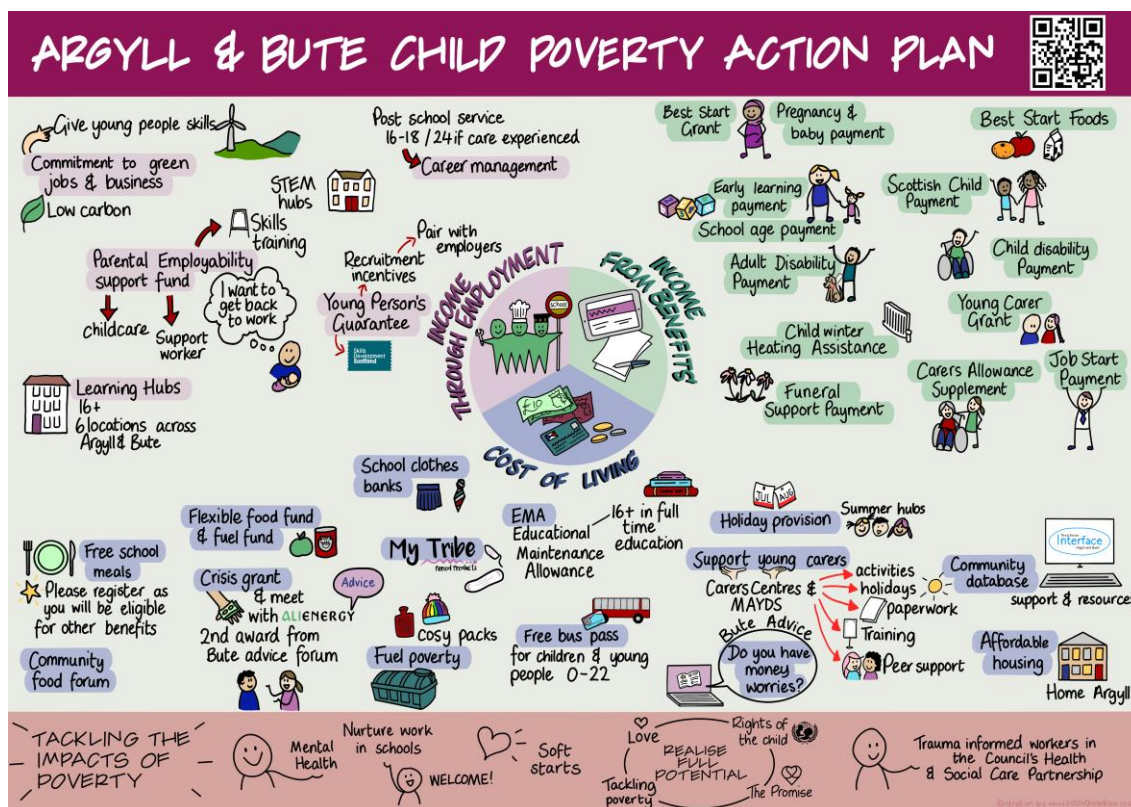


Figure 1 Argyll & Bute Child Poverty Action Plan on a page

## 2. INTRODUCTION

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. The Act introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report and to review it on an annual basis until 2030.

The Scottish Government publishes a national child poverty report, "Every Child Every Chance" which sets out the national measures taken to address the issue and this too is reviewed annually.

On 24th March 2022 a second tackling child poverty delivery plan was published "Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026". A number of commitments made in this plan can be seen in the key elements of our local plan, for example a strengthened employment offer to parents and connectivity and childcare to enable access to employment. Other important actions included increasing the Scottish Child Payment (SCP) and working with local authorities to mitigate the Benefits Cap.

In addition the Child Poverty Action Plan (both local and national) are closely linked to children's rights. Article 4 of the UNCRC introduces the concept of 'progressive realisation' in relation to economic, social and cultural rights such as the rights to nutrition, clothing and housing. This means there must be progress made over time towards the full realisation of children's rights. Other key articles relating to child poverty would include:

- Article 3 (best interests of the child)
- Article 6 (life, survival and development)

- Article 12 (respect for the views of the child)
- Article 26 (social security)
- Article 27 (adequate standard of living)

Part 1 of the Children and Young People (Scotland) Act 2014 places a duty on local authorities and health boards to report every 3 years on the steps they have taken in that period to secure better or further effect of the requirements of the UNCRC. An updated Argyll and Bute Children's Rights Report will be published this year and reflect the Child Poverty Action Plan.

The Child Poverty Action Plan is also referenced in the Children and Young People's Service Plan 2023 – 2026. It should be noted that child poverty and children's rights are issues not limited to Children's Services or the HSCP but are a wider responsibility that Council departments and partners need to be cited on.

Linking the Child Poverty Action Plan to the Local Outcome Improvement Plan (ABOIP) is important and Argyll and Bute is currently developing its next Local Outcome Improvement Plan (LOIP) which will be a ten year plan running from 2024 to 2034. During consultation that took place, financial inclusion was seen to be one of the top four themes.

The Plan also links to the Fairer Scotland Duty. This is an overarching strategic duty on public bodies. It has interactions with the Equality Act 2010 and Scotland Act 2016; and came into force on 1 April 2018. The Duty requires that: "An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage."

In ensuring that this obligation is met, Equality and Socio-Economic Impact Assessments (EQSEIA's) must be carried out when new plans and strategies are being developed.

Similarly under the Islands (Scotland) Act 2018 provisions require relevant authorities, including local authorities, to have regard to island communities in carrying out their functions. To comply with this duty, relevant authorities must make arrangements to review their policies, strategies and services and either prepare an Island Communities Impact Assessment where that is required (see below), or otherwise assess or take appropriate steps in relation to the policy, strategy or service in question.

It is known that the cost of living on islands is 15-30 percent higher and this is a key consideration when looking at child poverty actions.

### **3. DETAIL OF REPORT**

- a) This plan's foreword and introduction note how challenging the year 2022 - 2023 has been with the aftermath of the Covid-19 pandemic, E.U. exit and the ongoing war in Ukraine contributing to a cost of living crisis. They also note the work done by the Council and its partners in continue to tackle child poverty.

- b) Engagement and Listening

The coproduction work carried out to create a graphic version of the plan, a "Plan on a Page" is mentioned as is the need for further engagement and coproduction going forward.

c) Tackling the Cost of Living Crisis

This looks at actions taken by the many organisations and departments, brought together by the Financial Inclusion and Advice Services Group, to tackle the cost of living crisis in a coordinated and meaningful way. It notes the actions taken to support people at risk or in crisis due to the cost of living.

d) Data

This looks at some of the key data we use now to look at the impacts of poverty and the 3 drivers of poverty. It goes on to note that The Council is carrying out a project to look at innovative data use to identify unmet need in communities. The project will seek to use Microsoft Power BI to develop better ways of interconnecting data sources, from both inside and outside of the Council, in order to highlight areas of unmet need whilst ensuring that appropriate information governance is maintained, General Data Protection Regulations (GDPR) are followed, etc.

e) Children and Young People's Service Plan 2023 – 2026

This section looks at the CYPSP and notes the alignment with tackling child poverty and supporting the rights of children and young people.

f) Argyll and Bute Outcome Improvement Plan (ABOIP)

This looks at the coproduction work done with regards to developing the new ABOIP. It notes the wide range of groups included and the connection to child poverty. One of the 7 themes suggested was financial inclusion and this was seen as being in the top four in terms of importance by participants.

g) UNCRC

This looks at the importance of children's rights to tackling child poverty. It notes that UNCRC Implementation Group will be leading on a plan to implement the embedding of the UNCRC into all areas of the Councils work.

h) Trauma-Informed workforce

This notes the further development of a trauma informed workforce and the implementation of dyadic developmental practice. This is key to having a workforce able to support children and young people who are dealing with trauma, including that related to child poverty.

i) Key Areas of the Plan

This part of the report details the different elements of the plan itself and they are laid out in the following sections:

- Increasing Income from Employment and Earnings:  
(Employability, Skills Development Scotland, Council Apprenticeships, Education, Early Years, UHI Argyll and University of the Highlands and Islands).  
It had
- Increasing Income through Benefits:  
(Client Gain through Advice Activity, Flexible Food and Fuel Fund, The Welfare Rights Team at Argyll and Bute Council, Social Security Scotland, Money Counts Level 1 Awareness Raising Sessions, Community Link Workers, Welfare Advice and Health Partnerships, Cool2talk, Living Well Networks).

- Cost of Living:  
(Housing, Allenergy - Fuel Poverty, Free School Meals and Holiday Provision, Good Food Nation and Food Strategy, Bute Advice Centre, Community Food Forum, Free Period Products).
- Helping Families in Other Ways:  
(liveArgyll Community Learning, Maternity, Infant Mental Health, Consultation with LGBTQ+ young people, Working with Refugees in Argyll and Bute, Carer's Centres and Young Carers, Transforming Responses to Violence against Women and Girls).
- Other Planned Work:  
(Rural Growth Deal).

#### 4. RELEVANT DATA AND INDICATORS

- a) On 5th of June 2023, the End Child Poverty Coalition published the latest local child poverty figures. Their research, covering the period 2021–2022, provides the best available estimates of child poverty at the local authority level (below 60% of the median income after housing costs).

Date	Percentage of Children in Poverty	Percentage Point Change
2014 - 2015	20.7%	
2020 - 2021	18.9%	-1.8%
2021-2022	21.7%	+2.8

These figures should be considered in terms of a pattern over time rather than a small rise in isolation. The national Scottish Child Payment combined with local measures taken will have been key to preventing much higher figures.

#### b) Argyll and Bute - Children in Absolute Low Income 2021 / 2022

Absolute low-income is defined as a family whose equivalised income is below 60 per cent of the 2010/11 median income adjusted for inflation. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. Income is equivalised to adjust for household size and family composition.

<b>Children aged 0-4</b>	<b>Loner Parents</b>	<b>Couple</b>
Not in Working Families	101	62
In Working Families	128	194
<b>Children aged 5-10</b>		
Not in Working Families	100	54
In Working Families	184	279
<b>Children aged 11-15</b>		
Not in Working Families	84	65
In Working Families	225	230
<b>Children aged 16-19</b>		
Not in Working Families	53	34
In Working Families	153	141

Source – Department of Work and Pensions

## **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

This review notes contribution to the Scottish Governments national Priorities, Single Outcome Agreement, Children’s Rights and delivery of the HSCP strategic plan.

## **6. GOVERNANCE IMPLICATIONS**

### **6.1 Financial Impact**

This report notes an ongoing cost of living crisis that will continue to put pressure on families and, as a consequence, on those organisations trying to assist them.

### **6.2 Staff Governance**

It would be valuable to be able to repeat staff awareness raising training in 2024.

### **6.3 Clinical and Care Governance**

This report is governed through a multi-agency strategic group seeking to work together to deliver national policy and alleviate poverty. This report is submitted to the IJB for note and to the Council for approval.

## **7. PROFESSIONAL ADVISORY**

This is supported through the strategic group.

## **8. EQUALITY & DIVERSITY IMPLICATIONS**

An EQSEIA and a CRWIA have been carried out in relation to this Child Poverty Action Plan Review. No negative impacts were noted and positive impacts seen in terms of the work noted in this review.

## **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

Data protection principles have been adhered to.



## 10. RISK ASSESSMENT

The risk of not completing this review would be non-compliance with a Scottish Government designated reporting duty. This report notes that the risk of failing to deliver on the many areas of work currently taking place to support struggling families, would a larger percentage of children in poverty in Argyll and Bute.

## 11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Child Poverty Action Group has a Communications and Engagement Subgroup which looks to inform and consult on issues relating to child poverty. It also works closely with the Financial Inclusion and Advice Group who also have a communications plan relating to supporting families in the cost of living crisis.

Members of both groups share information regarding work in the area of child poverty and also what resources and supports are available for people requiring them.

A range of networks and media sites are used to achieve dissemination of this information. Key events, such as Challenge Poverty Week are used to raise awareness of child poverty and the work going on to tackle it.

Engagement with children and young people is being developed via schools, youth groups and young carers groups.

## 12. CONCLUSIONS

This report sets out to show the work taking place across Argyll and Bute to tackle child poverty and support families. It also looks to identify the particular challenges and advantages of our geography, demography and economic environment.

It highlights many successes and organisations and people dedicated to ensuring that children in Argyll and Bute do not grow up in poverty.

## 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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2022-2023 :::::.....

# Argyll & Bute Child Poverty *Action Plan Review*



## Argyll and Bute Child Poverty Action Plan – Review 2022 – 2023

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## Foreword

Welcome to the fourth review of the Argyll and Bute Child Poverty Action Plan. It has been a challenging year that has seen us still dealing with the ongoing impacts of the Covid19 Pandemic and exit from the European Union. As well, sadly the war in Ukraine continues and we are facing a cost of living crisis and the highest rate of inflation in 40 years. Through all of this it remains vital to continue to tackle poverty and its impacts on our children, young people and families.

Our outgoing Children and Young People's Commissioner, Bruce Adamson, said that "Poverty is a right to life issue". In a time where some parents are having to make decisions about whether to heat their homes or put food on the table, never has this been truer. 2023 will see the United Nations Charter on the Rights of the Child become a part of Scots Law and we welcome this and the focus it will bring to ensuring that children are listened to, their rights respected and importantly in terms of child poverty, their right to life, survival and development (Article 6).

We also welcome SNAP 2: Scotland's Second National Human Rights Action Plan (2023-2030). This sets out a series of priorities and first amongst these is to "Achieve a decent standard of living." It goes on to say:

*Poverty is a human rights issue that engages many human rights standards that are interdependent and interrelated. This includes – but isn't limited to – equality and non-discrimination, the right to an adequate standard of living, food, housing, social security, health, work, education, participation, private and family life.*

We recognise this and commit to taking a rights approach to tackling poverty and its impacts. We have already done this in our training of staff on child poverty and we are looking at developing data systems that identify where we can focus our supports whilst respecting the rights and dignity of people. We will work to ensure that there is co-production on key strategies and decisions. A great example of this is the development of our new Local Outcome Improvement Plan where we have co-produced extensively, including with 40 community groups, schools and 18 youth groups amongst others. We also provided accessible information that allowed a wide range of people to participate, for example those with disability or from marginalised groups. Over 1,900 people responded across Argyll and Bute and told us that their priorities were transport infrastructure, housing and community wellbeing with financial inclusion the 4th selected.

People experience poverty through no fault of their own and we know that it can be harder for single parent families, larger families, young families, families where there is a disability and for some ethnic minority families. As well in Argyll and Bute our people who live in remote, rural and island places, face extra challenges with fuel, food and transport costing more and childcare sometimes being more difficult to access.

We will continue to work together to find ways of tackling these challenges and make things better for everyone. This report is about some of the ways we are trying to achieve this and we would like to take this opportunity to thank all of our staff whose hard work and dedication make them possible.

As well, communities, individuals and third sector organisations have all played a part in supporting those impacted on by the cost of living crisis and welcoming refugees from Ukraine and other parts of the world; thank you all. Argyll and Bute may be beautiful but it is our people who make it a great place to live.



## Introduction

2022 - 2023 has seen a crucial need to tackle a cost of living crisis that has seen more families thrown into poverty. Inflation in the UK has risen to its highest rate for 40 years and put pressure on families who are struggling to meet the ever rising costs of basics like fuel, food and housing.

Research by the Joseph Rowntree Foundation (The links between housing and poverty an evidence review" by Turnstall for JRF 2013) concluded that Scotland had kept its poverty rate lower than other parts of the UK due to having greater access to affordable social housing. The report found that poverty levels before housing costs were similar in Scotland and England, but once housing costs have been factored in, there is a decrease in poverty rates. This view is supported by the Resolution Foundation, which state.

*"Scotland has been the part of the UK with the lowest child poverty rate ....reflecting the fact that Scotland enjoys relatively high earnings but without the same degree of housing cost pressure."*

The laws of supply and demand dictate that a lack of housing supply will result in higher house prices and rents. Housing is often a family's most significant monthly expense, so affordable rent can substantially impact poverty figures.

The Joseph Rowntree Foundation report stated that the difference in rates between Scotland was not only having lower rents in the social rented sector than the rest of the UK, but also a higher proportion of social rented properties. The report concluded that continued support for increasing the stock of social rented housing is likely to be a significant factor in preventing the incidence of poverty from rising in Scotland. As well poverty in Scotland has been reduced by a number of key Social Security Benefits, particularly the Scottish Child Payment. This weekly payment of £25 for each child under the age of 16-years has helped to keep many families out of poverty.

Research has found that in remote rural and island communities, high property prices coupled with an additional minimum living cost of 15-30% can prevent the recruitment and retention of staff, especially those on lower levels of pay such as child-care workers. This can result in crucial child development services such as wrap-around child-care or nursery provision being unavailable or only available in distant locations. Quality early year's provision is vital to lift children out of poverty, so if children are denied these services, the cycle of poverty is unlikely to be broken.

In addition, Public Health Scotland and other bodies have pointed to health issues caused by poverty and disadvantage. New research by the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow revealed "stark and concerning data" - including that children in deprived areas are 2.6 times as likely to die in their first 12 months as children in less deprived areas.

*Children born into poverty are more likely to experience a wide range of health problems – including poor nutrition, chronic disease and mental health problems – than those born into affluent families.*

Child Poverty in Scotland: health impact and health inequalities. NHS Health Scotland, 2018

### **The Joseph Rowntree Foundation found that:**

There is evidence that suggests low incomes are associated with potential symptoms of anxiety, such as lack of sleep, lacking energy and feelings of depression. For children, even at a young age, there is a gap in young people's educational attainment by parental income level, and this continues throughout the different stages of a child's education. The impact of the Covid-19 pandemic has generally widened the attainment gap between the most and least disadvantaged pupils in the UK, with reasons for this including the digital divide, home learning environments and falling incomes.

2021/22		Most deprived 20% of areas (%)	Least deprived 20% of areas (%)	Attainment gap
Aged 11	Percentage of primary 7 achieving literacy	56	80	24 percentage points
	Percentage of primary 7 achieving numeracy	62	85	23 percentage points
Aged 16-18	One or more at SCQF at level five on leaving school	78	96	18 percentage points

UK Poverty 2023: The Essential Guide to Understanding Poverty in the UK; Joseph Rowntree Foundation; 26th January 2023

In Argyll and Bute a Cost of Living Crisis Group has been bringing the Council and its partners together to share and coordinate support efforts and come up with strategies to tackle poverty and its impacts. Coordinated local efforts are key to recognising and combatting the particular challenges posed by our area. These include a relatively small and aging population that is spread over a large geographical area that encompasses 5 towns, many remote, rural areas and 23 inhabited islands. Employment is largely within sectors such as tourism and hospitality, which are traditionally low paid and seasonal. Argyll and Bute, whilst it has a high proportion of its population employed and many self-employed, lacks an industrial base and the Council and Health Board are amongst the biggest employers.

Gross weekly wages are lower than the Scottish national average and the gender pay gap remains an issue.

#### Earnings by Place of Residence (2022)

Gross Weekly Pay	Argyll & Bute (Pounds)	Scotland	Great Britain
Full Time Workers	586.3	640.3	642.2
Male Full Time Workers	636.9	675.1	687.5
Female Full Time Workers	552.1	604.7	584.5

Hourly Pay Excluding Overtime	Argyll & Bute (Pounds)	Scotland	Great Britain
Full Time Workers	14.98	16.59	16.37
Male Full Time Workers	15.51	16.91	16.97
Female Full Time Workers	14.48	16.29	15.49

All of this means that to address child poverty in the long term, employability measures and encouraging business growth is key, as is the need for the Scottish Government to recognise the particular challenges faced by remote, rural and island places and to offer these local authorities appropriate targeted supports.



## Reason for the Review

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. The Act also introduced a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year.

The 2017 Act set four targets relating to ending child poverty, which the Scottish Government committed to trying to achieve by 2023 and 2030; these are all measured after housing costs are deducted. The targets for 2023 - 2024 are:

- Less than 18% of children are in relative poverty;
- Less than 14% of children are in absolute poverty;
- Less than 8% of children are in combined low income and material deprivation;
- Less than 8% of children are in persistent poverty.

### Targets for 2030 are:

- less than 10% of children live in relative poverty (relative poverty is less than 60% of average household income for the year taking account of the size and composition of the household);
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average household income for the financial year beginning 1 April 2010);
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities);
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years).

With the impacts of the Covid19 pandemic and exiting the European Union still with us, the cost of living crisis deepening and the war in Ukraine continuing, it is clear that it is becoming ever harder to reach the targets or indeed set out plans to keep on this path. April 2022 saw the greatest fall in the value of the basic rate of unemployment benefits since 1972, when annual uprating began and, as the cost of living has continued to rise throughout 2022, the real term purchasing power of households receiving these benefits has continued to fall.

Scotland does have a lower rate of poverty (18%) than England (22%) and Wales (24%) and around the same rate as Northern Ireland (17%).

## Our Vision

This review is also where we in Argyll and Bute show what actions we are taking to tackle child poverty and how well we work together to achieve our vision of no children living in households affected by poverty and deprivation.

*We want an Argyll and Bute where no-one lives in poverty. Everyone should be able to achieve their potential and feel healthy, happy and valued. We want to be a place where everyone understands that tackling poverty is a shared responsibility. We believe that if we act locally, and in partnership, we can make a difference.*



# Engagement and Listening

It is important to listen to what people are saying about our services and efforts to tackle child poverty and other key issues; without this we are simply telling people what we think is best for them. Article 12 of the United Nations Charter on the Rights of the Child (UNCRC) says that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right needs to be at the heart of everything we do, our Child Poverty Action Plans, Children's Services Plans and Local Outcome Improvement Plans. Some of what we do can be termed co production and can be defined as:

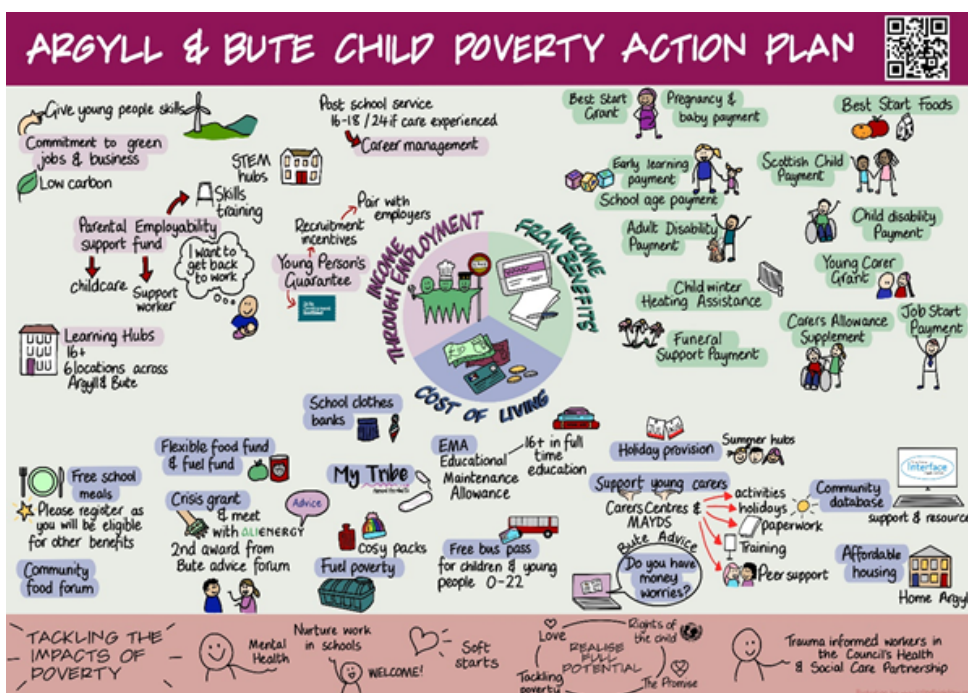
*The process through which inputs used to produce a good or service are contributed by individuals who are not 'in' the same organization*

Ostrom, Elinor. 1996. Crossing the Great Divide: Coproduction, Synergy, and Development. World Development 24(6): 1073–87. (1996, 1073).

Sometimes this is not always possible, where for example there are limited resources and what needs to happen (services or benefits being delivered in a certain way) is determined by those other than the people who will be delivering the service. For example we can ask pupils how they would like maths taught and we can perhaps use some of their ideas but what ultimately is put in place is determined to a greater degree by what the curriculum says needs to be taught.

Other things that might get in the way, or be a challenge to coproduction, include: resources, competing demands, geography and demography. In Argyll and Bute we have a relatively small and ageing population set over a large geographical area that includes many island and rural places. Many key policies and plans are seeking voices and views of people impacted by them and there is the risk of repeatedly going back to the same young people, groups and communities for their views and causing overload. We and other local authorities are on a learning journey; how best to engage and involve whilst keeping it meaningful, enjoyable and real, particularly for children and young people.

This year there has been considerable engagement and coproduction for our Children's Service Plan, LOIP and for individual services, like the Council's Welfare Rights Service. With Child Poverty we continue to engage with children and young people and others using our Plan on a Page and this is going well. We hope to do more in the coming year.





**Increasing Demands for benefit checks and Advice Services** - The Council's Welfare rights Service also noted increased number of referrals for benefit checks and income maximisation. It is clear many clients are experiencing hardship due to the cost of living crisis with fuel costs being a major factor. In many cases clients have all the benefits they are entitled to in place and the only option is to refer on to other support agencies. This is reflected in the experiences of other members including: Benefits; Bute Advice Centre; ABCAB; Allenergy; Home Energy Scotland; Carr Gomm; Fyne Homes Housing Association, Dunbritten Housing Association; Debt Counselling and Warm and Well Argyll and Bute.

Fuel costs in remote, rural and island places are a particular problem with no mains gas being available and LPG and other options having to be used. Most islands also lack wood and similar options and these require to be transported over from the mainland.

Community Food Forum members are seeing more families with children presenting and fuel costs being a particular issue. They continue to receive crisis enquiries from people in fuel poverty. They are particularly seeing people with electric storage heating which is expensive to run. The Scottish Government has given the Council £197,000 to support people on the islands. From this, grant payments of £5,000 to each of 4 island based foodbank organisations to support their work.

## Actions Taken to Support People

**Warm Places Initiative** – A wide range of organisations across Argyll and Bute have coordinated their efforts and produced “warm places” that provide warmth, snacks, company and advice and activities. A guide has been produced and widely circulated through the media and other resources.

<https://www.argylltsi.org/warmspaces.html>

**Flexible Food and Fuel Fund** - This fund combines grants with advice services. If granted, monies are given for food and fuel; if service users consent to accept advice services input, from the Bute Advice Centre and Allenergy, they can be considered for a further grant. From 14 January 2021 to 31 December 22 the project, has supported 1,627 households who are suffering from food and fuel insecurities in Argyll and Bute, with a combined client gain of £2,353,670. Bute Advice Centre and Allenergy continue to work hard in locating those who could benefit from the funding and look forward to rolling out the project in the next two financial years.

**Housing** - They continue to work with Mecopp and the Gypsy Travelling communities. Contacts have been made to ensure that these communities are aware of the Flexible Food and Fuel Fund.

A total of £555K spent on delivering energy efficiency improvements to 55 properties. In addition funding has been secured to work in partnership with ACHA to insulate mixed tenure properties and work has started in Cowal.

COVID Tenant Rent Arrears Fund assisted 70 households with rent arrears at a total cost of around £91K. Council has now spent all this funding. There is still the Rent Arrears Fund around Rapid Rehousing that can help with rent arrears.

**Community Food Forum** - In the recent months more families with children have been presenting. They continue to receive crisis enquiries from people in fuel poverty – some are old clients and some are new who are seeing a rise in their energy prices.

**The Parental Welfare Fund** - This is a new initiative the Employability Team have launched and is being delivered through Inspiralba. It is intended to help with the transition to work and alleviate any worries. Up to £1,000 is available in 3 stages to help with childcare costs, existing debts, transport costs, clothes for work and buying coffees or lunches.

**Parental Employment Support Fund / Spark Your Promise** - Many clients are struggling to focus on work when they have very real critical problems such as their children needing winter coats, no access to broadband, rent arrears etc. A bespoke package is available to support each client.

**Welfare Rights Officers** - have since the start of the new financial year to the 28th February 2023 dealt with 1162 tenants, bringing in an annual amount to date of £3.3m.

**ACHA Welfare Rights (Argyll Community Housing Association)** - There continues to be a large amount of Attendance Allowance applications with reflects the aging population and a lot of clients looking for help applying for Adult Disability Payment. Warm Packs - Over £10,000 raised from contractors and consultants to buy warm packs that have a thermal blanket, gloves, hat and socks, hot water bottle, thermal mug and some soup to help keep warm. These are in ACHA offices and vans and cars of staff too. This has proved to be very helpful for tenants and a large number have been given out.

**Benefits** - Scottish Welfare Fund Crisis Grants - between 1 April 2022 and 31 January 2023 there were 701 awards paid out to the value of £65K. 13% increase for the same period last year and a 30% increase in spend. 192 applications in January 2023 which is the highest number we have ever had.

Scottish Welfare Fund Community Care Grants – between 1 April 2022 and 31 January 2023 there were 775 applications and 365 awards paid out to the value of £443K – this is an increase of £35K. Energy Bill Support Scheme - £530K funding from the UK Government – Council Tax Section will be making the payments and 66 applications were received on the first day.

When applications are made for the Flexible Food and Fuel Fund, applicants are also matched against entitlement for other grants for consideration. Where people are claiming Council Tax Reduction and do not appear to be claiming other grants that they may be entitled to, they are contacted to make them aware of this. People are reminded through Schools, media posts etc. that even though their child may automatically now be getting free school meals as a universal offering, they should still put in their application as it makes them eligible for other benefits.

**Discretionary Housing Payments** – as at 31 January 2023 spent and committed £760K out of a budget of £961K. The Council have a duty to pay DHPs to anyone on the benefit cap and looking at ways to automate DHP awards. As there is no Universal Credit data for Housing costs, need, is identified on application for this.

**Scotland Loves Local Cards** – cards to the value of £120 were issued in late November and as at 14 February 85.2% of cards have been activated with £680K spent in local areas.

**Support for cost of living on Islands** – Scottish Government have given £197,000 to the council to support people on the islands. Approx. 1,300 Scotland Loves Local Gift cards have been issued to islanders in receipt of Council Tax Reduction. £1.60 top up payments daily payments have also been issued to pupils in receipt of Free School Meals.

**School Clothing Banks** - Now live in the majority of the Argyll and Bute area. New web page is up and running with links to application forms. Still need to get the project set up in Mid Argyll and the Islands but expect to have this completed by the new school year. In promoting this initiative emphasis is placed on the benefits of recycling and protecting the planet.

**Community Development** - Argyll and Bute Supporting Communities Fund is open to community organisations to apply for up to £2,500 to support community projects and can be used to help tackle poverty. Applications closed on 30 March 2023.

**Funding Alerts** - A monthly Funding Alerts Bulletin is issued to allow communities, individuals and organisations to see what funding supports are available and can be applied for.

**Schools** - Webinar took place to increase awareness of the My Tribe initiative and the work the Grab Trust is doing to ensure period products are available to all.

Regular communications via schools is taking place to promote Free Bus Travel. Options are being explored to look at a new way to manage the NEC and increase engagement

## Data

Data sources that we currently use tell us a great deal about the current situation in terms of poverty in Argyll and Bute, allowing us to look at changes. It can tell us about employment levels:

**Employment and Unemployment (Oct.2021 - Sept. 2022)**

All People	Argyll & Bute	Argyll & Bute %	Scotland %
Economically Active	40,600	78.6	77.2
In Employment	40,300	78	74.5
Employees	34,000	67.8	66.5
Self Employed	6,000	9.9	7.7
Unemployed	1,200	2.9	3.4

NOMIS

During the period Oct 2021 to September 2022, data advised 2.9% of Argyll & Bute's population are unemployed with national data for Scotland of 3.4%.

**Number of workless households:**

	Argyll & Bute	Scotland %
Number of Workless Households	2,900	329,200
% of Households that are Workless	13.5	18.6
Number of Children in Workless Households	?	102,400
% of Children in Workless Households	?	12

NOMIS

**It can tell us the age of claimant:****Claimants by Age – Not Seasonally Adjusted (January 2023)**

Age	Argyll & Bute	Argyll & Bute %	Scotland %	UK %
16+	1,425	2.9	3.2	3.6
16 - 17	10	0.6	0.5	0.2
18 - 24	225	3.5	4.2	4.7
18 -25	115	3.2	4.4	4.7
25 - 49	730	3.3	3.7	4.1
50+	460	2.2	2.3	2.7

**It can tell us where those claimants are:****At November 2022 Argyll & Bute Households on Universal Credit by ward; for example**

Job Centre	Single, with children	Couple, with children
Campbeltown	197	104
Dunoon	304	116
Helensburgh	316	106
Oban	455	182
Rothesay	157	74

Note. Data Source,  
Job Centre locations in Argyll & Bute



**And how many children are in families:****Numbers of Households in Argyll & Bute in receipt of Universal Credit at November 2022**

Job Centre	No children Age 0-4	1 child Age 0-4	2 children Age 0-4	3 or more children Age 0-4	Households without children
Campbeltown	182	98	15	6	474
Dunoon	267	120	34	5	659
Helensburgh	253	140	25	0	617
Oban	364	212	58	0	894
Rothsay	131	74	25	0	385
<b>Total</b>	<b>1197</b>	<b>644</b>	<b>157</b>	<b>11</b>	<b>3029</b>

Note. Data Source, Job Centre locations in Argyll & Bute

**It can also tell us about child poverty levels:**

On 5th of June 2023, the End Child Poverty Coalition published the latest local child poverty figures. Their research, covering the period 2021–2022, provides the best available estimates of child poverty at the local authority level (below 60% of the median income after housing costs).

**Argyll and Bute children in poverty (after housing costs)**

Date	Percentage of Children in Poverty	Percentage Point Change
2014 - 2015	20.7%	
2020 - 2021	18.9%	-1.8%
2021 - 2022	21.7%	+2.8%

**Argyll and Bute - Children in Absolute Low Income 2021 / 2022**

Absolute low-income is defined as a family whose equivalised income is below 60 per cent of the 2010/11 median income adjusted for inflation. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

**Income is equivalised to adjust for household size and family composition**

Children aged 0-4	Loner Parents	Couple
Not in working families	101	62
In working families	128	194
Children aged 5 - 10		
Not in working families	100	54
In working families	184	279
Children aged 11-15		
Not in working families	84	65
In working families	225	230
Children aged 16 -19		
Not in working families	53	34
In working families	153	141

Source –  
Department of Work and Pensions

In January 2023 1425 (2.8%) of 16 year olds were claiming Out of Work Benefits, lower than the National average in Scotland of 3.2%. Out of Work Benefits in Argyll and Bute have been reported as lower than the Scottish National average with the exception of 16-17 year olds which is marginally higher.

All of the data referred to above is sourced from outside of the council. What it is less good at is telling us how we can identify families who are in immediate need and how we can target our resources to assist them. How do we know if they are claiming all the benefits and supports to which they are entitled to?

The Council is carrying out a project to look at innovative data use to identify unmet need in communities. The project will seek to use Microsoft Power BI to develop better ways of interconnecting data sources, from both inside and outside of the Council, in order to highlight areas of unmet need whilst ensuring that appropriate information governance is maintained, General Data Protection Regulations (GDPR) are followed, etc. An intended benefit of using PowerBI for this purpose is to allow a large proportion of the report generation process to be automated so that reports can be run and checked more frequently without increasing the reporting burden on council teams. Whilst developing this they will work with the Improvement Service and the Rural and Island Child Poverty Leads Peer Support Network to share ideas and best practice with other local authorities on the same journey. A crucial challenge for the project is deciding whether to:

- a) Use data at household level so as to guide very targeted interventions, or
- b) Use data which has been aggregated, for example at school catchment or 2011 Census Output Area

The council has begun by exploring option (b) since it runs less risk of breaching acceptable practice on information governance. However to obtain improved outcomes option (a) would be preferred, although this option has greater information governance challenges. To explore these options a meeting is also planned with SAVVI (Scalable Approach to Vulnerability via Interoperability) to see if their approach to information governance might add value to the project.

Currently the project is exploring cross-referencing data sets including Council Tax Arrears Recovery Activity, Council Tax Reduction Claims and Scottish Welfare Fund Claims on a postcode and school catchment level. This should identify areas where people are under- claiming benefits and allow the Council's Welfare Rights Teams to offer advice and support by going into schools, community halls, or through other forms of engagement offer benefits advice. The same method will allow for the tracking of the expected improved benefits uptake as a consequence of these activities over time. Other data may also prove useful for this model, including school clothing grant uptake. The model can be used to combine data sets to achieve other objectives that are not specifically linked to meeting unmet need.

It is hoped that this data approach improves outcomes for our communities by ensuring that families receive all the benefits and advice they are entitled to and that this is achieved in a way that respects the privacy of individuals and families; advice and support will be offered to all in targeted school catchments and in terms of a general benefits and entitlement check.



## Children and Young People's Service Plan 2023 – 2026

We want Argyll and Bute to be the best place in Scotland to grow up. The Argyll and Bute 2023–26 children and young people's service plan builds on previous plans and was developed by listening to and understanding the needs of our children, young people, and families.

This plan continues our focus on promoting children and young people's wellbeing, underpinned by Getting it Right for Every Child (GIRFEC), and extends this by developing our trauma informed workforce, ensuring we embed UNCRC (United Nations Convention on the Rights of the Child) (United Nations Convention on the Rights of the Child) (United Nations Convention on the Rights of the Child), tackling child poverty and The Promise at the core of everything we do.

Our vision aligns with our aim of making Argyll and Bute the best place to grow up by:

- Providing a good quality of life, including good mental and physical wellbeing;
- Delivering high-quality universal services for everyone;
- Delivering better targeted services for vulnerable children;
- Respecting, protecting, and fulfilling children's and young people's rights;
- Tackling child poverty and inequality;
- Supporting family wellbeing;
- Understanding and addressing the influence of trauma and adverse childhood experiences;
- Improving outcomes for children, young people, and adults who have been in care.

We have fully committed to the promise made to Scotland's infants, children, young people, adults, and families. By 2030, we will transform our care system and the values around which it operates. Ensuring we uphold safe, loving relationships that are important to children and young people and that we continue the transformation of our community services to make sure more children are supported to stay safely with their families. Integral to this plan is building upon and embedding our commitment to the priorities and values of the Promise.

### **CYPSP 2023–2026 Priorities**

Our CYPSP priorities are underpinned by GIRFEC and supported by several key delivery plans and performance measures.

- Young people are encouraged to maintain a healthy weight and increase their physical activity.
- Families are aided and directed to ensure that welfare benefits, Healthy Start vitamins, and vouchers are utilised.
- Preschool children meet their developmental milestones before starting school.
- Children and families are provided with effective support to maximise income and help reduce the adverse impacts of growing up in poverty.
- Children and young people are supported to make informed choices about sexual health.
- Partners work together and actively seek out and listen to the views and experiences of children, young people, and their families. The feedback shows key areas for improvement to ensure that their health and well-being requirements are met.
- Partners collaborate to develop and sustain breastfeeding communities in their communities.

## Argyll and Bute Outcome Improvement Plan (ABOIP)

Argyll and Bute is currently developing its next Local Outcome Improvement Plan (LOIP) which will be a ten year plan running from 2024 to 2034. Co-production is very much at the heart of this and children and young people have been one of the groups who have been engaged with across Argyll and Bute in an attempt to hear the “lesser heard voices”. Local members of the Scottish Youth Parliament are a part of the Community Planning Partnership Management Committee that is leading this development and they helped to advise on ways to make materials and methods user friendly for a younger age group. A group supporting young people with a disability worked with the Community Development Team to adapt the consultation to be suitable for them. 18 youth groups were contacted and there was a high level of response to requests to engage using a pictographic survey form. Schools also took part.

Key to the engagement has been the desire to get participation that reflects the demographic and geographic features that make up our area. This saw over 40 community groups supported to participate and forms being translated into Gaelic and Ukrainian. Sessions included approximately 520 individuals. In addition, support was also focused on non-digital participants as identified by Connecting Scotland; these included:

- Low income households,
- People aged 60+,
- Disabled people,
- People in areas with poor/no connectivity,
- Those without essential digital skills.

Other, often low response groups, were another focus and included males and men’s sheds and men’s mental health groups were contacted. Launched on 5th December 2022, the consultation ended on 31st March 2023 and there were over 1978 participants. Participants were asked to give their views and to consider 7 themes and choose 3 which they thought should be the top priorities in the plan; they could also choose to add their own 3 choices.

### **The 7 themes suggested were:**

- Climate Change;
- Community Wellbeing;
- Digital Inclusion;
- Diverse Economy and Skilled Workforce;
- Financial Inclusion;
- Housing;
- Transport Infrastructure

Overall, the top 3 priorities chosen from the 1,978 participants were:

- Transport Infrastructure,
- Housing,
- Community Wellbeing

Financial Inclusion was the 4th most chosen priority although it is interesting to note that it was in the top three for certain groups or areas:

- Helensburgh and Lomond;
- 0 - 34 and 85+ age groups;
- Those with a high impact disability;

Next steps for the development of the Argyll and Bute Outcome Improvement Plan will be a series of focus groups. So far almost 800 people have indicated that they would be willing to take part in these.

The UNCRC (Incorporation) (Scotland) Bill was passed by the Scottish parliament on 16th of March 2021 but could not be made law because of a legal challenge brought by UK Government Law Officers. The Supreme Court ruled that certain parts of the Bill fell out with the competence of the Scottish Parliament and it was therefore reviewed by the Scottish parliament. It is anticipated that it will now be made law at some point in 2023.

### What will this mean?

- Public authorities will not be allowed to act in a way which is incompatible with the UNCRC requirements.
- Children, young people, and their representatives will have the power to go to court to enforce their rights.
- Courts will have powers to decide if legislation is compatible with the UNCRC requirements.
- Existing legislation will have to be read in a way which is compatible with the UNCRC requirements wherever possible.
- Scottish Government will be able to change laws to make sure they are compatible with the UNCRC requirements.
- The Children and Young People's Commissioner Scotland and Scottish Human Rights Commission will have powers to take legal action to protect children's rights.
- Scottish Government will have to publish a Children's Rights Scheme to show how it is meeting the UNCRC requirements and explain its future plans to progress children's rights.
- Scottish Government will have to review how the Children's Rights Scheme is working each year.
- Other authorities listed in the Bill will have to report every three years on what they are doing to meet the UNCRC requirements. This will include local authorities.

In Argyll and Bute a multiagency, Council led group has been formed to develop an action plan to take forward the implementation of the UNCRC into the work of the local authority. This plan will be guided by "Getting Ready for UNCRC Incorporation Framework; A Practical Resource for Local Authorities in Scotland to prepare for UNCRC Incorporation", a resource provided by the Improvement Service.

### This sets out 11 key areas:

- Leadership,
- Participation of Children and Young People;
- Empowerment of Children and Young People;
- Child Friendly Complaints Procedure;
- Training and Awareness Raising;
- Improving Practice - Tools and Resources to support your work;
- Publishing Child Friendly Information;
- Measuring Progress;
- Children's Rights Budgeting;
- Accountability and Reporting on Children's Rights;
- Non Discrimination / Rights at Risk.

### Reporting Duty

Part 1, Section 2 of the Children and Young People (Scotland) Act 2014 places a duty on listed public authorities to complete a children's rights report. Listed Public Authorities must every 3 years report on the steps they have taken within their area of responsibility to secure better or further effect of the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

In November 2020 Argyll and Bute produced a Children’s Rights Report for the period 2020 -2023.

[www.argyll-bute.gov.uk/helping-people-work](http://www.argyll-bute.gov.uk/helping-people-work)

A new report will be produced in 2023, as is required by the Scottish Government. This report will look at action taken on children’s rights locally in the last three years and set out the Action Plan going forward. Engagement and co-production with children and young people will inform this report and the action plan.

## Trauma-Informed workforce

In 2019, Argyll and Bute Children’s Services were selected by the Scottish Government as one of three areas to develop approaches to implementing the delivery of high-quality and sustainable trauma training across the children’s workforce, including carers. The collaboration between education, psychology services, social work, CAMHS (Child and Adolescent Mental Health Service), and the third sector has been central to the delivery of this trial. Following a successful launch event held in Dunoon in December 2019, and despite the circumstances of the pandemic, we have successfully rolled out training across the workforce. At our Trauma Conference in November 2022, we celebrated our success and looked to the future with 135 practitioners, caregivers, managers, and young people. This conference celebrated the changes to practice that are making a difference to children, young people, and families, through the meaningful participation of young people, the work of the Family Placement Team, our nurturing schools, engagement with dyadic developmental practice and We have committed to further embedding our trauma-responsive children’s services and children’s workforce as a key strategic priority for the Children and Young People’s Service Plan 2023–26, supported by the appointment of a trauma training coordinator to help embed training across services.

## Key Areas of the Plan:

### **A. Increasing Income from Employment and Earnings**

#### Employability

<https://www.argyll-bute.gov.uk/helping-people-work>

Delivery of the Parental Employability Support Fund (PESF) continues within the broader context of the No One Left Behind policy direction.

Eligible participants must have the right to live and work in the UK and are:

- Lone Parents who are unemployed or experiencing in work poverty
- Parents with a disability or families who are unemployed or experiencing in work poverty and have a disabled child
- Parents who are unemployed or experiencing in work poverty and have 3 or more children
- Parents from a minority ethnic background who are unemployed or experiencing in work poverty
- Parents who are unemployed or experiencing in work poverty and have a youngest child
- Parents who are aged <25 who are unemployed or experiencing in work poverty

The main objectives/expected outcomes are to support the delivery of the Scottish Government’s Parental Employability Support Fund (PESF) to deliver a flexible and 17 user-based model of employability support for the parental groups identified in Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026, through appropriate support focusing on intensive key worker support.

Low income families are supported to increase their income through work, both through supporting parents to access paid employment and in helping those in lower paid jobs to progress to higher paid employment. Our PESF Engagement Workers deliver intensive in and out of work employability support, including person centred support to up-skill, apply for jobs, gain progression whilst employment, money advice, health support, motivational support, completed accredited training, etc.

**A PESF Employer Recruitment Incentive (ERI)** programme is also offered by Argyll and Bute Council. ERIs play an important role in supporting those with the greatest barriers to employment, to enable them to obtain and remain in sustainable employment.

The ERI is available to use as a contribution to the additional costs of recruiting and sustaining eligible participants in employment. The ERI can be utilised in several ways such as for additional supervisory costs, training, initial travel to work costs, specialist in work support, or wages.

Up to £6,000 per participant is available, this allows employers to offer unemployed parents the opportunity to move into permanent or a fixed term employment contracts of up to 18 months or more.

The **Parental Welfare Fund** is aimed at parents receiving support through the PESF who successfully secure employment. It helps with the transition to work and can alleviate any worries. This fund offers up to £1,000 payable over the first 13 weeks of employment.

As an alternative to PESF, unemployed parents also have the choice to receive support from the following employability options should they decide this support best meets their needs:

**Fair Start Scotland (FSS)** is currently being delivered by Argyll and Bute Council's Employability Team on behalf of People Plus.

<http://www.argyll-bute.gov.uk/business-and-licensing/jobs-and-training/helping-people-work>

<https://www.argyll-bute.gov.uk/helping-people-work>

To be eligible participants must be:

- Living in Scotland and eligible to work in the United Kingdom;
- over 18 and out of work; or
- 16 or 17 and are either disabled or in receipt of Employment and Support Allowance or Universal Credit

This service is targeted at those who wish to receive individually tailored support up to 12 months to find and remain in employment or self-employment.

The Young Person's Guarantee also offers Employer Recruitment Incentives (ERIs) of up to £6,000 per participant. This allows unemployed young parents aged 16 to 24 years the opportunity to move into permanent or a fixed term employment contracts of up to 18 months or more.

<https://www.argyll-bute.gov.uk/helping-people-work>

Young people (including graduates) entitled to receive support through the YPG Employer Recruitment Incentive (ERI) are those who:

- Have the right to live and work in the UK
- Are currently resident in Argyll and Bute
- Are unemployed (or on a paid work experience programme such as Kickstart and Community Jobs Scotland) and meet one or more of the following criteria:
  - Disabled and/or deaf person (includes those experiencing mental health issues and those who have an impairment or long-term health condition)
  - Care experienced young people
  - Primary Carer
  - Person with a conviction (including Criminal Protective Orders)
  - No or limited work experience
  - Early leavers from the armed forces, veterans, and ex-forces personnel
  - Long-term unemployed (6 months or over) who are not on Community Work Placements
  - Person who has failed their ESA Work Capability Assessment
  - People from Ethnic Minority backgrounds and racial groups, with a targeted approach informed by local population data.
  - Gypsy/travelling community
  - Partner of current or ex-Armed Forces personnel
  - Person requiring support with language, literacy, or numeracy, including those for whom English is an additional language
  - Lone parent
  - Low skilled
  - A young person who was receiving additional support for learning in school
  - Refugee or other granted leave to stay in the UK
  - Homeless person (including temporary or unstable accommodation)
  - Person affected by substance misuse.

**The No One Left Behind also offers Employer Recruitment Incentives (ERIs)** of up to £6,000 per participant. This allows unemployed participants aged 25 to 67 years the opportunity to move into permanent or a fixed term employment contracts of up to 18 months or more.

<https://www.argyll-bute.gov.uk/helping-people-work>

Participants entitled to receive support through the NOLB Employer Recruitment Incentive (ERI) must:

- Have the right to live and work in the UK
- Be aged between 25 and 67 years up to 67 years (Pensionable age) and experiencing barriers to employment;
- Reside in Argyll and Bute
- Be unemployed and not participating in the Scottish Government's Fair Start Scotland programme.

### **Successes and Challenges**

#### Parental Employability Support Fund (PESF)

To date 65 parents across the 6 target group have signed up to receive support from the Employability Team's PESF Engagement Workers; 47 (72%) were unemployed and 18 (38%) low income employed on commencing support.



Of the 65 parents supported to date currently; 17 (26%) are now in employment, 9 (14%) have increased their income, 16 (25%) are undertaken/completed training, 3 (5%) are in full time education, 1 (25) is in custody and 19 (29%) have disengaged/ceased support and are either unemployed or their whereabouts is unknown.

The 22/23 PESF funding allocation from the Scottish Government allowed for the recruitment of an additional Engagement Worker. Unfortunately we were unsuccessful in recruiting a suitable applicant. On approval from the Procurement Team one of our Third Sector Partners Inspiralba is now also delivering PESF support to eligible parents. From December 2022 to March 2023 45 parents commenced support.

<http://www.argyll-bute.gov.uk/business-and-licensing/jobs-and-training/helping-people-work>

The main challenge identified in moving parents into employment has been lack of childcare, in particular childcare for children with disabilities and wraparound to accommodate school holidays.

### Case Study 1 - Employability Team

Who – tell us about the participant (age, area, etc. - names can be changed) Line of delivery Participants employability aim	AE is a 47 year old single parent of 2 teenage boys who had recently separated from her husband. AE had a history of alcohol misuse which she successfully overcame due to her determination to provide a better future for her sons. She worked part time but was struggling to pay her bills.  AE's dream was to become an HGV driver
Barriers Identified	At referral AE presented as low income employed and her previous alcohol left her experiencing a long term health condition. Due to AE's low household income she couldn't afford to pay for her much desired HGV Course. She had previously taken out a loan for the medical and theory part of the course but was unable to pay the £1,500 for the HGV lessons and test fee.
Impact – how has the participant changed or moved forward that would not have been the case without the support. What support has the participant received? (Training/learning participation etc.)	Through the PESF funding, the motivational and mental health support and help searching for employment opportunities from her PESF worker, AE passed her test and has now secured full time employment with a Haulage company in Aberdeen
What outcomes has the participant achieved (including soft skills, any milestones, qualifications etc.)?	AE has achieved her HGV Cat C license. She has gained confidence, has greater self-esteem and is feeling positive about the future.
Has there been any partnership working in order to help the participant e.g. CAB, Business Gateway, health visitors, counselling, external organisations etc. (list is not exhaustive)	AE's PESF worker liaised with other members from the ABC Employability Team regarding Haulage employment opportunities. She also worked in partnership with a training centre in Glasgow which could provide the necessary training required for participant.
Quote from participant – their views on the support offered and outcome achieved?	"I just wanted to send a wee quick message to you to thank you for helping me. I cried when I came off the phone to you. I've been trying so long for this and was desperate to get a break and I'm actually now feeling so positive about the future" "Just to let you know I passed my HGV driving test this afternoon!!It still feels like a dream. I'm still in shock. Just wanted to say thanks so much for what you did. I couldn't have done this without you. I've finished reading the book you recommended so it's onwards and upwards for me now!"

**Case Study 2 - Employability Team**

Who – tell us about the participant (age, area, etc. - names can be changed) Line of delivery Participants employability aim	B is a 32 year old Syrian refugee living in Argyll and Bute. He lives with his wife and 2 children. B has a job working nightshift in a factory on minimum wage. In the near future, when his English improves, B hopes to do a course in computer programming and his dream is to start up his own business
Barriers Identified	Language barrier Transport – no public transport at night meaning he has a long walk to and from work No access to a digital device
Impact – how has the participant changed or moved forward that would not have been the case without the support. What support has the participant received? (Training/learning participation etc.)	Funding from PESF meant that B could be provided with a bike, helmet and lights, meaning that he could work extra hours and increase his monthly wage. Due to the timings B was unable to attend the ESOL classes available from Community Learning. His PESF worker was able to provide a laptop and enrol B in an online ESOL course which he is able to do on his days off. B has a long term plan and with support from his PESF worker, continued progress with his ESOL course and partnership working with Business Gateway, his dream could become a reality.
What outcomes has the participant achieved (including soft skills, any milestones, qualifications etc.)?	B has increased his monthly wage thus increasing his household income and passed his first Beginners English Skills test.
Has there been any partnership working in order to help the participant e.g. CAB, Business Gateway, health visitors, counselling, external organisations etc. (list is not exhaustive)	Partnership working with Argyll and Bute Refugee Support Worker and Live Argyll's Community Learning Team.
Quote from participant – their views on the support offered and outcome achieved?	"My family and I have received a lot of support since coming to Scotland. I received a bike and a laptop which has helped me work more hours and I am able to study in my free time. I hope to start up my own business in the future. The continued support I receive from my PESF worker is very much appreciated"

**Fair Start Scotland (FSS)**

Fair Start Scotland support is provided face to face or remotely to allow participants the choice of what works best for them.

Over the last 12 months 80 new participants commenced individually tailored provision FSS, 19 of which are parents of dependent children. Keyworkers supported these participants as well as existing case-loads and successfully moved a total of 37 into employment across a number of sectors. In work support is offered to allow continuation of support whilst in employment.

As this is a voluntary service the challenge continues to be competition from other provision such as DWP support, PESF, NOLB and the YPG.



### **The Young Person's Guarantee (YPG)**

The YPG has been well received in particular Employer Recruitment Incentives (ERIs). A total of 79 young people have commenced employment with 64 employers due to the funding available. Of the 34 young people who have reached the end of their funding or decided to end their funded employment; 15 (44%) have been retained in employment with the employer who accessed the subsidy, 6 (18%) are now working with a different employer, 1 (3%) has returned to school, 1 (3%) is at college and 11 (32%) are currently job searching or their whereabouts is unknown.

### **YPG and NOLB Pre-employment Support**

Delivered by Third Sector partner organisations a total of 260 participants (including 42 parents) commenced pre-employment support from April 2022; 104 aged 16 to 24 years and 87 aged 25 plus years. To date 16 have moved into work, 1 self-employment, 11 work experience and 28 Long Term Unemployed paid work placements. These figures are up to 31st December 2022, the next data figures to 31st March 2022 will be available mid-April 2023. This support was funded by the NOLB 2022/23.

These programmes have been extremely successful and it hoped similar will be delivered in 2023/24 subject to the Scottish Government's grant allocation terms and conditions.

### **Plans Ahead**

To continue marketing all employability support to encourage parents to sign up to receive the support which best meets their individual needs.

The Scottish Government will shortly be issuing NOLB All Age Service and Child Poverty Grant Offers Letters to all local authorities in respect of allocations for 2023/24. Pre-employment and low income employment support will be devised in line with funding requirements.

Argyll and Bute Employability Partnership (ABEP) Improvement Action Plan review to be carried out.

The Parental Welfare Fund will be available in 2023/24 to provide financial assistance to parents in the first 3 months of employment.

The Scottish Government has extended Fair Start Scotland by one year to allow referrals to be accepted up to 31st March 2024.

The Employability Team has secured UK Government funding through the UK Shared Prosperity Fund (UKSPF) to offer unemployed residents of Argyll and Bute pre-employment support, training and work placements. Training will also be available to those in low income employment who hope to upskill to enable them to apply for higher paid job opportunities. All interventions will be available from April 2023 to March 2025.

## Skills Development Scotland / Argyll and Bute

**School Service Offer** - Our careers advisers work in partnership with every state secondary school in Argyll and Bute, delivering career guidance to enable young people from S1-S6 to develop their Career Management Skills via a range of group work and 1-1 coaching conversations. We work closely with our partners within the school to identify young person who are considered to be most at risk of not making a positive progression from school, helping those young people to develop their career management skills and move onto education, employment or training when they leave school.

From 1 June to 31 December 2022, we delivered 2,082 Career Information, Advice and Guidance engagements for 1,313 school pupils through a mix of group and one-to-one sessions.

For more information, please click on the following link: <https://www.skillsdevelopmentscotland.co.uk/what-we-do/scotlands-careers-services/>

School Leaver Cohort 20/21 - 838 young people left school during the 21/22 school cohort and our team worked hard over the summer months to follow up those who had left to ensure support was offered. The 2022 Annual Participation Measure showed that of the 2,979 16-19 year olds in Argyll & Bute 93.9% were in education, employment or training and personal development.

**Post School Service Next Steps** – Our service supports young people aged 16 – 18 (extended to 26 for care experienced young people) who are unemployed, helping them to build up their career management skills and move on to and sustain a range of options as appropriate: Training programmes, employability support, education and employment. From 1 April to 31 December 2022 we delivered 465 Career Information, Advice and Guidance engagements for 221 post-school customers through a mix of group and one-to-one sessions.

**Post school service: adults & PACE** - Working in partnership with a range of partners to support local hubs helping unemployed adults to develop their career management and employability skills and move into employment. In Argyll & Bute our advisers have worked closely with the Employability Partnership (DWP & CLD) to deliver support via our local learning hub format.

**PACE: Partnership Action for Continuing Employment (PACE)** is the Scottish Government's initiative dedicated to responding to redundancy situations. Through providing skills development and employability support, PACE aims to minimise the time individuals affected by redundancy are out of work. PACE brings together 24 organisations, together with the Scottish Government to provide free and impartial advice, guidance and support for individuals affected by redundancy.

**PACE** support is available to all individuals affected by redundancy.

Advisers have extensive experience of dealing with redundancy situations and can:

Help with CV, job search, applications, and interviews, advise on benefits, staff may be entitled to provide information on learning and training opportunities.

**PACE** support is delivered using a variety of delivery methods including Face to face, **PACE** Helpline, through webinars and enhanced online resources.

From 1 April to 31 December 2022, we have supported 7 employers and 67 individuals dealing with redundancy.

Visit [www.redundancyscotland.co.uk](http://www.redundancyscotland.co.uk) for more information or call 0800 917 8000 to speak to an adviser.

**My World of Work** - Our website provides trustworthy, expert information and advice and it's free to access for people at any stage in their career. The site is designed to support people of all ages and stages, with activities and tools to help them identify the opportunities open to them. Our school, post school and PACE career coaches have been supporting Argyll and Bute customers by sign posting them to My World of Work for opportunities and developing their career management skills. Parents and schools have been using this service to support pupils with their career journey. Find out more at [www.myworldofwork.co.uk](http://www.myworldofwork.co.uk)

**Care Experienced:** Our advisers continue to work in close partnership with the Argyll and Bute Council Throughcare/After Care and Social Work teams to work with young people who are care experienced and to ensure our support is delivered at the right time and with the relevant support from other key workers supporting the young person.



## Summary of Learning HUBS

The Learning HUBS are being set up in 6 different locations across Argyll with Oban, Campbeltown, Lochgilphead and Rothesay currently in operation with Helensburgh and Dunoon coming on board by late summer. The HUBS are for Adult Learners from age of 16+ (who have left school).

Adult Learning (Community Learning Services) set up and oversee them and have been working in Partnership with other Services to look at how they can collectively provide a holistic and safe space for those members of the community who are wanting to access learning and increase their skills development.

Partners who are regularly or weekly involved alongside the Community Learning worker/s are SDS (Skills Development Scotland) and DWP Job Centre plus (JCP). Which brings added value and additional support.

As the HUBS evolve other Partners will be invited to participate through session slots to raise awareness of their services or to give guidance and support. Within their communities. (This will be different to each local area). For example:

Housing, HCSP, Argyll College

Learner can access the HUBS for support in: Life Skills for Work and Personal Development

Basic Digital skills

Employability support

Accredited Learning Opportunities

Study Skills

Information and sign posting to services and other organisations

Basic financial capability including budgeting

Learners new to social media and Internet (how to use it to keep in touch with family/friends), online shopping, Banking, paying bills etc.

Numbers of learners attending the HUBS are slowly increasing as Adult Learners start to return to "life after lockdown"

Attendance: weekly average numbers mixture of regular attenders and Drop In/ attenders (may only attend once or twice) January 2022 – June 2022 (present)

Learning HUBS	Number of participants
Lochgilphead	13
Oban	3
Rothesay	6
Campbeltown	8
Helensburgh	0
Dunoon	0
Area wide total across all areas combined	On average 30 people per week numbers slowly growing

## Council Apprenticeships

Since April 2022, we have employed 5 new modern apprentices. This brings the total number of apprentices employed since 2014 to 75. Overall, we still have a high rate of apprentices going onto secure employment with Argyll and Bute Council on completion with 73% of all apprentices completed securing a job with the council. As our apprenticeship vacancies are offered based on workforce need determined through our workforce planning process, we are hopeful this rate will remain high.

We have also continued to offer our foundation apprenticeship in social services children and young people across schools within Argyll and Bute. The foundation apprenticeship offers the opportunity for a school pupil to gain work experience and a vocational qualification whilst in school. They gain a qualification which is equivalent to a Higher and at the same time get to experience a work placement which provides them with key experience, skills and knowledge. This is not only a brilliant addition to a school leavers CV, but it allows Argyll and Bute Council to grow a quality Early Years workforce for the future. Argyll and Bute Council continues to work closely with schools to facilitate work placements for young people where possible and has established links with DYW Argyll to offer opportunities for young people in the local area where it is possible to do so.

## Education 2022-2023

Schools have been able to provide renewed consistency for learners since spring 2021. Whilst Covid19 has continued to place additional pressures on staffing and attendance at schools, school communities have enjoyed the return to face to face teaching. All education establishments continued to have contingency plans in place for any return to remote learning and effective communication with parents/carers from both schools and the Education Authority has been a priority. This has allowed schools to respond quickly to changing demands that Covid19 absences placed on our school communities.

Schools have focussed on re-establishing relationships, focussing on the health and well-being of learners alongside literacy and numeracy priorities. Nurture continues to play a vital role in ensuring that our learners the right environment to learn. The Exchange are now providing a counselling service for pupils within schools, again, this is helping to support the wellbeing needs of pupils. A focus on play pedagogy and outdoor learning within primary schools has also been an important focus within school improvement plans.

Assessing learners' progress in literacy, numeracy and other curricular areas, in order that the next steps in learning can be identified, has remained a priority.

CEL data has informed schools of their progress in relation to this and ensured that support and interventions can be coordinated centrally. The PT Recovery and Renewal has continued to work with head teachers within these schools to consider how best to target interventions and, where appropriate, offered training in delivering interventions to ASN and teaching staff. This is central to closing the attainment gap. Additional support and direction has also been put in place to ensure that PEF plans are robust and provide targeted interventions to help close the poverty related attainment gap.

Digital technology such as Google Classroom, Microsoft Teams and SeeSaw has continued to be used to engage pupils and improve communications with parents. Schools have also welcomed parents and partners back into schools to re-engage and involve them in learning. We recognise the importance of parental involvement and engagement in improving outcomes for children and young people. Schools and parent councils are responding to the needs of their community in how they are structuring events and meetings with many parent council meetings continuing to take place virtually as it can help with attendance in particular environments. Connect membership for Parent Councils has also helped support parental involvement and engagement.

The Addressing Non Attendance working group has consulted with all stakeholders to develop work that will help maximise attendance across the local authority.

Schools have continued to support and promote the National Entitlement Card that allows under 22's access to free bus travel. There is scope to improve the uptake of the free bus travel and the Education Department is revising their approach to help address this.

Across secondary schools, the Education Department has been supporting the role of the Mentors In Violence Prevention Programme. A development plan is in place to take the current 3 schools engaged to all secondary schools engaged by 2025. This programme is a mentor based programme that addresses gender based violence. This work is an important part of the Violence Against Women and Girls Project. The work brings together key partners such as Police Scotland and Argyll & Bute Rape Crisis to help support the training and development of mentors and the education of mentees.

In line with UNCRC, We have seen steady progress with Rights Respecting Schools Awards. Since January 2023, 1 school has registered and a further 4 schools have been accredited Bronze. This takes accreditations within Argyll & Bute to 11 registrations, 31 bronze (including 1 partner nursery), 10 silver (including 1 partner nursery) and 4 gold awards. Information has been sent to head teachers to remind them that the award is funded by the Scottish Government until 2025 and that a professional learning event for RRS leads in schools is being developed to support the completion of the action plan that will help schools secure Bronze accreditation.

Education and NHS collaborated to support the return of the drama production tours of "Smoke Free Me" (P6/7) and "You Are Not Alone" (S3). The updated productions included new themes such as vaping. Initial staff evaluations evidence that schools have welcomed the opportunity to re-engage with partners through these productions, that the productions were well received by learners and that this is a useful vehicle for creating discussion around the themes. Evaluative feedback to date demonstrates that staff felt that the productions raised awareness of the support that is available to learners.

## Early Years

The Early Years team have continued to upskill our head teachers, setting managers, lead practitioners and practitioners around the use of SIMD profiling data to specifically target input and resources to support the closure of the poverty-related outcome gap.

In addition, within our more rural and remote communities, where SIMD data is less robust, we encourage all staff to use local knowledge, everyday observation and conversations with families and children to ensure that more qualitative data collection methods are valued and used to target resources effectively and equitably to deliver improved outcomes for all.

Within the central EY team, our Excellence and Equity Leads, in particular, have planned for and carried out targeted work with children living in lower bands of SIMD, as directed by their nationally prescribed remit. This work includes supporting individual children with learning to listen inputs to support language acquisition, story-sharing initiatives to build vocabulary and liaising with speech and language colleagues to ensure staff have an understanding of how to support speech development where there may be developmental delay. All of this work is grounded in the use of improvement methodology to ensure that our approaches are evidence-based and leading to the improvements we require to close the outcome gap for specific children.

Our Family Support workers have also been active within our community, attending parent and toddler groups to ensure family learning initiatives around dental health, toilet training, community support initiatives, foodbank access, library sessions, Bookbug sessions and PEEP training sessions are being shared as widely as possible with parents. They are also working closely with Health Visitors to support families to address health and well-being concerns, and gather data around community need to ensure we tailor our future CLPL inputs appropriately. We recently carried out several stay and play/Bookbug sessions within community venues to encourage parents to come along with their child and enjoy a fun-filled session, with no cost implication as part of our Easter holiday offer.

Moving forward, it is part of our work with our Children and Young People's Service plan (CYPSP) to work closely with Health Visitors and Allied Health Professionals to ensure we deliver universal supports to improve infant mental health and wellbeing through building an EY workforce which is trauma informed and trauma responsive in practice; this work sits alongside more targeted interventions in liaison with Argyll & Bute's Infant Mental Health service, to ensure that we are meeting children's needs at all levels whilst also supporting the family unit around the child to support strong attachments which support children to thrive.

Finally, we have committed fiscally this session to support the focus upon early years' environments, both indoors and outdoors, which nurture and support children developmentally whilst providing the space, awe and wonder to encourage play which builds upon their natural curiosity as a learner. This is to ensure that every child has the best start in life and is ready to achieve their potential, irrespective of their social or economic starting point.



It had been anticipated that the academic year 2022/23 would return to a more normal mode of delivery for Higher and Further Education courses at Argyll College. All students were given the opportunity to attend their courses from their local learning centres but allowance was made for students to also link in to courses remotely from home. Almost 50% of our full time students in the end opted to study at least some of their classes remotely, several citing cost of travel or caring responsibilities as reasons for this. Whilst there are undoubtedly some convenience and possibly cost saving aspects there are also several drawbacks and these students are generally not achieving as successfully as more engaged students and there is a higher withdrawal rate. Reasons given for withdrawal are feelings of isolation, not feeling engaged with their studies, or students gradually just no longer attending. Without seeing these students so much in person it has also been harder to identify issues with a student's wellbeing early on in the student journey. Argyll College is looking to put measures in place to encourage more in person attendance in the learning centres for the coming academic year. These include more cross course student activities, quicker access to student advisers for learning and pastoral support, enhanced support to apply for all relevant funding. Where necessary the college has continued to provide long term loan of suitable laptops and dongles to allow students to study remotely.

The cost of living crisis has impacted students too. All Argyll College Learning centres now provide access to facilities where students can make hot drinks or heat food. Basic breakfast ingredients, soups and some ready meals are all free and available to our students to take as they need. College discretionary funds have been used to provide additional money to low-income households – young students in receipt of Education Maintenance Allowance currently receive an uplift of £20 per week, students who have a reduced bursary due to Universal Credit entitlement have had two one-off payments in this current year, again to help with the cost of living.

The College Counselling service continues to be well used with an increase in numbers using this service from the previous year. This rise in numbers was not unexpected and the college Counsellor was able to cover this with only a slight increase to waiting times (these still remained at two weeks or less). Students also are encouraged to access Wellbeing Resources managed through Together all and Spectrum Life – two online services subscribed to by UHI.

Other college support services continue to be delivered through a mix of online and face to face. Information that would normally be promoted to students via posters within the learning centres is passed out by email / social media campaigns from time to time, co-ordinated with visits to the online classrooms to give more information. Examples of these would be reminding students of the availability of period products via Hey Girls, where to find information and support for gender based violence etc.

## **B. Increasing Income through Benefits**

### **Client Gain through Advice Activity:**

Once again Advice Services across Argyll and Bute have managed to make a considerable difference in the lives of people who are struggling. The table below shows the client gain from 1 April 2022 to 31 March 2023 for the citizens of Argyll and Bute as **£10,849,000**.

<b>Organisation</b>	<b>2022/2023 (£'000)</b>
Bute Advice Centre	2.249
Argyll and Bute Council Welfare Rights Service	4.324
ACHA Welfare Rights	2.690
Argyll and Bute Citizens Advice Bureau	0.875
ALLenergy	0.275
Fyne Homes	0.426
<b>TOTAL</b>	<b>10.839</b>

### **Flexible Food and Fuel Fund**

Launched on 11 January 2021 the Argyll and Bute Flexible Food and Fuel Fund (FFFF) uses funds provided by the Scottish Government to support people with financial insecurities to pay for food and fuel during these tough times.

At the end of March 2023, there has been 1,810 families supported and the combined total client gain is £2.528 million meaning that the average client gain per household is £1,397. In addition the team are managing a debt portfolio of £220,000 across all claimants where they continue to negotiate with creditors to reduce the arrears of individuals and families receiving support.

The project has recently received national acclaim winning the ASSIST Facilities Management Community Focus Award 2022/2023. Looking forward funding has been secured through the UK Shared Prosperity Fund and, combined with residual Scottish Government funds this will see the project supported for a further two years to March 2025.

**The Welfare Rights Team at Argyll and Bute Council** continues to ensure that residents of Argyll and Bute are not missing out on their entitlement to both UK and Scottish Government administered benefits and other related help.

We provide advice to members of the public on claiming benefits. This includes carrying out benefit checks, completion of application forms and providing representation for clients if they wish to challenge a decision. The service has a key focus on maximising income and reducing poverty. Our support is targeted at some of the most vulnerable in our communities and makes a significant contribution to tackling fuel poverty by maximising household income and preventing homelessness.

Two members of our team are funded by MacMillan Cancer Support and they are able to provide an enhanced Welfare Rights Service for people affected by cancer across the area.

In 2023 the Welfare Rights Team will continue to promote the service with partners and community groups across all areas with particular emphasis on the islands and rural locations.



The annual Customer Satisfaction Survey report for 2022/23 has been completed – a total of 114 responses were received:

- 99% of customers would recommend the service
- 99% rated their overall experience of using the service as excellent or good
- 96% said the time taken to respond to their initial enquiry was excellent or good
- 87% of respondents added an additional comment, examples are;

“Fantastic service which we are very lucky to have living in a rural location”

“Much underrated service of great benefit to the community”

“I would not have been able to deal with the process of appealing without their help, exceptional!”

## Social Security Scotland

The Scottish Government’s 2nd Tackling Child Poverty Delivery Plan (Best Start, Bright Futures), backed up by up to £113m extra investment this year, sets out bold action to drive progress on the national mission to tackle child poverty.

The actions set out are projected to drive child poverty in Scotland to the lowest levels in 30 years, with current projections suggesting 60,000 fewer children could live in relative poverty by 2023 compared to 2017 (to 17%, from 24%).

This includes lifting an estimated 50,000 children out of relative poverty in 2023 through the Scottish Child Payment.

The Scottish Government’s package of five family benefits for low income families, administered by Social Security Scotland, is now worth up to a maximum of over £10,000 by the time a family’s first child turns six – and £9,700 for second and subsequent children.

Social Security Scotland is responsible for administering a number of benefits that have been devolved to Scotland.

Currently, Social Security Scotland administers thirteen benefits, eight of which are brand new.

The benefits includes:

- **Carer’s Allowance Supplement** – an extra payment of £245.70 paid twice a year for people in Scotland who get Carer’s Allowance on a particular date.
- **Best Start Grant** - is a package of three payments that will give extra money to families on certain benefits or tax credits during the early years of a child’s life.
  - o **Best Start Grant – Pregnancy and Baby Payment** – one off payment of up to £642.35 from 24 weeks in pregnancy up until a baby turns six months for families who get certain benefits. This goes up to one if you’ve taken over looking after a child, such as if you’ve adopted. You get £642.35 for your first child or £321.20 for any subsequent child.
  - o **Best Start Grant – Early Learning Payment** – one off payment of £267.65 when a child is between two and three years and six months. People can still apply if your child is not taking up a place at nursery
  - o **Best Start Grant – School Age Payment** – one off payment of £267.65 for eligible families around the time a child normally starts Primary 1. People can still apply if they are deferring school entry.

- Best Start Foods – a prepaid card for families to help buy food for children under three or during pregnancy. It replaced the UK Government’s Healthy Start Vouchers in Scotland.
- Funeral Support Payment – a payment available to people in Scotland, who are on certain benefits or tax credits, and need support to meet the costs of a funeral.
- Young Carer Grant - a yearly payment of £326.65 for young carers aged 16 to 18 who live in Scotland and care for people for an average of 16 hours a week or more.
- Job Start Payment - a one off payment of £267.65 for 16 to 24 year olds, or £428.25 if the main carer of any children, who have been out of work and on certain benefits for six months or more to help with the costs of starting a job.
- Child Winter Heating Assistance – a payment of £214.10 to help disabled children and young people and their families with increased heating costs over winter.
- Scottish Child Payment – a benefit unique to Scotland of £100 every four weeks to eligible families and carers to help towards the costs of looking after each child under 16. There are no limits on the number of eligible children supported by the Scottish Child Payment.
- Child Disability Payment - provides support for the extra costs that a disabled child might have, whether mental or physical disabilities. People can apply for Child Disability Payment for a disabled child under 16 however Social Security Scotland will pay Child Disability Payment until the child is 18.
- Adult Disability Payment – is extra money to help people who have a disability or long-term health condition that everyday life.
- Winter Heating Payment - a yearly payment of £50 to help people on low income benefits who might have extra heating needs during the winter.

Social Security Scotland is working in close partnership with organisations across Argyll and Bute to maximise the take-up of these benefits.

The Local Delivery team continue to be very busy helping clients apply and we have increased the number of community venues on offer for clients to choose although home visits remain the most popular choice.

There has been excellent joint working with Education staff to get targeted information out to parents on the increase and change to the Scottish Child Payment and this is reflected in the very positive quarterly increase.

The Argyll and Bute team have been attending the Ukrainian Welcome Fayres across Argyll and Bute to support Ukrainian families to claim our benefits. Information at the Fayres was provided in Ukrainian and Russian to assist with this and Social Security Scotland also has interpretation services to support.

Social Security Scotland statistics: publications - gov.scot ([www.gov.scot](http://www.gov.scot))

## Money Counts Level 1 Awareness Raising Sessions

The Money Counts Level 1 awareness session was co-developed by the Highland Money Counts Partnership including the Trussell Trust, NHS Highland, Highland Council and Social Security Scotland, in partnership with the Independent Food Aid Network and Nourish Scotland. This is a short, 45 minute awareness session, delivered remotely through Teams for anyone who may feel less confident and experienced about discussing money worries, but may be in a position to have a brief conversation with individuals and signpost on. This session is targeted at anyone from health, education and social care staff; 3rd sector workers and volunteers; warm place volunteers and anyone who may be able to start a brief conversation about money worries.

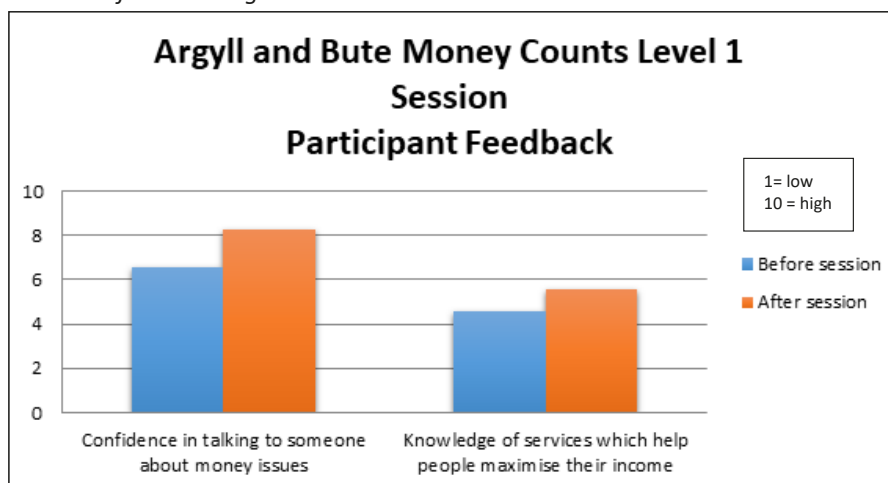
The session aims to:

- Increase understanding of poverty and its impact;
- Increase confidence to ask about money worries;
- Increase knowledge of support services for money matters.

The session helps to promote the Argyll and Bute Worrying about Money leaflet (see item 2 below). Initially, the sessions were delivered separately both in Argyll and Bute and North Highland areas; however, from the beginning of this year the sessions are being delivered together. This gives more sessions available to staff throughout the NHS Highland area. Figures and feedback for Argyll and Bute are being collected separately. Since the sessions have been available to staff throughout Argyll and Bute HSCP, there has been 9 sessions, with a total of 40 attendees with very positive feedback – see chart below.

*A chart showing how much people changed their confidence and skills levels because of the training.*

Following a slow start with attendance, numbers in Argyll and Bute are picking up and it is hoped that with regular advertising and people who have already attended spreading the word, these numbers will continue to grow for the benefit of communities in Argyll and Bute.



### Worrying about money leaflets

The 'Worrying About Money?' cash first referral leaflet is a straightforward resource both for people facing money worries and support workers. The step-by-step guide identifies which local agencies are best placed to help people maximise income and access any existing financial entitlements.

These leaflets are available for many individual local authorities in the UK and this is the link to the Argyll and Bute leaflet.

[Argyll and Bute - Worrying about Money?](#)

[www.worryingaboutmoney.co.uk](http://www.worryingaboutmoney.co.uk)

<https://www.worryingaboutmoney.co.uk/argyll-and-bute>

As well as in English, this leaflet is now available in Gaelic, Ukrainian, Polish and Arabic versions and all are available to download from the website link above. These leaflets have been distributed to a range of health settings and community events, including Chronic Pain workshops.



## Community Link Workers

The General Medical Services contract for primary care delivery in Scotland included the roll out of Links Workers as one of six new requirements for Health & Social Care Partnership, to be delivered in partnership with primary care settings. This service is one of a number of activities designed to remove the pressure on GP services by reducing the burden on GP time, freeing them to focus on their role. Community Links Workers (CLW) can take referrals from primary care teams and use a person-centred social prescribing approach to strengthen the link between primary care, other health services, and community resources.

The CLW works with an individual to identify underlying causes and stressors in their life, which are having a negative impact on their health. These causes and stressors are often complex socioeconomic issues which are more appropriately addressed by services other than primary care. The CLW supports individuals to set goals and to navigate barriers to accessing services. The aim is to support people in taking control over their own health and wellbeing, and includes referring them to community services which can support them in doing so. CLWs therefore play a role in addressing poverty, one of the socioeconomic determinants of health.

The CLW service in Argyll and Bute currently delivers support in 13 GP practices, since March 2022. GP practices receiving the service are in the most deprived areas of Argyll and Bute. The successful commissioned service who delivers the programme is We Are With You, a 3rd Sector organisation.

Referrals from GP practices allocated CLW hours have steadily increased since launch. The service is now available in 13 GP practices, with an additional practice due to receive a service shortly following recruitment. The referral process for the Argyll and Bute Service is via the Elemental social prescribing software which integrates with GP practice systems. Outcomes in 2022 - 2023 include:

- 436 referrals received in the first year of the service.
- 92.6% of people who have completed a wellbeing scale at entry and exit have recorded an improvement in their scores, with an average increase of 5.28% in their scores.
- For people being seen for more than 6-8 weeks, Wellbeing Outcome Star measure is used, with 100% of these individuals having increased scores.
- Top reasons for referral were mental health (52%), social isolation (14%), stress (14%), finance (10%), long-term conditions (10%), and housing and essential needs (14%).
- 41 out of 42 people who completed a satisfaction survey strongly agreed/agreed that they had received the right support from the link worker.

[www.buteadvice.org.uk/files/ugd/8240ff\\_be82a1fb63d34014922ff93d0315f12a.pdf](http://www.buteadvice.org.uk/files/ugd/8240ff_be82a1fb63d34014922ff93d0315f12a.pdf)

## Welfare Advice and Health Partnerships

In 2023, the Scottish Government increased the funding available to develop Welfare Advice and Health Partnerships (WAHPs). This increased funding is being used to test the partnerships in remote and rural areas. WAHP's provide access to money and welfare rights advice in health care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.

Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.

WAHP's provide GP practices with welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:

- ensure people are directed to the right support;
- help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments;
- allow GP appointments to be more focused on medical matters.

This initiative will help to address financial insecurity for individuals who may not seek support from other means of welfare advice and in doing so contribute to improvements in health and reduce demands on Primary Care services.

Funding is being allocated to Argyll and Bute Council for additional resource for welfare advice specialists, for a 2-year pilot. Preparation for these partnerships has taken place between December 2022 and March 2023. The service will start in five GP practices in Argyll and Bute in April 2023. The 5 rural GP surgeries in the Mid-Argyll and Kintyre area that were selected have all now agreed to take part in programme which will start on 1st April 2023.

### Cool2talk

Cool2talk supplies free, anonymous, and confidential health information for young people. Cool2Talk reported that during the period 2020–2022, an average of 123 questions were asked per year. The questions covered a broad range of topics. The most often discussed topics in 2020-2021 were sexual health (26), general health (21) and anxiety (15). 45% of the total questions asked in the year 2021–2022, were assigned to the emotional health topic. In addition, there were 37 questions assigned to the relationships topic; this may have been due to the impact of COVID-19 and lockdowns on young people's mental wellbeing and their friendships.

From 2020-2023 cool2talk received three questions related to work/money worries and the impact this had on emotional health. The young people who asked these questions received a bespoke response. Two of the young people were signposted to Citizens Advice, one was signposted to Argyll and Bute Councils money advice section of their website. All young people were also signposted to Breathing Space or advised to speak to someone they trust such as a school counsellor.

## Living Well Networks

There are four Living Well Network (LWN) Coordinators in Argyll and Bute covering eight areas (Bute and Cowal; Helensburgh and Lomond; Mid Argyll, Kintyre and Islay; Oban, Lorn and The Islands). The purpose of the Networks is to develop local partnership working and planning for health improvement activity.

The LWN's are supported by and help to build capacity for the Public Health Team. They are the link to the community and Third Sector for the PH team. The Networks hold quarterly meetings inviting all their members and in between meetings send out information or newsletters. Each Network creates an annual action plan identifying priorities to focus on. Last year all Networks had speakers at their meetings presenting on child poverty. Presenters included the Poverty Alliance Scotland, Social Security Scotland, ALI-Energy, A&B Children and Families, Bute Advice Centre, Flexible Food Fund etc. In addition, the LWN Coordinators helped to promote the Flexible Food Fund Road shows and one Coordinator created a twelve-page document summarising all the information provided by the speakers to distribute to all LWN members. All Networks promote the Money Worries training and leaflet to all members.

### C. Cost of Living Housing

#### Rent levels

In 2022-2023 the Scottish Government has frozen rents in both the social and private rented sectors. This ensured that rent levels remained constant to protect those low-income families struggling due to the Cost of Living Crisis. As of January 2023, the rent is no longer frozen for Social Rented homes and Private Rented homes rent rises are capped at 3%.

#### Number of children in housing need in Argyll and Bute

In March 2023, children accounted for 29% of the HOMEArgyll Common Waiting List which equated to 1869 children. Applications from households with children accounted for 30% of all housing applications equating to 974 households. This comprises of households waiting on a social rented home, homeless households, and those already housed in social rented accommodation. This latter group need or want to transfer to another home often because they want or need a different-sized home or a home with specialist provision.

The waiting list demonstrates that 79% of households with children (773) have been assessed as being in housing need and consequently 1537 children have been allocated additional housing points.

The number of households with children under 16 years of age on the homeless and general waiting list, in September 2022 equated to 636 households compared to 633 in March 2023. The number of children on the homeless and general waiting list has declined slightly from 1,180 in September 2022 to 1,168 in March 2023.

#### Number of households with children and the number of children waiting for a social rented property.

HOME Argyll waiting list	No of households with children under 16	Total No of children
General list	573	1043
Homeless list	60	125
Transfer list	341	701
<b>TOTAL</b>	<b>974</b>	<b>1869</b>

Source: Abris (Argyll and Bute's Joint Housing Register) March 2023



## Affordable Housing Supply

The following actions are being undertaken in Argyll and Bute to increase the supply of affordable housing:

- New Builds - In Argyll and Bute, in 2022-2023, 177 new energy-efficient homes were built due to Argyll and Bute's Strategic Housing Investment Plan (SHIP).
- Community Housing Trusts-Housing Services has established a Community Housing Network to enable Community Housing Trusts to obtain the support they require to deliver affordable housing to their communities. In 2022-2023, 18 affordable homes were built or brought back into use and work on five new build affordable homes on Gigha has commenced.
- Buy Backs-As well as new build homes, the HOMEArgyll Partners have bought some private homes, which they have added to their affordable rented stock to increase the number of properties available to rent at an affordable rate. In 2023-2024 the council and HOMEArgyll partners hope to increase the number of homes they are able to buy back from the private sector through the "Argyll and Bute Buy Back Initiative".
- Short-Term Let Legislation- the Scottish Government considers that introducing the legislation will increase the supply of homes available for local residents. In 2022-2023, applications for Short Term Letting Licences commenced in Argyll and Bute, with the legal obligation to obtain a licence coming into force in 2023-2024.
- Supplying homes in the right places and homes for key workers-  
The Argyll and Bute SHIP programme and the Strategic Housing Fund (SHF) have supported the provision of new homes in islands such as:
 

o Jura	o Tiree
o Islay	o Mull
o Colonsay	o Ulva and
o Coll	o Gigha

As well as developments in smaller settlements such as:

- o Inveraray
- o Benderloch
- o North Connel
- o Port Appin and
- o Barcaldine

The Rural Growth Deal will also increase the number of homes available for key workers. Parents having access to high-quality jobs can lift children out of poverty. However, there are several barriers to obtaining high-quality employment in rural areas.

*"specific rural barriers [to employment] such as greater distances to employment/childcare providers, limited access to social housing and more expensive transport costs."* (Glass, 2020, p7).

Therefore, it is essential to have affordable homes located in places close to employment and childcare to reduce the barriers to employment.

- 16-18-year-olds- When there is a lack of supply of affordable homes, sixteen to eighteen-year-olds who are unable to live at home due to overcrowding or due to the family home not being accessible from their place of employment or training may be forced to stay with friends/ 'sofa surfing'. These insecure and precarious housing arrangements can easily result in homelessness.

### Housing vulnerable families who are more likely to be in poverty

The Local Housing Strategy (LHS) recognises that children and families in these households are more likely to experience poverty. Hence, the LHS outlines a series of actions to address disadvantage and alleviate poverty. These include preventing families and young people from becoming homeless.

### The percentage of household types who are in relative poverty

Source: Scottish Government Child Poverty Strategy.

- Insecure tenancies in the Private Rented Sector- Many families live in the private rented sector. This sector is often expensive, and tenancies are less secure, with some families living in this sector being pushed into poverty or even homelessness. This is evidenced by the authors of “Affordable Housing Need in Scotland Post 2021”, which stated that the largest proportion of those subjected to formal homelessness assessments in Scotland lived in a private rented properties.

In addition to the homelessness risk, there is a risk that the tenancy will end and that the family will have to move to a new area to find a new home, resulting in children having to move schools. Research suggests that regularly changing schools affect children’s attainment and, therefore, their life chances.

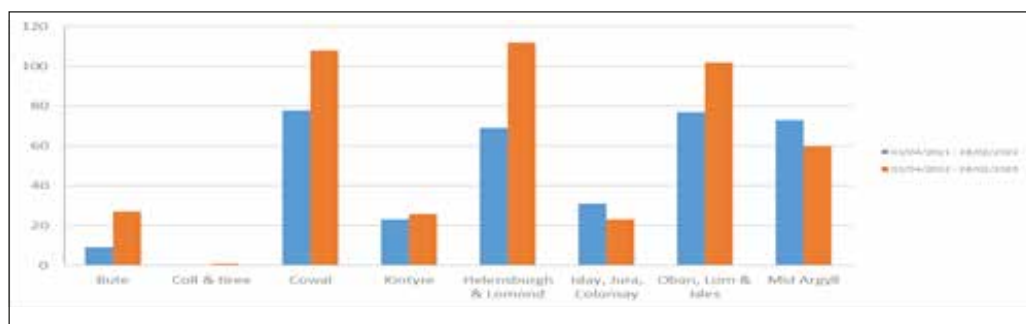
- Homelessness-The housing options service assists families and individual young people aged 16-18 in identifying the type of home they need and can afford. This reduces the number of failed tenancies, thus ensuring more tenants can remain in their homes. This preventative work reduces incidences of homelessness which in turn contributes to reducing child poverty.

There was a significant decline in the number of homeless children in Argyll and Bute from 319 in 2017/18 to 175 in 2021/22. In 2021/22, 374 homeless cases were closed, of which 119 involved households with dependent children (amounting to 196 children) and 87 of these households received a positive outcome.

However, homelessness applications have risen sharply between the 1st of April 2022 and the 28th of February 2023. During that period, 460 homeless applications were made, an increase of 99 applications (27% up) in the same period in the previous year. There are currently 267 statutory homeless households waiting for permanent accommodation, with 60 of these households having children in them. Although there is a rising homelessness trend, the number of children in homeless households has reduced from 175 children in 2021/2022 to 125 in 2022-2023.

Homelessness applications vary by location, with Cowal, Helensburgh and Lomond, and Oban, Lorn and the Isles seeing the highest levels of homeless applications.

### The number of homelessness applications in Argyll and Bute by area from 1st April 2022 to 28th March 2023



A chart showing the number of homelessness applications in Argyll and Bute by area from 1st April 2022 to 28th March 2023.

Source: Argyll and Bute Council March 2023.



- Large households- 32% of households with three or more children are in relative poverty. The Local Housing Strategy aims to provide families with access to housing that is the right size to meet their needs. Research shows that children who live in overcrowded housing find it challenging to find a place to do homework and study, negatively impacting their life chances and keeps them trapped in a cycle of poverty.

In March 2023, 150 households on the HOMEArgyll waiting list needed a home with four or more bedrooms. This equates to 15% of households with children requiring a home with four or more bedrooms.

Number of households with children in Argyll and Bute by bedroom size in March 2023

No of households with children under 16	Minimum bedroom size required
3	One bed
505	Two bed
316	Three bed
<b>150</b>	Four+ bed

Source: Abris (Argyll and Bute's Joint Housing Register) March 2023

- Families with a disabled family member- 29% of households with a disabled family member are in relative poverty. In Argyll and Bute, considerable work is undertaken to meet the needs of families with a disabled member. This includes:
  - o In 2022-2023, building 24 new wheelchair homes and 25 homes are suitable for disabled people who do not require a wheelchair spec home.
  - o A full-time Housing Occupational Therapist (OT) has been employed to work within the housing service to ensure needs are met through the design of new-build housing or by adapting existing public and private sector homes. Children and young people with particular needs will benefit from the bespoke person-centred approach provided by the Housing OT.
  - o The number of households seeking advice regarding 'Accommodation Unsuitable – Mobility / Adaptations Issues' has decreased from 82 to 64 in Argyll and Bute from 1st April 2022 to 28th February 2023.

## Housing Condition

The housing condition in Argyll and Bute does not compare favourably with the Scottish average. A higher proportion of homes are in poor condition and fail to meet tolerable standards, mainly due to their failure to meet energy efficiency standards. Living in a cold home has been linked to several health conditions. These conditions often result in children missing school, and this has an impact on their life chances. Research suggests a relationship between poor housing and lower educational attainment. Hence, children living in poor housing are more likely to have lower educational attainment, which has a negative impact on children’s life chances.

The Council supports discretionary repair and improvement work to private sector properties via the Private Sector Housing Grant. Housing associations carry out planned cyclical maintenance and improvement works on their stock and deliver necessary adaptations with investment from the Scottish Government.

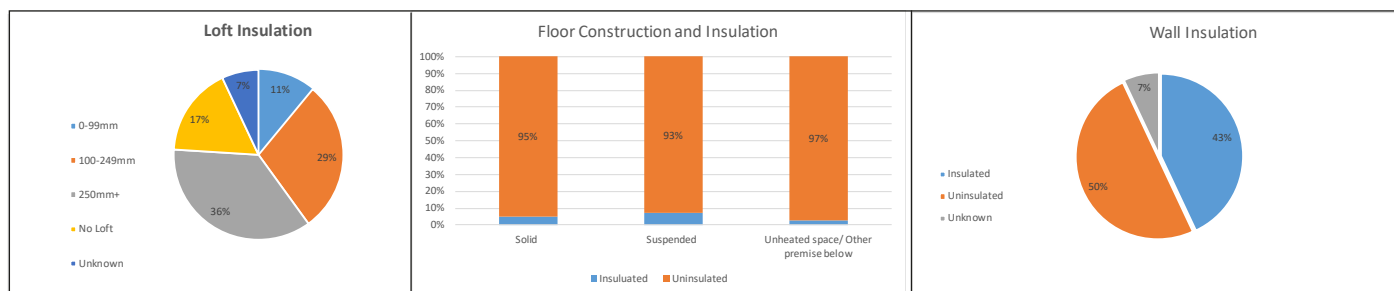
### Energy efficiency and affordable warmth

Homes in Argyll and Bute need considerable works to be done to improve insulation measures, as figure \* shows only:

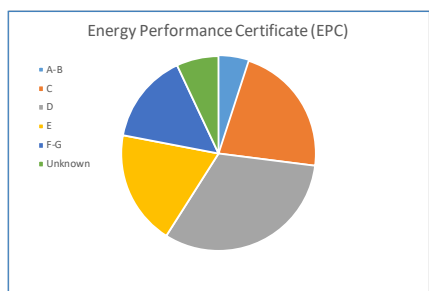
- a third have adequate loft insulation;
- 50% have insulated walls;
- 3-7% have floors insulated

Four charts showing levels of insulation in houses across Argyll and Bute.

Insulation measures in Argyll and Bute homes as of March 2023.



Source: Home Analytics



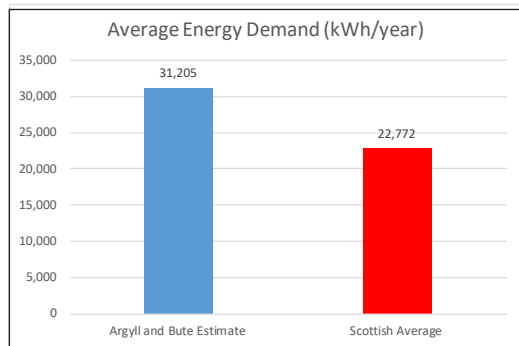
Source: Home Analytics

A similar picture emerges when the Energy Performance Certificate (EPC) ratings for Argyll and Bute are assessed. Figure \* shows that less than a third of homes are rated EPC band C or higher.

The Energy Performance Certificate (EPC) ratings for homes in Argyll and Bute in March 2023.

Poor housing condition, coupled with homes with poor EPC ratings and low insulation levels, create homes requiring a more significant amount of heat to feel comfortable, as can be seen by figure \*.

Average Energy Demand (kWh/year) in Argyll and Bute and Scotland in March 2023.



A chart showing Average Energy Demand (kWh/year) in Argyll and Bute and Scotland in March 2023.

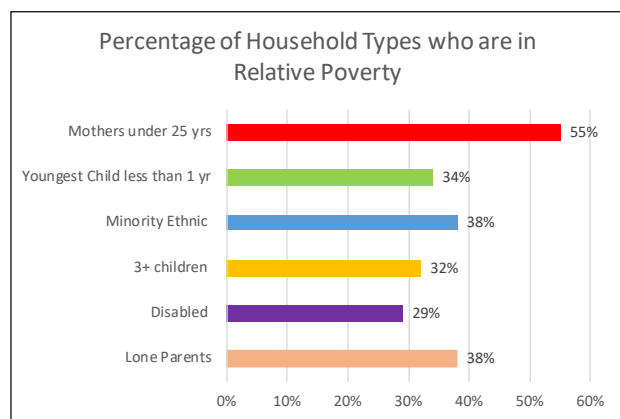
Key:  
Argyll and Bute ■

Source: Home Analytics

2022-2023 has been characterised by record high fuel prices adding hundreds and, in some cases, over a thousand pounds to a household’s energy bills. High fuel costs combined with homes in Argyll and Bute requiring more heat to feel comfortable than homes in other parts of Scotland will likely push many families into poverty. Figure \* shows that Argyll and Bute has high levels of fuel poverty, with 30% of households in March 2023 being in fuel poverty and 25% in extreme fuel poverty.

The percentage of households in fuel poverty and extreme fuel poverty in Argyll and Bute in March 2023.

A chart showing The percentage of households in fuel poverty and extreme fuel poverty in Argyll and Bute in March 2023



Source: Home Analytics

Improving our understanding of child poverty in rural and island Scotland report states that:

“fuel costs are known to be a particular contributor to fuel-related poverty in rural and island communities (for various reasons, including, on average, larger and older housing stock and more homes that are off-mains gas grid meaning that households are more reliant on expensive oil or electric heating), so interventions for focusing on reducing costs for these households might be particularly helpful. These might include, for example, schemes to improve house insulation to reduce energy bills.”

The LHS outlines a series of actions to reduce energy consumption, such as:

The SHIP Programme- Houses developed through the Strategic Housing Investment Plan (SHIP) are built to the ‘Greener Standards’, which ensure high energy efficiency levels. In this authority, Registered Social Landlords (RSL) pioneered the development of the innovative Passivhaus model of housing at Innellan in Cowal. Another RSL has utilised SHIP funding to finance a new Passivhaus scheme in Garelochhead. These schemes require the home to have a 75% reduction in space heating needs than a typical new build home. Several other energy efficiency measures and initiatives are being developed and piloted within SHIP new builds. From December 2023, homes built through the SHIP programme will have even higher insulation levels than the ‘Greener Standard’ requires. However, new build homes only account for a small portion of the housing stock.

Local Heat and Energy Efficiency Strategy (LHEES)- To tackle fuel poverty, the Scottish Government has placed a duty on all local authorities to develop a Local Heat and Energy Efficiency Strategy (LHEES) and delivery plan. The council will publish its LHEES in 2023-24. This strategy and delivery plan will provide a framework to accelerate works to improve the building fabric and ensure there is a plan to reduce the amount of heat required by a home. What this means in practice is that the home will need less energy to reach a comfortable temperature, lowering heating bills and helping to alleviate child poverty.

HEEPS and Warmer Homes- the Home Energy Efficiency Programme Scotland: Area Based Scheme (HEEPS: ABS) is financed by the Scottish Government and managed by the council. This scheme offers residents in Council tax bands A-C properties energy efficiency measures. The scheme is also open to properties in higher council tax bands, which were extremely energy inefficient. Argyll and Bute Council was awarded £2,371,323 for the HEEPS: ABS programme for 2022/23. The current programme runs until 30th June 2023, and all funding is expected to be spent. The programme has spent £930,269 on insulation measures in 163 homes in Argyll and Bute. In 2021-2022, 186 homes received energy efficiency measures investing £1,081,705 into the housing stock.

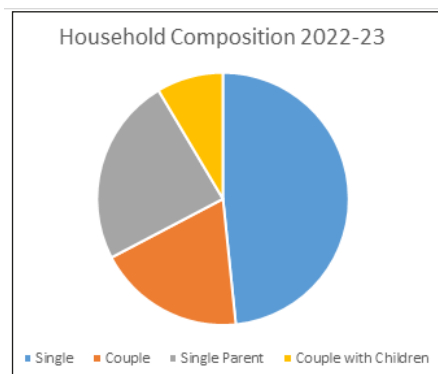
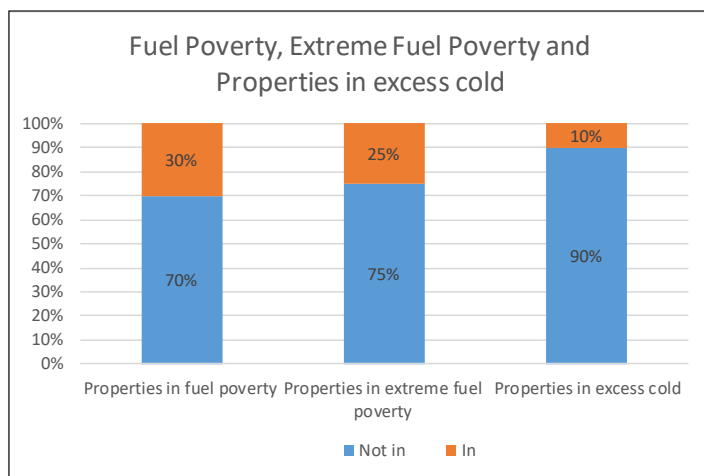
The Scottish Government also awarded £2.2 million to Argyll and Bute in December 2022 to assist the council and Argyll Community Housing Association (ACHA) in delivering more energy-efficient homes, thus reducing household fuel bills. This project will insulate mixed tenure blocks of properties in Lorn, Tarbert, Bute and Cowal. The funding will also contribute towards an insulation and regeneration project in Ardrishaig.

Energy Efficiency Standards for Social Housing (EESH) - Social housing landlords have been carrying out works in their housing stock to improve their energy efficiency. Most homes owned by social landlords now meet the Energy Efficiency Standard for Social Housing (EESH), with most landlords having over 90% of their stock meeting the standard

### **Allenergy - Fuel Poverty**

Argyll, Lomond and the Islands Energy Agency (Allenergy) continues to provide energy efficiency and affordable warmth advice to households in Fuel Poverty across Argyll and Bute. The majority of our work involves working intensively on a one-to-one basis with clients who come to us either via referrals or by themselves. Clients are first assessed for any immediate crisis interventions required. Crisis grants are accessed subject to availability and eligibility from a variety of sources. Depending on the source, payments could be in the form of prepayment meter vouchers; payments made direct to energy suppliers; cash payments; or provision of essential appliances such as white goods or other items as required. These payments have provided immediate relief and literally enabled people to get out of debt and put their heating back on. The service also helps to increase clients understanding of energy issues, save money on their ongoing costs and improve their resilience to fuel poverty going forward, by providing comprehensive home energy advice offered by telephone and/or through home visits including on energy efficient behaviours, heating systems, appliances, meters, tariffs, bills, dealing with damp and condensation, and ensuring clients receive all energy bill discounts and schemes they are eligible for. The end result is an improvement in household finance, knowledge and understanding, resilience, comfort, health and wellbeing.

Two charts showing percentages of people in fuel poverty and who are in these families



As expected the number of enquiries increased as the colder weather set in. In 2022-23 many households were suffering from fuel poverty due to unaffordable energy prices. This is a particular problem across our large rural area, as mains gas is mostly not available, and other heating methods are usually significantly more expensive. We also have bad weather, poor housing and low incomes, all of which are challenging. We are seeing a larger number of clients than in previous years, and they are often in a worse state of desperation. We are seeing many more clients who simply can't afford to turn their heating on at all. Many are on prepayment meters which they are unable to top up, and they have suffered severely through the cold winter weather. With the end of the Energy Bills Support Scheme, we expect to see households struggle in spring into summer as there is still a need for heating in the West of Scotland. Families are reporting they are worried about the summer school holidays as children will be at home on devices and they will be cooking more.

In 2022-23 a third of the households seeking help with energy had children in the home, a quarter of ALLenergy's clients were single parents.

On average, we calculate the client gains achieved in 2022-23 to be worth an average of at least £500 per client, in a combination of accurately measured crisis intervention funds (~£200) and other estimated savings (~£300). Estimated savings are a combination of factors such as: lower bills as a result of behavioural changes; switching to new energy efficient appliances; changing tariffs or meters; installation of new technologies/gadgets; ensuring all clients receive all discounts and schemes they are eligible for; onward referrals for benefit checks, financial advice, Scottish Government funded insulation or new heating installs.

In 2022-23 ALLenergy's total client gain was over £180,000. ALLenergy's Flexible Fund provided direct energy payments and funds for white goods (fridge-freezer, washing machine, cooker, etc.) to 49 Single Parent Families totalling £16,300; direct energy payments to 94 households experiencing difficulty with energy debt and ongoing costs totalling £31,462; and direct energy payments and funds for white goods to 38 households with a cancer or other life limiting illness totalling £13,250. In March 2023 ALLenergy registered with Children in Need and were successful with 15 applications for households with children averaging £317 per award for white goods and household appliances. ALLenergy works with the Glasspool Trust to provide white goods (fridge-freezer, washing machine, cooker, etc.) and were successful in 2022-23 with 28 applications totalling £8,165. The Fuel Bank Foundation awarded ALLenergy clients 713 vouchers with a total value of £28,268. The Scottish Government funded Home Heating Support Fund awarded 129 ALLenergy clients a total value of £97,694 in direct energy payments and fuel vouchers.

Allenergy continue to work with Argyll & Bute Council, Bute Advice Centre and the Argyll & Bute Community Food Forum to deliver Argyll & Bute Council's Flexible Food & Fuel Fund. Since the launch of the fund in January 2020 the client gain has reached £2.5 million to the end of March 2023.

### Free School Meals and Holiday Provision



Free school meals support for entitled pupils has remained a key way of tackling the cost of living challenges for families with children.

All children in receipt of 1140 hours of childcare in early years' settings receive a free school meal, along with free milk and a healthy snack.

Work continues to implement the extension of universal free school meals to all Primary school pupils, with all pupils in P1 – P5 now entitled to a free school meal, and from August 2023 children in P6 and P7 in receipt of the Scottish child payment will also be entitled to a free school meal.

Cash payments in lieu of free school meals for those in receipt on the basis of need have and will continue throughout all future holiday periods, funded by Scottish Government. In Argyll and Bute, the payment made is the equivalent of £3 per pupil per day, paid by BACS transfer.

Pupil feedback continues to be the basis for the development of school lunch menus, and they continue to meet the revised Food and Drink in Schools standards which came into effect in April 2021. The Catering Team appointed a Menu Development Assistant in the autumn of 2022, and one of their key roles is to work with pupils on menu design.

Free school meal uptake remains higher than the Scottish average, and work has been undertaken during 2022/23 to roll out a new cashless catering and online ordering facility, so that every child can access a meal in a non-stigmatising way that protects their identity. Through the new pre-ordering app, each child should also be able to have their preferred meal every day at lunchtime, while enabling conversations with parents around meal choices to become normalised.

The Council's Catering Service continues to hold its Soil Association Food for Life Served Here Award at Bronze level, demonstrating its commitment to providing locally produced, sustainable, ethical and locally prepared food, serving food that's good for pupil's health, for the environment and for the local economy. The Catering Team has also recently won a Health and Vitality Honour for its work around sustainability, and



mapping is underway to identify further opportunities for providing more local food through school meals while supporting community wealth building opportunities for our communities.

Food cost inflation as a result of EU Exit, the pandemic and the war in Ukraine continue to put significant pressure on both public sector food provision and on household finances.

### Paid for School Meals

For pupils who currently pay for a school meal, over the past year there has been an increase in school meals debt, as reported by Aberlour Children's Charity, underpinned by research from Heriot Watt University. The Council is applying the recently published Good Practice Principles for households with school meals debt, along with ensuring that discretionary school meals are available for children who need them when circumstances are appropriate.

### Good Food Nation and Food Strategy

The Good Food Nation (Scotland) Act was passed in July 2022, placing a duty on Local Authorities to create, publish, consult on, deliver and implement Good Food Nation plans, which will help to create a more sustainable and just food system for everyone in Scotland. This plan will need to be reported upon every two years, and reviewed every five years.

The Local Good Food Plan has a number of key areas for inclusion within its scope:

Preparation is underway within the Council and a Project Lead has been appointed to develop and deliver this work. The scope of the Good Food Nation Act is broad, and will draw together a number of other plans, including the Child Poverty Action Plan, with a food lens, along with education, health and wellbeing, and other priority areas.

In addition to the scope of this Act covering child poverty, one of the key principles of the Act is that adequate food is a human right.



It is anticipated that the development of this plan will need to be undertaken during 2023/24, ready for consultation and publication in 2025.

In addition to this, the Scottish Government undertook consultation in December 2021 on the benefit of each Local Authority having a Local Food Strategy, which would cover issues such as growing food locally, and local food procurement. Officers from Argyll and Bute Council are members of the Scottish Government's Steering Group for Local Food Strategies, and are helping to develop the trajectory of this work.

With both of these legal requirements either in place or in development, it is expected that the first ever Argyll and Bute Food and Drink Strategy, with food insecurity, community wealth building and public sector food being key components, will be published during this coming year.

## Bute Advice Centre

Bute Advice Centre deliver welfare rights and money advice services to households across the region of Argyll & Bute. The service has never been more in demand, particularly throughout the Covid19 Pandemic and more recently the Cost of Living Crisis. Working closely with partner organisations staff are able to offer the holistic service clients need. Staff maximise the incomes of those with low incomes and ensure disabled individuals have access to financial support. We particularly target our services to the elderly, disabled, single parents and low income households.

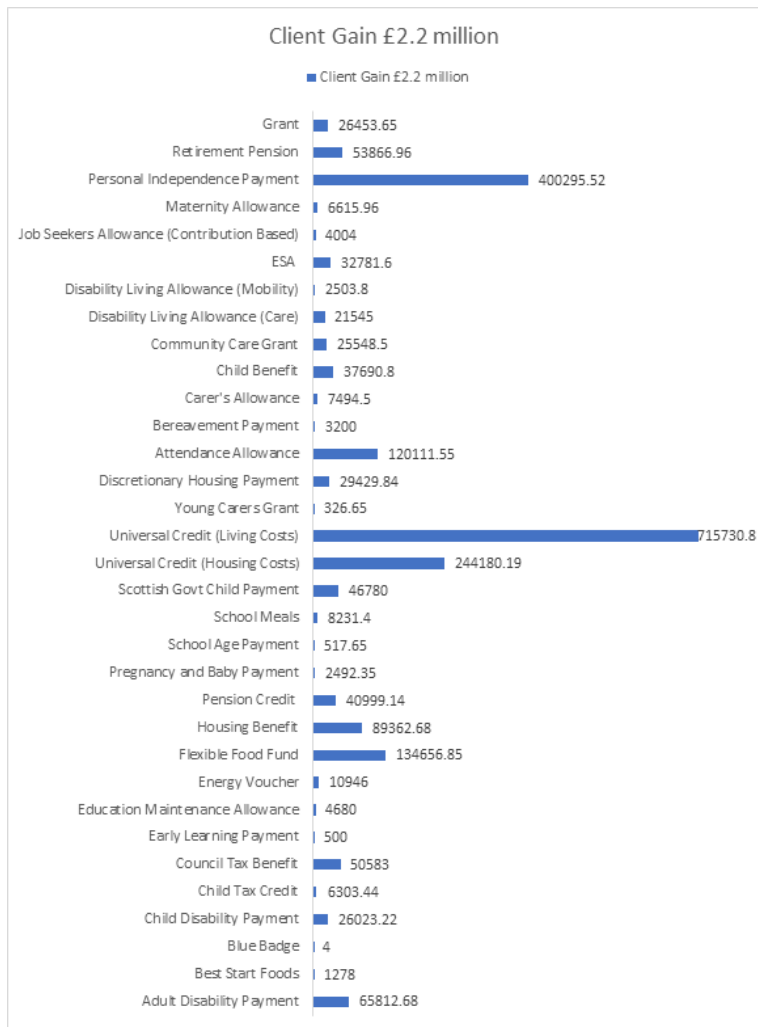
### Do You Have Money Worries Book



Over the course of April 2022 to March 2023, 2500 copies of the book “Do You Have Money Worries” have been distributed across Argyll & Bute. The book was co-written by Bute Advice Centre and Allenergy and funded by Argyll & Bute Council. The purpose of the book was to give a brief overview of benefits, budgeting, energy advice, list of foodbanks and helpful advice and guidance. The book can be accessed digitally by logging on to:

[Money, bills and benefits \(argyll-bute.gov.uk\)](http://money, bills and benefits (argyll-bute.gov.uk)), Bute Advice Centre

### Bute Advice Centre Client Gain for April 22-Mar 23 Across All Projects





## Bute Advice Centre Projects

### Flexible Food & Fuel Fund

The Flexible Food & Fuel Fund project began in January 2021, since then over 1658 cases have been opened. The project was designed to be a cash first approach to mitigate the Cost of Living Crisis facing households across the region. To be eligible applicants must have a low income and no access to savings. Payment is given over two instalments. The first when the applicant successfully applies and the second after engagement with Bute Advice Centre. When engagement is confirmed by Bute Advice Centre, the second payment is usually released 4 weeks after the first payment. The engagement with Bute Advice Centre will help to maximise the client's income through uptake of all grants, rebates and benefits that are appropriate. Money advice is also available. A referral is also made to Allenergy to ensure all energy advice and support can be offered. Thereby supporting the client in a holistic manner.

The rolling client gain over the term of the project is £2,381,461 a combined total figure from both Bute Advice Centre (£1,775,725) and Allenergy (£605,736) client gains.

Funding has been secured to allow the project to continue to support those in communities across Argyll & Bute who need financial help. Payments presently range from £160 for a single person up to £1300 for a couple with 5+ children.

### Case Study

Client A is a young single woman, estranged from her father with little support from her mother who has addiction problems. The client had no budgeting skills, spending her benefits as soon as they reached her bank account. Support was given to increase her income and advice on budgeting to ensure that the last week of the month she still had power in her gas and electric meters, food in the cupboard and access to the internet. The client became very low when she was unable to contact friends using her phone, ensuring she had access to her phone for the majority of her socialising was incredibly important for her mental health. The client is now more focused on the future and has set up a course of study.

### ACHA Welfare Rights

Bute Advice Centre continue to deliver the welfare rights services to ACHA tenants in the Bute & Cowal region as part of the ACHA welfare rights team. ACHA have been targeting those tenants who could benefit from increased income in terms of grants and benefits, particularly in relation to low income and disabled. The team meet regularly to update tenants through the face-book posts and the brochure shown on the website. Welfare Rights Officers have been providing tenants with Warm Bags, including warm blankets, tins of soup, insulated cups etc. All items that will help individuals who are worried about bills.

### Resettlement Programme

Bute Advice Centre continue to support the Syrian community on Bute, offering support when needed with regard to welfare rights and money advice as part of Argyll & Bute Councils package. Additionally, staff support Sudanese and more recently Ukrainian families.

### Parental Employment Support Fund

In December 2022, BAC staff began working with Inspiralba and partners delivering specialist welfare rights support to participants of the PESF programme. Helping parents who are unemployed or in low paid or low hour jobs to develop skills, build confidence and reach their potential in accessing employment or furthering their journey on the road to employment.

## Argyll & Bute Community Food Forum



In December 2019 Bute Advice Centre was given Council funding to bring the foodbanks of Argyll & Bute together in a forum. The launch of the ABCFF took place in February 2020, just before the pandemic. The forum is an opportunity for the independent foodbanks to share expertise and encouragement. Since January 2021 Bute Advice Centre has worked with ALLenergy in providing a bespoke referral service for recipients of the foodbanks. Representatives from Bute Advice Centre and the Foodbanks regularly meet with Council staff to promote the flow of information between the agencies.

Foodbank	Information
<b>Kintyre Foodbank</b>	Kintyre Food Bank opens Tuesdays and Fridays from 10.30 - 11.30. Operating from Unit 3, Mull of Kintyre Industrial Est, Albyn Rd, Campbeltown. Pressures are rising numbers of those in need with diminishing supplies. The cost of living crisis is having a real impact on household budgeting in Campbeltown.
<b>Bute Oasis</b>	Food bank is open 10-4 each day on Argyll St, Rothesay. Numbers are still rising. The cost of living crisis is impacting on food prices is having a knock on effect on the cost of providing the service. Before price increases the average food spend for the food bank was £1350, this has now risen to £1850 per month. Despite the challenges, the foodbank was able to support rising numbers and provided over 100 households Christmas hampers and the Easter event provided families a fun day out with face painting, painting and decorating boiled eggs, sack races and hundreds of chocolate eggs being given out.
<b>Hope Kitchen</b>	Hope Kitchen in Oban also supports the Mull and Iona food bank. Alongside the foodbank operation it is a Community Hub offering innovative opportunities. Fellowship groups, beach cleans, lunch clubs, Crafting, Green shoots (gardening), Recovery Café for those in recovery from alcohol and drugs, Well Being Café, Music clubs and Quiz nights to name a few.
<b>Tarbert Pantry</b>	A Community Pantry Cupboard offers support to those in the Tarbert area. Supplies are also given to the Multiple Sclerosis support service. Services have been challenging to provide given the building has flooded and required extensive work done. Relocation had to take place in the Church Hall.
<b>Helensburgh &amp; Rosneath Food Bank</b>	The Foodbank continues to see an increase in demand from those finding it difficult to feed themselves or their families during this time when both food and energy costs are increasing significantly, and wages and Benefit Payments remain stagnant. Food insecurity is primarily a result of not having enough income to meet the daily cost of living. During the last quarter from November 2022 until January 2023 we issued 841 x 5-day food bags to those members of our local community who came to the Foodbank in need of food. An increase of 21% compared to the same period last year when we issued 695 food bags. These bags supported the nutritional requirement of 1,162 adults and 576 children, a total of 1,729. There were almost twice as many children affected by food poverty in the quarter to 31/01/23 compared to the same quarter to 31/01/22, with parents requesting food to support 567 children compared to 294 in the previous year. An increase of 92.8%.

Foodbank	Information				
	Table 1: Most recent Quarter Year on Year Comparison				
	<b>Time Period</b>	<b>01/11/22 to 31/01/2023</b>	<b>01/11/21 to 31/01/2022</b>	<b>Number Increase</b>	<b>Percentage Increase</b>
	<b>Food Bags Issued</b>	<b>841</b>	<b>695</b>	<b>146</b>	<b>21%</b>
	Adults Supported	1162	861	301	34.9%
	Children Supported	567	294	273	92.8%
	<b>Total Supported</b>	<b>1729</b>	<b>1155</b>	<b>574</b>	<b>49.7%</b>
	Table 2: : The Full Year on Year comparison for year ending 31st October 2022				
	<b>Time Period</b>	<b>Year Ending 31/10/2022</b>	<b>Year Ending 31/10/2021</b>	<b>Number Increase</b>	<b>Percentage Increase</b>
	<b>Food Bags Issued</b>	<b>2769</b>	<b>2137</b>	<b>632</b>	<b>29.6%</b>
	Adults Supported	3482	2789	693	24.8%
	Children Supported	1423	787	636	80.8%
	<b>Total Supported</b>	<b>4905</b>	<b>3576</b>	<b>1320</b>	<b>27.2%</b>
<p>Table 2 above shows that significantly more families with children required support in 2022 compared to the previous year and that there was an overall increase in attendances and food bags issued of 29.6% year on year. We continue to be very well supported by the local community with many individuals and organizations providing regular donations of food and cash. We currently have a good supply of most food items and a healthy financial reserve to maintain the current service level. Although, we are having to make bulk purchases for low stock items, as well a weekly purchase of fruit, vegetables, eggs and cheese to ensure a well-balanced bag of food. These are purchased from local suppliers and added to the non-perishable food items donated to us. We receive a batch of fresh bread donated by the Gingerbread Man for our Monday and Thursday sessions.</p> <p>We have recently recruited several new volunteers. Although, we remain concerned that if the demand continues to increase our current service model will become over stretched. Physical capacity and relying on a volunteer workforce of mainly retired older people will impose a limit on how much more we can do.</p> <p>We would like to see greater focus on Cash First initiatives with better support for those facing financial difficulties. Faster access to advice and debt management services as well as welfare benefit review to ensure people are receiving their full entitlement to benefits or grants is a better solution than a Foodbank. If people could access money to purchase food rather than relying on charitable food aid this would give them greater dignity and choice.</p>					

Foodbank	Information
<b>Solar Tiree Foodbank</b>	Provision of support through deliveries and food vouchers. Community Store cupboard that can be accessed in the phone box at Scaranish.
<b>Dunoon foodbank</b>	<p>The Dunoon foodbank tries to supply a cafe meal to all their clients who would like one. Formerly these meals were take-away, now they are eat-in at our new social space in Kirk Street, Dunoon (the old Youth Centre).</p> <p>The foodbank consists of two parts - one side aims to provide bags of food to take away for anyone who needs them, the other happens at the same time and consists of a hot meal cooked by our volunteers in our TINY kitchen. All clients can have both if required.</p> <p>On Thursday evening it varies, possibly soup, pie and beans, while Friday morning offers full breakfast or filled rolls, with tea and coffee always available. We also open a warm space on Tuesday afternoon, where you can also play pool or dominoes or knit and natter or learn chess.</p> <p>Full opening hours are Tuesday 1pm - 4pm (tea and coffee only), Thursday 4pm - 6pm, and Friday 0930 - 12mid.</p>
<b>Jeans Bothy Helensburgh</b>	A community hub project awarded “Community Project of the Year 2021” focussing on mental health and well-being offering a vast array of support and interests including mindfulness sessions, beach cleans, gardening, art classes etc., all in a bid to support recipients. As a part of that food parcels can also be issued.
<b>Islay Food Bank</b>	<p>Welfare Boxes are provided to anyone in need. Operates in a similar way to the Trussell Trust. Exact Items vary, but all boxes contain basic, store cupboard items. The box is designed to provide emergency meals for a few days.</p> <p>When you ask for a box we will ask if you require any additional items such as:</p> <ul style="list-style-type: none"> <li>• Toiletries</li> <li>• Cleaning or Laundry Products</li> <li>• Nappies or Baby Food</li> <li>• Pet Food</li> </ul> <p>We are also able to provide a small amount of fresh food such as bread, milk, fruit or vegetables if required.</p>

## Free Period Products

Argyll and Bute's free period product initiative, **My Tribe**, officially launched in August 2022. **My Tribe** is the innovative free period product initiative across Argyll and Bute. As a bespoke brand, they have products available in over 150 community locations, with free online ordering & delivery to any household in Argyll & Bute, with plans to reach many more in the area.

In schools they have designed the **My Tribe Champions** initiative, normalising **My Tribe** and period products in our young population. Champions offer peer support to other pupils, help to access products, and provide information.

## Community Locations

Working with local businesses, third sector organisations, internal partners and community organisations, each location receives a supply of products, as well as a branding pack to help to display the products and promote the service in their local community.

**My Tribe is available in:**

- Food Banks
- Primary and Secondary Schools
- Public toilets & Council buildings
- Ports and Harbours
- Gypsy/Traveller sites

Utilising partnership working with MECOPP, **My Tribe** have developed an effective method of provision of period products to our Gypsy/Traveller communities. MECOPP support workers assist residents on sites to access the online ordering system, to place an order for products. This ensures they are able to access reusable products, which are available online only. This was felt to be the most inclusive approach to access.

- Refugee communities

Working with our resettlement teams, **My Tribe** have created translated literature to inform our refugee community on ways to access products. This includes translation into Ukrainian, Russian and Arabic. They also distributed products via the resettlement team to our Ukrainian refugees placed into hotels.

- Gyms/libraries/community centres
- Island Communities/Airports

**My Tribe** have a provision on 15 of the 23 inhabited islands in Argyll. The remaining 8 islands have a population of <12 inhabitants and may not include menstruating individuals. This provision includes some of the island airports.

- Independent locations

This includes premises like shops, restaurants and post offices in rural and very rural areas. It ensures that as many small, rural locations are encapsulated in their provision. It also includes places like church halls, community groups and community centres and nurseries.

- Women's refuges
- Children's homes
- Oban Mountain Rescue
- Tiree Music Festival

## Schools

Following a young person's consultation (aged <18), almost 40% of responders said they were too embarrassed or shy to access the free period products that were on offer at the time (before **My Tribe** was launched). 42% said that having to ask someone for products would be a barrier to access. Due to misuse and vandalism of products, many schools had withdrawn free access in school toilets, and had them in other places, often where young people had to ask for them. It is also a directive of the Period Products (Free Provision) (Scotland) Act 2021 that those who need to access products should not have to ask for them. A resolution was sought to try to tackle these conflicting scenarios and the **My Tribe Champions** initiative was created.

The **My Tribe Champions** initiative normalises **My Tribe** and period products through a peer support program. Champions are identified by the schools and are trained on how to access products/ information. Each Champion is responsible for helping others access products, in school, in their community and online. They also educate people on types of period products available, including the promotion of reusable products, and which products are available from where.

They are tasked with identifying and reporting irresponsible behaviour in relation to period product misuse. We hope this will reduce the instances of these types of problems in schools and the community.

The **My Tribe Champions** initiative promotes leadership and confidence, supporting others, altruism, practicing having difficult conversations, & compassion.

## Online Ordering

To ensure those who need to access products can be prepared for periods, **My Tribe** created a website **MyTribe** - Free period products ([mytribeargyll.co.uk](http://mytribeargyll.co.uk)). The website offers free online ordering & delivery to any household in Argyll & Bute with larger quantities of single use products, such as pads and tampons, as well as the option of reusable pads and menstrual cups. All for free.

All products, including single use products are environmentally friendly, with no plastics, chemicals or toxins and are made from plant based materials such as cotton and bamboo.

Orders are placed, which is then processed via the **My Tribe** team. This is then sent to their suppliers who distribute the orders directly to each household.

The website also has a locations search function to find a local period product location. Potential locations can also get in touch to request to become a stockist.

## ***D. Helping Families in Other Ways***

### **liveArgyll Community Learning**

#### **Digital Connectivity for Community Learning and Development (CLD)**

The CLD Strategic Partnership, which includes various partners from Public Sector, Third Sector is currently in year two of its four year Strategic Plan. The aim of the partnership is to working together to improve lives across Argyll and Bute by empowering individuals and communities to lead sustainable, fulfilling and happy lives through continuous learning, cooperative problem solving and removing barriers to engagement, health and wellbeing.” One of the areas being focused on is “Digital Skills”.

Extensive feedback from a number of consultations highlights that learners and communities require further support to access digital devices as well as be supported to utilise devices and further develop skills as part of Covid19 recovery. As a result a multi - agency digital skills work stream group has been established to identify need, develop and deliver actions and monitor and evaluate these under the digital skills work stream within the CLD Partnership Plan

A key piece of work which this group has undertaken is to undertake a piece of research, involving an external consultant, to help the partnership understand what Essential Digital Skills support exists and what is needed across Argyll and Bute. The focus of this review was on Digital Skills for Life and Work. These skills are essential to progress towards employment and manage day to day responsibilities. The next phases of the Digital work Stream group, will look at the results of the consultation, and plan to support areas of need.

#### **Youth Participation**

Youth Participation continues to be a priority for the Community Learning service. Article 12 of the UNCRC states it is a right that children, as embodied in the Lundy model, have the space to express their views; their voice is enabled; they have an audience for their views; and their views will have influence. liveArgyll has a number of initiatives this year including Youth Action Groups and the Scottish Youth Parliament.

#### **Youth Action Groups (YAG)**

Youth Action Groups have continued throughout the last year, and are being supported across six locations over Argyll and Bute.

There are three key aims for these groups:

1. To deliver an informal youth work activity that will support recruitment, engagement and relationship building.
2. To develop youth participation through a programme of personal development and capacity building opportunities for young people.
3. To provide social and recreational activities.

YAG should be a safe space where young people have fun, build relationships and explore issues relevant to them and their communities. They will provide a focal point for the delivery of locality based personal development and capacity building opportunities for young people. They will consult with young people on their interests, needs and how they want to respond to those needs.

To support young people to engage and participate meaningfully we run a training programme twice a year. They will attend a training weekend at an Argyll and Bute Outdoor Centre where the local Members of the Scottish Youth parliament along with Youth workers will provide Youth Participation Training.



### **Scottish Youth Parliament**

liveArgyll supported and mentored Members of the Scottish Youth Parliament (MSYPs) throughout the last year. This included carrying out roadshows across Argyll and Bute, attending sittings of the Scottish Youth Parliament across Scotland, and undertaking work on “Welcome to Your Vote Week”. These MSYPs are also engaged in various council and local planning groups, and supported the consultation process for the “Improving lives in Argyll and Bute” survey.

### **Cost of living Related Activities**

Cowal, Bute and Oban ran activities associated with health eating and budget management. In response to the current cost of living crisis, the emphasis of the programme was heavily weighted towards young people understanding the cost of living, and how it impacts them and their families in their day to day lives.

### **Learning Hubs**

In partnership with Skills Development Scotland and the Department of Work and Pensions, liveArgyll have been supporting young people who are transitioning from School into work and further education and wider life through drop in “learning hubs”. These hubs offer young adults (16+) the opportunity to learn new skills, increase employability confidence, and develop life skills.

### **Maternity**

Maternity Services continue to offer as much care close to home as we can to reduce travel for our families. We provide a flexible, family centred service and can see people at home and initial appointments via NearMe have proved successful allowing for more inclusion. Care is co-ordinated by a Primary Midwife, no matter how complex a pregnancy is. There is a universal approach to needs and wellbeing. This includes money matters, welfare rights, benefits, housing, travel, physical and mental health assessments. Information and leaflets are discussed and are available on our Badgernet electronic record. Hard copies are available for the few families who do not access the app.

Baby box info, pregnancy vitamins and statutory Maternity paperwork is issued and discussed routinely by Midwives

The new Perinatal and Infant Mental Health service further supports this model and Maternity has identified Champions to support teams and training around this. We have worked closely with key stakeholders to offer a more joined up service, with parents at the centre of this.

We have developed stronger links with our Consultant Unit in GG&C since the last review. This has had a positive impact on supporting families and streamlining services. Awareness of services we can provide in Argyll and Bute has improved. This allows for earlier discharge and reduced travel and accommodation costs for families.

Local groups and classes are resuming and offered universally this reduces isolation and improves peer support. However, there is still the option for 1:1 sessions and group online sessions which reduces inequalities in the more remote and rural areas.



## What is Infant Mental Health?

Mental health starts in infancy, it is a unique critical time of growth and development and babies growing brains are shaped by their experiences. A healthy mind is as important as a healthy body for a baby. Mental Health for infants means having consistent and nurturing relationships with parents or carers; developing the ability to manage emotions; being interested and curious and being able to explore and learn about their world around them. This early period of an infant's life is a key determinant of their future intellectual, social and emotional wellbeing. Good early relationships can provide a 'buffer' which helps to protect infants from other adversities in their life. Most parents want to do what is best for their babies but some live in situations that make this harder. Stress factors such as but not limited to mental health, substance misuse, domestic violence, unresolved trauma and poverty can make it harder for carers to protect, support and promote an infant's development. Almost invariably this calls for complex multi-agency working allowing for support of the parent's problems and anxieties whilst the infant mental health service focuses on the health and development of the infant through their relationships and environment.

## What is the Infant Mental Health Service?

The infant Mental Health Service was set up just under one year ago. We are a small service aligned closely with the perinatal service, child health services and the 3rd sector. We will work with infants from birth up to 3rd birthday which will include targeted work with families experiencing early difficulties whose needs cannot be met by universal services alone, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk. The service is made up of a full time permanent Parent-Infant Therapist, covering all Argyll & Bute.

## What do we offer?

We will offer a range of evidence-based interventions catering to the need of the infant referred to our service. This includes Video Interactive Guidance (VIG), Dyadic Developmental Psychotherapy (DDP), Watch, Wait and Wonder, Metallization with parent-Infant, Cognitive Behavioural Therapy (CBT), Infant Massage and Circle of Security. A referral may lead to direct work with the parent-infant dyad or lead to sign posting to another service or supporting another service to work with the dyad, or may lead to a professional consultation. We will meet with parents/carers and their infants for an initial appointment to find out how we can support them and their baby. Further sessions will aim to help gain a deeper understanding of family dynamics and how they care for their infant's emotional needs and discover new ways of thinking about their infant and their relationship. We can visit families at home or somewhere convenient, such as a local health centre. We will use our expertise to help the local workforce to understand and support all parent-infant relationships, to identify issues where they occur and offer the appropriate support.

How to contact us

Email: [nhsh.abimh@nhs.scot](mailto:nhsh.abimh@nhs.scot)

Tel: 07977140752

## Consultation with LGBTQ+ young people

The Educational Psychology Service has launched a consultation survey to gather the views of young people who identify as LGBTQ+ and explore their perception of mental health support services and how support could be improved. The results and recommendations of this research will be shared with schools across Argyll and Bute and with the wider education community to raise awareness of the successes and challenges raised. It is hoped that this research will help make schools a more positive, safe, and inclusive place for all pupils to learn.

## Working with Refugees in Argyll and Bute

The Council's Resettlement Team works in partnership with other organisations through the Refugee Programme. Work began in 2015 and began with Syrian resettlement, a UK wide scheme whereby local authorities provided accommodation and support. In Argyll and Bute Syrian families and individuals were found homes on the island of Bute and organisations worked together to provide multi-agency, person centred support. This programme continues today and now includes other nationalities; it has proven highly successful, winning a number of awards, including COSLA Excellence Awards and is seen as a benchmark settlement programme.

Work with Ukrainian families is different as it is community based but still resettlement led. Support remains multi-agency and person centred. Some 300 Ukrainian citizens have been welcomed to Argyll and Bute under two different schemes. With the "Homes for Ukrainians" UK Government backed scheme people match with a sponsor in the UK; it is the task of the local authority to complete checks on the prospective sponsors.

The second scheme for Ukrainian people was set up by the Scottish Government and will provide places for up to 45,000 people. They are placed in hotels across Scotland and local authorities match them with sponsors from there. Challenges may arise in the future with the need to identify longer term accommodation for everyone. To date this has been successfully managed in Argyll and Bute and no one has been identified as statutorily homeless. The Council's Resettlement Team has been scaled up to provide support for Ukrainians and this has included:

- Housing;
- Interpreters;
- English Lessons;
- Employability support;
- Benefits and Grants;
- Physical and mental health supports and counselling.

Outcomes for people placed across Argyll and Bute are good and provision provided is a notable example of effective multi-agency partnership working.

## What are Carers Centres and MAYDS doing to support Young Carers in Argyll & Bute?

The Carers (Scotland) Act 2016 requires Argyll and Bute HSCP to provide all young carers with a Young Carers Statement and support tailored to their specific needs. To meet the requirements of the Carers (Scotland) Act 2016 and to support our young carers in Argyll and Bute, we have taken steps to promote awareness of young carers in Argyll and Bute including development of an app to support the completion of young carers' statements.

Awareness sessions and information have been shared with all stakeholders including children and young people to raise awareness of young carers, in addition a poster has been created aimed at identifying young carers to encourage them to access support. To improve awareness and support, processes have been implemented within education to ensure young carers can be recorded on SEEMIS.

Throughout this development we continue to ensure that Young Carers voices are heard and are continued to be listened too as we move forward with youth participation. Argyll & Bute HSCP has excellent relationships with the Carers Centres who are contracted to carry out responsibilities of the Carers (Scotland) Act 2016 Young Carers Statements.

## Transforming Responses to Violence against Women and Girls

In 2021 the Violence Against Women and Girls Partnership was successful in gaining a grant of £68,852.40 from the Developing Equally Safe Fund for a project called: Transforming Responses to Violence against Women and Girls. This two year project is focused on rolling out the Safe and Together Model across Argyll and Bute. This model aims to ensure that more children remain safe and together with the non-offending partner in cases of domestic abuse. It also places a focus on the perpetrators to take responsibility for their actions and impact on their children. The project also involves a number of other training elements aimed at giving workers the skills and knowledge they need to better deal with domestic abuse and other forms of gender informed violence. Research is also being carried out looking at the views of staff, survivors of domestic abuse and perpetrators. In the period 2022 – 2023 the outcomes for the project were as follows:

- 25 Children and Families Social Workers commenced their Safe and Together Core Training;
- 15 Managers and Supervisors from Social Work, commenced their Safe and Together Core Training and Management Training;
- 22 other training courses were delivered to staff (MARAC, DASH, Awareness Raising, Routine Enquiry, Police Dealing with Domestic Abuse, Harmful Traditional Practices, and Dealing with Disclosure of Sexual Assault). Number of attendees at these courses was 392.
- Research was completed with staff and survivors of domestic abuse.

Domestic abuse is a driver of child poverty and the work of this project should lead to earlier and more effective intervention and better outcomes for children and survivors.

## *E. Other Planned Work*

### Rural Growth Deal

**Tourism** – Creating a World Class Visitor Destination - proposal is to open up access to Argyll’s coasts and waters to develop Argyll as a West of Scotland “must visit” location for the maritime leisure market. Proposals will also build on a phased process of regeneration in some of our key coastal towns and we are working closely with local communities to maximise opportunities for inclusion and well-being. This includes working to deliver enhanced marine training opportunities for local school children.

**Creating a Low Carbon Economy** – Explore options for the decarbonisation of Islay with a focus on improving energy efficiency of domestic properties. The Council and strategic partners are working to develop a bespoke and innovative scheme that will address island issues and deliver a just transition towards a net zero and climate resilient island economy in a way that delivers fairness and tackles inequality. Local green skills and supply chain opportunities will also be a central pillar of this project.

**Rural Skills Accelerator Programme** - Inclusive Growth lies at the heart of City Region and Growth Deals and this Deal will drive future inclusive economic growth and tackle inequality with a strong focus on community wealth building, STEM skills, rural enterprise and the delivery of local education services. The Rural Skills Accelerator Programme is a vehicle that will provide the 21st century infrastructure and delivery mechanisms needed for skills, training, education and enterprise to facilitate collaborative growth in the rural economy.

**Housing to Attract Economic Growth** - The housing element of the Rural Growth Deal proposes to provide affordable housing of the right type and in the right place to support growing business sectors.

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**Clyde Engineering and Innovation Cluster** - Through the Rural Growth Deal Argyll and Bute Council is seeking to maximise the local and national benefits of the Ministry of Defence £1.3bn Maritime Change Programme. The focus is on providing bespoke commercial and businesses accommodation proximate to the base as well as enhanced innovation and skills infrastructure.

**West Coast UAV Logistics & Training Hub** - This intervention involves working in partnership with industry leading research institutions to create an innovative research and development centre for unmanned aerial vehicle (UAV) technologies on the west coast of Scotland. This will create the West Coast of Scotland’s first dedicated drone training centre with indoor facilities specialising in developmental, test and operational facility for UAV technologies. This facility could enhance the provision of services to local island communities following on from successful pilots working with NHS Highland and the Royal Mail. Another potential use being considered is delivery of school meals to remote and island schools.

**Marine Aquaculture Programme** – This is a programme of projects aimed at making Argyll and Bute the leading region for innovation in marine aquaculture in Scotland, UK and globally, by underpinning sustainable, inclusive business growth through investment in world-class marine science and technology.

We are still working towards signing the Full Deal Agreement for the Rural Growth Deal and it is hoped to achieve this key milestone later in 2023. Given that the RGD is not yet in the delivery stages, the impact on child poverty and well-being to date has been limited however, moving forward it is anticipated that the Rural Growth Deal can be a key driver for local inclusive economic growth, community wealth building and well-being. The Deal can also help support a just transition to net zero within the region.

A key focus of the Creating a Low Carbon Economy project is helping to reduce high levels of rural fuel poverty. This is likely to include improved energy efficiency measures in local housing stock to try and reduce energy consumption / costs. The RGD funding will also seek to provide additionally to existing energy efficiency schemes to maximise the funding available.

The RGD housing project is focused on providing affordable housing with a mix of tenures required to support local people and workers in some of our most rural communities. Housing will also be constructed to be as efficient as possible to reduce energy costs and we aim to ensure that potential sites are located close to local amenities to reduce the requirement for travel.

Digital inclusion is a key driver behind our RGD digital project. We will look to enhance digital connectivity across the region and facilities such as the STEM hubs may also include community spaces which will be fully digitally connected. We are investigating the potential to utilise fibre and 5G connectivity to provide immersive, interactive learning environments for local school children. We will also try and maximise community benefits from any digital investment via the RGD.

The Rural Skills Accelerator Programme includes a focus on providing enhanced STEM education for local school children which will be delivered via a series of physical STEM hubs and associated outreach activity to ensure all local schools can benefit from this.

A key focus of the wider RGD programme will also be growing local skills, training and job opportunities in growth sectors such as the blue economy, defence and tourism. We will invest in key infrastructure such as a new Marine Industry Training Facility at Dunstaffnage, commercial and innovation space serving the expansion of HMNB Clyde, enhancing UHI Argyll College's estate in Dunoon and a series of STEM Hubs across the region. This will provide enhanced opportunities for people to train or study locally helping to attract and retain economically active individuals that are required to support growth in key local employment sectors.

We will also be undertaking a series of marine tourism and place based regeneration projects that should enhance infrastructure in a number of our key coastal towns and villages. This will include measures to improve civic pride by providing enhanced community spaces, new active travel links and associated employment opportunities (e.g. linked to growth in tourism, construction, apprentices etc.). The Council are also working to deliver an enhanced water sports training facility in Campbeltown, which will expand opportunities for local school children and adults to marine training and leisure activities. Campbeltown Grammar School has been a key collaborator with this project in recent years, and delivering the new facility will better enable Kintyre Sea Sports to grow the well-established partnership with Campbeltown Grammar School thereby expanding maritime training opportunities to more school pupils.

### Useful Source Reading


**UK Poverty 2023:** The Essential Guide to Understanding Poverty in the UK; Joseph Rowntree Foundation; 26th January 2023

**Life at Age 14:** initial findings from the growing up in Scotland study; Children, Education and Skills; Social Research

**Child Poverty in Scotland:** health impact and health inequalities. NHS Health Scotland, 2018  
The Cost of a Child in Scotland 2022 – Update December 2022; Donald Hirsch and Juliet Stone; CPAG Scotland.

## Argyll and Bute Council: Equality and Socio-Economic Impact Assessment

## Section 1: About the proposal

<b>Title of Proposal</b>	
Child Poverty Action Plan Review 2022 - 2023	
<b>Intended outcome of proposal</b>	
<p>The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to report annually on activity they are taking and will take to reduce child poverty. This review report aims to meet that obligation. Progress and challenges are noted and proposed new work is flagged up.</p> <p>It is intended that children, young people and other stakeholders are able to see what actions are being taken to tackle child poverty in Argyll and Bute.</p>	
<b>Description of proposal</b>	
This is the fourth review of the initial Child Poverty Action Plan Report, published in June 2019; reviews will take place annually up to 2030.	
<b>Business Outcome(s) / Corporate Outcome(s) to which the proposal contributes</b>	
Child Poverty outcomes; noted under Outcome 4.	
<b>Lead officer details:</b>	
Name of lead officer	Mandy Sheridan
Job title	Service Improvement Officer
Department	HSCP
<b>Appropriate officer details:</b>	
Name of appropriate officer	Fiona Davies
Job title	Chief Officer
Department	HSCP
Sign off of EqSEIA	
Date of sign off	21/7/23
<b>Who will deliver the proposal?</b>	
The Argyll and Bute Child Poverty Action Group which is led by Fiona Davies	



## Section 2: Evidence used in the course of carrying out EqSEIA

### Consultation / engagement

Consultation did take place with children and young people prior to the initial Child Poverty Report. For the first and second reviews of the plan, child friendly versions were created and shared through schools and children's groups. For the third (2021-022) review However a child friendly, graphic version, "Plan on a Page" of the report was compiled and was used to inform children and young people. This was created in coproduction with children and young people. In the past year there has been some engagement using the Plan on a Page which was shared widely, including schools and young carer's centres. This plan was well received not only by young people but also those adults who prefer a graphic version of a plan. In health venues the plan was placed next to the "Money Worries" leaflet. The graphic plan contained a QR which directed people to a Council webpage that acted as a one stop shop for support and advice. Information sharing has also taken place with other stakeholders, through the Living Well Networks and other service user groups run by Argyll and Bute Child Poverty Action Group Members, for example in areas such community planning, education, housing and the third sector. Close contact has been maintained with the Financial Inclusion and Advice Group who have developed a "Cost of Living Crisis Group". This group and the CPAG have ensured appropriate communications and advice has been going out to children, young people and adults on actions being taken to support them in this difficult time and tackle child poverty.

### Data

Fairer Scotland Duty 2018; Child Poverty (Scotland) Act 2017; Equality Act 2010; Child and Young People (Scotland) Act 2014. The UNCRC (Incorporation) (Scotland) Bill 2020.

### Other information

Guidance from and discussion with, the National Coordinator for local Child Poverty Action Reports, Hannah McCulloch (Improvement Service). Data regarding the nature of child poverty in Argyll and Bute; see for example: NOMIS; Child Poverty Dashboard; NOLB Data Toolkit; SIMD 2020V2 Local Authority Analysis.

### Gaps in evidence

The best use of multiple data sources to best support work on child poverty is a major issue across Scotland. Workshops and consultation on this issue are ongoing, run by the Improvement Service and the Scottish Government. Argyll and Bute are currently working on a model using Powerbi which will seek to identify those families in need who are not claiming their full benefit entitlement. If successful next steps will be to focus resources, such as Advice Services, on these families. Other gaps in evidence, on a national and local level, currently being looked at include the particular challenges and costs when living in remote, rural and island places in a time of high inflation and cost of living crisis.



## Section 3: Impact of proposal

## Impact on service users:

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age			X	
Disability			X	
Ethnicity			X	
Sex			X	
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity			X	
Religion		X		
Sexual Orientation			X	
<b>Fairer Scotland Duty:</b>				
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	

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

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age			X	
Disability			X	
Ethnicity			X	
Sex			X	
Gender reassignment			X	
Marriage and Civil Partnership		X		
Pregnancy and Maternity			X	
Religion		X		
Sexual Orientation			X	
<b>Fairer Scotland Duty:</b>				
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 any 'don't know's have been identified, at what point will impacts on these groups become identifiable?**

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

No negative impacts 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 council?**

The work detailed in the Child Poverty Action Plan Review, links to a number of different areas. For example it affirms work being children's rights into policy and practice. Also this review notes a wide range of poverty focused actions taking place in areas including: employability, housing, fuel poverty, benefits and social security, perinatal mental health, youth work, free school meals and free period products.

Clear links to Children's Rights Report; Children and Young People's Service Plan, ABOIP, Community Justice Plan, Joint Strategic Plan, Joint Strategic Commissioning Strategy, Local Housing Strategy, Education Strategic Plan, HSCP Equality Outcomes and Mainstreaming Report, Argyll and Bute Employability Plan, Community Learning and Development Strategic Partnership Plan.

#### **Details of knock-on effects identified**

As a plan that brings diverse actions under the umbrella of tackling child poverty, it works to give a clearer picture of the whole and facilitates multi-agency working and new work. Examples of this would include the Flexible Food Fund and the help and advice book "Do You Have Money Worries". Another good example would be the range of training events for staff and others that has been delivered this year and is ongoing. These offer poverty awareness as well as practical skills in addressing poverty issues. This training will have a very positive knock-on effect in the practice of participants and the lives of service users supported, respected and understood better as a consequence. By doing this, the review and the work it reflects, has the potential to impact on most of the Council's / Health Board's / Partner activities. This is particularly important as in September 2023 it is anticipated that the UNCRC will be embedded into Scottish Law and the duties around recognising and respecting children's rights and needs will increase. . It is also felt that by raising the importance of addressing child poverty and better understanding the needs of children and families, decision making across the Council, Health Board and partners, will be improved.

#### Section 5: Monitoring and review

**How will you monitor and evaluate the equality impacts of your proposal?**

Equality impacts will be monitored by the Argyll and Bute CPAG. This group will ensure that each activity produces positive outcomes for children and meets the aims and objectives of the Councils Outcome Improvement Plan 2013 – 2023 and its Equality Policy. The group will also ensure that key legislation is adhered to, including: Fairer Scotland Duty 2018; Child Poverty (Scotland) Act 2017; Equality Act 2010; Child and Young People (Scotland) Act 2014. Outcomes of monitoring will be reflected in the minutes of the groups meetings, reports to governance groups (CPP, IJB etc.) and in the next annual review report. In all its actions the group will ensure that the rights of children are respected and due regard is given to the UNCRC and The Promise.

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### ***Integration Joint Board***

**Date of Meeting: 3 August 2023**

**Title of Report: Update Report on the Implementation of the United Nations Convention on the Rights of the Child (UNCRC)**

**Presented by: David Gibson**

**The board is asked to:**

- Note progress on the Implementation of the UNCRC

### **1. EXECUTIVE SUMMARY**

The Children and Young people (Scotland Act) incorporates a duty on Integration Joint Board where children's services are delegated. Supporting guidance on this duty can be found below:

Children and Young People (Scotland) Act 2014: Guidance on Part 1: Duties of Public Authorities in Relation to the United Nations Convention on the Rights of the Child (UNCRC) ([www.gov.scot](http://www.gov.scot))

Defined as: "An integration joint board to which functions in relation to persons under 18 years of age are delegated in pursuance of an integration scheme prepared under section 1 or 2 of the Public Bodies (Joint Working) (Scotland) Act 2014. [inserted by The Public Bodies (Joint Working)(Scotland) Act 2014 (Consequential Modifications and Saving Order 2015 (SSI 2015/157)]"

The incorporation of the UN Convention on the Rights of the Child (UNCRC or Convention) into Scots law extends the duty and to ensure this is embedded within the strategic approach of the Integration Joint Board work is underway to ensure it is in adherence.

### **2. INTRODUCTION**

The Scottish Government fully committed to incorporate the UN Convention on the Rights of the Child (UNCRC or Convention) into Scots law. This commitment was met partially in 2021 when the Scottish Parliament unanimously passed the UNCRC (Incorporation) (Scotland) Bill (Incorporation Bill). The Bill is being reviewed in light of the ruling from the United Kingdom Supreme Court that it must adhere to the Scottish Government's devolved competencies to become binding Scottish legislation.

There are a number of elements of the bill that are important for local authorities to be aware of and act on:

- Public authorities will not be allowed to act in a way which is incompatible with the UNCRC requirements.
- Children, young people, and their representatives will have the power to go to court to enforce their rights.
- Courts will have powers to decide if legislation is compatible with the UNCRC requirements.
- Existing legislation will have to be read in a way which is compatible with the UNCRC requirements wherever possible.
- The Children and Young People's Commissioner Scotland and Scottish Human Rights Commission will have powers to take legal action to protect children's rights.
- Local authorities and others listed in the Bill will have to report every three years on what they are doing to meet the UNCRC requirements.

In order to assist local authorities in meeting these obligations, the Scottish Government and Improvement Service have provided a Framework for Implementation that sets out the area that require to be addressed.

These are:

1. Leadership;
2. Participation of Children and Young People;
3. Empowerment of Children and Young People;
4. Child Friendly Complaints Procedure;
5. Training and Awareness Raising;
6. Improving Practice- Tools and Resources to support your work;
7. Publishing Child Friendly Information;
8. Measuring Progress;
9. Children's Rights Budgeting;
10. Accountability and Reporting on Children's Rights;
11. Non Discrimination / Rights at Risk

Nationally the Scottish Government is intending to pass this bill into law in 2023; this means that Royal Assent is expected by mid-2024 and for it to be fully in force within 6 months of this.

Locally a UNCRC Implementation group, led by Brian Reid, has been meeting to look at developing a local plan and actions. The group is multiagency in membership and includes Social Care, Health, Education, Community Justice, third sector and Council Performance and Improvement Services. The group will report to the Argyll and Bute PQ&A Group and the Community Planning Partnership; members will also report to their own organisations management and governing bodies.

Going forward it is likely that this group will need to expand to include other departments that are not traditionally child and young people facing. Children's rights and UNCRC Implementation need to be seen as a Council wide responsibility and all departments will be required to encompass child friendly complaints procedures, providing child friendly documents and information and children's rights budgeting. Current plans and strategies will require to be reviewed to ensure that they are rights respecting.

It is likely that work will require to be carried out by departments to consider how far these take into account minority or vulnerable groups of children and young people who are at greater risk of having their right unmet rather than simply consider children and young people as a homogenous group.

Use of Equality Impact Assessments will be important here and there needs to be greater clarity on what model will be used as we currently have our own EQSEIA and there is also a CRWIA (Child Rights and Wellbeing Impact Assessment). Work is going on with regards to making changes to the EQSEIA an including the key elements of the CRWIA within it.

[Child Rights and Wellbeing Impact Assessment \(CRWIA\): External Guidance \(www.gov.scot\)](http://www.gov.scot)

### **3. DETAIL OF REPORT**

The Child Friendly Cities and Communities Programme at UNICEF (UK) have translated the UNCRC into practice by guiding the user through seven principles. It places children and young people at the centre of policy development and design, delivery and evaluation of services and has been proven to lead to better outcomes.

A child rights-based approach is made up of seven principles. They offer guidance by describing the quality of care and provision that each child should experience when using services that are grounded in children's rights.

- Dignity - Each child is a unique person with intrinsic worth and should be respected and valued in all circumstances.
- Best interests of the child - Determining and doing what is best for a child, with that child, at that time and in that situation.
- Non-discrimination - Each child is treated fairly and protected from discrimination.
- Life, survival and development - Each child is able to develop, thrive, achieve and flourish.
- Participation - Each child is heard in matters affecting them and participates in the lives of their family, community and wider society.
- Interdependence and indivisibility - Each child enjoys all rights enshrined in the UNCRC, whatever the circumstances.
- Transparency and accountability - Dependable, open and accountable relationships and dialogue between Local Government, communities,

families and children and young people is essential in the collective goal of securing children's rights

### **Local Plans and Actions:**

#### Awareness

Brian Reid, Sharon Erskine and Rebecca Spillane (Improvement Service) to give a presentation to Senior Managers, Heads of Service, key partners and elected members. This will set out the scope of UNCRC Implementation and the changes and developments required to take place in Argyll and Bute. Heads of Service will be asked to cascade information to staff and to put people forward for training events that will be taking place on issues such as: UNCRC Awareness, Writing Child Friendly Document, Implementing Child Friendly Complaints Procedures and Children's Rights Budgeting.

#### Coproduction and Engagement

Work will be carried out with children and young people to ensure that they are involved with planning and decision making going forward. This is likely to involve the Youth Voice Group, Young Carers and School Students. Coproduction has already taken place with regards to a bid to the UNCRC Innovations Fund; this involved school students, young carers and several youth groups.

#### Child Friendly Complaints Procedure

A model for this is currently being piloted and work will be required to consider its implementation locally and how it will integrate with existing complaints procedures.

Development of an Awards Scheme for teams and departments undertaking Children's Rights actions / changes. This will look at aligning with implementation framework tasks and key areas of the Children and Young People's Service Plan. The UNCRC Implementation Group has put in a bid to the UNCRC Innovations Fund for £53,000 to cover:

- A series of events Argyll and Bute wide that will engage children and young people and introduce them to their rights and to how the Council and their key partners work. How do they think that coproduction and the delivery of coproduction, child friendly information / complaints procedure can be achieved?
- A group of children, young people and staff will work on devising and delivering an Awards Scheme for staff / departments engaged in the roll out of the UNCRC.

#### Training

A number of training areas have been identified that will be necessary for staff bringing these changes forward. These will include:

- UNCRC Awareness,



- Writing Child Friendly Document,
- Implementing Child Friendly Complaints Procedures,
- Children's Rights Budgeting.

Some of these will be developed in house but the Improvement Service are also developing training modules and toolkits for staff and these will be shared and presented locally. The Improvement Service is indicating their "Skills and Knowledge Framework" and related training tools, will be by March 2024.

#### Information and Communications

A website is being set up that will be accessible to staff and others and will include information and updates as well as presentations and key documents. Heads of Service will be asked to make their staff aware of this and ask them to access it. A Communications Plan will be developed to include this and other work.

E-Learning on LEON will be addressed. A module was placed on LEON some months ago which has been of value but now requires to be updated.

#### Reporting

Councils and Health Boards are required to produce a Children's Rights Report every 3 years. Argyll and Bute's current report will be updated this year. Whilst this report does not require to be shared with the Scottish Government, it does require to be published and will therefore require approval from the IJB.

#### **4. RELEVANT DATA AND INDICATORS**

The Council and Health Board have a joint responsibility to produce an updated Children's Rights Report this year, as soon as is possible after 1<sup>st</sup> of April. This was delayed due to the need to develop a UNCRC Implementation plan and to engage / coproduce and place a bid with the UNCRC Innovations Fund. A plan will be produced by the end of September and will require approval by the IJB.

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

This review notes contribution to the Scottish Governments national priorities and the Argyll and Bute Outcome Improvement Plan. Children's Rights should become a part of all future strategic planning.

Following awareness raising and training, the key changes will have to be made by all departments. Responsibility for development and monitoring will, in the first instance be with the relevant Heads of Department. Oversight will be by the IJB and other bodies, depending on the department and the issue. For example HR would be involved in supporting, monitoring and ensuring a child friendly complaints procedure.

Other areas have asked departments to develop their own Children's Charters and this might be a good idea for Argyll and Bute.

## **6. GOVERNANCE IMPLICATIONS**

- 6.1 **Financial Impact** – Financial impact is uncertain at this point. We do not know if we will be successful with our UNCRC Innovations Fund bid. In addition we don't yet know the detail of what will be provided in terms of training resources via the Improvement Service and their "Skills and Knowledge Framework". It is likely that there will be costs attached to achieving the necessary levels of coproduction by the Council going forward.
- 6.2 **Staff Governance – Training** will be necessary in a number of areas including: UNCRC / Children's Rights Awareness Raising; Child Friendly Complaints Procedures; Providing Child Friendly Information and Coproduction and Engagement with Children and Young People. An Information and Training website is being set up for staff and Managers and there will be linked content on LEON.
- 6.3 **Clinical and Care Governance – Regulation and Quality Assurance** measures have not yet been made clear by the Scottish Government. However it is clear that compliance will be expected with the "Getting Ready for UNCRC Incorporation Framework; A Practical Resource for Local Authorities in Scotland to prepare for UNCRC Incorporation". Equality Impact Assessments are going to be an important part of both the process and evidencing that the Council is compliant and has consulted with children and young people appropriately. Hence it will be important to reach decisions on the CRWIA's are aligned / integrated with our existing EQSEIA's.

## **7. PROFESSIONAL ADVISORY**

"The UNCRC is at the heart of the Government's commitment to ensuring that all children and young people have the best possible start in life, regardless of their circumstances. As duty bearers under the UNCRC, public authorities are expected to do all they can to implement the Convention and uphold children's rights."

## **8. EQUALITY & DIVERSITY IMPLICATIONS**

Advisory is available in supporting a Children's Rights and Wellbeing Impact assessment.

[Child Rights and Wellbeing Impact Assessment \(CRWIA\): External Guidance \(www.gov.scot\)](http://www.gov.scot)

## **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

When implementing the UNCRC, consultation and coproduction with a wide range of children, young people and their representatives will be necessary. Ensuring that GDPR principles are complied with will be important.

## **10. RISK ASSESSMENT**

Risks relating to the implementation of the UNCRC include:

- Not making our staff group sufficiently aware of their duties in terms of children's rights. Children and young people will have the ability to make complaint or take matters to court if they do not feel they have been listened to and their rights respected.

- Managers and staff in all departments will need to be able to engage and coproduce with children and young people and to demonstrate that they have taken their views and needs into consideration when developing new strategies, plans etc. This makes it very important they take the time and have the skills, to evidence this in EQSIA'S.
- Complaints procedures will require to be child friendly; the Improvement Service is piloting one currently. This and the need to ensure that new information, strategies, plans etc. are child friendly or have child friendly versions, may make such processes take longer and place additional developmental needs on certain staff.
- Children's rights budgeting will need to be considered by Council leaders and Senior Managers.
- Failure to train and inform staff and make the necessary changes to our practice, within the given timescales, may leave us unable to become compliant with the new act in 2024.

### 11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Working with children and young people on understanding their rights has been going on for some time in Schools, youth groups, young carer's centres and other venues. This has been accompanied with sharing information both with them and with staff. There are resources relating to children's rights on LEON and TURAS. There has also been a range of engagements and coproduction's on key strategy documents such as the Children and Young People's Service Plan and the ABOIP. Moving forward it will be important to not only coproduce with young people but to develop a Communications Plan that provides information to children, young people, staff and the public as the Council works to achieve compliance with key areas.

### 12. CONCLUSIONS

Implementation of the UNCRC will require a number of operational changes and ensuring that staff receive the information and training to make these happen. As important are the changes necessary in how the Council engages with children and young people and considers them as decision making partners.

It will be important that key implementation areas are monitored and targets are set. Timescales are not entirely clear as the Scottish Government as yet to take the implementation process to its conclusion; however it is highly likely that this happen this year; timescales will then be set for local implementation of its various elements.

### 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

**REPORT AUTHOR AND CONTACT**

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**Integration Joint Board****Agenda item:****Date of Meeting: 30<sup>th</sup> August 2023****Title of Report: Workforce Report Quarter 1 (2023/24)****Presented by: Geraldine Collier, People Partner, A&B HSCP.****The Integrated Joint Board is asked to:**

- Note the content of this quarterly workforce report.
- Take the opportunity to ask any questions on issues that may be of interest or concern;
- Discuss the overall direction of travel, including future topics that they would like further information on.

**1. EXECUTIVE SUMMARY**

- 1.1** This workforce report is part of the staff governance suite of reports and focuses on workforce data for financial quarter 1 (1<sup>st</sup> April 23 – 30<sup>th</sup> June 23).
- 1.2** It aims to show the current demographic position, highlighting trends and advising of changes and progress made, as well as actions taken to address areas of concern. Providing information on:
  - How the HSCP is performing,
  - how it is progressing over time and in comparison to others (where available)
  - How it is developing as an integrated partnership.

**2. INTRODUCTION**

- 2.1** The attached report provides data on the following:
  - Introduction
  - Headcount and WTE
  - Workforce Profile
  - Equality and Diversity
  - Vacancies
  - Sickness Absence
  - Employee Relations
  - Redeployment
  - Statutory Mandatory Training

- 2.2** The information is provided in relevant sections with observations and actions contained. It will continue to evolve as more data becomes available.
- 2.3** Workforce dashboards are available at operational levels and are work in progress with SLTs (via our People Partners).
- 2.4** A more focused, work stream approach to staff Governance reporting will provide committee with themed information rather than a lengthy collective report and will together ensure oversight of:
- Culture and wellbeing
  - Workforce planning
  - Workforce reporting

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

- 4.1 This report contributes to the strategic priorities by informing decision making at all levels contributing to delivery plan objectives, supporting best value and evidencing performance and progress.

#### **5. GOVERNANCE IMPLICATIONS**

##### **5.1 Financial Impact**

A reduction in sickness absence will provide reduce costs and can evidence a direct saving. However, improved data also informs decision making at all levels supporting best value.

##### **5.2 Staff Governance**

- 5.2.1 The workforce report is part of the suite of staff governance reports which evidence their contribution to the [Staff Governance Standard](#) headings; Well Informed, Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently and Continuously
- 5.2.2 There is also linkage back to improving strategic priorities aligning to the relevant work streams.

##### **5.3 Clinical Governance**

None.

#### **6. EQUALITY & DIVERSITY IMPLICATIONS**

Equality and Diversity implications are considered within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed.

#### **7. RISK ASSESSMENT**

Risks are considered medium. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

**8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

No public or user involvement to report within this current report

**9. CONCLUSIONS**

It is recommended that the Integration Joint Board:

- Note the content of this quarterly workforce report.
- Take the opportunity to ask any questions on issues that may be of interest or concern;
- Discuss the overall direction of travel, including future topics that they would like further information on.

**10. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	X <input type="checkbox"/>
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

**REPORT AUTHOR AND CONTACT**

Officers that contributed information to the report are:

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Lori Pattinson, People Planning and Analytics Manager [lori.pattinson@nhs.scot](mailto:lori.pattinson@nhs.scot)

Geraldine Collier, People Partner, NHS Highland [geraldine.collier@nhs.scot](mailto:geraldine.collier@nhs.scot)

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# WORKFORCE REPORT

Argyll & Bute  
IJB August 2023

# CONTENT

- Introduction
- Headcount and WTE
- Workforce Profile
- Equality and Diversity
- Time to Fill Vacancies
- Sickness Absence
- Employee Relations
- Redeployment
- Mandatory Training

# INTRODUCTION

The Workforce Report considers the workforce position as of 30<sup>th</sup> June 2023, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted. Note trend lines represents date range 31<sup>st</sup> January 2018 –30<sup>th</sup> June 2023.

The report has been developed in partnership with our People Partners and aims to shows the current position, trends and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.

The Workforce Systems Teams proactively assesses data quality based on agreed data quality principles that are part of the data quality framework and addresses data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. Work continues on developing integrated (NHS and Council) data sets where possible.

NHS Workforce dashboards are available at Operational levels as well as Job Families and continue to be developed. Council Health of the Organisation (HOO) reports are distributed to each service lead on a quarterly basis and Absence summaries are distributed monthly.

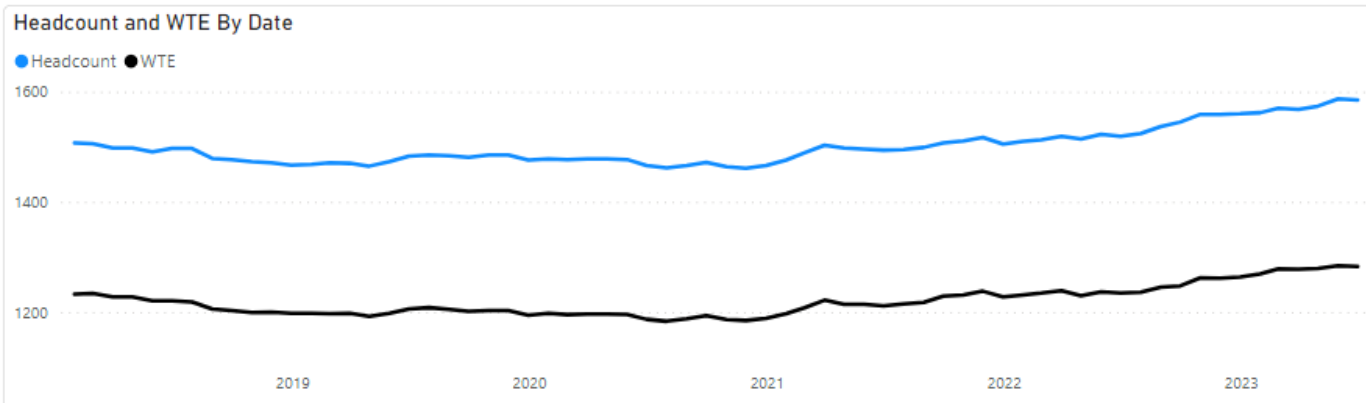
# NHS HEADCOUNT AND WTE

## Key points:

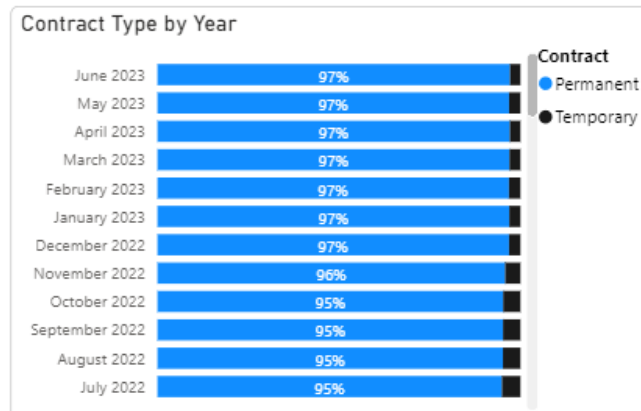
4.34% increase of workforce from in the last 12 months

June 2023 in post figure of **1,585** (headcount) of Substantive Staff an increase of 61 overall since July 2022. With the highest increase seen across our Medical profession.

97% of our contacts are permanent and this has been a consistent position since December.



Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
June 2023	1585	-0.13%	0.70%	4.34%
May 2023	1587	0.83%	1.21%	4.20%
April 2023	1574	0.38%	0.25%	3.96%
March 2023	1568	-0.13%	0.38%	3.23%
February 2023	1570	0.51%	0.64%	3.77%
January 2023	1562	0.13%	0.19%	3.44%
December 2022	1560	0.06%	0.06%	3.65%
November 2022	1559	0.00%	0.91%	2.77%
October 2022	1559	0.91%	1.43%	3.18%
September 2022	1545	0.52%	1.38%	2.52%
August 2022	1537	0.85%	1.18%	2.54%
July 2022	1524	0.33%	0.07%	1.94%



# NHS WORKFORCE PROFILE

## Key points:

827 employees are over 50, with 268 over 60 years old (17 % of the workforce) with 59 over 65 (3.7% of the workforce)

84.5% of our workforce is female

51.6% of our workforce are part time a 0.7 increase since reported in March

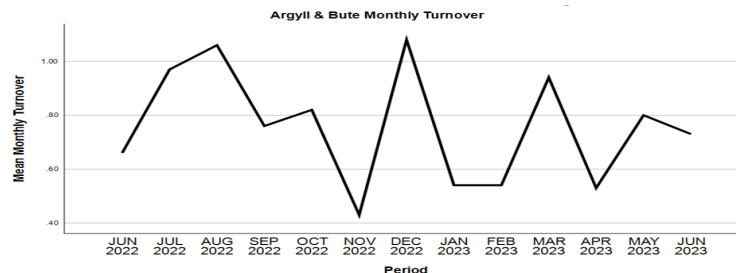
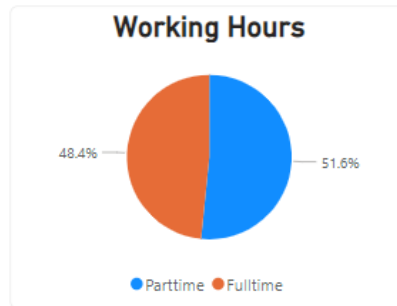
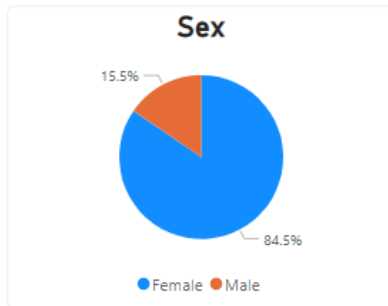
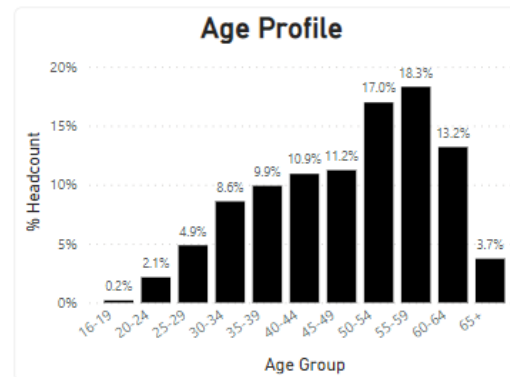
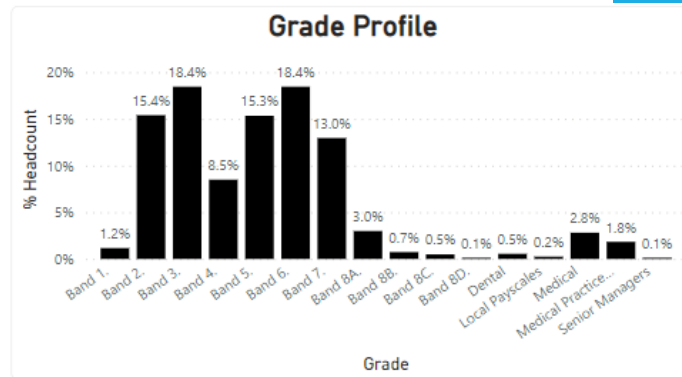
51 employees are fixed term a reduction from 56 last quarter.

37 employees are under 25 which has remained the same since December 2022

**Turnover** remains stable and in line with the Board average. We continue to see leavers relating to retirements Recently launched an on boarding and Exit Interview survey to gather information on peoples experiences in joining us and also why they leave. This will inform future action and continuous improvement

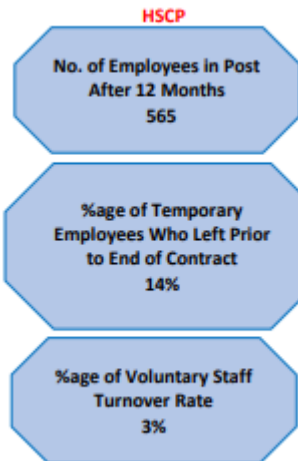
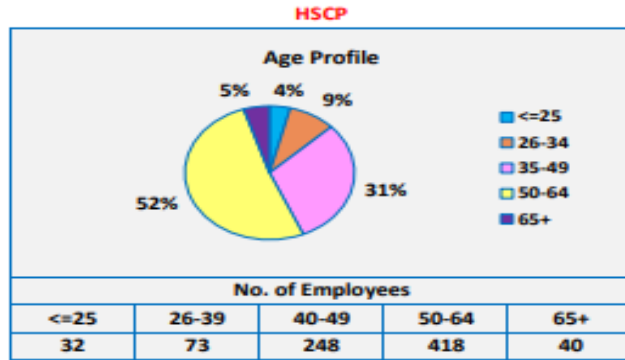
- Grade
- Select all
  - Band 1 - 4
  - Band 5 - 7
  - Band 8A - 8B
  - Band 8C - 8D
  - Local Payscales
  - Medical & Dental
  - Medical Practice (2c)
  - Senior Managers

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	295	232.8
ALLIED HEALTH PROFESSION	180	146.9
DENTAL SUPPORT	35	27.6
HEALTHCARE SCIENCES	29	26.1
MEDICAL AND DENTAL	54	30.9
MEDICAL SUPPORT	2	1.2
NURSING/MIDWIFERY	694	580.6
OTHER THERAPEUTIC	50	44.7
PERSONAL AND SOCIAL CARE	51	41.4
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	206	149.9
<b>Total</b>	<b>1585</b>	<b>1,283.0</b>



NOTE: Method for obtaining turnover data changed from December 2022

# COUNCIL WORKFORCE PROFILE



	<b>HSCP</b>			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	322	351	81	32
Temporary	18	21	4	1
	340	372	85	33
<b>Total Emps</b>	830			
<b>Casuals Paid</b>	262			

MODERN APPRENTICES	HSCP	Council
New Starts	20	73
Completed	17	53
Secured Job	82%	74%
	<i>(cumulative)</i>	

## Key points:

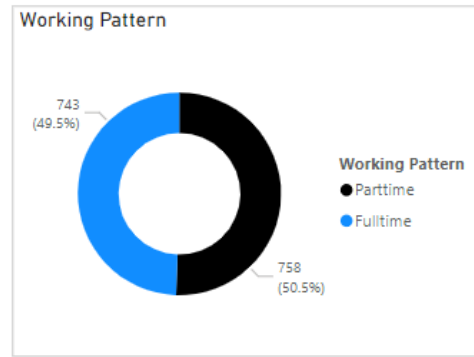
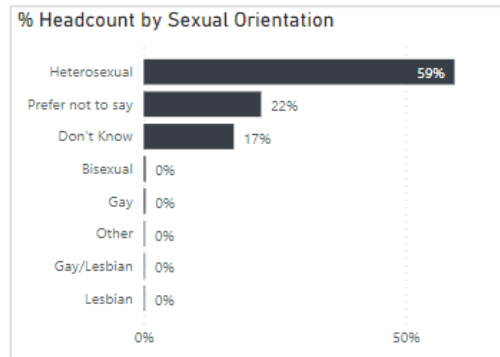
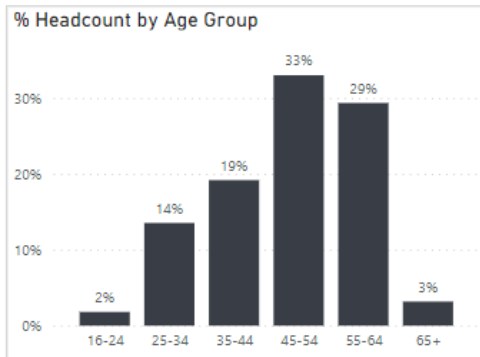
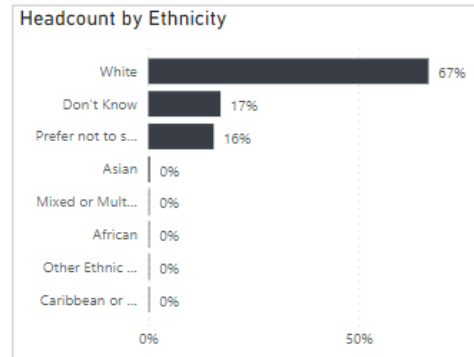
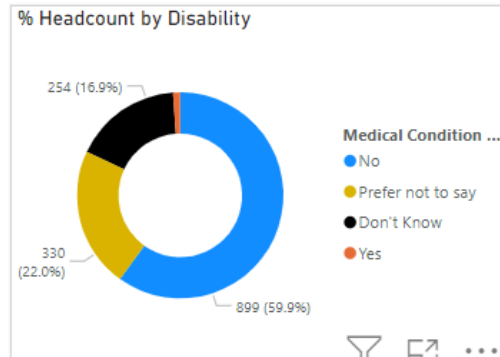
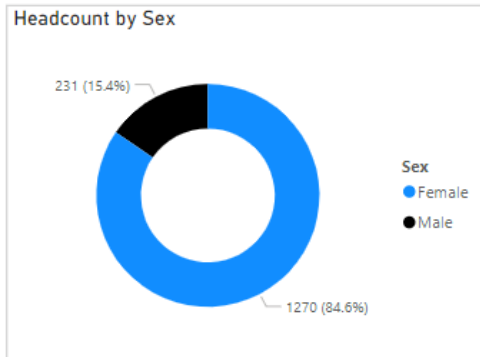
- 57% of the workforce are over 50 with 5% over 65
- 86% of our workforce is female.
- 49% of our workforce are part time
- 5% of our workforce are temporary (44 fixed term)
- Voluntary Turnover rate remains consistent at 3%

# EQUALITY AND DIVERSITY

## Key points:

For most protected characteristics (notable exceptions being age and gender), somewhere in the region of 40% of the information is unknown because it has not been provided. This figure has remained consistent over the last 3 years.

The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold. Employee Self Service that will allow staff to update their Equalities information and a focused exercise is due to commence in quarter 3, encouraging this completion.



# TIME TO FILL

Time to fill presents a count of days between post added to the recruitment system and the start date of the candidate. The fill period is therefore reliant on timely and accurate data input.

The council posts take an average of 100 days to fill while the NHS average is 182 days. This can be accounted for by a number of factors, or which notice period is just one.

Time to fill is higher in professional positions and high bands which can be attributed to longer notice periods.

Both recruitment systems have the capability of reporting at each stage of the recruitment process and a Recruitment Metrics is being finalised for future reporting. This will assist in identifying the source of delays.

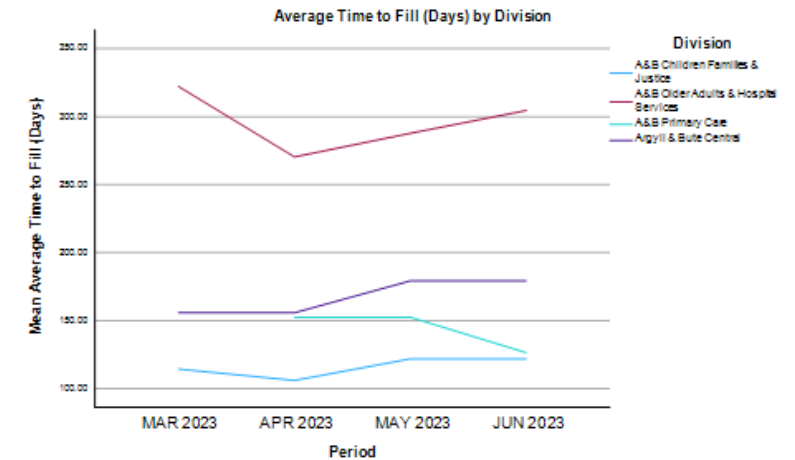
For comparison the average Board time to fill is 121.98 days so there is still work to be done to identify and remove barriers to streamline the process. Scotland wide benchmarking is also being sought and will be used for comparison when available.

The NHS stats have shown an improvement since they were reported at the end of last quarter reducing from 230 – 182 and may be an early reflection of the improvement work being done in this area.

Council

POSTS	HSCP	Council
No. Advertised	109	482
No. Unfilled	20	79
Average No. of Days to Fill Post	100	89

NHS



Average Time to Fill (Days) By Division

		Division			
		A&B Children Families & Justice	A&B Older Adults & Hospital Services	A&B Primary Care	Argyll & Bute Central
		Average Time to Fill (Days)	Average Time to Fill (Days)	Average Time to Fill (Days)	Average Time to Fill (Days)
Period	MAR 2023	114.3	322.1	.	155.8
APR 2023	106.0	270.3	152.5	155.8	
MAY 2023	121.8	287.8	152.5	179.2	
JUN 2023	121.8	304.5	126.3	179.2	

**Note:** Where a division is not shown, this is because there are no hired candidates within the 12 month period up to the final day of the period date.



# HSCP CURRENT VACANCIES

## NHS vacancies

Vacancies by Division & Job Family					
Division	Job Family	Job Family	Administrative Services	Number of Vacancies	
				Count	Sum
A&B Children Families & Justice	Job Family	Administrative Services	1	1	
		Allied Health	2	2	
		Professions			
		Medical and Dental	1	1	
		Nursing and Midwifery	1	2	
		Total	5	6	
	A&B MH LD & Addiction Services	Job Family	Medical and Dental	1	1
			Nursing and Midwifery	2	2
			Total	3	3
	A&B Older Adults & Hospital Services	Job Family	Administrative Services	2	2
			Allied Health	9	9
Professions					
Healthcare Sciences			1	1	
Medical and Dental			3	7	
Nursing and Midwifery			13	14	
Other Therapeutic			2	2	
Total			30	35	
Argyll & Bute Central	Job Family	Nursing and Midwifery	1	1	
		Total	1	1	
Total	Job Family	Administrative Services	3	3	
		Allied Health	11	11	
		Professions			
		Healthcare Sciences	1	1	
		Medical and Dental	5	9	
		Nursing and Midwifery	17	19	
		Other Therapeutic	2	2	
Total	39	45			

Count is the number of job adverts; sum is the total number of vacancies across those adverts

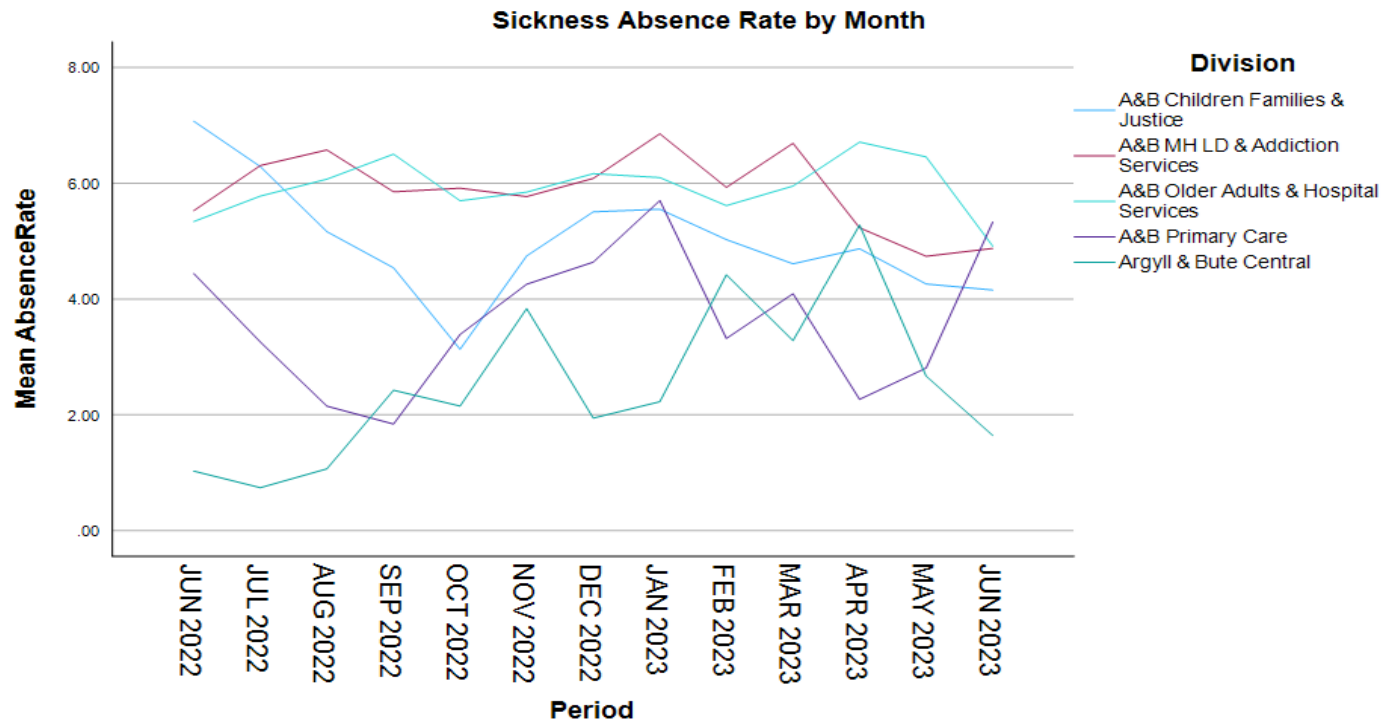
## Council Vacancies

	Apr 23		May 23		Jun 23	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	1	15	4	6	6	19
Adult Services – Acute & Complex	5	2		2	2	2
Children, Families and Justice	6	3	1	10	1	7
Strategy P&P						1
HSCP PL3 DIRECTORATE						
Totals	12	20	5	18	9	29
	32 (Temp 12) (Perm 20)		23 (Temp 7) (Perm 16)		38 (Temp 13) (Perm 25)	
Overall Total	93					

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This slide provides a detailed breakdown of the vacant posts at the end of June. Information relating to re-advertising and posts vacant for a long period of time is being further developed and will be provided when available

# NHS SICKNESS ABSENCE



The graph and table below show A&B NHS Sickness absence across the year.

The format and content of the short and long term breakdown previously provided is being reviewed and will follow when available

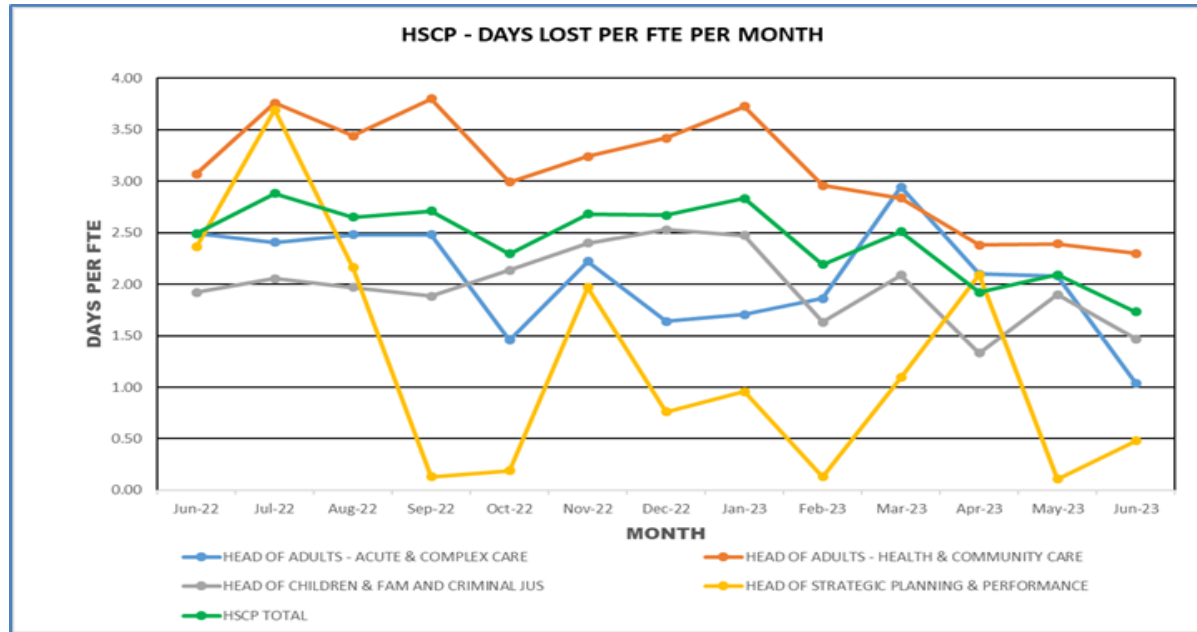
Although Quarter 1 ended with a reduced sickness absence %, compared to the same period last year, April and May were significantly higher.

June levels are the lowest recorded this year and this is also replicated in the council stats overleaf.

A&B is in the main consistently lower than the highland wide and National average

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Argyll and Bute HSCP															
Argyll and Bute HSCP Total	4.66%	4.84%	5.15%	5.37%	5.42%	5.55%	5.04%	5.18%	5.45%	5.84%	5.34%	5.59%	5.81%	5.36%	4.62%
NHS Highland Total	4.94%	5.11%	5.19%	5.11%	5.21%	5.98%	6.04%	6.11%	6.83%	6.62%	5.60%	6.49%	6.12%	5.97%	5.99%
NHS Scotland Average	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.83%	6.87%	5.60%	6.25%	5.94%	TBC

# COUNCIL SICKNESS ABSENCE



The graph and table below show A&B Council Sickness absence across the year

Q1 has seen improved sickness absence levels when compared to last quarter and the same period last year.

June levels are the lowest recorded this year

Future reports will provide wider council and national comparisons

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>HEAD OF ADULTS - ACUTE &amp; COMPLEX CARE</b>	2.49	2.41	2.48	2.48	1.46	2.22	1.64	1.70	1.86	2.94	2.01	2.08	1.04
<b>HEAD OF ADULTS - HEALTH &amp; COMMUNITY CARE</b>	3.07	3.76	3.44	3.80	2.99	3.24	3.42	3.73	2.96	2.84	2.38	2.39	2.30
<b>HEAD OF CHILDREN &amp; FAM AND CRIMINAL JUS</b>	1.92	2.06	1.97	1.88	2.13	2.40	2.53	2.47	1.63	2.09	1.33	1.90	1.47
<b>HEAD OF STRATEGIC PLANNING &amp; PERFORMANCE</b>	2.36	3.69	2.16	0.13	0.19	1.97	0.76	0.96	0.13	1.10	2.09	0.11	0.48
<b>HSCP TOTAL</b>	2.49	2.88	2.65	2.71	2.30	2.68	2.67	2.83	2.19	2.51	1.92	2.09	1.73

*It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services*

# NHS SICKNESS ABSENCE REASONS

Absence Reason % for 12-month period up to most recent period shown for absence rates

NHS Absence Reason	Total % of Absences
Anxiety/stress/depression/other psychiatric illnesses	6.24%
Asthma	0.31%
Back problems	3.08%
Benign and malignant tumours, cancers	0.26%
Blood disorders	0.44%
Chest & respiratory problems	3.83%
Cold, cough, flu - influenza	12.18%
Covid-related illness	3.43%
Dental & oral problems	0.97%
Ear, nose, throat (ENT)	2.07%
Endocrine/glandular problems	0.22%
Eye problems	0.84%
Gastro-intestinal problems	12.27%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	1.72%
Headache/migraine	2.77%
Heart, cardiac & circulatory problems	0.84%
Infectious diseases	0.35%
Injury, fracture	2.07%
Menopause	0.04%
Nervous system disorders - exclude headache, migraine	0.26%
Other known causes - not otherwise classified	5.28%
Other musculoskeletal problems	3.12%
Pregnancy related disorders	0.79%
Skin disorders	0.48%
Unknown causes/not specified	36.15%

Absence reasons presented from absence for 12 month period as at 30<sup>th</sup> June 2023.

36.15% of the absences are still being recorded with no reason and this remains the highest category, impacting on the accuracy of the other absence reason information .

For committee purposes absence reason is reported at HSCP level. Heads of Services receive their own divisional information.

The remaining top 3 reasons for absence are:

- 1)cold, cough, flu
- 2)gastro-intestinal
- 3)Anxiety/ stress /depression /other

# COUNCIL SICKNESS REASONS & RTW

Council top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue	Stress/Depression/Mental Health/Fatigue
	Back & Neck Problems	Infections
	Other Musculo-Skeletal Problems	Chest & Respiratory

Previous Months Total for Comparison	No of RTWI completed	No of RTWI not completed	RTWI %	Average Time taken to complete (Days)
APRIL 2023	32	43	43%	7
MAY 2023	38	48	44%	7
<b>JUNE 2023</b>	<b>26</b>	<b>35</b>	<b>43%</b>	<b>3</b>
<b>Average over FQ1 23/24</b>	<b>32</b>	<b>42</b>	<b>43%</b>	<b>6</b>

## Absence Reasons

Similar to the national absence profile Stress /Depression /Mental Health remains the top reasons for absence this quarter in both short and long term categories. Back /neck and muscular skeletal complaints are the 2nd and 3rd top reason for long term absence.

Short term absence reasons this quarter mirror the same chest and respiratory and minor infections seen in NHS absence.

## RTW

Last quarters RTW improvement has not continued this quarter and remains low at 43% despite monthly reporting and system improvements. More focused work is required to identify the barriers to fulfilling this requirement. A 43% completion rate is evident across the council.

RTW conversations are an extremely important part of the absence management process and there is a commitment for them to take place within 3 days of return. Further investigation is required to identify the management, administration and system barriers

# EMPLOYEE RELATIONS

Summary of activity between  
01/04/20223 and 30/06/23 and  
comparative end of quarter totals

## NHS

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
DAW	3	4	1	2	1	2
Disciplinary	1	4	1	2	2	2
Grievance	2	3	3	4	3	4
Capability	0	0	0	0	0	0
Total	6	11	5	8	6	8

Since the last quarterly report there has been 1 Disciplinary case opened and one closed, one new grievance and 1 D@W investigation commenced.

## Council

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
B&H	0	0	0	0	0	0
Discipline	2	1	1	1	1	0
Grievance	1	2	3	2	3	2
Capability	0	0	0	0	0	0
Total	3	3	4	3	4	2

HSCP Council Disciplinary and Grievance cases are consistently low. In Q1 one disciplinary and one grievance case was concluded with no new cases. There remain two grievances at appeal stage.

# REDEPLOYMENT

As of the 30<sup>th</sup> June there were 41 employees are on the redeployment register within AB.

Within AB the redeployments proximately span across bands 2-5 with high levels across Nursing and Midwifery and Support Services.

The 'other' category includes, :

- End of Employment Break
- Injury at Work
- Pay Protection\*

People Services continue to carry out weekly reviews of the vacancy schedule to identify appropriate matches and offer support.

JOB FAMILY	End of FTC	Grievance	Organisation Change	Other	Grand Total
ADMINISTRATIVE SERVICES			1	3	4
ALLIED HEALTH PROFESSION				2	2
DENTAL SUPPORT				1	1
NURSING/MIDWIFERY	1	2		17	20
PERSONAL AND SOCIAL CARE				1	1
SUPPORT SERVICES			10	3	13
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>27</b>	<b>41</b>

# MANDATORY TRAINING

Month	CYBER_SECURITY	EQUALITY	FIRE_SAFETY	HAND_HYGIENE	INFORMATION_GOVORNANCE	MOVING_HANDLING_MODULE_A	PUBLIC_PROTECTION	VIOLENCE_AGGRESSION	WHY_INFECTON_PREVENTION	
July 2022		63%	47%	79%		57%	59%	37%	31%	77%
August 2022		64%	48%	79%		58%	60%	39%	30%	77%
September 2022		64%	48%	79%		58%	60%	39%	30%	77%
October 2022		65%	49%	80%		59%	61%	41%	30%	77%
November 2022	2%	66%	54%	82%		61%	64%	45%	30%	79%
December 2022	6%	66%	54%	82%		62%	64%	46%	33%	80%
January 2023	9%	66%	55%	82%		62%	65%	47%	33%	80%
February 2023	15%	66%	55%	82%		62%	65%	47%	33%	80%
March 2023	21%	68%	58%	83%		65%	64%	52%	34%	80%
April 2023	25%	67%	58%	83%		65%	63%	53%	34%	81%
May 2023	28%	68%	58%	84%		65%	61%	54%	34%	81%
June 2023	30%	68%	59%	84%		66%	62%	54%	36%	82%

AB report a Mandatory Training completion rate of 62.7% overall.

Over the course of the year there has been focused attention on statutory mandatory training resulting in incremental improvement across all stat man training.

There remains low levels of compliance in Cyber Security and Violence and Aggression\*

\*It is important to note that the e learn Violence and aggression training is for the administrative job family.

Patient facing staff receive mandatory practical training on violence and aggression and moving and handling

There is now an established task and finish group discussing Statutory Mandatory training across the board, with a clear commission agreed by EDG for the group composition, scope and outcomes required.





### ***Integrated Joint Board***

**Date of Meeting:** 31<sup>st</sup> August 2023

**Title of Report:** Equality Outcomes and Mainstreaming Report

**Presented by:** Alison McGrory, Associate Director of Public Health

#### **The group is asked to:**

- Note the HSCP's statutory duty to publish an interim report on the Equalities Outcomes published in spring 2021.
- Approve examples of good practice in the supporting Equalities Outcome Report prior to publication.

### **1. EXECUTIVE SUMMARY**

This paper outlines the HSCP's legal duties in relation to equalities and progress made since 2021. As a public authority, Argyll and Bute HSCP has a general equality duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These three duties apply to every function across organisations – planning and delivering services, commissioning and procurement and as an employer. The last point is not applicable to HSCPs as we are not an employer.

Integrated Joint Boards (IJBs) became statutory bodies in April 2016. This means they are accountable for discharging equality duties and are required to publish their own equality outcomes. This report provides an update on progress made with regards to Argyll and Bute HSCPs Equalities Outcome Framework 2021 - 2025. Full details and previous reports are published here: [Argyll & Bute HSCP Equality Impact Assessments \(scot.nhs.uk\)](https://www.scot.nhs.uk/argyll-and-bute-hscp/equality-impact-assessments)

NHS bodies were given an extension of 12 months on their publishing requirements in 2020 due to the Covid-19 pandemic. Publication is now required.

This report also provides information on the updated Equalities Outcomes for 2021-2025. These outcomes have been updated in accordance with the outcomes of NHS Highland and Argyll and Bute Council to improve

consistency. Different reporting cycles is a barrier to completely aligning the outcomes across all three statutory bodies.

There is considerable evidence that discrimination of people with protected characteristics exists and this negatively impacts health, particularly mental wellbeing. This contributes directly to inequalities in life opportunities and health outcomes.

## **2. INTRODUCTION**

### **2.1 Legal Requirements**

The Equality Act (2010) became law on 1 October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law to ensure everyone who is protected from discrimination, harassment or victimisation is afforded the same level of legal protection.

There are nine protected characteristics under the Equality Act 2010, these are:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership (this only applies to employment)

Additional specific duties for public authorities apply in Scotland. This includes a requirement to produce a set of Equality Outcomes every four years to achieve the duties of the Equality Act 2010 and report on the mainstreaming of these outcomes every two years.

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force in Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish written assessments showing how they have fulfilled the duty.

The Islands Act 2018 requires relevant authorities, including the majority of public bodies and Scottish Ministers, to have regard to island communities in carrying out their functions. To comply with this duty, relevant authorities must make arrangements to review their policies, strategies and services, for example, prepare an Island Communities Impact Assessment.

The duties of the Equalities Act, Fairer Scotland and the Islands Act are incorporated into an integrated Equality Impact Assessment (EIA) that is used by the HSCP and Argyll and Bute Council.

### **2.2 Role of Integration Joint Board**

Equalities commitments for Argyll and Bute IJB published in 2016 in the first Joint Strategic Plan state:

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day to day service delivery.
- The IJB has to report annually on the progress of the implementation of the Strategic Plan. Equalities will be one element of the report.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's. Existing reporting arrangements for NHS and Council equality activity will remain in place. The IJB will not duplicate existing activity, rather it will add value and ensure consistency across the two organisations.

### **2.3 Position in Argyll and Bute Council and NHS Highland**

Both Argyll and Bute Council and NHS Highland have published outcomes for equalities and they are available here:

- NHS Highland Equality Outcomes - [Equality and diversity \(scot.nhs.uk\)](https://www.scot.nhs.uk/equality)
- Argyll and Bute Council Equality Outcomes - [Equality legislation and reporting \(argyll-bute.gov.uk\)](https://www.argyll-bute.gov.uk/equality)

## **3. DETAIL OF REPORT**

### **3.1 Equality Outcomes for Argyll and Bute Health and Social Care Partnership**

The Equalities Outcomes were reviewed and updated in 2021. These are:

- People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
- People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
- People from identified groups, such as those with protected characteristics, will have improved experiences of services.

### **3.2 Reporting on the above Outcomes**

The HSCP is required to report on equalities every two years and publish on behalf of the IJB. A report has been prepared that outlines a wide range of activity undertaken since 2021. The report outlines the background to mainstreaming equality and producing equality outcomes. It includes a wide range of case studies detailing work undertaken in relation to mainstreaming equalities within the organisation. These include projects such as:

- Planet Youth which aims to reduce substance use by children and young people.
- Money Counts training which aims to reduce inequalities through provision of advice about income maximisation.

- Shaping Place for Wellbeing which is a project aimed at improving wellbeing by reducing inequalities, this project is being carried out in the Dunoon area.
- Screening Inequalities – this was a project aimed at providing information to people to increase the uptake of screening by people who have a mental health condition or learning disability.

In addition to outlining specific pieces of work the report included a review of Equality Impact Assessments (EIAs) carried out in the period 2021-2023. The EIAs completed covered a wide range of topics such as redesign of services, reallocation of budgets and redevelopment of service access criteria. The broad range of EIAs carried out suggests that equalities are considered when making service change throughout the HSCP.

The report also describes engagement carried out with Locality Planning Groups to assess whether the HSCP equality outcomes were still relevant and appropriate. Discussion also took place on what work is required to fully embed equalities into decision making processes. The majority of participants said that the outcomes were relevant and agreed that these should remain in place up to 2025 when they are due for review. Work will continue to advance equalities before the Equality Outcomes are review in June 2025.

#### **4. RELEVANT DATA AND INDICATORS**

Previous mainstreaming reports were published in 2018 and 2021. Equality issues are reported in the HSCP's Annual Performance Report.

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

The implementation of the Equality Framework Outcomes underpins the Vision, Mission and Values of the HSCP Joint Strategic Plan.

#### **6. GOVERNANCE IMPLICATIONS**

The governance arrangements for progress against equality outcomes are through the Integration Joint Board.

##### **6.1 Financial Impact**

No direct resource requirements.

##### **6.2 Staff Governance**

Equality and diversity can be embedded into clinical governance, particularly patient experience, complaints, recording of protected characteristics where relevant, and patient safety.

##### **6.3 Clinical Governance**

The equality and diversity agenda will support the HSCP in providing high quality services and patient centred care and ensuring patient safety. This work will also support the IJB in discharging its duties under the Equality Act 2010.

#### **7. PROFESSIONAL ADVISORY**

This work is led by the Public Health Team on behalf of the HSCP. Oversight has been provided by the Senior Leadership Team.

#### **8. EQUALITY & DIVERSITY IMPLICATIONS**

The purpose of this report is to promote equality and diversity throughout all HSCP functions, aiming to increase fairness for both patients and staff.

## 9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Confidentiality of individual protected characteristics is essential and there are sensitivities of enquiring about these. All equalities duties are conducted in accordance with GDPR legislation and this activity does not include the recording of individuals with protected characteristics. There is recognition that recording characteristics in small populations in Argyll and Bute may lead to people being identified.

## 10. RISK ASSESSMENT

There is a legal requirement to comply with legislation and compliance under the Equality Act 2010 and non-compliance will result in action being taken by the Equalities and Human Rights Commission.

## 11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is scope to undertake further consultation with people affected by our services.

## 12. CONCLUSIONS

The HSCP has a legal duty to demonstrate a planned approach to reducing inequalities. Inequalities in service provision and access to services amongst people with protected characteristics are known to result in a disparity in health and wellbeing outcomes. Therefore ongoing investment in improving equality of provision has the potential to improve population health outcomes. This report outlines a range of work that has been delivered to improve equality of outcomes across the population of Argyll and Bute. The IJB has a role to continue to uphold good standards of equality and diversity across health and social care delivery.

## 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

## REPORT AUTHOR AND CONTACT

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# Argyll and Bute Health and Social Care Partnership Equality Outcomes and Mainstreaming Interim Report

2023

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## • Introduction

In 2021 Argyll and Bute Health and Social Care Partnership (HSCP) published a report titled “Equality Outcomes and Mainstreaming Report 2016 – 2021”. This set out Equality Outcomes for the period 2021 to 2025. The refreshed equality outcomes are:

- People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
- People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
- People from identified groups, such as those with protected characteristics, will have improved experiences of services.

This report outlines the mainstreaming of the equality duties in the day-to-day functions of Argyll and Bute HSCP and sets out actions taken towards achieving the Equality Outcomes for the years 2021-22 and 2022-23.

## • Background

### Equality Act 2010

The public sector equality duty, also known as the general equality duty is set out in the Equality Act 2010. A requirement of the act is that all public bodies report on progress in making the general equality duty integral to delivering services and developing policies. The HSCP must report on progress every two years.

There are three fundamental elements of the general duty that the HSCP must apply in the exercise of its functions, these are:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected and those who do not, by tackling prejudice and promoting understanding

There are nine protected characteristics to which these elements apply, these are:

- age
- disability
- gender reassignment
- race
- religion or belief
- sex

- sexual orientation
- marriage and civil partnership
- pregnancy and maternity.

### **Scotland Specific Equality Duties**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively. The key legal duties are that Argyll and Bute HSCP must:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress

This report is evidence of the HSCP meeting the requirement to report progress on mainstreaming equalities into core service delivery.

In April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including HSCPs to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish written assessments showing how they have paid due regards to this duty. The HSCP incorporates this responsibility into an integrated equality impact assessment process described later in the report.

This integrated impact assessment process also includes the statutory responsibilities of the Island (Scotland) Act 2018. This requires public bodies, including HSCPs, to ensure islands receive equitable and fair treatment and that policies and strategies are tailored to the unique circumstances of island living.

### **Integrated Joint Board (IJB)**

The HSCP is a partnership between NHS Highland and Argyll and Bute Council. The IJB has responsibility for health and social care planning and delivery. It is not a direct employer; therefore, employee and gender pay gap information is published by the employing organisations, NHS Highland and Argyll and Bute Council. The IJB is committed to ensuring equality is mainstreamed in all business and functions of the HSCP. All staff working in the HSCP receive equality and diversity training from their employing organisation.

There is considerable evidence that discrimination and harassment negatively impact health, particularly mental wellbeing, and contribute directly to inequalities in life opportunities and health outcomes. The IJB also recognises individuals, groups and communities who routinely face such disadvantages also experience inequalities in how they access and experience health and social care services. We are committed therefore to making a real and lasting contribution to creating a fairer

Argyll and Bute, and to reducing inequalities in health, access and opportunity for our whole population.

- **Progress – Mainstreaming the Equality Outcomes for Argyll and Bute Health and Social Care Partnership 2021-2025**

### **Background**

Mainstreaming equality means integrating equalities into day-to-day business of a public body. As a public body, Argyll and Bute HSCP needs to consider the impact of its actions for the people we support, particularly people who share a protected characteristic(s). Mainstreaming the equality duty has several benefits, including:

- Equality becomes part of the structures, behaviours and culture of an organisation
- The organisation knows, and can demonstrate how, in carrying out its functions it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming equality leads to improved quality of service design and delivery, for example, equitable access to services and person-centred care that responds to the diverse needs of Argyll and Bute's population. This leads to improved outcomes for our patients and the people we support, as well as an improved working environment for our staff. This is a long-term process, inherently linked to culture change and organisational development.

### **Equality Outcomes**

In 2021 Argyll and Bute HSCP reviewed the previous equality outcomes and developed refreshed equality outcomes for the period 2021 to 2025. The refreshed equality outcomes are:

- People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
- People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
- People from identified groups, such as those with protected characteristics, will have improved experiences of services.

This report outlines the progress to date in mainstreaming the outcomes outlined above. A final report will be published in 2025 outlining all work carried out within the period set out. A refreshed equality outcome framework will be produced and published concurrently to the final progress report.

## Case Studies

The following case studies highlight work that considered equalities, actively aimed to promote equality of opportunity or aimed to decrease inequalities. These case studies are not an exhaustive list of work; they do however demonstrate progress towards the outcomes noted above and progress towards the mainstreaming of equality into the work of the HSCP.

## Argyll and Bute Joint Strategic Plan 2022-2025

Available at: <https://www.nhshighland.scot.nhs.uk/media/phxd2bgi/argyll-and-bute-joint-strategic-plan-15-06-2022.pdf>

The aspiration of the Joint Strategic Plan is that people in Argyll and Bute will lead longer, healthier, independent lives. The plan includes four high level priorities which are:

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

One of the Commissioning Intentions under the Priority of Choice and Control & Innovation is that the HSCP will ensure that every decision will be made in consultation and engagement with the people of Argyll and Bute and will have a positive effect for those with protected characteristics. The Joint Strategic Plan 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 the workforce tell the HSCP. We need a range of services from prevention programmes to critical care.

Between September and December of 2021, a full period of consultation took place with the public, staff, stakeholders and the third and independent sector. An engagement specification and plan recorded all this engagement activity. In addition, a Joint Strategic Needs Assessment informed the work of the plan and provided demographic data on people who have a protected characteristic(s) as well as geographical data such as the rurality, living on islands and area deprivation data.

The plan is aspirational and aims to reduce health and wellbeing inequalities, it therefore aims to achieve all the equality outcomes listed above. In doing so it will have a positive impact for all groups with protected characteristics. Further engagement is underway to consult people on their thoughts on how the plan is being actioned within its first year.

## Public Engagement

Argyll and Bute HSCP recognises that effective engagement is essential to the delivery of health and social care services and fundamental in supporting the HSCP to achieve its vision, ambitions and deliver on its key strategic objectives.

Effective engagement ensures decisions are informed by community needs and aspirations whilst balanced against available resources. It provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building community capacity.

The HSCP has adopted the You Said, We Did philosophy which supports building relationships with our communities, partners and staff. The HSCP uses its engagement framework when engaging with people and groups with protected characteristics to ensure their voices are heard when implementing policy or service change.

### Worrying About Money?

Financial advice and support is available if you're struggling to make ends meet

### Money Counts Training

Money Counts training promotes using the 'Worrying About Money?' leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1.

The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters

Both courses are intended for anyone wishing to have a conversation about any financial issues they may be facing.

Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.

### Level 1 Data – Argyll and Bute

Courses since March 2021	Attendees	Average Pre course confidence	Average Post course confidence	Average Pre course knowledge	Average Post course knowledge
<b>8</b>	<b>33</b>	<b>6.7</b>	<b>8.5</b>	<b>7.1</b>	<b>8.5</b>



PARTNER *Highland*

### **Planet Youth**

The Planet Youth, Icelandic Prevention Model aims to increase protective factors, and decrease risk factors, to delay and reduce substance use among young people in Argyll and Bute. Planet Youth is a primary prevention, whole systems, and whole family approach that works in collaboration with stakeholders (including Argyll and Bute Alcohol and Drugs Partnerships, Argyll and Bute Council, NHS Highland, Police Scotland and third sector organisations) by collating and analysing survey data on risk and protective factors that influence alcohol, tobacco and other drug use. This anonymous local data from S3/S4 pupils informs development and implementation of local action plans that respond to findings in key areas of young peoples' lives. Since being applied in Iceland, this approach reduced substance use rates among young people from among the highest in Europe to the lowest.

Some protected characteristics are asked about in the survey, including sex, age, mental health, and ethnicity. Some of the impacts highlighted by the Fairer Scotland Duty are also considered in the survey, including lone parents and care experienced children and young people. The project includes work to increase positive activities for young people and families, increase social cohesion among families, and support families and schools with consistent messaging regarding alcohol, tobacco and other drugs. Given that poverty is linked with problematic substance use, it is essential to focus resources at a faster pace for people who are experiencing the most disadvantages. The pilot compliments other initiatives targeted at young people at higher risk of substance use in relation to protective factors including access to leisure activities and anti-poverty measures.

The pilot is funded by the Argyll and Bute Alcohol and Drugs Partnership, and the Education department of Argyll and Bute Council are leading the work. Focus is upon two secondary schools where work is underway to deliver upon the partnership action plan. Following engagement with staff and parents, support and commitment have been secured for the project and the next step is to galvanise community support for development and implementation.

### **Shaping Places for Wellbeing**

[Shaping Places for Wellbeing](#) is a 3-year programme delivered by Public Health Scotland (PHS) and the Improvement Service (IS) jointly with local authorities and NHS local boards. It aims to improve Scotland's wellbeing by reducing the significant inequality in the health of its people while addressing the health of our planet. Across seven project towns, the programme's team has been combining data led approaches and engagement with local stakeholders to understand which groups of people are most affected by inequality in each town – and what changes to their



place would make the biggest difference. Working in partnership, emerging plans, strategies or policies for the town or wider area are then assessed using the [Place and Wellbeing Outcomes](#). This process explores how well they contribute to delivering a place that enables wellbeing and how they could be strengthened.

Within Argyll and Bute, Dunoon is the local project town. Here, the programme has identified inequality areas relating to people experiencing addictions; people affected by health conditions putting them at risk of early death; people living in areas of deprivation, and people experiencing income and employment deprivation. 'Sense-checking' of these focus areas with local stakeholders suggested an additional focus on people experiencing poor mental health.

The HSCP has been working with the Shaping Places team to apply this place-based approach to its Joint Strategic Plan and the Joint Commissioning Strategy for 2022-25. In April 2023 a group of 20 people from across the HSCP, partner organisations and lay representatives, met to undertake a Place and Wellbeing Assessment of both documents. Discussions were focused on the priorities and commissioning intentions which underpin them, and on the specific service area of mental health. By sharing insights, expertise and lived experience, the group identified opportunities to strengthen the plans' impact on wellbeing in a holistic way, particularly for people with protected characteristics or affected by inequality.

Priorities for tackling of health inequalities that came through strongly were affordable and accessible transport, appropriate and secure housing, good quality and connected greenspaces and education about mental wellbeing. The role of all these in early prevention in healthcare was also identified as key. The next steps will involve a process of working collaboratively supported by Shaping Places for Wellbeing to identify how the recommendations can become embedded in the plans, link to the strategic plans of partners and share data to support decision-making.

### **Argyll and Bute Alcohol and Drugs Partnership: Research into the needs of Children and Young People.**

The Argyll and Bute Alcohol and Drugs Partnership (ADP) Children and Young People Needs Assessment (2021) found that a greater recognition of trauma amongst the workforce was required, particularly relating to care experienced young people, the gaps in the provision of addiction services for young people and older young people as well as the need for Family Therapy and Parenting Support.

### **Argyll and Bute Children and Young People Mental Health Early Intervention and Prevention Research**

Interviews have been conducted with service providers, focus groups with young people, and a parent's survey to scope existing provision and needs for mental health early intervention and prevention for young people. The findings have helped inform the Argyll and Bute Integrated Children's Services Plan 2023.

### **Screening Inequalities Project**

The purpose of this project was to investigate the knowledge, confidence and comfort level of staff, volunteers and carers who support people with a learning disability and/or poor mental health in enabling informed participation in the NHS Health Screening Programmes.

Aim:

- To investigate knowledge and practice in relation to disease screening interventions in one to one consultations
- To identify and tackle inequalities in access to physical health screening services
- Increase front line staff knowledge and understanding of signposting to screening services
- Highlight risks of not undertaking screening programmes
- Ultimately reduce health inequalities in cancer/health outcomes

This project identified:

- Previous attendance at screening awareness sessions was shown to be beneficial
- Respondents keen to have training / updates
- Lack of understanding as to who should be responsible
- Male respondents were less comfortable promoting female screening programmes
- Primary care struggle with needs of LD clients
- Lack of awareness of how to access information in different formats
- Staff keen to have training and ongoing support

Following this project, work has commenced in developing a Turas learning module on screening programmes for staff supporting clients with a learning disability, poor mental health or those who require additional support.

### **Older Adult Reference Group**

Older Adult and Dementia services in Argyll and Bute were reviewed in 2020 with changes implemented across 2021-2022. EQIA's carried out recommended engaging with stakeholders on service redesign and local changes to older adult services. The Health Improvement team were tasked with recruiting community representatives to sit on an Older Adults Reference Group. This was formed in 2021 with an independent chair from Alzheimer's Scotland and had eight members from across Argyll and Bute.

### **Argyll and Bute Mental Health and Suicide Prevention Training**

Throughout 2021 to 2023 suicide prevention training was provided in Argyll and Bute to staff and volunteers within the NHS, Argyll and Bute Council and some third sector organisations. The training offered included Applied Suicide Intervention Skills



Training (ASIST), Scotland's Mental Health First Aid (SMHFA), Assessing for Suicide in Kids (ASK), safeTALK – suicide alertness for everyone and START – life-saving skills anytime, anywhere.

In addition, First Aid for Youth Mental Health training was commissioned, and attended by people from a range of services and sectors who work directly with children and young people in Argyll and Bute. A total of 38 people completed the certificated training from more than 16 different organisations.

### **The Argyll and Bute Living Well Strategy 2019- 2024**

The Living Well Strategy makes a commitment to support people living in Argyll and Bute with long-term health conditions and those at risk of developing them. The Living Well implementation plan aligns to the Argyll and Bute HSCP strategic intentions under four themes:

- **People** – enabling and informing to ensure healthy living and self-management of long-term health conditions
- **Community** – joined up approaches to support for health living within communities
- **Leadership** – high level commitment within the HSCP to ensure investment in prevention of health and social care problems
- **Workforce** - supporting and educating frontline health and social care professionals to anticipate and prevent problems before they arise

A full report of Living Well activity from 2019 – 2022 can be found here - [Final Living Well interim report \(squarespace.com\)](#)

### **Argyll and Bute Living Well Networks**

The Argyll and Bute Living Well Networks (LWNs) are for people with an interest in building healthy communities. Eight LWNs cover the geographical area of Argyll and Bute and in the year 2021 to 2022 had an accumulative total of 840 members.

The networks provide an opportunity for people to come together to find out what issues matter to local communities and feed information to and from Local Planning Groups and Community Planning Partnerships. The aims of the Living Well Networks are to plan activities and events together and to network with individuals, services and organisations with an interest in improving health. The networks have allocated co-ordination time (about 1 day per week). They work towards one priority from the Living Well Strategy action plan; one from the Argyll and Bute ADP Strategy; and the networks own choice based upon the Public Health workplan.

### **S3 Health Drama Programme “You Are Not Alone”**

The secondary school based drama programme delivers three short productions using comedy, music and interaction with the audience to convey powerful messages. It addresses social issues such as stereotypes and stigma, social media,

peer pressure, safe relationships and sending sexually explicit photographs. Pupils have an opportunity to discuss the dilemmas which characters present, ask questions, consider solutions and explore what support is available for them to access.

Through pupil, teacher and service evaluations, we know this programme is highly valued. It increases young people's awareness of services and helps to engage them in services. In 2021/2022, due to COVID-19 guidance, the live drama production was offered online, allowing it to be presented in classrooms at the teacher's convenience and all but one of the schools were supported by partner agencies for the delivery of the drama. In 2023 the drama tour will return to live performances.

### **Argyll and Bute: Gypsy and Traveller community work**

Engagement activity that identified a gap in provision of free sanitary products at Gypsy and Traveller community sites. Partnership work with the Minority Ethnic Carers of People Project (MECOPP) and Argyll and Bute Council enabled the provision of information and free sanitary products to Gypsy and Traveller community sites in Argyll and Bute. Initially, products were delivered by MECOPP on a person-to-person basis. MECOPP plan to support their service users to place orders for products using the councils My Tribe website, [MyTribe - Free period products \(mytribeargyll.co.uk\)](https://mytribeargyll.co.uk). Orders are placed on an individual basis within households.

Gypsy/Traveller History Month was promoted in 2022 throughout NHS Highland as well as Highland and Argyll and Bute Councils. The aims of this work were to; raise awareness of Gypsy and Traveller community history and culture, and address some of the barriers which prevent good health outcomes in these communities.

Information was targeted at staff from primary and secondary care, and third sector organisations with a focus on those who deliver direct care to people. The Turas module Raising awareness of Gypsy /Traveller communities was promoted via social media. This module is for anyone interacting with patients, clients and the public to help develop an awareness of the culture and circumstances of Gypsy and Traveller communities in Scotland. It explores barriers to inclusion and good health, and ways to make services more accessible and responsive to the needs of Gypsy and Traveller communities. Participation and completion rates were double the previous year following the promotion activity.

### **Mental Health Engagement**

From 2021 to 2022 engagement activity was carried out in conjunction with third sector organisations Jean's Bothy, ACUMEN and Support in Mind Scotland (SiMS). Engagement took the form of focus groups, one to one interviews and surveys and asked Argyll and Bute residents' questions on their experience of accessing services during the pandemic and the impact on their mental wellbeing. The aim of the

engagement was to gain insight into people's experiences of the COVID-19 pandemic and the impact of this upon mental wellbeing and access to mental health support. Key themes emerged around accessible support, community support and digital connectivity, and were captured in a report. A live graphic illustrator captured the themes at one of the Jean's Bothy focus groups.

A short film of this work is available here - [Voices Seldom Heard on Vimeo](#)

- **Equality Impact Assessments**

Equality Impact Assessments (EIAs) are a tool to enable the HSCP to ensure that policies and services delivered do not discriminate against anyone and promote equity of opportunity. They ensure that protected characteristics, geography, people living on islands and socioeconomic background are considered when introducing or making changes to policies and services. It is a legal requirement to carry out EIAs and they are published on the NHS Highland website.

A review of EIAs from 2021 to 2022 was undertaken to assess whether equalities can be considered mainstreamed within the HSCP. The review found that EIAs had been carried out on 15 occasions during the two-year period. As previously noted, the work of the Joint Strategic Plan considered the work of the HSCP as a whole and the EIA undertaken had utilised a broad range of demographic data to ensure the plan served all residents of Argyll and Bute.

Published EIAs cover a wide range of topics such as redesign of services, reallocation of budgets and redevelopment of service access criteria. Improvements that could be made include reducing the use of jargon to improve accessibility, describing fully how impacts will be mitigated and a clear description of how the work assessed will progress because of the EIA. The broad range of EIAs carried out suggests equalities are considered when making service change throughout the HSCP.

- **Engagement with Locality Planning Groups on the current Outcomes**

Engagement took place with the four Locality Planning Groups to assess awareness of the Equality Act 2010 and the HSCP Equality Outcomes. The following questions were used to generate discussion:

- Were members aware of the HSCP Equality Outcomes?
- Are these outcomes still relevant?
- Are there other priorities to consider?

A total of 78.4% of respondents were aware of the HSCP Equality Outcomes, although several people noted that they did not know about them in much detail. 21.6% of respondents were not aware of these Equality Outcomes, suggesting more work needs to be done to promote awareness.

When asked whether the Equality Outcomes are still relevant, every respondent agreed that they are still relevant. Some respondents indicated that the process of how these outcomes were delivered was not well defined and this suggests that there needs to be more details of this shared within the community. A key theme that emerged when discussing whether the outcomes are still relevant was around the process of embedding and measuring equalities within LPGs, especially in relation to protected characteristics. To illustrate this, some respondents queried whether common disabilities such as sight or hearing loss are fully considered, perhaps as they do not have the same profile as more profound disabilities. Overall, members believed the current Equality Outcomes are relevant, though many suggested further work is necessary to raise the profile to maximise considered at a local level.

Sharing of information emerged during the discussions. Members of LPGs felt local data on equalities work could be communicated better to communities. Discussion took place around embedding equalities into locality plans and using said plans to communicate how the HSCP are meeting their public duties.

Discussions about what might be missing prompted a wide range of discussion and several themes emerged:

- Remote, rural and island living
- Digital connectivity
- Loneliness and isolation
- Commitment to working with communities using principles of coproduction
- **Conclusion**

The high-level aspirational Equality Outcomes set out in 2021 have remained relevant and there has been much work during the period 2021-2023 to advance equality of opportunity for the residents served by Argyll and Bute HSCP. People with protected characteristics, rurality, deprivation and on islands have been considered throughout the production of the Joint Strategic Plan 2022-2025, this demonstrates the HSCPs commitment to mainstreaming equalities into its policies and ensuring that services are accessible to everyone.

The EIA process has been utilised on 15 occasions to fully explore the impacts of policy and/or service change on people with protected characteristics. The range of topics that EIAs were carried out for suggests that equality considerations are mainstreamed throughout our HSCP services. The progress that has been made to

date in raising the profile of inequalities should be celebrated, however given the current cost of living crisis following on from the COVID-19 pandemic, the work to raise the profile of inequalities should continue and expand at pace.

Engaging with LPGs has confirmed that the HSCP Equality Outcomes are still as relevant as when they were drafted in 2021. These discussions have also developed potential solutions in developing indicators to measure how equalities are embedded in policies and strategies, as well as ensuring service changes consider equalities. Work will continue to advance equalities before the Equality Outcomes are due for further reporting and review in June 2025.

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Argyll & Bute Health & Social Care Partnership

**Report to:** Integration Joint Board

**Title of report:** Joint Strategic Plan: Year One Monitoring: Engagement

**Presented by:** Kristin Gillies, Head of Service Strategic Planning, Performance and Technology

**Date:** 16 August 2023

**The Integration Joint Board is asked to:**

- Note the Engagement Report and discuss the recommendations on utilisation and incorporation of the feedback into the planning process.

**1. Executive Summary:**

- 1.1 Argyll and Bute Integration Joint Board approved Joint Strategic Plan (JSP) to cover the period April 2022 to March 2025, the JSP was launched in March 2022.
- 1.2 The JSP is a high level strategy which sets out our vision, strategic objectives and priorities. The JSP is closely linked with the Joint Strategic Commissioning Strategy (JSCS) which was approved in March 2022.
- 1.3 A paper was presented to SLT/IJB in May 2023 with the Year One Monitoring Report which included a commitment to manage progress against the priorities and to further community engagement.
- 1.4 This paper presents the JSP Engagement Report following engagement with communities and online covering the period April to June 2023 and provides recommendations on how the report will be utilised.

**2. Detail of the Report:**

- 2.1 The HSCP is responsible for the planning and delivery of high quality health and social care services to and in partnership with the communities of Argyll and Bute to achieve the National Health and Wellbeing Outcomes (NHWBO) and the Children and Young People Outcomes.
- 2.2 The methodology used for the JSP was agreed by the Strategic Planning Group (SPG) and involved each of the strategic leads completing a template detailing how their actions progressed over the time period of the last JSP, what challenges they faced including the impact of Covid, their objectives and priorities over the next three years.

- 2.3 There was a decision made by the SPG that quarterly monitoring would be too onerous, however given that is essential to monitor progress annually and to review for any changes to priorities the Planning Team developed a template to be sent out to all strategic leads which asks for updates, challenges and barriers to meeting the Year 1 priorities and to give the opportunity for strategic leads to revise Year 2 priorities to ensure they are still appropriate and achievable and linking to the financial strategy. This was presented to SLT/UB as the JSP Year One Monitoring Report.
- 2.4 There was a further commitment that engagement would take place within communities and with invited special interest groups to understand service experience and to triangulate this with the JSP Year One Monitoring Report.
- 2.5 In line with the HSCP Engagement Specification, the aim of the engagement was to:

<b>Consult</b>	Obtaining feedback to inform development and/or improvement
<b>Involve</b>	Engaging stakeholders in the process, ensuring their concerns and aspirations are listened to, understood and considered. Providing feedback on how their input influenced the decision

- 2.6 A single Engagement and Communications Action Plan was developed to ensure that everyone has the opportunity to let us know how A&BHSCP are doing, now that we are one year into the Joint Strategic Plan. Community Drop in events were held throughout A&B with an online blog and an online event taking place as well as a survey to attempt to include those living in remote and island areas. The engagement was around the four priority areas and what we are doing well and what could we do better.
- 2.7 While there were overall themes which came from the feedback, there were also distinctive themes and challenges from each of the areas. The Carer's centres were heavily involved in some of the areas we visited.
- 2.8 The main themes were:
- More involvement in communities and consult alongside provider events and community development trusts as there is a perceived lack of visibility in communities
  - Many barriers to choice and control including stretched services and lack of choice
  - Utilise community hubs/spaces
  - More and better range of carer's breaks
  - Lack of patient transport
  - Prevention for mental health
  - Specialised services and specific social work team for children with disabilities including autism
- 2.9 On approval, we will publish this report and have suggested recommendations below. The Engagement Report is attached at Appendix One.



### **3. GOVERNANCE IMPLICATIONS**

#### **3.1 Financial Impact**

No Financial Impact

#### **3.2 Staff Governance**

No Staff Governance Impact

#### **3.3 Clinical and Care Governance**

Included within the Joint Strategic Plan

### **4. EQUALITY & DIVERSITY IMPLICATIONS**

As there is no change in policy an equality impact assessment is not required.

### **5. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

No impact on GDPR or current data sharing agreements.

### **6. RISK ASSESSMENT**

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

### **7. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

Engagement Report.

### **8. RECOMMENDATION**

We would ask Board to note the following:

- Each areas feedback will be presented to Locality Planning Groups (LPG) and incorporated into any LPG Action Plans
- Service Transformation will take into account the feedback and ensure that all suggested actions are considered
- Projects and Operational Plans within the HSCP are recommended to take cognisance of the feedback
- The feedback should influence the Commissioning Strategy, Carer's Strategy and Prevention Strategy

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**Year One Progress Report**

# Joint Strategic Plan 2022-2025

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



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### RAG Status;

<b>Red</b>	<b>High Risk Profile</b>
<ul style="list-style-type: none"> <li>• Project plan off task and mitigation has been unsuccessful</li> <li>• Requires Senior Management Intervention</li> </ul>	
<b>Amber</b>	<b>Medium Risk Profile</b>
<ul style="list-style-type: none"> <li>• Some slippage but expected to complete</li> <li>• Mitigation is needed to bring on task</li> <li>• Some milestones have been</li> </ul>	
<b>Green</b>	<b>Low Risk Profile</b>
<ul style="list-style-type: none"> <li>• Project Plan on Task</li> <li>• Expected to Complete</li> <li>• No escalation to Board</li> </ul>	

Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to deliver on the Children and Young Peoples Service Plan (CYPSP).	The Children and Young Peoples Service Plan work continues, the new Plan for 2023 – 26 is currently being progressed.	No	
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board and reported to Strategic Group.	Yes	
Continue to monitor and evaluate progress in all our service plans.	Progress is monitored and evaluated annually, updated are reported and send to Scottish Government.	No	
Develop transformation aspirations for the Service.	Work is progressing to ensure more young people are involved in the CYPSP.	No	
Develop programme of change in relation to the Children's Promise Change programme.	The Promise is an ambitious 10 yr national transformational change programme for Scotland's Care system. Local actions embedded in Corporate Parenting Plan and CYPSP.	Yes	
Continue to engage with Children and staff on transformation agenda.	We have established 7 locality care experienced participation forums which meet regularly.	Yes	
	Work is progressing to ensure more young people are involved in the CYPSP.	No	
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	A meeting took place to discuss this but it was decided to delay update in order to align the plan with the Community Justice Plan. Update will take place in 2023.	Yes	
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.	Yes	
Develop project plan for Transforming Responses to Violence against Women and Girls Project.	Plan was developed and will be updated in 2023.	Yes	

### Engagement activities taken place 2022/2023

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.

### Challenges or barriers which impacted on meeting your priorities for year one.

In Children's Services there are a number of statutory plans and reports which we are required to produce, many for Scottish Government. It could be argued that the CYPSP which is reported to the Community Planning Partnership is the primary plan for all agencies. It is dated 2023-26 and is out of kilter with this plan 2022-26. The potential and obvious duplication is 'clunky'. Multiple reporting is time consuming particularly overlapping reporting.

It is clear from the goals and feedback that Children's Services have a model of delivery which is fundamentally integrated and reliant on multi-agency approaches. Clearly meeting goals is also reliant on others and it is a challenge to report on HSCP services in isolation to partners work.

Priorities Year 2	Additional Information
Implement 2nd Year Actions from Children Promise Change Programme.	The Promise is an ambitious 10 year national transformational change programme for Scotland's Care system. Local actions embedded in Corporate Parenting Plan and CYPSP.
Deliver on the project outcomes for transforming responses to Violence against Women and Girls.	Should remain as it is.
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board and reported to Strategic Group.
Develop programme of change in relation to the Children's Promise Change programme.	The Promise is an ambitious 10 yr national transformational change programme for Scotland's Care system. 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.
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	A meeting took place to discuss this but it was decided to delay update in order to align the plan with the Community Justice Plan. Update will take place in 2023.
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 was developed and will be updated in 2023



## Child Poverty

Priorities Year 1	Progress	Carried over to year 2	R A G
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	Child Poverty Action Group has continued to meet and monitor and tackle the three drivers of poverty.	Yes	
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 done and necessary measures taken by our members; for example extending the Flexible Food Fund and ensuring best coverage by advice services.	Yes	
Produce a formal communications and engagement plan.	A Communications and Engagement Group has been formed and there is a draft communications and engagement plan that is being worked on.	Yes	
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has taken place and is ongoing. There was also the delivery of a wide range of other training events for staff designed to improve awareness and service delivery.	Yes	
Review the Child Poverty Action Plan and assess progress on key areas of work.	The plan was reviewed and published in 2022. Reporting duties were met and the report outlined key areas of work.	Yes	
Begin to develop a Data Base to improve monitoring and focus of resources locally.	Data has been collated for the plan and other purposes. A new data collection and analysis system "Power BI" is now being developed and will greatly improve our ability to recognise areas of local need.	Yes	

### Engagement activities taken place 2022/2023

In 2022 it was felt to be very important to engage / co-produce with young people on the action plan. Groups of young people were asked to give their views and ideas on the creation of a graphic / child friendly version of the plan. Groups included young carers, care experienced young people and school students. Their ideas were used in terms of things like graphics, fonts and colours in the creation of a "Plan on a Page." Outcomes were fed back and the plan is being widely used to raise awareness of child poverty and Argyll and Bute's plan.

### Challenges or barriers which impacted on meeting your priorities for year one.

The level of need due to the impacts of covid-19, EU-exit and the cost of living crisis. A lack of adequate resources to meet the high level of need; for example the demands on advice services and organisations like Allenergy and the Food Forum have greatly increased. Staff shortages for member organisations and the need to make budget cuts have also been issues.

Priorities Year 2	Additional Information
Further develop the role and purpose of the Child Poverty Action Group and consider resource issues.	Should remain
Begin to roll out Poverty Awareness Training to staff.	Poverty Awareness Training has been delivered. We will review training needs and what resources are there to meet it.
Establish Data Base and begin to use it to improve the work of the Child Poverty Action Group and services locally.	Should Remain
Review the Child Poverty Action Plan and consider what is required to meet the Scot. Gov. Child poverty reduction targets in 2023.	Should Remain

Use Communications and Engagement Plan to improve community engagement with child poverty work in Argyll and Bute.	Should Remain
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	Child Poverty Action Group has continued to meet and monitor and tackle the three drivers of poverty.
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 done and necessary measures taken by our members; for example extending the Flexible Food Fund and ensuring best coverage by advice services
Produce a formal communications and engagement plan.	A Communications and Engagement Group has been formed and there is a draft communications and engagement plan that is being worked on.
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has taken place and is ongoing. There was also the delivery of a wide range of other training events for staff designed to improve awareness and service delivery.
Review the Child Poverty Action Plan and assess progress on key areas of work.	The plan was reviewed and published in 2022. Reporting duties were met and the report outlined key areas of work.
Begin to develop a Data Base to improve monitoring and focus of resources locally.	Data has been collated for the plan and other purposes. A new data collection and analysis system "Power BI" is now being developed and will greatly improve our ability to recognise areas of local need.

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Priorities Year 1	Progress	Carried over to year 2	R A G
<p>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.</p>	<p>Induction pack complete. All new members have met with Lead Officer. This is ongoing as and when new members attend. We have recorded via minutes when information has to be disseminated within organisations and what action has been taken.</p>	Yes	Green
<p>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.</p>	<p>Plan in place and being monitored. Some slippage due to post Covid challenges and staffing challenges. CPC does not currently have a lead officer so plan needs to be reviewed to ensure on track for rest of 2023.</p>	Yes	Green
<p>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.</p>	<p>Training has been delivered via online following Covid challenges. Some face to face key training delivered. Training has had to be halted as CPC does not have a training officer – awaiting advert and appointment. Online training can be accessed across partner agencies. This will require to be addressed as soon as the training officer is in post.</p>	Yes	Orange
<p>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.</p>	<p>This work had to be cancelled last year due to competing practice demands. Will be picked up when the new Lead Officer comes in to post. Training on the National Child Protection Updated Guidance is progressing with an independent provider and will be completed before the implementation deadline at the end of 2023.</p>	Yes	Orange
<p>Domestic Abuse Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.</p>	<p>Domestic Abuse guidance has been implemented however no auditing working has taken place. This should be a priority during 2023.</p>	Yes	Orange
<p>Improved interface between children &amp; adult services particularly where parental mental health substance misuse and domestic abuse are present.</p>	<p>One meeting has taken place, but still significant work to align Children and Families and adult processes. Joint session between Adult Protection Committee and Child Protection planned for May 2023.</p>	Yes	Orange
<p>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.</p>	<p>CPC receives bi-annual reports from the advocacy worker. The reports provide evidence of face to face engagement with children and seek the views and comments by children and families. CPC find these reports very informative re needs of children on the Child Protection register.</p>	Yes	Green

**Engagement activities taken place 2022/2023**

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

**Challenges or barriers which impacted on meeting your priorities for year one.**

Post Covid challenges and demands on service due to capacity and staff vacancies.

<b>Priorities Year 2</b>	<b>Additional Information</b>
Local Initial Case Review / Significant Case Review guidance will be updated to reflect changes in national practice and to provide practitioners with clear learning pathways (this work will be undertaken with Adult Protection Committee colleagues).	Draft has been drafted and will shortly go out to key practitioners for consultation. It is hoped that the document can be agreed and signed off at May 2023 CPC.
Receive, evaluate and act on CPC & PQA reports. Quarterly CPC will have a framework to implement good practice and develop QI approaches to improvement based on existing good practice. Multi agency dataset developed based on national minimum dataset and used by CPC to analyse data. Use improvement methodology and test of change to dig deeper into the data.	Work on the data set continues to develop and we are now incorporating information from Police, Health and Education. Work is ongoing to refine the data set to reflect the 2 <sup>nd</sup> version of the national minimum data set. The PQA and review the data set and report in to CPC.
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. We have recorded via minutes when information has to be disseminated within organisations and what action has been taken.
Produce and implement a biennial strategic improvement plan which will be monitored by the PQA using a RAG system. Red actions will be reviewed by PQA and reported to CPC.	Plan in place and being monitored. Some slippage due to post Covid challenges and staffing challenges. CPC does not currently have a lead officer so plan needs to be reviewed to ensure on track for rest of 2023.
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 has been delivered via online following Covid challenges. Some face to face key training delivered. Training has had to be halted as CPC does not have a training officer – awaiting advert and appointment. Online training can be accessed across partner agencies. This will require to be addressed as soon as the training officer is in post.
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.	This work had to be cancelled last year due to competing practice demands. Will be picked up when the new Lead Officer comes in to post.
Domestic Abuse Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.	Domestic Abuse guidance has been implemented however no auditing working has taken place. This should be a priority during 2023.
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 C&F and adult processes. Joint session between APC and CP planned for May 2023.
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 receives bi-annual reports from the advocacy worker. The reports provide evidence of face to face engagement with children and seek the views and comments by children and families. CPC find these reports very informative re needs of children on the CP register.

## Violence Against Women and Girls

Priorities Year 1	Progress	Carried over to year 2	R A G
Establish a Project Board to oversee the delivery of the Transforming Responses to Violence Against Women and Girls Project.	A board has been established although there have been difficulties in arranging some meetings.	No	
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	The tool was used and the survey stage undertaken; it has not yet been possible to complete the process with the board.	Yes	
Establish working groups to facilitate training and other aspects of the transformation project.	Working Groups have delivered on the necessary areas of training and on the research elements of the plan. This will continue in 2023.	Yes	
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	The first phase of research has taken place, looking at lived experience and staff views of services. A second phase looking at the views of perpetrators will take place in 2023.	Yes	
Roll out of the Safe and Together Model to commence.	This has begun and a large number of staff and some managers are currently undertaking training. There has been some delay due to operational reasons. Roll out will continue through 2023 – 2024.	Yes	
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	Seven events were successfully delivered and this will continue in 2023-2024. It was not possible to delivery Zero Tolerance as the organisation no longer offers specific training to organisations.	Yes	
Roll out of DASH training to relevant workers.	This has been taking place and will continue in 2023.	Yes	
Review the Argyll and Bute Equally Safe Plan.	This was delayed due to the need to align with Community Justice Plans. Will take place in 2023.	Yes	
Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.	Whilst some data was collected development of a data base still requires to be done in 2023.	Yes	
Deliver Annual Return from Argyll and Bute to the Improvement Service / National Violence Against Women Forum.	This did take place and will be updated in 2023.	Yes	

### Engagement activities taken place 2022/2023

Engagement took place with lived experience women and also staff and managers as part of the research being carried out on views on service delivery. Posters were created for Ukrainian refugee women on where to seek help. These have been placed into Argyll and Bute's Welcome Packs.

### Challenges or barriers which impacted on meeting your priorities for year one.

There have been challenges in terms of the recruitment and retention issues that placed demands on existing staff and impacted on their ability to attend training events and complete their Safe and Together training within agreed timescales.

Priorities Year 2	Additional Information
Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in October 2022.	Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in April 2023. The DES has changed the timings of years to better align with other Scottish Government initiatives.
Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.	Should Remain
Research Project relating to the transformation project to continue.	Should Remain
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.	Should Remain
Achieve improvement in services and pathways relating to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.	Should Remain
Review progress of the transformation project and the delivery of the Equally Safe Plan.	Should Remain
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	Should Remain
Have in place a Communications and engagement plan.	Should Remain
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	The tool was used and the survey stage undertaken; it has not yet been possible to complete the process with the board.
Establish working groups to facilitate training and other aspects of the transformation project.	Working Groups have delivered on the necessary areas of training and on the research elements of the plan. This will continue in 2023.
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	The first phase of research has taken place, looking at lived experience and staff views of services. A second phase looking at the views of perpetrators will take place in 2023.
Roll out of the Safe and Together Model to commence.	This has begun and a large number of staff and some managers are currently undertaking training. There has been some delay due to operational reasons. Roll out will continue through 2023 – 2024.
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	Seven events were successfully delivered and this will continue in 2023-2024. It was not possible to delivery Zero Tolerance as the organisation no longer offers specific training to organisations.
Roll out of DASH training to relevant workers.	This has been taking place and will continue in 2023.
Review the Argyll and Bute Equally Safe Plan.	This was delayed due to the need to align with Community Justice Plans. Will take place in 2023.
Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.	Whilst some data was collected development of a data base still requires to be done in 2023.
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	This did take place and will be updated in 2023.

Priorities Year 1	Progress	Carried over to year 2	R A G
Meet the Improvement Plan targets arising from Inspection.	<p>Progress made:-</p> <ul style="list-style-type: none"> <li>We have introduced a trial of a new Chronology format to ensure standardisation and improve quality of chronologies.</li> <li>We have encouraged in person participation in Adult Support and Protection (ASP) case conferences where appropriate and safe to do so.</li> <li>Training has been developed to ensure appropriate use of trained second workers from Health and other disciplines.</li> <li>Through the Council Officer Forum and ASP training we have ensured regular use of case studies and Significant Case Review (SCR) Findings.</li> <li>Staff support is provided by development of Council Officer, Multi-Agency Forums and ASP training. Emphasis is placed on Trauma Informed Practice via revised Codes of Practice dissemination.</li> <li>Further development of Awareness ASP training achieved and targeted at specific groups, to improve knowledge and understanding of ASP process, across the Partnership, and raise awareness within the Community.</li> </ul>	Yes	
Implement Code of Practice changes.	<p>We have continued to implement Code of Practice revision sharing briefings on changes across the Partnership, including:-</p> <ul style="list-style-type: none"> <li>Further detail on the 3 point criteria.</li> <li>Clarification on capacity and consent.</li> <li>Emphasis on duty to refer and co-operate in Inquiries.</li> <li>Clarification regarding sharing expectations and the new section on chronologies.</li> <li>Clarification of relationship between inquiries and investigations.</li> <li>Further detail and clarification on visits and interviews.</li> </ul>	Yes	
Implement guidance for Primary Care and GP's.	<p>New guidance introduced July 2022, promoted through Adult Protection Committee and Authority wide ASP Action Team. Material passed to NHS colleagues for their attention.</p>	Yes	
Progress audit activity, case files.	<p>Investigation undertaken to determine most appropriate platform in order to streamline process. Short life working group to be established to plan audit proposed for May/June 2023.</p>	Yes	
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	<p>Several overarching Adult Protection and Adults with Incapacity themes have been scrutinised and practice improvements made with regard to the findings of an Initial case review. Specifically process around Guardianship/Adults with Incapacity/Mental Health Officer roles, and reviews, Care at Home – Social Work support, financial management where an individual is considered an Adult with Incapacity and there is a requirement for clear lawful authority.</p>	Yes	

	Major review of care at home services and financial controls introduced following an Initial Case Review.		
Develop 'escalation' policy.	Recognising that ASP case escalation forms part of a wider multi-agency escalation policy the service has contributed to the development of the Partnership's Complex Case Escalation Protocol.	Yes	
Support staff and communities as recovery from Covid regulation emerges.	Emphasis within staff and community awareness training has been placed on neglect and self-neglect (particularly identifying signs and symptoms) increasingly evident in larger numbers since Covid. Staff have been supported to consider best practice in ensuring the Adult remains at the centre of all ASP activity as work practice changes - working from home, online case conferences.	Yes	

### Engagement activities taken place 2022/2023

The Adult protection function was debated as part of the Adult Services Management Reflection Day, considering where there are areas for improvement and subsequent recommendations.

### Challenges or barriers which impacted on meeting your priorities for year one.

Workforce pressures in social work area teams have presented significant risk in being able to undertake ASP inquiries, investigations and case conferences safely and effectively, owing to a lack of qualified Social Workers who can act as Council Officers. In response to this, focus was required on operational activity and a new priority, the redesign of the service model, became essential. The service required the development of a robust, authority wide Adult Support and Protection Action Team to be created for trial.

This has been achieved, albeit impacting on the ASP Lead Officer's ability to focus on more strategic element of ASP service plans, on audit and development activity arising from the National Improvement plan and Code of Practice changes.

Priorities Year 2	Additional Information
Develop improved data collection based on national dataset activity.	The National Minimum Dataset project continues apace. The aim of the project being to investigate and develop ways of reporting upon and subsequently analysing data obtained by LA's (and other key parties) under AP policies. We continue to be involved in the project's regular workshops focussed on revisiting our shared purpose of developing an ASP minimum dataset in order to provide meaningful quarterly data to drive improvement. Essential discussion continues on how this may warrant changes to electronic recording systems and therefore may have an impact for system providers.
Review Significant Case Review (SCR) guidance and Code of Practice changes.	Review of recently revised Learning Review Guidance remains high priority particularly in addressing the guidance across both children and adult services. We look forward to undertaking further activity with our Child Protection Committee colleagues. The revised Codes of Practice also remain high priority as we ensure the Partnership's ASP policy and procedures, both single and multi-agency, adequately reflect the revisions.
Continue audit and review rolling programme.	Audit of ASP remains essential to give assurance of the positive work being undertaken in terms of keeping people safe from harm, within



	the context of the Public Protection Agenda.
Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.	Our protection links with these partners remain vital to our multi-agency approach to safeguarding the population of Argyll and Bute.
Continue staff support and contact programme.	Recognising that staff challenges continue across the Partnership it is essential that we continue to support all staff wherever possible noting that Adult Support and Protection is everyone's business.
Meet the Improvement Plan targets arising from Inspection.	<p>Progress made:-</p> <ul style="list-style-type: none"> <li>• We have introduced a trial of a new Chronology format to ensure standardisation and improve quality of chronologies.</li> <li>• We have encouraged in person participation in Adult Support and Protection (ASP) case conferences where appropriate and safe to do so.</li> <li>• Training has been developed to ensure appropriate use of trained second workers from Health and other disciplines.</li> <li>• Through the Council Officer Forum and ASP training we have ensured regular use of case studies and SCR Findings.</li> <li>• Staff support is provided by development of Council Officer, Multi-Agency Forums and ASP training. Emphasis is placed on Trauma Informed Practice via revised Codes of Practice dissemination.</li> <li>• Further development of Awareness ASP training achieved and targeted at specific groups, to improve knowledge and understanding of ASP process, across the Partnership, and raise awareness within the Community.</li> </ul>
Implement Code of Practice changes.	<p>We have continued to implement Code of Practice revision sharing briefings on changes across the Partnership, including:-</p> <ul style="list-style-type: none"> <li>• Further detail on the 3 point criteria.</li> <li>• Clarification on capacity and consent.</li> <li>• Emphasis on duty to refer and co-operate in Inquiries.</li> <li>• Clarification regarding sharing expectations and the new section on chronologies.</li> <li>• Clarification of relationship between inquiries and investigations.</li> <li>• Further detail and clarification on visits and interviews.</li> </ul>
Implement guidance for Primary Care and GP's.	New guidance introduced July 2022, promoted through Adult Protection Committee and Authority wide ASP Action Team. Material passed to NHS colleagues for their attention.
Progress audit activity, case files.	Investigation undertaken to determine most appropriate platform in order to streamline process. Short life working group to be established to plan audit proposed for May/June 2023.
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	Several overarching Adult Protection and Adults with Incapacity themes have been scrutinised and practice improvements made with regard to the findings of an Initial case review. Specifically process around Guardianship/Adults with Incapacity/Mental Health Officer roles, and reviews, Care at Home – Social Work support, financial management where an individual is considered an Adult with Incapacity and there is a requirement for clear lawful authority.
Develop 'escalation' policy.	Recognising that ASP case escalation forms part of a wider multi-agency escalation policy the service has contributed to the development of the Partnership's Complex Case Escalation Protocol.
Support staff and communities as recovery from Covid regulation emerges.	Emphasis within staff and community awareness training has been placed on neglect and self-neglect (particularly identifying signs and symptoms) increasingly evident in larger numbers since Covid. Staff have been supported to consider best practice in ensuring the Adult remains at the centre of all ASP activity as work practice changes - working from home, online case conferences.

Priorities Year 1	Progress	Carried over to year 2	R A G
Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.	Refreshed National Strategy for Community Justice published June 2022. Associated Outcomes, Performance and Improvement Framework delayed publication date now 01/04/2023. Local plan development progressing well, draft key actions agreed by Community Justice Partnership, statutory consultation process underway. Expected publication date June 2023.	Yes	
Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.	Community Justice Partnership agreed a Youth Justice work stream, in the process of establishing a multi-agency sub group.  Third Sector statutory consultation underway in relation to development of the local Community Justice Outcome Improvement Plan.	Yes	
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Justice Social Work Service Plan is complete, Community Justice Partnership scrutiny process in final stages of completion, reliant on the publication of the Scottish Government Outcomes and Performance Improvement Framework due 1 April 2023.	Yes	
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Final report due March 2023. Draft report (excluding analysis and key findings from consultation) received and presented to Community Justice Partnership.	Yes	
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	Proposals for model of delivery agreed by Community Justice Partnership, consultation with wider third sector partners underway. Commissioning additional third sector support in relation to independent advocacy underway. Publication of the Scottish Government Community Justice Outcomes and Performance Improvement Framework delayed until 1 <sup>st</sup> April 2023.	Yes	
Finalise the review of our local Community Justice Partnership.	Significant progress has been made in prioritising and streamlining the Partnership. Due to the delay in publication of the national Outcomes, Performance and Improvement Framework, we will finalise during 2023/2024.	Yes	

### Engagement activities taken place 2022/2023

The range of activities include:

Community Justice Partnership meetings, multi-agency partners engaged with:

- Community Justice Scotland, the national body set up to promote and support community justice improvement activity. Engagement focused on developing a local model that's responsive to the needs with Argyll & Bute, including remote, rural and island communities.
- Scottish Prison Service, Justice Social Work, Argyll & Bute Addictions Service, We Are With You and Lomond Advice and Advocacy Service engagement to develop an improve prison custody to community pathway response.
- Police Scotland L Division and Custody Suite representatives, initial engagement to develop an improved police custody to community pathway response.
- Crown Office & Procurator Fiscal North Strathclyde forum, engagement focused on improvements around Justice Social Work Diversion and Bail Support.



- Justice Social Work ongoing engagement focused on
  - Delivery of the service plan, aligned to community justice outcomes
  - Scottish Courts & Tribunal Service arrangements and service developments
  - National developments impacting on Justice Social Work service delivery/community justice outcomes are shared are discussed with partners
  - Professional guidance on criminal justice matters provided to the Community Justice Partnership
- Chief Executive, HSCP Chief Officer and Chief Social Work Officer updates
- Other partner updates includes: Scottish Fire and Rescue Service; Third Sector Interface; and, Violence Against Women and Girls Partnership
- Author of jointly commissioned Community Justice/Violence Against Women Partnerships research on the experiences of women affected by domestic abuse. Final phase 1 report expected March/April 2023.

### **Challenges or barriers which impacted on meeting your priorities for year one.**

- The delay in publication of the National Strategy and Outcome, Performance and Improvement Framework for Community Justice. Publication dates are June 2022 and April 2023, respectively.
- The multi-faceted landscape that community justice service delivery and improvements cross, requires a programme management approach aligned to relevant strategic policy areas. These include: Housing/Addictions/Mental Health/ Education including further education/Benefits & Money/ Employability and Training/Health and Social Care, etc.
- The pace of change within all areas, alongside developing an improved understanding of strengths and gaps, is a priority for the Community Justice Partnership. A place-based approach to planning will be undertaken.

<b>Priorities Year 2</b>	<b>Additional Information</b>
Implement and monitor our local Community Justice Improvement Plan and performance framework.	Continued
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Continued
Review the learning from the second phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.
Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.	Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance, when available.
Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.	Refreshed National Strategy for Community Justice published June 2022. Associated Outcomes, Performance and Improvement Framework delayed publication date now 01/04/2023. Local plan development progressing well, draft key actions agreed by Community Justice Partnership, statutory consultation process underway. Expected publication date June 2023.
Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.	Community Justice Partnership agreed a Youth Justice work stream, in the process of establishing a multi-agency sub group.

	Third Sector statutory consultation underway in relation to development of the local Community Justice Outcome Improvement Plan.
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Justice Social Work Service Plan is complete, Community Justice Partnership scrutiny process in final stages of completion, reliant on the publication of the Scottish Government Outcomes and Performance Improvement Framework due 1 April 2023.
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Final report due March 2023. Draft report (excluding analysis and key findings from consultation) received and presented to Community Justice Partnership.
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	Proposals for model of delivery agreed by Community Justice Partnership, consultation with wider third sector partners underway. Commissioning additional third sector support in relation to independent advocacy underway. Publication of the Scottish Government Community Justice Outcomes and Performance Improvement Framework delayed until 1 <sup>st</sup> April 2023.
Finalise the review of our local Community Justice Partnership.	Significant progress has been made in prioritising and streamlining the Partnership. Due to the delay in publication of the national Outcomes, Performance and Improvement Framework, we will finalise during 2023/2024.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Develop joint Health Improvement plan between Argyll and Bute and North Highland.	A joint two-year Health Improvement plan has been developed between Argyll and Bute and Highland, with a view to delivering some pieces of work NHS Highland-wide where appropriate. The joint workplan was developed using team workshops to identify priorities and then small working groups to refine each topic. As this is a new joint development, it will be monitored for effectiveness. The aim is to improve collaboration and working relationships, share learning and streamline pieces of work where relevant. Local context will always be considered within each workstream.	No, updated priority below	
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.	The public health team contribute to the Child Poverty agenda through the Argyll and Bute Child Poverty Action Group and the Argyll and Bute Financial Inclusion and Advice Group. We have delivered Money Counts training to a range of health, social care, and 3 <sup>rd</sup> sector staff.	Yes	
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>Public Health and partners (including Argyll and Bute HSCP, Argyll and Bute Council and 3<sup>rd</sup> sector) continue to deliver on the 5-year Living Well strategy implementation plan. A mid-strategy report was published and disseminated. This report celebrates the wealth of work undertaken by Living Well partners, the Living Well Networks and via the Living Well capacity building fund over the first 2.5 years of the strategy. It also allows us to reflect on the challenges of the COVID-19 pandemic and how this impacted on self-management and our communities. Finally, this report looks ahead to the future of Living Well and the importance of its links to the Argyll and Bute Health and Social Care Partnership (HSCP) Joint Strategic Commissioning Strategy (JSCS) and Joint Strategic Plan (JSP).</p> <p>The 5-year implementation plan has been reviewed and focused steering group meetings have been agreed to progress any outstanding pieces of work. The Living Well steering group continue to meet bi-monthly.</p>	Yes	
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	<p>The Public Health team continue to build capacity for health improvement in partners and our communities. Our Living Well networks hold quarterly meetings within their local areas which are 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) are sent out by email and social media via the Networks.</p> <p>The Public Health team regularly attend Area Community Planning Groups, relevant thematic Community Planning groups and Locality Planning groups to build capacity for health improvement and coproduction.</p>	Yes	

	The Public Health team host bimonthly education sessions open to HSCP staff and Third Sector. Recent sessions included survey design, Versus Arthritis, gambling harm and the Shaping Places for Wellbeing programme.		
Respond and deliver national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland.	<p>The Smoking Cessation team within Public Health continue to deliver a service across A&amp;B that targets the 40% most deprived communities but is available to all residents. The targets set by Scottish Government for NHS are reviewed regularly to ensure the optimum progress is made towards achieving these. The team are also employing their expertise in working with clients on a 1-1 basis to raise awareness of screening opportunities in line with strategy from the Scottish Government.</p> <p>The Public Health team supports the delivery of the local suicide prevention action plan working with the suicide prevention group.</p>	Yes	
Alcohol and Drug Strategy actions – reduce drug deaths; recovery orientated support.	Alcohol and Drug strategy actions are reported under the Alcohol and Drug specific priorities.	Yes	

### Engagement activities taken place 2022/2023

In April 2022, an options appraisal was commissioned into the function and future direction of the Living Well networks. Focus groups were used to appraise potential options for future directions of the networks. The purpose of the focus groups was to discuss the pros and cons of potential model, how each model could work or if a hybrid model would be better to produce a more sustainable model for the future. This engagement was analysed to produce a new model will be implemented in April 2023.

The Smoking cessation team conducted engagement and awareness raising events throughout the year. 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, community locations e.g. supermarkets and in partnerships with community pharmacies. A comprehensive needs assessment was conducted on the island of Coll. This primarily focussed on health and care needs but widened to cover diverse aspects of island living due to an understanding of the social determinants of health. A short life working group was convened under the leadership of the then Associate Director of Public Health. Members comprised data intelligence specialist, HSCP chief officer and medical director, a GP and community representatives, including the community council. The methodology was co-productive in nature with the working group having the opportunity to shape the approach taken and to sense check the key recommendations in the final report.

This year the team has had an ongoing communications calendar and promotes a range of health information on social media and via the Living Well Networks. An example of this is raising awareness of the national screening opportunities that are available across a range of ages and conditions.

The team has been leading a review of the HSCP Engagement Framework in light of the publication of the Scottish Government guidance Planning with People in March 2021. This work is being undertaken in partnership with community representatives, Healthcare Improvement Scotland and the Third Sector Interface. Engagement took place via the four Locality Planning Groups in autumn 2022 to investigate the views of members on preferred engagement methods. The team have regular opportunities to engage with community events such as the Versus Arthritis chronic pain roadshow and Living Well network community events. The Versus Arthritis Chronic pain roadshow is being delivered via the Healthy Living Partnership (collaboration linked to the Living Well Strategy). The Public Health team support and attend these events across Argyll and Bute.

In February 2022, a successful application was made to NHS Education for Scotland for joint funding of Argyll and Bute's first 2-year Trainee Health Psychologist post. This process involved engagement and collaboration with a range of HSCP services including Public Health, Dietetics and Psychological Services. The Trainee Health Psychologist has since undertaken

engagement with various staff groups around the need for Health Behaviour Change training and subsequently led on the remobilisation of this training to meet the requirements of staff.

### Challenges or barriers which impacted on meeting your priorities for year one.

The public health team continue to deliver on a wide range of priorities and are often required to balance the 'top-down' ask versus local need within Argyll and Bute. Commissioning according to the best practice within the Joint Strategic Commissioning Strategy (JSCS) is challenging when there is uncertainty with annual budget setting. As is the case in other areas of the HSCP there are challenges associated with staff turnover and recruitment. This is partly being overcome by an innovative approach to using bank staff for health improvement delivery.

Priorities Year 2	Additional Information
Continuation of previous year's activity and new activity to be agreed in partnership.	Updated as below
Deliver on joint Health Improvement plan between Argyll and Bute and north Highland.	Updated from year 1
Continuation of previous year's activity and new activity to be agreed in partnership.	Updated as below
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.	
Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation.	
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	

Priorities Year 1	Progress	Carried over to year 2	R A G
Unscheduled Care (USC) leadership post in place.	Recruitment of Programme Manager start date April 2023.	No	
Localities will have agreed actions plans to support the two key areas of improvement.	No we re-focused this as an area wide plan rather than on localities.	No	
Plan and progress spend on the recurring funding from Scottish Government.	A sub group has been established to oversee spend in relation to Key Performance Indicators, this reports to USC Steering Group.	Yes	
Established working groups with capacity to progress change and support localities.	Three sub groups established: Enablers, Community Teams and Discharge without Delay. Focusing on key priorities. Programme Manager will support.	Yes	
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.	This will relate to the work of the Community Teams and the care at home strategy group. There is also overlap with the development of the palliative care section of the older adult strategy.	Yes	
Enhance clinical education for all staff develop skill mix, apprenticeships and health care support worker skilled roles.	The updated action plan developed by the Community Teams from the Community Standards will be supported in implementation through the Enablers sub group. This forms part of the Enablers sub group.	Yes	
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.	A Smarter Commissioning Process has been developed. Assessment of unmet need is ongoing there is a clear process of reviewing unmet need. Longer term focus on re-ablement and care at home modelling is required and being considered through the Care at Home Strategy development.	Yes	
Performance metrics regular reported on.	Key Performance Indicators have been developed and will link with the Integrated Performance Framework.	Yes	
Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	Processes to improve delayed discharge outcomes have been put in place, with all cases being regularly monitored and blocks in the system reduced. Communication with GG&C has also improved to begin to streamline the journey from GG&C hospitals to Argyll and Bute. This fits with the principles of discharge without delay.  It is more relevant in year 2 to review our whole system of care and this will be achieved through the review of community standards and development of the older adult strategy.	Yes	
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	As above- linked to Community Teams and Social Work Action plan through the review of Community Standards.	Yes	
What do our communities want to increase support unpaid carers?	Engagement on short breaks-looking for short break support at home.	Yes	
What do communities want from HSCP community teams?	Actions will be carried forward into year 2 as part of the development of the older adult strategy this will include engagement through a range of consultation processes including locality planning groups, older adult reference group and service surveys.	Yes	
Agree model that assist us to move towards a	This will be developed as part of the older adult strategy	Yes	



National Care Service.

with a focus on for example, accessible information and ease of access to services.

### Engagement activities taken place 2022/2023

The Older Adult Reference Group has looked at a number of service areas as an overview. They have been particularly helpful in looking at language. We held a specific session to look at information around Interim Care and how it is explained to older adults and families. The group have also had a detailed session on the work involved in Urgent and Unscheduled Care and delayed discharges.

### Challenges or barriers which impacted on meeting your priorities for year one.

Extreme staffing pressures operationally as a result of continued Covid-19 and its aftermath. Capacity to drive forward the changes required while at the same time ensuring a robust prioritisation process is in place for the most vulnerable people requiring support.

Priorities Year 2	Additional Information
Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	Processes to improve delayed discharge outcomes have been put in place, with all cases being regularly monitored and blocks in the system reduced. Communication with GG&C has also improved to begin to streamline the journey from GG&C hospitals to Argyll and Bute. This fits with the principles of discharge without delay.  To review our whole system of care and this will be achieved through the review of community standards and development of the older adult strategy.
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	This work is progressing through a number of different work streams, with links between the locality Community Resource Groups, the social work action plan, homecare strategy, community teams sub group and delayed discharge weekly meeting. Key Performance Indicators are being developed to support this work.
Plan and progress spend on the recurring funding from Scottish Government.	A sub group has been established to oversee spend in relation to KPIs, this reports to USC Steering Group.
Established working groups with capacity to progress change and support localities	Three sub groups established: Enablers, Community Teams and Discharge without Delay. Focusing on key priorities. Programme Manager will support.
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.	This will relate to the work of the Community Teams and the care at home strategy group. There is also overlap with the development of the palliative care section of the older adult strategy.
Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles	The updated action plan developed by the Community Teams from the Community Standards will be supported in implementation through the Enablers sub group. This forms part of the Enablers sub group.
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.	A Smarter Commissioning Process has been developed. Assessment of unmet need is ongoing there is a clear process of reviewing unmet need. Longer term focus on re-ablement and care at home modelling is required and being considered through the Care at Home Strategy development.
Performance metrics regular reported on.	Key Performance Indicators have been developed and will link with the Integrated Performance Framework.
Evaluate spend on community teams, unpaid carer	No additional information

services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	As above- linked to Community Teams and Social Work Action plan through the review of Community Standards.
What do our communities want to increase support to unpaid carers?	Yes but link with the Carers Strategy.
What do communities want from HSCP community teams?	Part of the development of the older adult strategy this will include engagement through a range of consultation processes including locality planning groups, older adult reference group and service surveys.
Agree model that assist us to move towards a National Care Service.	This will be developed as part of the older adult strategy with a focus on for example, accessible information and ease of access to services.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Extensive efforts have gone into both reporting and assuring on care at home services including the development of mobile teams to meet unmet need. Smarter Commissioning is being rolled out with providers. A review of this process will provide information required on resource availability and whether this way of working is beneficial to service users and staff. It will also ensure that all providers are working collaboratively to deliver the most effective and efficient service possible and will feed into the tender process due next year. A redesign of care at home with relevant support from other disciplines is required.	Yes	G
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Work has been undertaken to scope the main elements of the care at home strategy which needs to link with internal redesign and timescales for developing the care at home contract.	Yes	A
Develop an Older Adult Strategy.	We have worked on a number of areas of the strategy focusing on: <ul style="list-style-type: none"> <li>• Care Homes and Housing</li> <li>• Palliative and End of Life Care</li> <li>• Care at Home</li> <li>• Right Care, Right Time</li> <li>• There have also been links to National areas of strategy</li> <li>• Strategy needs completed and consulted on.</li> </ul>	Yes	A
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.	We submitted a Winter Checklist to the Scottish Government in November 2022 and a winter plan was developed for Argyll and Bute. We reviewed our operational and governance structures for winter planning and pressures and with refinement we should retain this structure and process for 2023-2024.	Yes	G
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Additional human resource support has been identified to link recruitment and retention processes with all care providers – internally provided and externally commissioned by the HSCP. These posts will also link to the wider corporate regeneration agenda for Argyll and Bute.	Yes	A
Review the use of Extended Community Care Teams (ECCT) and link them to other community services.	A review was completed however its scope did not allow for an examination of a changing role for ECCT. This needs to link with redesign of care at home.	Yes	A
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.	The building appraisal has been completed for internal care homes and a SLWG on repairs is looking to prioritise repairs. Demand modelling was undertaken. The strategy requires further work.	Yes	A
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	This was completed by the Coll Collaborative Group. Key learning needs to be rolled out to other island communities.	Yes	G

### Engagement activities taken place 2022/2023

The Coll Collaborative Group completed the survey of health and care needs for the island with the input and expertise of the Coll Community Council.

The Older Adult Reference Group had a focus on reviewing information developed for interim care.

### Challenges or barriers which impacted on meeting your priorities for year one.

Barriers were both operational and a lack of any clear developments at this stage to fully engage with. Accept that co-production would bring communities on a journey rather than standardised consultation.

Challenges in recruitment and retention have been the biggest challenge and while use of agency staff has filled some gaps this is not seen as either a long term nor a preferred solution.

Priorities Year 2	Additional Information
Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.	Change to: Review the governance and service delivery from community hospitals.
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.	This is part of the prevention group.
Developing a meaningful conversation with islands around our health and care services.	Head of Service will bring a paper on developing co-ordination around island models of health and community care.
Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure.	This needs removed to Acute and Complex Care.
Develop parts of our preventative model through use of Primary Care Link workers.	This is part of the prevention group.
Carry out market testing of care at home by reviewing views on the quality of service	New priority
Set up an Self-Directed Support Steering Group in order to embed Self-Directed Support Improvement Standards	New priority
Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Extensive efforts have gone into both reporting and assuring on care at home services including the development of mobile teams to meet unmet need. Smarter Commissioning is being rolled out with providers. A review of this process will provide information required on resource availability and whether this way of working is beneficial to service users and staff. It will also ensure that all providers are working collaboratively to deliver the most effective and efficient service possible and will feed into the tender process due next year. A redesign of care at home with relevant support from other disciplines is required.
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Work has been undertaken to scope the main elements of the care at home strategy which needs to link with internal redesign and timescales for developing the care at home contract.
Develop an Older Adult Strategy.	We have worked on a number of areas of the strategy focusing on: <ul style="list-style-type: none"> <li>• Care Homes and Housing</li> <li>• Palliative and End of Life Care</li> </ul>

	<ul style="list-style-type: none"> <li>• Care at Home</li> <li>• Right Care, Right Time</li> <li>• There have also been links to National areas of strategy</li> <li>• Strategy needs completed and consulted on</li> </ul>
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.	We submitted a Winter Checklist to the Scottish Government in November 2022 and a winter plan was developed for Argyll and Bute. We reviewed our operational and governance structures for winter planning and pressures and with refinement we should retain this structure and process for 23-24.
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Additional human resource support has been identified to link recruitment and retention processes with all care providers – internally provided and externally commissioned by the HSCP. These posts will also link to the wider corporate regeneration agenda for Argyll and Bute.
Review the use of Extended Community Care Teams and link them to other community services.	A review was completed however its scope did not allow for an examination of a changing role for ECCT. This needs to link with redesign of care at home.
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.	The building appraisal has been completed for internal care homes and a SLWG on repairs is looking to prioritise repairs. Demand modelling was undertaken. The strategy requires further work.
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	This was completed by the Coll Collaborative Group. Key learning needs to be rolled out to other island communities.

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## Learning Disabilities

Priorities Year 1	Progress	Carried over to year 2	R A G
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Initial scoping work was undertaken, however this required to be paused due to capacity issues. Temporary post currently advertised to lead on the development and implementation of Neurodevelopment Strategy with a full lifespan approach.	Yes	
Review and redesign of Learning Disabilities 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.	Stage 1 of the Review and Redesign on Day Services now complete. Redesign of Staffing Structure for Internal Registered Services completed in 2022, with remaining vacant posts currently being recruited to. Stage 2 – the development of services currently ongoing and will be carried over to Year 2 and Year 3 as part of the 3 year action plan for services.	Yes	
Implementation of the actions set out in the Learning/Intellectual Disability and autism – Recovery and Transformation Plan.	This is no longer considered a specific priority for the HSCP. Any outstanding actions will be considered as part of the Neurodevelopmental Strategy.	No	
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing – utilisation of technology and telecare where appropriate has resulted in the removal of many sleepover provision across A&B in order to increase service user independence.	Yes	

### Engagement activities taken place 2022/2023

- Development and Introduction of Quality Committees across each of the localities for service users.
- Full consultation and engagement with day services staff members as part of the restructure of the service, under the Organisational Change and Design process.
- Regular engagement with service users and/or guardians as part of the Assessment and Care Management process, including any new Core & Cluster developments.

### Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment and Retention of frontline staff.  
 General demand increasing for services, and priorities having to change at short notice.  
 Lack of strategic leadership for service, whilst Head of Service post was vacant in 22/23.

Priorities Year 2	Additional Information
Increase the uptake of Self Directed Support, through delivery of enhanced training to staff and development of easy read information for service users and/or carers.	Remove as a specific priority for Learning Disabilities.
Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.	Still relevant
Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).	Still relevant – ongoing piece of work.
Reduce stigma in relation to learning disability and	Still relevant

autism through delivery of joint training and/or awareness raising for staff across the HSCP.	
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Initial scoping work was undertaken, however this required to be paused due to capacity issues. Temporary post currently advertised to lead on the development and implementation of Neurodevelopment Strategy with a full lifespan approach.
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.	Stage 1 of the Review and Redesign on Day Services now complete. Redesign of Staffing Structure for Internal Registered Services completed in 2022, with remaining vacant posts currently being recruited to. Stage 2 – the development of services currently ongoing and will be carried over to Year 2 and Year 3 as part of the a 3 year action plan for services.
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing – utilisation of technology and telecare where appropriate has resulted in the removal of many sleepover provision across A&B in order to increase service user independence.

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Priorities Year 1	Progress	Carried over to year 2	R A G
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.	yes	R
Community Mental Health Services review and outcomes.	The 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding.	Yes	A
Psychological Therapies (PT) – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned Psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted and we continue to apply developing capacity models and standards currently under development.	Yes	A
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 (OT), guided self-help worker and primary mental health worker in each locality.	This is complete and the teams are embedded in each locality. Helensburgh and Lochside are served via a Service Level Agreement (SLA), additional resource was provided to the SLA to secure an OT and wellbeing nurse within their delivery model. The next stage will be determined by the Mental Health and Wellbeing in Primary Care agenda and directives awaited from the Scottish Government.		G
Care Reviews.	The reviewing team were required to be redirected to Adult support and protection, however care reviews and care packages are under review by our local teams and through the Care Resource Group process.	Yes	G
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.	This Consultant post has just become vacant and in the process of being re-advertised. We are attempting to source a locum in the interim period, and cover is being provided by our sector General Adult Psychiatry Consultants. The inpatient ward remains very fragile, recruitment continues to be very challenging. We secured retention and recruitment premium of £5k per annum to offer Band 5 RMNs to maximise recruitment opportunities alongside the offer of shared accommodation in our newly refurbished flats, however uptake to date has been nil. Concentrated targeted communications and advertising is ongoing to maximise our options. Additionally, last year we developed our earn to learn scheme, this scheme is in collaboration with open university whereby we have recruited new Health Care Workers specifically to train. This pilot has gained interest and is being piloted in Tayside also, we hope to offer a further 3 places this year to continue succession planning.	Yes	R

### Engagement activities taken place 2022/2023

We continue to work with Acumen to strengthen our relationships with 3<sup>rd</sup> sector colleagues. Our perinatal agenda and developments have lived people with lived experience and carer involvement in the heart of the pathways development and the service is in mid evaluation.

### Challenges or barriers which impacted on meeting your priorities for year one.

There is a national shortage of Registered Mental Health Nurses, Consultants and social workers resulting in fragile services and an inability to recruit, this directly impacts on service delivery. In addition we have challenges in developing our dementia and Intensive Psychiatric Care Unit/forensic inpatient pathways. We are still coming out of the Covid landscape and understanding the new normal. A&B do not have younger people supported residential placements to support those that may need 24 hour care.

Priorities Year 2	Additional Information
Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies.	Pathways for inpatient dementia assessment and Intensive Psychiatric Care Unit beds remain a concern. The HSCP are working hard to look at solutions and to support our residents to remain in the local hospitals.
Urgent and emergency teams embedded in Oban Lorn and Isles.	Completed, all teams in situ across A&B, 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 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding
Psychological Therapies – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned Psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted and we continue to apply developing capacity models and standards currently under development.
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.	This is complete and the teams are embedded in each locality. Helensburgh and Lochside are served via an Service Level Agreement, additional resource was provided to the Service Level Agreement to secure an OT and wellbeing nurse within their delivery model. The next stage will be determined by the Mental Health and Wellbeing in Primary Care agenda and directives awaited from the Scottish Government.



Care Reviews.	The reviewing team were required to be redirected to Adult support and protection, however care reviews and care packages are under review by our local teams and through the Care Resources Group process.
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.	This Consultant post has just become vacant and in the process of being re-advertised. We are attempting to source a locum in the interim period, and cover is being provided by our sector General Adult Psychiatry Consultants. The inpatient ward remains very fragile, recruitment continues to be very challenging. We secured retention and recruitment premium of £5k per annum to offer Band 5 Registered Mental Nurse to maximise recruitment opportunities alongside the offer of shared accommodation in our newly refurbished flats, however uptake to date has been nil. Concentrated targeted communications and advertising is ongoing to maximise our options. Additionally, last year we developed our earn to learn scheme, this scheme is in collaboration with open university whereby we have recruited new Health Care Workers specifically to train. This pilot has gained interest and is being piloted in Tayside also, we hope to offer a further 3 places this year to continue succession planning.

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## Primary Care

Priorities Year 1	Progress	Carried over to year 2	R A G
Establish immunisation teams to administer vaccines in all localities and assess recruitment priorities based on the impact on workload of delivering Covid vaccines and the additional flu vaccine cohorts.	Majority of vaccinations will be carried out by HSCP nursing teams by March 2023. Full flexibility for island practices to continue to provide vaccinations.	No	
Develop an HSCP model for travel health and travel vaccinations.	Service Level Agreement with community pharmacists has commenced in some areas.	Yes	
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.	In progress	Yes	
Implement transitional arrangements where practices continue to provide some services.	In progress	Yes	
Provide information of what services will not transfer from GP practices as an outcome of the rural options appraisal process. The Scottish Government and Scottish General Practitioner's Committee of the British Medical Association (SGPC) will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022.	Agreement reached; discussions with the rural practices ongoing.	No	
Contribute to review of sustainable services on the island of Coll.	Ongoing	Yes	

## Engagement activities taken place 2022/2023

Discussion with GP practices ongoing. Communications issued regularly.

## Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment  
Funding

Priorities Year 2	Additional Information
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.	Still relevant
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitional service arrangements	Still relevant

(including additional payment arrangements).	
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Still relevant
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	Still relevant
Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Still relevant
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	Still relevant
Develop an HSCP model for travel health and travel vaccinations.	Service Level Agreement (SLA) with community pharmacists has commenced in some areas.
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.	In progress
Implement transitional arrangements where practices continue to provide some services.	In progress
Contribute to review of sustainable services on the island of Coll.	

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Priorities Year 1	Progress	Carried over to year 2	R A G
Post-covid recovery.	All current clinics have recovered, but there remain staffing pressures due to covid related absence. Staffing levels are tight, but we remain flexible and will rearrange staffing at short notice to accommodate clinics. There are rare times when due to staff illness this is not possible.	No	
Restarting all non-urgent care.	All no-urgent care restarted. Significant waiting times but in line with rest of Scotland. This has no bearing upon General Dental Service Provision.	No	
Identification of service needs and associated development.	Service need identified: Kintyre and Mid Argyll area. There is limited provision for Personal Dental Service (PDS) services in these areas. Redesign of service provision to allow flexibility and greater provision of dental care in this region for priority groups. National Dental Inspection Programme provision, which is mandated by Scottish Government is challenging. Clinical staff are being used to fulfil this at present	Yes	
Development of current services for Island communities and priority groups.	Discussion with General Dental Practitioner Islay regarding contracting to provide PDS care Scoping Mobile dental service (limited provision) and in collaboration with Coll and Colonsay Communities. Three dentist and DHT visiting Coll regularly. Mull clinic remains extremely busy. Over 3000 patients registered. Long waiting list. Only service provider on the island 15 of 17 care homes have nominated dentist. (Islay and Campbeltown – Islay potential for GDP to take over). Advanced care options for priority group's patients – General Anaesthesia or Intravenous (IV) sedation services for complex care cases/anxiety cases. Currently no provision for this within A&B staffing cohort. External referral to NHS North or GGC is only route for these patients.	Yes	
Increasing access for patients in assisted and looked after accommodation settings.	Domiciliary dental care has resumed. Caring for Smiles Programme for Care Home staff has resumed. 14 care staff signed up to take qualification. Oral health care shop to provide oral healthcare items at cost price to care homes piloted and successful.	Yes	
Increase skill mix in association with in-house training and also NHS Education Scotland partners.	AWI training offered to all dentists. A either qualified or allocated to training. Inhalation sedation training to Helensburgh, Dunoon and Oban. Associated support staff identified for training. Clinicians peer review group meetings – Continuing Professional Development Motivation, Action and prompts (MAP) behaviour change and Oral Health improvement training for all Public Dental Service sites.	Yes	
Team building.	Regular team meetings and 1 to 1 meetings as standard. Senior Management Team to Mull for team building exercise.	Yes	
Standardising processes.	Single point of referral in final stages with Scottish Care Information (SCI) gateway. Standard Operating	Yes	

	Procedures.		
Fixed term recruitment in Orthodontic services.	Unable to recruit. Accessing Consultant services on temp contract (weekends currently). Looking at agreement with NHS North for permanent solution for weekday clinics.	Yes	
Scoping of in-house development of SDO for Orthodontic services.	Senior Dental Officer development underway. Mentoring by Consultant in NHS North	No	
PAYs in establishment take to advert to increase staffing numbers.	Complete. Meeting with finance in 2 weeks to review.	No	
Capital funding application for service improvements.	Capital funding applications being prepared Tiree, Mull, Mobile Dental equipment.	Yes	
Co-located sites, increase communication with corporate bodies and GDP services.	Lines of communication open to facilitate good working relationships.	No	

#### Engagement activities taken place 2022/2023

Discussion with Island communities via Living well Coordinator has begun.  
Collaborative working with Corporate body General Dental Service in Kintyre to provide assistance with dental access pressures.

#### Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment  
Maintenance

#### Opportunities identified in year

Fluoride Varnish programme remobilised. Above Scottish Government target. New, more sustainable model of delivery – knee to knee provision.  
Tooth brushing programme in schools and pre-schools continues to improve (88%) but is not to pre pandemic levels (99%) pre-school figures.  
Environmental sustainability – toothbrush & paste recycling programme, as well as NSS clinical waste plastic recovery pilot.  
Smile for Life and Open Wide preventive programmes rolling out.

Priorities Year 2	Additional Information
Ensure that locality based vaccination teams and campaign planning is sufficiently robust to deliver Vaccination & Immunisations and Childhood Vaccination in line with their removal from GP practices from 1 April 2022.	Still relevant
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).	Still relevant
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Still relevant
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	Still relevant

Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Still relevant
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	Still relevant
Develop an HSCP model for travel health and travel vaccinations.	SLA with community pharmacists has commenced in some areas.
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.	In progress
Implement transitional arrangements where practices continue to provide some services.	In progress
Contribute to review of sustainable services on the island of Coll.	Ongoing

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Priorities Year 1	Progress	Carried over to year 2	R A G
The ADP strategy.	<p>The work of the ADP is informed by a strategy that covers the period of 2020-2023. The strategy has 4 pillars:</p> <ol style="list-style-type: none"> <li>1. Prevention and early intervention</li> <li>2. Developing recovery-oriented systems of care</li> <li>3. Getting it right for everybody</li> <li>4. Public health approach to justice</li> </ol> <p>Updates on some of the work covered under this strategy is provided below however the majority of updates are provided under the remaining ADP priorities below.</p> <p><b>Planet Youth</b> The ADP provided funding for two secondary schools to take part in the Planet Youth approach to substance use prevention through a community collaborative approach. Planet Youth surveys were used to inform strategies within each of the schools and communities. This baseline data is important for measuring the impact of this approach and will allow schools to identify priority areas for development. This work is ongoing and additional funding will allow this to be rolled out to further secondary schools.</p> <p><b>S3 Drama “You Are Not Alone”</b> The ADP continues to contribute funding to the S3 Drama which is delivered across secondary schools in Argyll and Bute. This has continued to be delivered via a filmed performance. The performances provide an opportunity for young people to engage in questions, understand support that is available and connect with other services. Planning for the return of the live performance for March 2023 is already underway. The ADP also offer professional learning to education staff in relation to substance misuse to support staff in the development of high quality and relevant PSHE programmes.</p> <p>The ADP work in line with the strategy and a strategy refresh for 2023-2024 is being developed following a successful ADP strategy day in February 2023.</p>	Yes	
Initiate MAT standards.	<p>The Drug Deaths Taskforce was set up in September 2019 and prioritised the introduction of standards for Medication Assisted Treatment (MAT). The aim is to reduce deaths, and other harms and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centered.</p> <p>In discussion with the MAT standards Implementation Support Team (MIST), partners produced a project specification document to initially implement MAT in Cowal &amp; Bute.</p> <p>Dedicated co-located teams will work in partnership to provide appropriate and evidenced access to medication</p>	Yes	

	<p>assisted treatment that promotes harm reduction and a whole person approach.</p> <p>The MAT steering and implementation groups continue to meet regularly to progress the implementation of the standards in Cowal and Bute. A quality improvement approach is being taken to identify what is working well and identify the gaps.</p> <p>The MAT standards are also being scoped across Argyll and Bute, with an action plan in development for standards 6-10. This process is being supported by MIST (a collaboration of Public Health Scotland and Healthcare Improvement Scotland.) The latest benchmarking report identified improvement in Argyll and Bute over 2023.</p>		
<p>Increase access to residential rehab.</p>	<p>A new residential rehabilitation pathway has been developed for use in Argyll and Bute, to support those seeking residential rehabilitation and/or detoxification. This was developed via a Residential Rehabilitation Group, which was formed to ensure all partners who would be involved in care and support before and after residential rehabilitation would be involved in the discussions to enable clients to maintain the benefits of residential rehabilitation. This is a partnership of third sector, NHS and Council member. Historically referrals to residential rehabilitation were made only to Phoenix Futures in Glasgow and Kings Court in Tighnabruaich, the number of organisations that can be referred to has increased.</p> <p>The pathway encourages pre and post rehabilitation support to maximise support for the individual. In financial year 2021-22 eighteen people were approved for residential rehabilitation and/or detoxification, twelve were men and six were women.</p>	<p>No</p>	
<p>Develop a revised approach for children and young people's support.</p>	<p>The existing school-based support service continued to deliver throughout 2021/22. There was evidence that the interventions resulted in improvements in young people's lives and had a positive impact on families.</p> <p>A needs analysis was carried out in 2021 by an independent organisation to map and match current service, identify service gaps and adapt or commission new services to meet the identified needs of young people across all communities.</p> <p>An options approval for children and young people's support was started in 2023, consisting of engagement with children and staff within education, scoping of other support services and liaising with Contracts and Procurement. This will be completed in later half of 2023.</p>	<p>Yes</p>	

Initiate the whole family approach strategy.	Argyll & Bute's first Family Support group was established, with the support and funding from the ADP, in Helensburgh in October 2018 by two family members with experience of caring for and living with someone with drug and/or alcohol dependency issues. With their support, a second group was established in Dunoon. Work is ongoing to implement the Whole Family Approach across all localities of Argyll and Bute. This includes bringing together relevant partners and family members, and being supported by Scottish Government teams to share good practice and receive targeted support.	Yes
Increase access to advocacy.	<p>A partnership was established by the ADP involving Lomond &amp; Argyll Advocacy Service, Scottish Recovery Consortium and Reach Advocacy to train people with lived experience as Peer Advocates (recovery advocacy peers). The partners successfully recruited and trained 4 individuals from across Argyll and Bute as Lived Experience Advocates. All four successfully completed the Reach Advocacy Rights Based Approach SQA Advocacy Award. Advocates work closely with the substance use support teams in localities supporting the needs of their communities and encourage people to access the types of supports that enable their recovery journeys.</p> <p>Lomond and Argyll Advocacy Services will play an important role in the delivery of MAT Standards in Argyll and Bute and the recovery advocacy Team will also all complete interview training, interviewing service users about their experiences of MAT. The Group Recovery Advocacy's work has been valuable and the voices of people in recovery have helped shape some developments and improvements within Argyll.</p> <p>Scottish Recovery Consortium aim to establish a National Network of Peer Advocacy Services and will look to Argyll and Bute as a model of good practice. The combination of national and local based partners helped secure the funding for this project and it is hoped the establishment of a National Network will help develop and support this service as we move forward.</p>	No
Work with criminal justice to create a continuation of shared care.	<p>The ADP, in partnership with Community Justice, Criminal Justice, Police Scotland and We Are With You, established a Police Custody to Community pathway for people who wished to speak to a member of staff from We Are With You.</p> <p>The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but, by using the ADP Recovery Orientated Systems of Care (ROSC), can link into a wide range of services and opportunities. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody.</p>	Yes



A pathway has been developed to allow continuation of care and Opioid Substitution Treatment (OST) for someone who is entering prison. If an individual is admitted to prison, there is contact between the prison and the service prescribing OST to confirm both the prescription and the willingness of the service to continue this on release. Due to the challenges of the pandemic, this pathway requires review.

The ADP and Community Justice continue to work on the development of the pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is the need to ensure all are provided with Naloxone on liberation and continuity of care where OST is prescribed. Argyll & Bute prisoners can be held in a range of prisons and work is ongoing to ensure an equitable approach. Prior to release from prison, contact is made to substance use service providers in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine.

Work is ongoing to ensure Community Justice and ADP priorities are aligned and reported on appropriately

#### Engagement activities taken place 2022/2023

Argyll & Bute ADP has worked with a number of partner agencies to identify and support people with lived and living experience and their families. As a result of the extensive work, involving local services and national organisations we now have people with lived experience and family members sitting as equal members of the partnership. This has been a very good example of strong partnership working which has helped build relationships and partnership between people with lived experience and services. It has also provided an opportunity for building better pathways into and out of services. The partnership approach started with the creation of an involvement strategy which set out the guiding principles on which all involvement has been built.

The recovery communities in Oban, Helensburgh, Dunoon, Rothesay and Mid Argyll/Kintyre all expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activities.

Argyll & Bute recovery communities have historically been independent of one another; however, their links have been strengthened through the creation of a Recovery Steering Group supported by Scottish Drugs Forum as part of the ADP's Involvement Strategy. The Recovery Steering Group aims to represent all of the recovery communities and develop a collective voice on their behalf.

The ADP Support Team provided financial support and, along with several ADP partners, worked with each of the recovery communities supporting them to offer programmes including recovery cafes, group meetings and voluntary opportunities.

During 2021/22 a panel of people with lived experience was formed to look at setting up a recovery cafe in the Cowal area. This involved walk and talks, events and leaflets that were distributed to encourage engagement of the community. The panel now consists of 12 people who all have lived experience. They have organised several summer activities to engage the community. The panel have also completed training in administering Naloxone and the volunteer program of training. In the Bute area there are also walk and talk groups, men's shed and breakfast clubs. This area has an average of 32 members. Discussions are taking place with Argyll & Bute Council to look at permanent premises which will allow this community to operate in the evening and at weekends. The Bute recovery community is welcomed and supported by the wider community and services.

Further engagement with ADP partners and people with lived experience will inform the ADP strategy refresh for 23/24.

### **Challenges or barriers which impacted on meeting your priorities for year one.**

Whilst there has been financial investment from the Scottish Government in this area within the past year, staffing challenges and increasing workload has led to significant pressure and impact on the Alcohol and Drug Partnership support team and consequent impact on workstreams. It is recognised that this return is incomplete due to those challenges however we will ensure it is fully complete within the coming months.

<b>Priorities Year 2</b>	<b>Additional Information</b>
The ADP strategy.	Remain the same
Develop community hubs throughout Argyll and Bute.	Remain the same
Expand on the whole families approach.	Remain the same
Continue to deliver to the requirements of the national mission.	Remain the same
Implement the revised approach to children and families.	Remain the same
Initiate MAT standards.	Remain the same

## Allied Health Professionals (AHP)

Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	First cycle reported to SLT and supported with investment and service redesign requirements over next year. Cycle two planned spring 2023. Health & Care Staffing Act implementation in 2024.	Yes	
Develop a dashboard for visible demand and activity data for AHP teams.	Work underway with Performance Management Team. IMPF submission for AHP's complete. Working on process for collating all AHP minimum data for analysis. Work with MS365 for daily activity App	Yes	
Scope offer of first contact physiotherapy to remote and rural practices.	Project progressed with fixed-term band 7 physio to establish plans for smaller practices. Currently 16 out of 31 practices have FCP service which is 80% of Argyll and Bute's total Population	Yes	
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	Training offered, 6 AHP attended, plan in place to recruit further staff for TURAS module. Service pressures have impacted.	Yes	
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.	New admin & assistant roles being trialled in Occupational Therapy, Podiatry, Learning Disabilities and Paediatrics. No progress with work-based professional apprenticeships due to national issues. Increasing number of overseas recruits.	Yes	

### Engagement activities taken place 2022/2023

Engagement within HSCP and within national meetings. Completed NHS Education Scotland AHP Fellowship including presenting to NHS Education Scotland AHP conference on Priority area 1

### Challenges or barriers which impacted on meeting your priorities for year one.

Lack of simple data collection mechanism due to multiple systems.  
Lack of capacity and system pressures impacting on ability of staff to attend training  
Lack of board or HSCP Workforce Planning meetings to oversee and support progress.

Priorities Year 2	Additional Information
Agree service specifications for all AHP Services and roll-out Job planning within teams.	Initial scoping of all board services complete Draft Service specs being progressed.
Address long waits-all over 52 weeks become priority 1. Establish rigorous triage in all AHP teams.	Year 2 implementation of ACRT (Active Clinical Referral Triage) & PIR (Patient Initiated Review) across all teams.
Aim to have all practices offering First Contact physio.	80% coverage
Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy	Prevention business case Paediatric Band 7 role focussing on triage and training Embed actions of Establishment Setting recommendations to support

living.	capacity still required. Service pressures and Covid catch up making lower priority work unachievable.
Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.	Increasing placements offered across all professions.
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	First cycle reported to Senior Leadership Team and supported with investment and service redesign requirements over next year. Cycle two planned spring 2023. Health & Care Staffing Act implementation in 2024.
Develop a dashboard for visible demand and activity data for AHP teams.	Work underway with Performance Management Team. IMPF submission for AHP's complete. Working on process for collating all AHP minimum data for analysis. Work with MS365 for daily activity App.
Scope offer of first contact physiotherapy to remote and rural practices.	Project progressed with fixed-term band 7 Physio to establish plans for smaller practices. Currently 16 out of 31 practices have FCP service which is 80% of Argyll and Bute's total population.
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	Training offered, 6 AHP attended, plan in place to recruit further staff for TURAS module. Service pressures have impacted.
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.	New admin & assistant roles being trialled in OT, Podiatry, LD and Paeds. No progress with work-based professional apprenticeships due to national issues. Increasing number of overseas recruits.

Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to work closely with our Carer Centre Services to deliver on A&B Caring Together Strategy.	We continue to meet regularly, attend training and development events.	No	
We will develop a Carer APP which will assist in the sharing of information and provide guidance to carers.	Young Carer App developed and now in use.	No	
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	In progress	Yes	
There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers during the planning of services and recognising their involvement as an equal partner in care. This will include guidance on how we communicate and work together.	Developed and out for feedback. Will be in place by end of April.	No	
Develop and implement processes to ensure that Carers Support Plans, Young Carers Statements, and Emergency Plans are completed, and the information is shared across all services as agreed.	Completed	No	
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	In Progress	Yes	
We will work collaborative with Carers and Carer centres to create a Carer Pathways.	Completed	No	
We will work to develop guidance to support carer visibility and involvement prior to hospital discharge.	Completed , Poster, Leaflets	No	
Review and update of our Caring together strategic plan.	Delayed as awaiting the new National Carer Strategy.	Yes	
Increase our involvement with education and raising Young carer Awareness.	Brought forward from year 2 completed.	No	

Engagement activities taken place 2022/2023

Consultations, developments sessions, shared learning, meetings with 3<sup>rd</sup> sector and education.

#### Challenges or barriers which impacted on meeting your priorities for year one.

Competing priorities.

Priorities Year 2	Additional Information
We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.	Year 2
In collaboration with Carers, develop a plan to ensure that feedback and input from Carers are	Year 2

included in all appropriate planning and decision making and within the Carers' participation and engagement statement.	
Review of the current Eligibility Criteria for Adults and Young People.	Year 2
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	In progress
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	In Progress
Review and update of our Caring together strategic plan.	Delayed as awaiting the new National Carer Strategy.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Establish Health Behaviour Change training within the HSCP.	Health Behaviour Change training has been rolled out	Yes	
Communication & engagement plan developed and rolled-out.  Changed to Co-production of Community assets (Strand 2 of programme)	A co-production plan has emerged with partners in Live Argyll, Argyll & Bute Council, MacMillan & Third Sector Interface. We are engaging with Living Well Networks and Locality Planning Groups. Co-production planning is arranged top focus on delivery of the Living Well Strategy priorities with a focus on building community assets.	Yes	
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	(Strand One of programme) We have drafted an options appraisal around developing a 12 week Wellbeing & Physical Activity programme and are progressing to exploring funding opportunities.	Yes	

## Engagement activities taken place 2022/2023

Multi-agency group set up.  
Co-production workshop with Strategic Commissioning Market Facilitation group  
Wellbeing survey out for public views currently  
Attended Locality Planning Group's

**Challenges or barriers which impacted on meeting your priorities for year one.**

Access to funding for Wellbeing & Physical Activity programme could be an issue, HSCP Transformation funding allowance has reduced. Minimal offers of co-funding from other partners.

Priorities Year 2	Additional Information
Continue Health Behaviour Training and consider workforce development of prevention /public health agenda.	Remain the same
Continue work outlined in Strand 1 & 2.	Remain the same
Establish Health Behaviour Change training within the HSCP.	Health Behaviour Change training has been rolled out
Communication & engagement plan developed and rolled-out.  Changed to Co-production of Community assets (Strand 2 of programme)	A co-production plan has emerged with partners in Live Argyll, Argyll & Bute Council, MacMillan & Third Sector Interface . We are engaging with Living Well Networks and Locality Planning Groups. Co-production planning is arranged top focus on delivery of the Living Well Strategy priorities with a focus on building community assets.
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	(Strand One of programme) We have drafted an options appraisal around developing a 12 week Wellbeing & Physical Activity programme and are progressing to exploring funding opportunities.

Priorities Year 1	Progress	Carried over to year 2	R A G
Implement the new ECLIPSE IT system and increase the number of community health staff using the single health and social care IT system.	On course for completion May/June 23.	No	
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed	Yes	
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.	Phase 1 and 2 complete. Phase 3. In essence this is a 6 month “Beta test” with a live logistics delivery service programme. This would be the final stage of establishing the integration of “beyond visual line of sight” (BVLOS) drones into our normal clinical logistics transport network.	Yes	

Engagement activities taken place 2022/2023

Eclipse key messages regularly distributed to staff. Staff Survey

Drone has had high media coverage [Covid in Scotland: Drones to carry Covid samples - BBC News](#)

Challenges or barriers which impacted on meeting your priorities for year one.

Funding delays within set time frames.

Staff shortages at times

Priorities Year 2	Additional Information
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.	Ongoing
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	Ongoing
Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.	Ongoing
Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland.	Increased Electric Vehicle charging facilities and continues to plan for more. Over the next year further fleet cars will be replaced with Electric vehicles.
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”.	New digital initiatives are part of and included within the HSCP Digital Modernisation board for regular review. Survey to identify specific further training needs for our staff to be arranged.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed



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.

Phase 1 and 2 complete. Phase 3. In essence this is a 6 month “Beta test” with a live logistics delivery service programme. This would be the final stage of establishing the integration of “beyond visual line of sight” (BVLOS) drones into our normal clinical logistics transport network.

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## Technology Enabled Care

Priorities Year 1	Progress	Carried over to year 2	R A G
Work on finding a digital solution within the pilot area.	Digitally ready devices are being rolled out both as and when clients switch to a digital line and for all new clients in the Oban and Mull areas.	No	
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	We continue to promote our service utilising newsletters, roadshows etc and working alongside colleagues to ensure familiarity with digital care solutions available. Digital exclusion is still an ongoing issue and will be nationally, we know for some of our more remote residents eg those living on the islands this is a risk and we are working with the LPGs, Living Well Coordinators etc to ensure this is minimised.	Yes	
Ensure TEC is a core service embedded in all aspects of delivery of care.	We are working to ensure TEC is wrapped round our patients and clients at every stage of care delivery. We have Technician presence at MDTs, virtual ward meetings etc. we are cross referencing hospital admissions with TEC clients, which allows us to prioritise those most in need.	Yes	
Encourage promotion of all services throughout patients/clients journey.	We recognise the changing need of patients and clients as they journey through services, we are working to promote remote health monitoring across primary care, TEC based solutions when patients require secondary care and ensure this support is ongoing.	Yes	
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.	We continue to work to upskill colleagues to work with TEC. Examples of this are the work we are doing to address those on the unmet need list, working with the Mental Health teams to direct referrals into the Silvercloud programme. Frequent callers will be highlighted.	Yes	
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.	We are promoting the use of Near Me wherever possible, working with the islands in particular as part of the Digital Hub development. Promotional materials are being heavily utilised to increase awareness of the option to have consultations and appointments via Near Me, especially when these are to occur in Glasgow sites.	Yes	

Engagement activities taken place 2022/2023

TEC team presence at HSCP public events, Just Checking awareness sessions.

### Challenges or barriers which impacted on meeting your priorities for year one.

Staffing instability and increased demand resulted in the Telecare team being under sustained pressure during last Summer. This impacted our ability to conduct reviews as when due and our resource to attend hospital team meetings and virtual wards etc. so meant we were not as proactive as intended. Additional resource has been allocated for Year 2 which will be of great benefit.

Availability of digitally ready devices has hugely affected our Analogue to Digital roll out which again meant we have had to be reactive when clients switched to a digital line. Supply issues do look to be improving and we are hopeful to have a majority of telecare clients switched over by the end of Year 2.

Priorities Year 2	Additional Information
Expand digital solution across Argyll and Bute.	Continue to progress the roll out of digitally ready devices across Argyll & Bute.
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	We continue to promote our service utilising newsletters, roadshows etc and working alongside colleagues to ensure familiarity with digital care solutions available. Digital exclusion is still an ongoing issue and will be nationally, we know for some of our more remote residents eg those living on the islands this is a risk and we are working with the LPGs, Living Well Coordinators etc to ensure this is minimised.
Ensure TEC is a core service embedded in all aspects of delivery of care.	We are working to ensure TEC is wrapped round our patients and clients at every stage of care delivery. We have Technician presence at MDTs, virtual ward meetings etc. we are cross referencing hospital admissions with TEC clients, which allows us to prioritise those most in need.
Encourage promotion of all services throughout patients/clients journey.	We recognise the changing need of patients and clients as they journey through services, we are working to promote remote health monitoring across primary care, TEC based solutions when patients require secondary care and ensure this support is ongoing.
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.	We continue to work to upskill colleagues to work with TEC. Examples of this are the work we are doing to address those on the unmet need list, working with the Mental Health teams to direct referrals into the Silvercloud programme. Frequent callers will be highlighted.
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.	We are promoting the use of Near Me wherever possible, working with the islands in particular as part of the Digital Hub development. Promotional materials are being heavily utilised to increase awareness of the option to have consultations and appointments via Near Me, especially when these are to occur in Glasgow sites.

Priorities Year 1	Progress	Carried over to year 2	R A G
Identify estate rationalisation opportunities as part of Councils "Our Modern Workspace" project.	This work is ongoing within the Council with the creation of "Working from Home" policies to support new ways of working.	No	
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	On course for completion May/June 23.	Yes	
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed.	Yes	
Obtain funding and expand our electric vehicle charging point infrastructure by 30 and our electric vehicles by 35.	The HSCP will have installed 30 additional charging points across A&B and has placed an order for 53 Electric vehicles.	No	
Complete the final phase of our "Drone service" beta service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health service.	Phase 1 of this project, a proof of concept, was conducted in June 2020 Phase 2 piloting a "live" service in February to May 2021 covering Mull and Iona Community Hospital, Easdale Surgery, Mid Argyll Community Hospital and Integrated Care centre Lochgilphead and Lorn and Islands Rural General Hospital Oban. Following the success of these previous phases, the Unmanned Drone Logistics project is moving to its final critical test stage – Phase 3. In essence this is a 6 month "Beta test" with a live logistics delivery service programme. This would be the final stage of establishing the integration of "beyond visual line of sight" (BVLOS) drones into our normal clinical logistics transport network. Skyports has obtained funding from the European Space Agency and the UK Space Agency to operate this service under a "Transponder Mandatory Zone" (TMZ) airspace structure which would be the first in the UK to be used for BVLOS medical deliveries. What this means is that crewed and un-crewed aircraft such as the drones operating in this project can fly together in unsegregated airspace. This allows us to move away from restricted air corridors which other aircraft cannot access while greatly improving the integration of un-crewed aircraft into current airspace structures. This integration piece is the crucial 'unlocker' of permanent BVLOS drone medical deliveries in the UK.	Yes	

## Engagement activities taken place 2022/2023

Full staff Engagement ongoing regular Fleet newsletters. Staff Electric Vehicle Surveys also carried out.  
Eclipse regular staff communication i.e. Key messages  
Drone has had high media coverage [Covid in Scotland: Drones to carry Covid samples - BBC News](#)

### Challenges or barriers which impacted on meeting your priorities for year one.

Getting funding granted within set time frames.  
National shortages continue for all vehicles experiencing delay's in replacing vehicles with electric

Priorities Year 2	Additional Information
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.	Ongoing.
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	A&B HSCP are progressing with the development of Home working policies to support blended / remote working.
Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.	Ongoing procurement of Electric vehicles will support the HSCP deliver this target. The HSCP is working with University of Stirling to ..... Telematics analysis will support the HSCP to maximise the efficiencies of the fleet.
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.	New digital initiatives is part of and included within the HSCP Digital Modernisation board for regular review.
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	On course for completion May/June 23.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed.
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## ENGAGEMENT – WHAT YOU TOLD US

A single 'Engagement and Communications Action Plan' was developed for the HSCP Joint Strategic Plan Progress Year One Report to act on the declared vision that:

**We want to ensure that everyone has the opportunity to let us know how A&B HSCP are doing, now we are one year into the Joint Strategic Plan.**

Community Drop in Events were held throughout Argyll and Bute, and we will continue to hold further events in June 2023 with our more remote and Island communities, including an online drop in event. Chief Officer Fiona Davies published an Online Vlog :<https://bit.ly/JSPVlogApr23>  
An Online Survey was also available for our communities to share feedback.

### Theme of events:

How are we doing? What's Working Well? What are the challenges and barriers of accessing services and what can we do different?

Do you think we are meeting these 4 priorities?

- **Choice and Control & Innovation**
- **Prevention Early Intervention and Enablement**
- **Living Well and Active Citizenship**
- **Community Co-Production**

What are we doing well and/or what could we do better to meet these priorities?

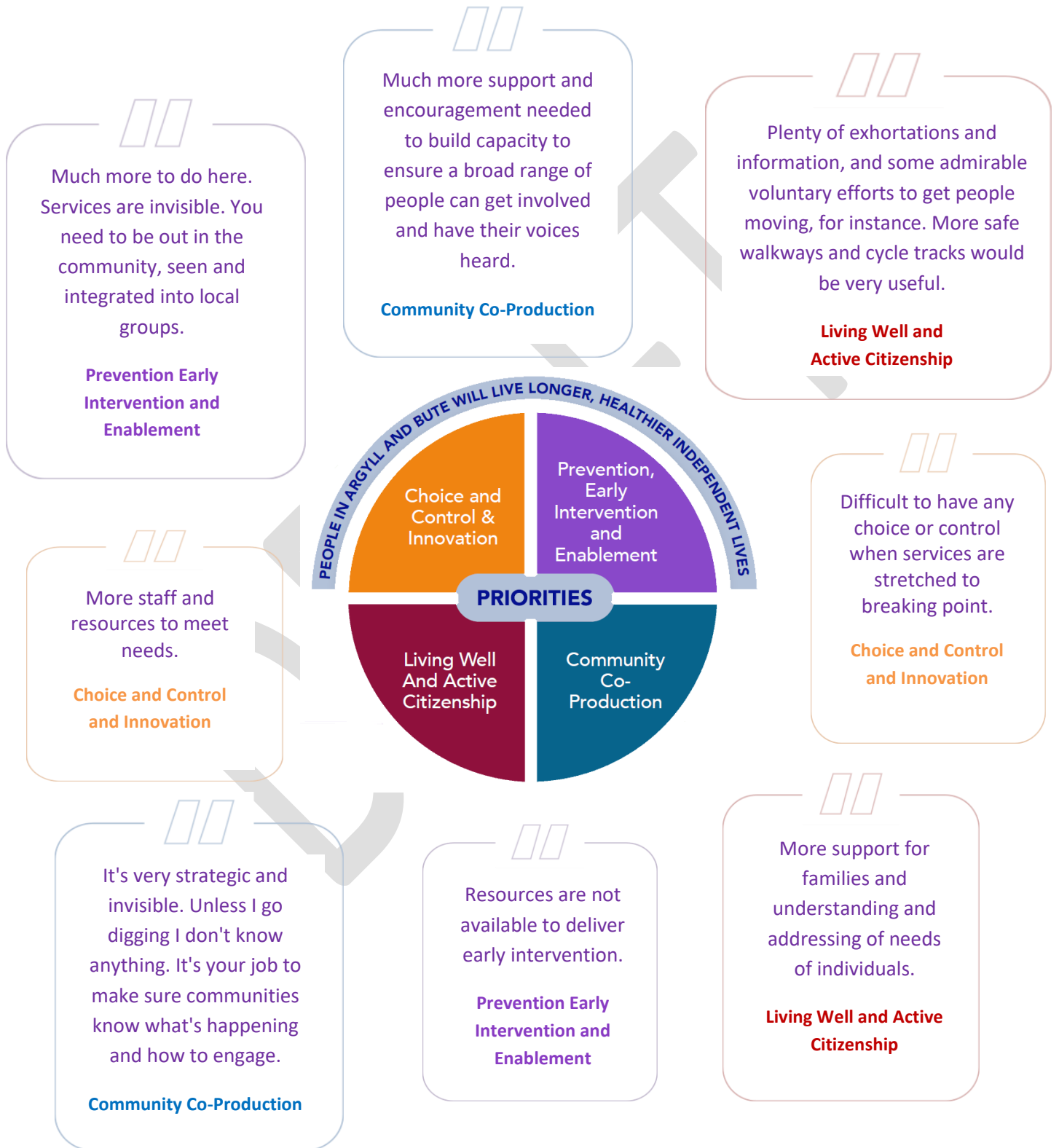
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<b>Virtual</b>	Tuesday 13 <sup>th</sup> June	0 Participants

# Community Survey

(With the focus on Women's Health additional question were included within the survey)

Results from the public survey, although from small numbers of people, provided feedback for potential improvements in areas related to the 4 priorities.



**GAPS**

**If there was one change the HSCP could make towards our aim that 'people in Argyll and Bute will live Healthier and Independent lives', what would it be?**

Benchmark with people about their experience of service receipt.

Be more realistic and stop promoting unrealistic plans that differ hugely from reality of situation.

Involving people earlier and more effectively in decisions that affect them and their communities.

More resources, money, staff and reduced waiting lists.

Listen to what PEOPLE want and how they want it, share information with other groups, find out what other groups are doing in the area.

More face to face work letting the community know about services.

**STRENGTHS**

**What is the best thing about the health and social care services provided over the past year?**

The increase in NHS Near Me. Being able to have phone consultations with GP as face to face not always needed and are harder to get.

The staff that go above and beyond.

Response to urgent and emergency need, health and social care, vaccination programme, local maternity services, remote vc/digital consultation expansion.

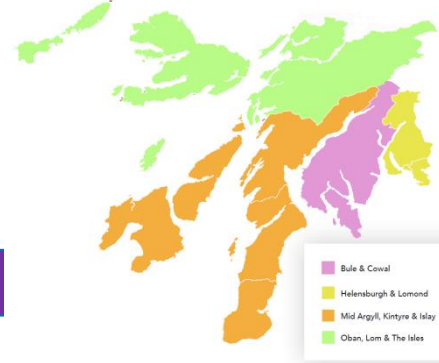
The Enablement team has been really good-responsive and helpful. Occupational Therapy service within that has been good.

We can still access GP's here if we need them which isn't so easy in urban areas.

Community Engagement.







## Community Drop in Events

GAPS- If there is one thing you could change what would it be?

### Oban

- ◆ The 4 options, rurally don't often work.
- ◆ Most people default to an option as there is a lack of care companies in the area.
- ◆ Recruitment is providing difficult, with a reduced pool of available applicants. People then go on an "unmet needs" list this list is expanding rapidly.
- ◆ Carers get paid more in supermarkets.
- ◆ English lessons for Ukrainian people who want to provide care.
- ◆ Housing - no availability to attract staff to the area.
- ◆ Carers Act funding not ring fenced unspent carers fund put up for caring but no information.
- ◆ Loss of meals on wheels is a catastrophe!.
- ◆ Delayed discharges from Glasgow as no community Hospital.
- ◆ Recruitment challenges for carers on our islands.
- ◆ Difficult to recruit consultants.
- ◆ Wait over 2weeks for a blood test from Community Treatment and Care GP better.
- ◆ Issues with discharges and how unpaid carers aren't included.
- ◆ Disconnect from GP Surgery and hospital for bloods.
- ◆ Care - 15minute visits not workable. Not enough per client.
- ◆ Parking at hospital difficult but Lorne Medical Centre Better.
- ◆ Bus only stops at Hospital roundabout no hospital not good access.
- ◆ No social work team lead in Oban.
- ◆ Finance need to look at options -means that only people who can afford can get carer.
- ◆ Loss of service from Haematology from GGC.
- ◆ Previous consultation on care – Dumbeg – What happened?
- ◆ There are lots of Ukrainian nurses and carers in the area we need to employ them.
- ◆ One year contracts a problem- seasonal staff.
- ◆ Why do we pay agency staff more, Rather than pay agency, pay good carers a good rate.
- ◆ No social work team.
- ◆ In order to offer "best value", what steps is the HSCP taking to work with partners as equals in the delivery of the Self Directed Support framework of standards and the duties outlined in the Self Directed Support framework.

### Campbeltown

- ◆ More Hospital beds required.
- ◆ Care 15minute visits are too quick not enough time to do everything.
- ◆ Need more investment in Social Care Staff.
- ◆ Meals on wheels required – Social contact
- ◆ Need more support for people caring for people at home – carer not able to work and need a break.
- ◆ Care- More respite.
- ◆ Differences of care across care providers.
- ◆ Respite for Carers is really needed- overnights/weekends– unable to make plans.
- ◆ Postnatal 6week check was not good. Mum not looked after. Only asked about contraception.
- ◆ Missed mothers health concerns.
- ◆ Really need a Dementia Day Care centre (woodlands would be perfect).
- ◆ No beds/availability at Kintyre Care Centre for people to remain local.

## Lochgilthead

- ◆ Digital access to specialised clinics.
- ◆ Not enough knowledge of conditions.
- ◆ Lack of choice for making appointments.
- ◆ Time scales for appointments, referrals and results.
- ◆ Lack of support from Ethnic Minorities.
- ◆ Be listened too.
- ◆ Not be afraid to ask for help.
- ◆ Mid Argyll Community Hospital- A great facility for our town but only if you can get inside. A building of two halves, If you need emergency care the door is open and you are looked after. However if you want to keep yourself out of hospital by seeing a GP, good luck.
- ◆ Women in Mid Argyll struggling to get HRT.
- ◆ Male GP is the menopause specialist not good doesn't understand.
- ◆ Increase young people Mental Health Practitioners.
- ◆ Free classes Health Wellbeing.
- ◆ More community hubs with Technology Enabled Care to use.
- ◆ Lacking in support and practical help for children and young adults with Additional Support Needs.
- ◆ Not always receiving a full prescription.
- ◆ Often a lack of communication.
- ◆ Age discrimination.
- ◆ More home visits provided in certain circumstances.
- ◆ Distance to travel for appointments.
- ◆ More focus on the whole person not just the condition.
- ◆ Establish well Women and well Man clinics.
- ◆ Better communication between services.
- ◆ Home visits and evening clinics needed.
- ◆ Video conference with nurse present to take bloods or do other required tests and reviews of medication.
- ◆ Staff need support to fulfil training.
- ◆ Elderly greater options support to address lonely/isolation and keep skills.
- ◆ Access to services/Groups.
- ◆ Increase support to carers respite.
- ◆ Learn from the young what help them.
- ◆ More young people voices.
- ◆ No formal Mental Health group in Mid Argyll.

## Inveraray

No feedback given

## Helensburgh

- ◆ No breast screening after 70 have to make own appointment.
- ◆ Change of language in palliative NOT end of life – link to self managed.
- ◆ Where does self management sit within clinical – why is wellbeing not built in.
- ◆ Service level agreements – sent to Inverness.
- ◆ Link in with NHS 24 and Right Care and Right Time.
- ◆ Mental Health emergencies at night.
- ◆ Response for young carers in Mental Health breakdowns- advice/advocacy is third sector.
- ◆ 24month wait for MRI.
- ◆ People are going private.
- ◆ Need to engage voice of “patient of tomorrow”.
- ◆ Holistic approach in communities – not always need to go to GP.
- ◆ NHS 24 – child with asthma – did not call back.
- ◆ Are we addressing mum rights in our services?
- ◆ NHS 24 doesn't work properly.
- ◆ Service Level Agreement consultation on NHS 24.
- ◆ Team at schools about responsibility for health.

## Dunoon

- ◆ Alignment of different plans – include education.
- ◆ Transition for young person did not happen.
- ◆ How are all service areas doing engagement?
- ◆ Patient/carers voice not captured.
- ◆ Prevention before Mental Health Team.
- ◆ Young family moving to work for NHS not given support for accommodation.
- ◆ Primary Care treatment rooms being developed this needs to be communicated.
- ◆ To know how voices are used.
- ◆ Breakfast meeting be good.
- ◆ Have a provider's event along with engagement.
- ◆ Transparency on governance structure.
- ◆ 20 new families moved to Innellan, not captured in locality data.
- ◆ Difference in population to Cowal and other rural locations since Covid.
- ◆ Locality Planning Group's needs engagement
- ◆ Education isn't part of the conversations – co-produce.
- ◆ Too much money going in to crisis rather than prevention.
- ◆ Can't get to see GP.
- ◆ Pharmacy under pressure but doing a lot.
- ◆ Better one hub for a MOT.
- ◆ Triage needs to be explained.
- ◆ 2 years diagnosis appointment for autism.
- ◆ Shaping places will be important.
- ◆ No NHS Dentistry here.
- ◆ Posters; should say things like...are you having trouble...
- ◆ Community Development Trust good to advertise.
- ◆ Communicate Children's Service Plan – are young carers included?
- ◆ Co-production – must have people on the boards from third sector, voluntary and education.
- ◆ Patient/carers not acknowledged in this plan.
- ◆ Great increase in career's assessment but huge

## Dunoon Crossroad's Carers Centre

- ◆ Clear diagnosis so appropriate care can be put in place.
- ◆ Flexible day care.
- ◆ Kindness/compassion/understanding.
- ◆ Being able to access what you need when you need it.
- ◆ More things to do together Lunch/music/dance.
- ◆ Quick contact for guidance or assurance.
- ◆ Self direct support – yearly payment to use needed.
- ◆ Not listening to carer's opinion on changes of whom they care for.
- ◆ Struan lodge 9.30/10 – 2/3.00 – More flexible day care longer days/weekends.
- ◆ Hospitals cancelling appointments when you are at the hospital, they don't tell you till you are there.
- ◆ Being able to contact people if something goes wrong.
- ◆ Like minded support someone to turn to.
- ◆ More awareness of information/services/resources.
- ◆ No discharge packages.
- ◆ Should advertise day care more, longer day care.
- ◆ Better pay conditions – Career structure, review of contracts, treated as a professional.
- ◆ Later appointments
- ◆ Getting early appointments across the water that you have problems getting to.
- ◆ Knowing what help is available especially in advance.

## Bute

- ◆ Peer group important.
- ◆ Continuity of counsellors in schools.
- ◆ Without support could end up in Criminal Justice System.
- ◆ Phoenix centre good example but not for everyone.
- ◆ Adult protection slow and stressful process.
- ◆ Autism to be included in teacher training.
- ◆ If proper support at beginning save money- mental health, prison, addictions.
- ◆ Not a lot working well for carers.
- ◆ No specialised children with disability team.
- ◆ Getting audiology equipment fixed.
- ◆ People with severe learning disabilities having their health concerns needs understood by health professionals.
- ◆ Autism friendly town initiatives.
- ◆ Fall between cracks if adult has autism.
- ◆ Place of safety does not need to be a hospital.
- ◆ Gap between funding on educational social work/health.
- ◆ Risk criteria too high for CALMS.
- ◆ Transfer from Larkfield – ask for Cognitive Behavioural Therapy, not provided.
- ◆ Mental health carers linked to Children and Young People support.
- ◆ No proper safe room for children.
- ◆ Make dentist more accessible.

## Bute Crossroad's Carers Centre

- ◆ Lack of support for carer.
- ◆ Continuity in support.
- ◆ Not knowing where to get help/what is available- professionals not knowing.
- ◆ More services to suit needs not just learning difficulties.
- ◆ Carers recognised as a job/paid/financial support. I need help means I need help not "I'm not coping".
- ◆ It's a small community can be difficult in terms of confidentiality.
- ◆ Better education for professionals and implementation.
- ◆ Information and training for carers.
- ◆ Information on legal stuff e.g. guardianship, Power of Attorney (Costs?).
- ◆ Funding for services.
- ◆ Benefit battles - what is available no one tells us.
- ◆ Listen to carers/parents don't make them feel guilty and treating them as the problem e.g. prescribing anti-depressants. Help and support.
- ◆ Mandatory Teacher and education staff training.
- ◆ Breaks/regular respite.
- ◆ Treat carers with dignity and respect.
- ◆ Technology- help with costs of wifi/lpads etc.
- ◆ Better understanding compassion/empathy.
- ◆ Better/more support to cared for person to reduce pressure on carer.
- ◆ More services (workers) from Crossroads.
- ◆ Long diagnosis process.

## Mull

- ◆ Homecare – Fragility, geographical barriers.
- ◆ Island impact assessment – not heard of one.
- ◆ Place of safety/quiet room at hospital – used for storage.
- ◆ Could this session have been delivered at groups rather than expect people to go out there way to attend an event.
- ◆ Third sector- case studies/story telling to promote the benefits to people who may need to use third sector services.
- ◆ Plan on the page be customised for each local area with the locality profiles.
- ◆ Safe and sound group widen further than mental health eg. Social support for older people.
- ◆ Social prescribing terminology bit off putting.
- ◆ Communication- how can this be better what were the key messages for the public from the IJB last week?
- ◆ Asset mapping what's available in communities.

## Islay

- ◆ Lack of Social work.
  - ◆ Addictions a huge issue – alcohol abuse
  - ◆ Children’s psychiatric services not available.
  - ◆ Scottish ambulance calls issues.
  - ◆ Ferries access.
  - ◆ Lack of women’s health services.
  - ◆ Lack of Sexual health services.
  - ◆ Not a lot of areas for young people to attend.
  - ◆ Needs assessment for the Island. See it as a locality in itself.
  - ◆ Confidentiality and privacy issues.
- ◆ Affordable housing.
  - ◆ Lack of Islay reception on HSCP groups – LPGs.
  - ◆ Local support required for dementia and palliative care.
  - ◆ No specialist dementia care on the Island
  - ◆ Responder service required.
  - ◆ Community transport required. Support required co-production.
  - ◆ Co-production between the third sector and statutory services.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

### Oban

- ◆ JSP plan on a page good- easy to access and read.
  - ◆ Advanced Paramedic in Lorn Medical centre was excellent.
  - ◆ Amazing work done by Crossroads. More visible, good staff and nurturers.
  - ◆ Hospital liaison carers established good.
  - ◆ Carers centres well known locally.
  - ◆ Use Social media for Good News stories – especially Social Workers.
  - ◆ Learning from good outcomes.
- ◆ Brilliant Social work team in Oban!
  - ◆ Good social workers and assistants in Oban- Got a care home place in Oban within hours.
  - ◆ We have distilled well what is important for us within the HSCP Priorities.
  - ◆ 18%increase in carers being supported carers centres is fabulous.
  - ◆ Thanks makes a difference – kindness.
  - ◆ 18/25% of unpaid carers being supported.
  - ◆ Good news story about housing but should be told this (Locality Planning Group).

### Campbeltown

- ◆ Maternity Services provided a weaning talk it was excellent.

### Lochgilphead

- ◆ Access to free prescriptions.
  - ◆ Access to free services including; screening testes-bowl, breast, smear, eye tests, hearing and dental checks.
  - ◆ Access to prevention support; Physiotherapy, podiatry, suicide prevention, diabetes, speech therapy.
  - ◆ Near Me for remote areas helps with access.
  - ◆ Listening to community.
  - ◆ More preventative work.
  - ◆ More public information though possibly not enough communication reps.
- ◆ Digital access to some clinics reduces travel time.
  - ◆ Mid Argyll Community Hospital- A building that will mean something to everyone. A place of employment for so many people. We are lucky to have this in our community. A hub of activity. Help and care.
  - ◆ More Integration.
  - ◆ Great Social work support in Mid Argyll.
  - ◆ Joint working and planning.
  - ◆ Improved websites- HSCP better known.
  - ◆ Call centres improve contact from social work.

## Inveraray

No feedback given

## Helensburgh

- ◆ Out patients- Now call say would you like to go to "Vale".

## Dunoon Crossroad's Carers Centre Group

- ◆ Nigh shift response - care provider
- ◆ Social work quick response.
- ◆ Cared for package in place prior to discharge.
- ◆ Good relationships with Social workers
- ◆ Feel included in hospital process.
- ◆ Telecare
- ◆ Groups at carer centre share information. Peer to peer.

## Bute Crossroad's Carers Centre Group

- ◆ GP thinking of others.
- ◆ Great increase in carer's assessment but huge pressure on carers centre.
- ◆ If correct support – it works well for carers

## Mull

- ◆ Shoots of support, CPN cover, GP support great they go above and beyond.
- ◆ Some volunteers are involved in a range of things.

## Islay

- ◆ There's a community are willing to help.
- ◆ Healthy weight a success.
- ◆ GPs are great.

# Argyll and Bute Health and Social Care Partnership

Email: [nhsh.strategicplanning@nhs.scot](mailto:nhsh.strategicplanning@nhs.scot)

Websites: <https://argyll-bute.gov.uk/health-and-social-care-partnership>  
[About Argyll & Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk)



[www.facebook.com/abhscp](https://www.facebook.com/abhscp)



[www.twitter.com/abhscp](https://www.twitter.com/abhscp)

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

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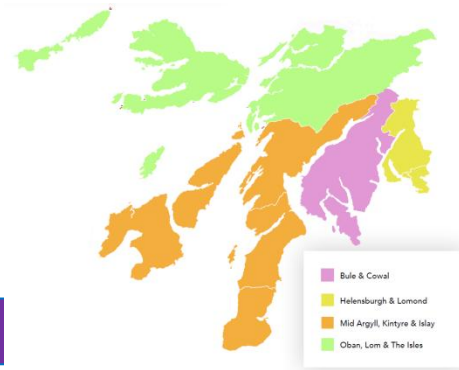
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Community Engagement.



## Community Drop in Events

Total  
Participants  
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- ◆ Loss of meals on wheels is a catastrophe!
- ◆ Delayed discharges from Glasgow as no community Hospital.
- ◆ Recruitment challenges for carers on our islands.
- ◆ Difficult to recruit consultants.
- ◆ Wait over 2weeks for a blood test from Community Treatment and Care GP better.
- ◆ Issues with discharges and how unpaid carers aren't included.
- ◆ Disconnect from GP Surgery and hospital for bloods.
- ◆ Care - 15minute visits not workable. Not enough per client.
- ◆ Parking at hospital difficult but Lorne Medical Centre Better.
- ◆ Bus only stops at Hospital roundabout no hospital not good access.
- ◆ No social work team lead in Oban.
- ◆ Finance need to look at options -means that only people who can afford can get carer.
- ◆ Loss of service from Haematology from GGC.
- ◆ Previous consultation on care – Dumbeg – What happened?
- ◆ There are lots of Ukrainian nurses and carers in the area we need to employ them.
- ◆ One year contracts a problem- seasonal staff.
- ◆ Why do we pay agency staff more, Rather than pay agency, pay good carers a good rate.
- ◆ No social work team.
- ◆ In order to offer "best value", what steps is the HSCP taking to work with partners as equals in the delivery of the Self Directed Support framework of standards and the duties outlined in the Self Directed Support framework.

### STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

#### Oban

- ◆ JSP plan on a page good- easy to access and read.
- ◆ Advanced Paramedic in Lorn Medical centre was excellent.
- ◆ Amazing work done by Crossroads. More visible, good staff and nurturers.
- ◆ Hospital liaison carers established good.
- ◆ Carers centres well known locally.
- ◆ Use Social media for Good News stories – especially Social Workers.
- ◆ Learning from good outcomes.
- ◆ Brilliant Social work team in Oban!
- ◆ Good social workers and assistants in Oban- Got a care home place in Oban within hours.
- ◆ We have distilled well what is important for us within the HSCP Priorities.
- ◆ 18%increase in carers being supported carers centres is fabulous.
- ◆ Thanks makes a difference – kindness.
- ◆ 18/25% of unpaid carers being supported.
- ◆ Good news story about housing but should be told this (Locality Planning Group).

## GAPS- If there is one thing you could change what would it be?

## Campbeltown

- ◆ More Hospital beds required.
  - ◆ Care 15 minute visits are too quick not enough time to do everything.
  - ◆ Need more investment in Social Care Staff.
  - ◆ Meals on wheels required – Social contact
  - ◆ Need more support for people caring for people at home – carer not able to work and need a break.
  - ◆ Care- More respite.
  - ◆ Differences of care across care providers.
- ◆ Respite for Carers is really needed- overnights/weekends– unable to make plans.
  - ◆ Postnatal 6 week check was not good. Mum not looked after. Only asked about contraception.
  - ◆ Missed mothers health concerns.
  - ◆ Really need a Dementia Day Care centre (woodlands would be perfect).
  - ◆ No beds/availability at Kintyre Care Centre for people to remain local.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

## Campbeltown

- ◆ Maternity Services provided a weaning talk it was excellent.

## GAPS- If there is one thing you could change what would it be?

## Lochgilphead

- ◆ Digital access to specialised clinics.
  - ◆ Not enough knowledge of conditions.
  - ◆ Lack of choice for making appointments.
  - ◆ Time scales for appointments, referrals and results.
  - ◆ Lack of support from Ethnic Minorities.
  - ◆ Be listened too.
  - ◆ Not be afraid to ask for help.
  - ◆ Mid Argyll Community Hospital- A great facility for our town but only if you can get inside. A building of two halves; if you need emergency care the door is open and you are looked after. However if you want to keep yourself out of hospital by seeing a GP, good luck.
  - ◆ Women in Mid Argyll struggling to get HRT.
  - ◆ Male GP is the menopause specialist not good doesn't understand.
  - ◆ Increase young people Mental Health Practitioners.
  - ◆ Free classes Health Wellbeing.
  - ◆ More community hubs with Technology Enabled Care to use.
  - ◆ Lacking in support and practical help for children and young adults with Additional Support Needs.
- ◆ Not always receiving a full prescription.
  - ◆ Often a lack of communication.
  - ◆ Age discrimination.
  - ◆ More home visits provided in certain circumstances.
  - ◆ Distance to travel for appointments.
  - ◆ More focus on the whole person not just the condition.
  - ◆ Establish well Women and well Man clinics.
  - ◆ Better communication between services.
  - ◆ Home visits and evening clinics needed.
  - ◆ Video conference with nurse present to take bloods or do other required tests and reviews of medication.
  - ◆ Staff need support to fulfil training.
  - ◆ Elderly greater options support to address lonely/isolation and keep skills.
  - ◆ Access to services/Groups.
  - ◆ Increase support to carers respite.
  - ◆ Learn from the young what help them.
  - ◆ More young people voices.
  - ◆ No formal Mental Health group in Mid Argyll.

**STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?****Lochgilphead**

- ◆ Access to free prescriptions.
  - ◆ Access to free services including; screening testes-bowl, breast, smear, eye tests, hearing and dental checks.
  - ◆ Access to prevention support; Physiotherapy, podiatry, suicide prevention, diabetes, speech therapy.
  - ◆ Near Me for remote areas helps with access.
  - ◆ Listening to community.
  - ◆ More preventative work.
  - ◆ More public information though possibly not enough communication reps.
- ◆ Digital access to some clinics reduces travel time.
  - ◆ Mid Argyll Community Hospital- A building that will mean something to everyone. A place of employment for so many people. We are lucky to have this in our community. A hub of activity. Help and care.
  - ◆ More Integration.
  - ◆ Great Social work support in Mid Argyll.
  - ◆ Joint working and planning.
  - ◆ Improved websites- HSCP better known.
  - ◆ Call centres improve contact from social work.

**GAPS- If there is one thing you could change what would it be?****Inveraray**

No feedback given

**STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?****Inveraray**

No feedback given

**GAPS- If there is one thing you could change what would it be?****Helensburgh**

- ◆ No breast screening after 70 have to make own appointment.
  - ◆ Change of language in palliative NOT end of life – link to self managed.
  - ◆ Where does self management sit within clinical – why is wellbeing not built in.
  - ◆ Link in with NHS 24 and Right Care and Right Time.
  - ◆ Mental Health emergencies at night.
  - ◆ Response for young carers in Mental Health breakdowns- advice/advocacy is third sector.
- ◆ 24month wait for MRI.
  - ◆ People are going private.
  - ◆ Need to engage voice of “patient of tomorrow”.
  - ◆ Holistic approach in communities – not always need to go to GP.
  - ◆ NHS 24 – child with asthma – did not call back.
  - ◆ Are we addressing mum rights in our services?
  - ◆ Need Service Level Agreement consultation on NHS 24.
  - ◆ Team at schools about responsibility for health.

**STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?****Helensburgh**

- ◆ Out patients- Now call say would you like to go to “Vale”.

## Dunoon

- ◆ Alignment of different plans – include education.
- ◆ Transition for young person did not happen.
- ◆ How are all service areas doing engagement?
- ◆ Patient/carers voice not captured.
- ◆ Prevention before Mental Health Team.
- ◆ Young family moving to work for NHS not given support for accommodation.
- ◆ Primary Care treatment rooms being developed this needs to be communicated.
- ◆ To know how voices are used.
- ◆ Breakfast meeting be good.
- ◆ Have a provider's event along with engagement.
- ◆ Transparency on governance structure.
- ◆ 20 new families moved to Innellan, not captured in locality data.
- ◆ Difference in population to Cowal and other rural locations since Covid.
- ◆ Locality Planning Group's needs engagement
- ◆ Education isn't part of the conversations – co-produce.
- ◆ Too much money going in to crisis rather than prevention.
- ◆ Can't get to see GP.
- ◆ Pharmacy under pressure but doing a lot.
- ◆ Better one hub for a MOT.
- ◆ Triage needs to be explained.
- ◆ 2 years diagnosis appointment for autism.
- ◆ Shaping places will be important.
- ◆ No NHS Dentistry here.
- ◆ Posters; should say things like...are you having trouble...
- ◆ Community Development Trust good to advertise.
- ◆ Communicate Children's Service Plan – are young carers included?
- ◆ Co-production – must have people on the boards from third sector, voluntary and education.
- ◆ Patient/carers not acknowledged in this plan.
- ◆ Great increase in career's assessment but huge

## Dunoon Crossroad's Carers Centre

- ◆ Clear diagnosis so appropriate care can be put in place.
- ◆ Flexible day care.
- ◆ Kindness/compassion/understanding.
- ◆ Being able to access what you need when you need it.
- ◆ More things to do together Lunch/music/dance.
- ◆ Quick contact for guidance or assurance.
- ◆ Self direct support – yearly payment to use needed.
- ◆ Not listening to carer's opinion on changes of whom they care for.
- ◆ Struan lodge 9.30/10 – 2/3.00 – More flexible day care longer days/weekends.
- ◆ Hospitals cancelling appointments when you are at the hospital, they don't tell you till you are there.
- ◆ Being able to contact people if something goes wrong.
- ◆ Like minded support someone to turn to.
- ◆ More awareness of information/services/resources.
- ◆ No discharge packages.
- ◆ Should advertise day care more, longer day care.
- ◆ Better pay conditions – Career structure, review of contracts, treated as a professional.
- ◆ Later appointments
- ◆ Getting early appointments across the water that you have problems getting to.
- ◆ Knowing what help is available especially in advance.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

### Dunoon Crossroad's Carers Centre Group

- ◆ Night shift response - care provider
- ◆ Social work quick response.
- ◆ Cared for package in place prior to discharge.
- ◆ Memory clinic.
- ◆ Good relationships with Social workers
- ◆ Feel included in hospital process.
- ◆ Telecare
- ◆ Groups at carer centre share information. Peer to peer.



## GAPS- If there is one thing you could change what would it be?

## Bute

- ◆ Peer group important.
- ◆ Continuity of counsellors in schools.
- ◆ Without support could end up in Criminal Justice System.
- ◆ Phoenix centre good example but not for everyone.
- ◆ Adult protection slow and stressful process.
- ◆ Autism to be included in teacher training.
- ◆ If proper support at beginning save money- mental health, prison, addictions.
- ◆ Not a lot working well for carers.
- ◆ No specialised children with disability team.
- ◆ Getting audiology equipment fixed.
- ◆ People with severe learning disabilities having their health concerns needs understood by health professionals.
- ◆ Autism friendly town initiatives.
- ◆ Fall between cracks if adult has autism.
- ◆ Place of safety does not need to be a hospital.
- ◆ Gap between funding on educational social work/health.
- ◆ Risk criteria too high for CALMS.
- ◆ Transfer from Larkfield – ask for Cognitive Behavioural Therapy, not provided.
- ◆ Mental health carers linked to Children and Young People support.
- ◆ No proper safe room for children.
- ◆ Make dentist more accessible.

## Bute Crossroad's Carers Centre

- ◆ Lack of support for carer.
- ◆ Continuity in support.
- ◆ Not knowing where to get help/what is available- professionals not knowing.
- ◆ More services to suit needs not just learning difficulties.
- ◆ Carers recognised as a job/paid/financial support. I need help means I need help not "I'm not coping".
- ◆ It's a small community can be difficult in terms of confidentiality.
- ◆ Better education for professionals and implementation.
- ◆ Information and training for carers.
- ◆ Information on legal stuff e.g. guardianship, Power of Attorney (Costs?).
- ◆ Funding for services.
- ◆ Benefit battles - what is available no one tells us.
- ◆ Listen to carers/parents don't make them feel guilty and treating them as the problem e.g. prescribing anti-depressants. Help and support.
- ◆ Mandatory Teacher and education staff training.
- ◆ Breaks/regular respite.
- ◆ Treat carers with dignity and respect.
- ◆ Technology- help with costs of wifi/lpads etc.
- ◆ Better understanding compassion/empathy.
- ◆ Better/more support to cared for person to reduce pressure on carer.
- ◆ More services (workers) from Crossroads.
- ◆ Long diagnosis process.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

## Bute Crossroad's Carers Centre Group

- ◆ GP thinking of others.
- ◆ Great increase in carer's assessment but huge pressure on carers centre.
- ◆ If correct support – it works well for carers



## GAPS- If there is one thing you could change what would it be?

## Mull

- ◆ Homecare – Fragility, geographical barriers.
- ◆ Island impact assessment – not heard of one.
- ◆ Place of safety/quiet room at hospital – used for storage.
- ◆ Could this session have been delivered at groups rather than expect people to go out there way to attend an event.
- ◆ Third sector- case studies/story telling to promote the benefits to people who may need to use third sector services.

- ◆ Plan on the page be customised for each local area with the locality profiles.
- ◆ Safe and sound group widen further than mental health eg. Social support for older people.
- ◆ Social prescribing terminology bit off putting.
- ◆ Communication- how can this be better what were the key messages for the public from the IJB last week?
- ◆ Asset mapping what's available in communities.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

## Mull

- ◆ Shoots of support, CPN cover, GP support great they go above and beyond.

- ◆ Some volunteers are involved in a range of things.

## GAPS- If there is one thing you could change what would it be?

## Islay

- ◆ Lack of Social work.
- ◆ Addictions a huge issue – alcohol abuse
- ◆ Children's psychiatric services not available.
- ◆ Scottish ambulance calls issues.
- ◆ Ferries access.
- ◆ Lack of women's health services.
- ◆ Lack of Sexual health services.
- ◆ Not a lot of areas for young people to attend.
- ◆ Needs assessment for the Island. See it as a locality in itself.
- ◆ Confidentiality and privacy issues.

- ◆ Affordable housing.
- ◆ Lack of Islay reception on HSCP groups – LPGs.
- ◆ Local support required for dementia and palliative care.
- ◆ No specialist dementia care on the Island
- ◆ Responder service required.
- ◆ Community transport required. Support required co-production.
- ◆ Co-production between the third sector and statutory services.

## STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

## Islay

- ◆ There's a community are willing to help.
- ◆ Healthy weight a success.

- ◆ GPs are great.

## Key Themes

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*Need to get more involved in communities and consult alongside provider events and community development trusts*

*Near Me and Enablement Teams seen as assets*

*Needs more and a better range of carer's breaks*

*Patient transport  
- Lack of*

*Many barriers to choice and control including stretched services and lack of choice*

*Prevention for mental health*

*Lack of services (especially mid Argyll) and better use of community hubs/community hospitals*

*Specialised services and social work team for children with disabilities including autism*