

A&B | Transforming HSCP | Together

Argyll & Bute Health & Social Care Partnership

Argyll and Bute Integrated Joint Board

Date of meeting: November 2020

Report Author: Stephen Whiston Head of Strategic Planning and Performance

Title: Route map for Strategic Commissioning plan and Strategic plan review and development 2021 onwards.

The IJB is asked to:

- Consider the recommendation to refresh the themes drawn out of the JSNA and their alignment to the Strategic Plan Objectives following the Covid 19 Pandemic.
- Approve the recommendation for Timescale/ route map for the Strategic Commissioning plan and future alignment with the next Strategic Plan.

1. Introduction.

The Covid 19 pandemic has placed the HSCP in an emergency footing, suspending all routine and normal work. Therefore there has been no action taken to progress the Strategic Commissioning and market facilitation plans.

Currently the HSCP is focussed on remobilisation following the Scottish Government Route Map and trying to adapt to what the “new normal” will look like. The HSCP has also been directed by the Scottish Government to remain on an “emergency footing” through the winter to April 2021.

The landscape of service within the HSCP has significantly changed requiring the Strategic Planning group to review the initial priorities identified from our JSNA work and consequently the commissioning themes in order to progress with the Commissioning strategy.

April 2021, will also see us begin the work on reviewing and producing our new Strategic Plan covering periods 2022- 2025. As such it is prudent that we bring these 2 pieces of work together.

Lastly the capacity within the HSCP to progress this work has been limited as the planning team has not recruited to the vacant planning post and this will hopefully be complete by November/December 20.

2. Review of JSNA due to Covid19

2.1 Where had we got to

The previous JSNA findings had identified the following health needs/gaps as our top priorities to progress in our commissioning plan for adults:

- 1a) An increasing number of people aged 75+
- 2f) Unpaid Care
- 3b) Long term conditions
- 3c) Dementia and Frailty
- 4a) Overall health related behaviours and risk factors
- 4b) Smoking
- 4c) Healthy diet, physical activity and healthy weight
- 4d) Substance misuse
- 4e) Suicide
- 4f) Sexual Health
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Our expected market facilitation messages were:

- Increasing demand for care at home
- Housing and Care home models- at home, well and independent
- Hospital avoidance and prevention
- Support to unpaid carers
- Promotion of health , mental and physical
- Self-Directed Support - its enhancement to provide real choice
- A shift to digital technology and increase use in telecare and telehealth
- Accessing Transport or removing transport as a barrier to access services
- Sustainability of workforce skills within key sectors within Argyll & Bute
- Engaging with our communities, enabling co-production
- Delivering Best Value – effective and efficient resources

In addition we were progressing work on the JSNA for Children’s Service to inform the children’s services plan for completion in summer 2020. This was halted due to the pandemic.

However, following the impact of Covid 19 there is a requirement to review the adult and JSNA, priorities and market facilitation messages. As well as look to review and update the childrens JSNA.

2.2 The consequences of Covid19

The initial assessment of the impact of being infected and the consequences of living in a Covid19 restricted environment include:

- Deleterious impact on Mental Health
- Older people - physical deconditioning and enhanced reablement need, increased social isolation

- Increasing waiting times and waiting lists for NHS treatment and screening service
- Impact of Caring for people
- Emotional wellbeing
- Facilities being fit for purpose and reduced capacity - how services are organised
- Unpaid Carers and the impact on their health and well being.
- Care home occupancy/viability and clients confidence to be admitted to a care home
- Increased risk of infection through the winter – more internal gatherings

This is not an exhaustive list but is a number of generic themes which initial research and studies have identified and flagged.

3. Next Steps and route map/timescales

Understanding this context and examining what we need to do to progress the commissioning plan whilst coping with the prospect of a very difficult (Covid19 accentuated) winter of service pressures on health and social care

To this end the following very pragmatic approach to timetable and milestones “route map” has been developed for the Adult commissioning process.

Process	Lead/Group	Timescale
Stage 1 Adult JSNA Refresh and Analyse		
Adult JSNA review and refresh	Associate Director Public Health	November/December 20
Identify top 5 areas to prioritise re market facilitation, procurement and contract review development for 2021/22, informed from the JSNA refresh, service issues & gaps, equity and life circumstances etc. Examine against Housing Needs Assessment report.	HSP&P	December 20 to February 21
Existing contract/grants budget confirmation for 2021/22 – IJB approval	CFO	December/Jan 20
Stage 2 - Plan		
Documenting Future aspirations		
Communicating the key service/market enabling messages	Commissioning & Market Facilitation Steering Group	January to February 21
Confirmation of the initial priority areas for commissioning activity in 2022/23	Strategic Planning Group	March to May 21

Engagement planning and process with providers, stakeholders and communities to design future service models and specification in 2022/23 This aligning with the HSCP Strategic Plan engagement process to inform and shape our revised objectives.	Commissioning & Market Facilitation Steering Group Health Improvement and Planning Team	June 21 - Sept 21
Option assess future models including financial modelling to meet HSCP objectives	Planning and SPG	October 21
Informing workforce planning, financial planning and procurement activity from 2022/23 onwards	SPG/CFO	December 21
Establish with all partners representatives a Market Facilitation steering group to: <ul style="list-style-type: none"> Plan future service design and specification informed by option assessment (including financial modelling) Capacity development and building - Milestones and delivery outcomes 	HSP&P	Dec/Jan 21 onwards
Stage 3 – Procurement		
Market Testing to be carried out based on the draft Commissioning Plan to determine whether the market and in house service is well placed or willing to respond to the opportunity.	Procurement team	October to Dec 21
Develop Sourcing Strategy including specification for the requirement. Including best value and alignment with e.g. Housing.	Procurement team	Nov 21 to Mar 22
Procurement process to contract relevant services generally 3 months and will be a rolling process over the length of the 3 year Strategic Plan		Jan 22 to Mar 22
Stage 4 - Governance and Approval		
Reporting to Senior Leadership Team via project highlight reports regarding operational aspects of the plan with	HSP&P	Oct 20 on going

regard to commissioning plan development, progress and approval.		
SPG to consider draft strategic and commissioning plan and approve for submission to IJB for approval	SPG	September 20 onwards
IJB receive development updates from SPG Consider Strategic and Commissioning Plan and approve its implementation	IJB IJB	Nov 20 on going March 22
Progress implementation of sourcing strategy to carry out procurement within defined timescales.	Commissioning & Market Facilitation Steering Group	April 21 onwards

Members will note this timetable is aligned with the HSCP review and production of its new 3 year strategic plan.

The role of the SPG is to govern and assure the process and milestones identified, receive update and the relevant plans and recommend to the IJB the new Strategic and its associated commissioning plan. This will inform its financial and workforce planning resourcing strategy from 2022 /23 onwards and will:

- Challenge current service provision
- Focus any changes or decommissioning of services on better outcomes
- Identifies longer term funding to support new service models supporting service resilience and sustainability across all sectors (statutory, 3rd and Independent)

4. STRATEGIC PLAN 2022/23

The HSCP will need to incorporate this work into its next iteration of the 3 year Strategic plan as outlined.

5. RELEVANT DATA AND INDICATORS

Using the refreshed JSNA findings, we will inform our service specifications as well as a variety of outcome indicators and contract performance targets going forward.

6. CONTRIBUTION TO STRATEGIC PRIORITIES

This work contributes to all the strategic priorities of Argyll and Bute HSCP:

7. GOVERNANCE IMPLICATIONS

Financial Impact

Currently there is no identified financial impact for 2020/21. However, there are short term financial contract arrangements which may require to role forward for independent and third sector providers before longer term contracts can be awarded in 2022/23 onwards.

8. Staff Governance

Currently there is no impact with regard to staff governance, but outcomes will affect some groups of staff and due process will be required to be followed.

9. Clinical and Care Governance

Currently there is no impact with regard to clinical and care governance, but, new models of provision will require clinical and care overview to ensure safety, resilience and sustainability.

10.EQUALITY & DIVERSITY IMPLICATIONS

An equality impact assessment will be completed as part of the wider Strategic Plan and Commissioning and Market Facilitation Plan action plan.

11.GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

No impact on GDPR or current data sharing agreements. Future data sharing requirements will require the development or amendment of agreements within the GDPR process.

12.RISK ASSESSMENT

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

13.PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Individual service engagement specification where necessary will be undertaken once new service models are identified.

14.CONCLUSIONS

This paper summarises the requirements and details the process and timeline to refresh the JSNA and produce the HSCP's Strategic and supporting Commissioning plan.

Significant process on the development of the Adult Strategic Commissioning plan was made prior to the Covid 19 pandemic. The work has correctly focussed on understanding the needs of our population in the form of a JSNA but this now

requires a refresh due to the changing landscape and impact of services and need following the pandemic.

This is a significant piece of work as it will detail the service requirement for the next 3 to 4 years. It will require council and NHS Highland Board input as well a full complement of staff within the Planning Team.

A route map/timetable has been developed to undertake this work and has been considered and agreed by the Strategic Planning Group to be recommended to the IJB for approval.

Reference has been made to the Childrens JSNA and a similar piece of work will require to be conducted to pick up where it was left and review in light of the consequences of the pandemic. The outcome of this will be presented at the next Strategic Planning Group.

Appendix 1 – Key Themes from Joint Strategic Needs Assessment January 2020 .

Part A – Current and future level of need 1. Demographic Profile		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to our Providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
1a) A decreasing population overall with a decrease in the working age population	- Decreasing pool from which to recruit workforce (number of adults of working age compared to number aged 75+ decreasing)	- Wider workforce includes those in the independent and third sectors, not directly employed by the HSCP - Staff vacancies - Pressure on staff with high staff absence rates - High proportion of staff close to retirement age with potential skills gaps as staff leave - Gaps in service provision in some areas - New GP contract with multiple roles within primary care - Legislative requirement to comply with Health and Social Care (Staffing) Scotland Act 2019	- Continued issues with staff recruitment and retention risking disruption to service continuity, gaps in service provision and gaps in specialist services - Challenges of affordable housing in some areas, affecting recruitment and retention (2d)	- Develop skilled workforce - Reduce workforce vacancies - Support to workforce in relation to health and wellbeing to reduce staff absences - Compliance with staffing legislation - Service continuity and planning around staffing changes e.g. retirement	Support Staff to continuously improve the information, support and care that they deliver	- Sustainability of workforce skills within key sectors within Argyll & Bute
	- The percentage of people volunteering, by age, is lower in those age 75+.	- Feedback suggests that the raised retirement age may discourage those aged 60+ from volunteering.	- The number of volunteers available to support community groups and organizations is likely to decrease. - May impact on support for unpaid carers (2f), social support for people (2d) and provision of transport (2a).	- Secure and supported third sector - Social support and respite	Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing	- Support to unpaid carers
1b) An increasing number of people aged 75+	- places a pressure on delivery of health and social care service due to increasing demand	- 83% of adult social care clients are aged 65 and over - Older people are more likely to be high-resource individuals for healthcare services. - Waiting times for services have increased - Rates of people over 65 years of with multiple emergency admissions lower than Scotland as a whole but highest in Oban and Lorn, Kintyre and Islay and Jura. - There is a gap in the JSNA in data from community services and around anticipatory care planning	- Continued increases in demand for health and social care services - Finite health and social care resources stretched to accommodate higher demand in older peoples services - Risk of continued increased waiting times for planned services - Impact across multiple other themes including remote and rural	- Promotion of self-management - Pre-ablement e.g. increasing strength and physical activity - Preventative measures e.g. flu vaccination - Anticipatory Care Planning to avoid unnecessary admissions - Reduction of waiting lists.	Promote health and wellbeing across all our communities and age groups Reduce the number of emergency admissions to hospital and minimise the time	- Promotion of health enabling and co-production - Hospital avoidance and prevention - Increasing care at home provision

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			geography (2a), social support for older people (2d) and provision of unpaid care (2f).		people are delayed in hospital	
1c) Natural population change	<ul style="list-style-type: none"> - Number of deaths projected to increase - Increased demand for end of life care and palliative care provision 	<ul style="list-style-type: none"> - Marie Curie are contracted to provide End of Life Care across Argyll and Bute - Feedback suggests limited information available around palliative care and need for further palliative care support for unpaid carers - The percentage of the last 6 months of life spent at home or in a community setting has been increasing. 	<ul style="list-style-type: none"> - Increasing demand on unpaid carers (2f) 	<ul style="list-style-type: none"> - Provide palliative care provision where needed - Provide support to unpaid carers around palliative carer 	<ul style="list-style-type: none"> - Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing - 	<ul style="list-style-type: none"> - Support to unpaid carers - A shift to digital technology and increase use in telecare and telehealth - Increasing care at home demands

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/transformational theme	
2a) Argyll and Bute has a significant remote and rural geography with island populations and	<ul style="list-style-type: none"> - 45% of small areas are in the 20% most access deprived in Scotland - The cost of living in remote rural areas is higher than in accessible and urban areas - Fuel poverty rates are high in Argyll and Bute. 	<ul style="list-style-type: none"> - 33 GP practices cover all areas; 11 GP practices had list sizes of under 1,000 people - A&B HSCP directly runs services where there is insufficient capacity in other sectors e.g. 4 GP practices, public dental services, day care services outside H&L, 6 Care Homes for older adults and Home Care 	<ul style="list-style-type: none"> - Increasing demand on travel with high numbers of older people (1b) and centralisation of services - Decreasing population adds to the fragility of 	<ul style="list-style-type: none"> - Provide services locally where possible - Maximise use of technology, where appropriate, to reduce travel - Ensure transport is not a barrier to accessing services where they are not local 	Efficiently and Effectively manage all resources to Best Value	<ul style="list-style-type: none"> - A shift to digital technology and increase use in telecare and telehealth - Accessing Transport

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/transformational theme	
remote small towns and rural areas	- Legislative requirements to comply with the Islands Act 2018	<ul style="list-style-type: none"> - services in Mid Argyll, Kintyre and across many of the islands. - 19 GP practices are prescribing practices, largely covering rural areas with no private pharmacies. - Community hospital provides GP led inpatient services - Lorn and Islands hospitals provides inpatient care within General Surgery, General Medicine, Anaesthetic and Oral Surgery - The Mid Argyll Community Hospital and Integrated Care Centre includes a general psychiatric inpatient ward - Most inpatient and outpatient specialties (for physical and mental health services) are provided via our patient pathway delivered by NHS Greater Glasgow and Clyde and therefore require significant travel to access - The number of inpatient episodes to NHS GGC has increased over the past ten years, with central provision of specialist care - Use of day case admissions has increased but is lower than in other parts of Scotland for some procedures - Argyll & Bute have introduced 'Near Me' for outpatient consultations via virtual technology in a limited selection of specialties in a small number of localities - The HSCP commissions transport for patients from various partners who report increasing demand for their services. - Feedback highlights the importance of service continuity and public desire to have and protect local services 	remote and rural areas (1a)			
2b) Deprivation and poverty	- Small areas within the most deprived in Scotland occur in urban areas and remote small towns in Argyll and Bute: Campbeltown,	- Scottish Government funding is being used to investigate how the central belt link working model can be developed across rural Argyll and Bute to help people access non-medical services	- Those living in deprivation have poorer health outcomes (3d) and are more likely to be	- Accessibility of services for those in hidden deprivation, particularly across remote and rural areas.	Support people to live fulfilling lives in their own homes	<ul style="list-style-type: none"> - Promotion of health enabling and co-production - Accessing Transport

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
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	<p>Dunoon, Helensburgh, Oban & Rothesay</p> <ul style="list-style-type: none"> - 80% of those income deprived do not live in the most deprived areas and deprivation within rural areas is likely to be hidden by the mixed socioeconomic status of small rural areas - Over 60% of the residents in Bute, Cowal and Kintyre live within areas within the most deprived in Argyll and Bute (compared to under 30% in other local areas). - Helensburgh has areas within both the most and least deprived in Scotland presenting a large inequality in this area - There is higher than average reliance on part-time and seasonal employment which may be unstable. 	<ul style="list-style-type: none"> - The HSCP has worked with other organisations on an Argyll and Bute anti-poverty strategy 	<p>trauma experienced (2e).</p>	<ul style="list-style-type: none"> - Support those income or employment deprived to maximise their income where appropriate e.g. signposting to welfare support. 	<p>Promote health and Wellbeing across all our communities and age groups</p>	
2c) Seasonal fluctuations in service demand	<ul style="list-style-type: none"> - High levels of seasonal tourism and high numbers of second homes impact on service demand in summer months - Increase in mortality in winter months aligned to national picture 	<ul style="list-style-type: none"> - A&E attendances are higher in summer months 	<ul style="list-style-type: none"> - Staffing continuity during peaks in demand - Additional factor in workforce planning (1a) 	<ul style="list-style-type: none"> - Continuity planning for seasonal variation in demands 	<p>Efficiently and effectively manage all resources to best value</p>	<ul style="list-style-type: none"> - Sustainability of workforce skills within key sectors within Argyll & Bute - Delivering Best Value
2d) Housing	<ul style="list-style-type: none"> - Older housing stock within Argyll and Bute with needs for adaptations 	<ul style="list-style-type: none"> - Use of community alarms and telecare services including daytime first responder service - Progressive housing models in Mull and Islay and Jura may reduce use of Care Homes and need for specialist adaptations. - The HSCP, via NHS and the local authority, funds Argyll and Bute Care 	<ul style="list-style-type: none"> - Increasing requirement for adapted housing as there are increased numbers of older people (1b) - 	<ul style="list-style-type: none"> - Housing adapted to meet the specialised needs of population living in the community - 	<p>Support people to live fulfilling lives in their own homes for as long as possible</p>	<ul style="list-style-type: none"> - A shift to digital technology and increase use in telecare and telehealth - Housing

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
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		<p>and Repair. Care and Repair provide housing support and an improvement service e.g. adaptations for people to live in their own homes.</p> <ul style="list-style-type: none"> - Waiting times for adaptation highest with social housing sector. - Housing contribution statement included within strategic plan. 				<ul style="list-style-type: none"> - Self-Directed Support
	<ul style="list-style-type: none"> - High numbers of second homes 	<ul style="list-style-type: none"> - Local pressure on affordable housing in some areas e.g. Oban - Housing contribution statement included within strategic plan. 	<ul style="list-style-type: none"> - Difficulty in workforce (1a) finding suitable housing in some areas. - 	<ul style="list-style-type: none"> - Partnership working to increase housing supply where needed. - Work to ensure availability of appropriate accommodation for staff 		
	<ul style="list-style-type: none"> - Projections for population 75+ years old and living alone is increasing - One in five individuals within Argyll and Bute currently live alone (21%, n=15,381) 	<ul style="list-style-type: none"> - The balance of care has shifted towards caring for people at home. - There has been a large reduction in the number of acute and psychiatric hospital beds available in Argyll and Bute over the past ten years as care has moved into the community - Increasing uptake of self-directed support. - Production of Housing and Health needs assessment and employment of Specialist housing Occupational Therapist 	<ul style="list-style-type: none"> - Increasing numbers of older people living alone (1b) - 	<ul style="list-style-type: none"> - Partnership working with housing services - Combat social isolation 		
	<ul style="list-style-type: none"> - An estimated 100 homeless applications a year have support needs 	<ul style="list-style-type: none"> - Although not HSCP contracts, Argyll and Bute Council housing also have contracts with other organisations which provide housing support to those who are vulnerable and are crucial to supporting health and wellbeing of those in need of these services - Day care services are provided to those with learning disability, mental health issue and/or physical disability within towns in Argyll and Bute - Supported living services (particularly for adults with learning disability, mental health issues or older adults with dementia - or brain injury) are commissioned from partner agencies (with an apparent gap in Islay and Jura) 	<ul style="list-style-type: none"> - Remote and rural geography provides a challenge to service provision (2a) 	<ul style="list-style-type: none"> - Potential to reduce homelessness in those with support needs - All services can signpost to housing support 		

Part A – Current and future level of need 2. Life Circumstances		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to providers
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2e) Life course effects of trauma experience	<ul style="list-style-type: none"> - Experience of (childhood) trauma is linked with poorer health and wellbeing outcomes in childhood and over the life course 	<ul style="list-style-type: none"> - The HSCP Health Improvement Team with partners has undertaken work raising awareness of Adverse Childhood Experiences (ACEs) and trauma sensitive approaches to routine inquiry 	<ul style="list-style-type: none"> - Those experiencing deprivation are more likely to have experienced trauma (2b) 	<ul style="list-style-type: none"> - Work to ensure all services inquire and respond to trauma in a compassionate and person centered manner and can signpost to specialist trauma support where required 	Promote health and wellbeing across all our communities and age groups	<ul style="list-style-type: none"> - Promotion of health enabling and co-production
2f) Unpaid Care	<ul style="list-style-type: none"> - People providing unpaid care may not always identify as doing so - Proportion of unpaid carers estimated to be highest in Bute, Cowal and Kintyre - 	<ul style="list-style-type: none"> - Carers centres in all areas receive HSCP funding - Initial local figures suggest that a disproportionate amount of familial carers are aged 65+ - Low numbers of registered unpaid carers in MAKI and Bute and Cowal - Survey data from Argyll and Bute on rates of unpaid carers who feel 'supported to continue in their caring role' are low 	<ul style="list-style-type: none"> - Decreasing availability of familial unpaid carers of working age (1a) and increasing number of older people (1b) - Less support given from within family with a resulting increase service demand 	<ul style="list-style-type: none"> - Identification of and support to unpaid carers to maintain wellbeing - 	Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing	<ul style="list-style-type: none"> - Support to unpaid carers
2g) Justice and police services	<ul style="list-style-type: none"> - Crime rates are low compared to Scotland as a whole but are highest in the most deprived areas. - Police time spent due to people with mental health conditions 	<ul style="list-style-type: none"> - Carr-Gomm are contracted to provide assistance to vulnerable people who come into contact with the police. - Feedback suggests need for out of hours support for those experiencing mental health crisis. - Justice social work reports are most likely to be for males rather than females, and for those who are unemployed. - The most common justice social work order is a community payback order. - An order in 2019 extended restrictions on short custodial sentences of < 12 months is likely to increase community sentencing 	<ul style="list-style-type: none"> - Likely increased need for health and social care support for more people with community sentences - Vulnerable people supported through day care in towns in Argyll and Bute (2d) and through mental health link clubs (3b) 	<ul style="list-style-type: none"> - Health and social care support for those within the justice system - Ensure there is support to prevent those who are vulnerable coming into contact with police - Crisis support out of hours of those with mental health conditions 	Reduce the number of emergency admissions to hospital and minimise the period that people are delayed in hospital	<ul style="list-style-type: none"> - Hospital avoidance and prevention

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
3a) Life expectancy	<ul style="list-style-type: none"> - Life expectancy for females is higher in Argyll and Bute than for Scotland as a whole - Life expectancy for males is similar to that of Scotland as a whole. - Scottish Life Expectancy is the lowest of UK Countries. - Increases in life expectancy have plateaued. Emerging evidence suggest this may be linked to austerity with those experiencing deprivation disproportionately affected. 	-	<ul style="list-style-type: none"> - Increased death rates with stalling life expectancy (1c) - Link to deprivation (2b) and inequalities (3d) 	<ul style="list-style-type: none"> - Income and employment maximisation e.g. sign-posting, link working and payment of living wage - Mitigation of impact of deprivation e.g. targeting services in areas of greater deprivation. 	- Promoting health and wellbeing across all our communities and age groups	- Promotion of health enabling and co-production
3b) Long term conditions	<ul style="list-style-type: none"> - Around 1/3 of adults are living with a limiting long term condition and rates are increasing - High prevalence of deaths and burden of disease due to cancers and circulatory disease - This is also high burden of disease due to low back and neck pain, depression, sensory conditions (e.g. deafness), migraine, anxiety disorders, Alzheimer's disease and other dementias and COPD - Over 300 people in Argyll and Bute have learning disability - Some conditions e.g. hypertension, dementia, type 2 diabetes, are 	<ul style="list-style-type: none"> - Prescribing costs have increased over time. - The highest number of potentially preventable bed days from Argyll and Bute residents are associated with COPD, heart failure, diabetes complications, 'influenza and pneumonia', cellulitis and 'convulsions and epilepsy' - Local variation in numbers of admissions for some long-term conditions e.g. COPD admissions in Kintyre. - SLAs are in place with NHS GGC for managed clinical networks (MCN) for stroke and for coronary heart disease (CHD) in Helensburgh and Lomond where services do not link with NHS Highland MCNs but to NHS GCC - Heartstart is funded to deliver training in CPR across Argyll and Bute. - X-PERT diabetes education is provided although a recent needs assessment identified insufficient 	<ul style="list-style-type: none"> - Likely to increase demand as rates increase with increase in numbers and proportion of older people (1b) - Supported living services are provided through partners (2d) - Need for transport services (2a) - Health literacy and engagement with public to identify conditions at earlier stages (5a) 	<ul style="list-style-type: none"> - Support to self-manage and access community support - Community-based support to prevent avoidable emergency admissions - Ensure equality of access to support services in all local areas, with transport as required. - Effective engagement with public 	<p>Promoting health and wellbeing across all our communities and age groups</p> <p>Reduce the number of emergency admissions to hospital and minimise the time that people are delayed in hospital</p>	<ul style="list-style-type: none"> - Promotion of health enabling and co-production - Self-Directed Care - A shift to digital technology and increase use in telecare and telehealth - Availability of Transport - Engaging with Communities

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
	known to be underdiagnosed	<p>capacity to deliver this across all areas of Argyll and Bute. Scottish Government non-core funding has been used to increase capacity to deliver diabetes education.</p> <ul style="list-style-type: none"> - An Argyll and Bute mental health strategy is under development. - 				
	-	<ul style="list-style-type: none"> - There is a SLA for provision of community mental health services by NHS GGC in Helensburgh and Lomond including community mental health services, primary mental health care, crisis support and dementia services. - Mental Health support groups/link clubs exist across Argyll and Bute with Kintyre Link Club receiving HSCP funding. - Lomond and Argyll Advocacy Services and Acumen are contracted to provide advocacy services. - Public Health services that target prevention of health and social conditions, and aim to improve health and wellbeing, can save Health and Social Care expenditure. - Health and Wellbeing Networks aim to promote health and wellbeing within communities. - Specialist support for Long Term Conditions, within the third sector, appears to be most concentrated in Helensburgh with organisations such as the MS centre in Lochgilphead, Lorn and Oban Health Options (LOHO) and Strachur Hub acting to support self-management of different long-term conditions. - As part of the recent living well strategy for people living with long-term conditions, organisations across Argyll and Bute have been invited to bid for up to £15,000 to support people in their local communities 	-	-		-

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
3c) Dementia and Frailty	<ul style="list-style-type: none"> - Numbers of people with dementia is likely to increase. - Frailty generally affects older people and is resource-intensive for health and social care. - Numbers of people with frailty is likely to increase. 	<ul style="list-style-type: none"> - Dementia support is contracted from Alzheimer’s Scotland with activities focused in Helensburgh and Oban. - There is a gap in Care Inspectorate registered day care support services for older people across MAKI and on the islands (with the exception of Bute). - There is ongoing dementia services redesign and reallocation of resources - Target not met on numbers of patients with early diagnosis & management of dementia - The most common adult social services client group is the frail elderly (1,780) - High use of ‘Triple whammy’ medications - High falls rates per 1,000 population aged 65+ and target not met - Longest waits for home care and highest days delayed in hospital in OLI and Mid Argyll - Home Care review completed. Variation in Care Home use across areas with high rates of use in Cowal - Hanover (Scotland) Housing Association Ltd are contracted to provide a telecare response service. A day-time first responder service is contracted to Carr-Gomm throughout Argyll and Bute which aims to prevent emergency admissions to hospital. 	<ul style="list-style-type: none"> - Likely to increase with increase in older population (1b) - Increasing numbers of unpaid carers (2f) - Challenges within social care workforce within OLI and Mid Argyll (1a) 	<ul style="list-style-type: none"> - Challenge variation in Care Home use across Argyll and Bute - Challenge variation in Home Care waits and delayed discharges - Increase early diagnosis of dementia - Implement redesign of dementia services - Support for those with dementia and their unpaid carers - Reduction of falls rates - Realistic use of medicine and interventions 	Support people to live fulfilling lives in their own homes for as long as possible	<ul style="list-style-type: none"> - Hospital avoidance and prevention
3d) Inequalities across the HSCP area	<ul style="list-style-type: none"> - Those living in the most deprived areas have poorer physical and mental health outcomes than those living in the least deprived areas within Argyll and Bute 	<ul style="list-style-type: none"> - Smoking cessation services currently targeted in deprived areas. - Alcohol Brief Interventions (ABI) target not being met - An SLA with NHS GGC provides screening services (e.g. newborn blood testing, bowel cancer screening) to people across Argyll and Bute - Bowel and Abdominal Aortic Aneurysm (AAA) Screening uptake is lower in deprived areas. Breast screening targets are not being met. - The Health Improvement Team (HIT) within public health commissions 8 	<ul style="list-style-type: none"> - Life expectancy increases have stalled (3a) - Deprivation across found in towns and more hidden in rural areas (2b) - Planned development of link working will take an inequalities 	<ul style="list-style-type: none"> - Consider whether services may be inadvertently increasing inequalities e.g. Use of Equality Impact Assessments - Use of proportionate universalism (targeting services to deprived communities of those experiencing deprivation) - Work with communities (including those 	Promote health and wellbeing across all our communities and age groups	<ul style="list-style-type: none"> • Promotion of health enabling and co-production

Part A – Current and future level of need 3. Health and Wellbeing status		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key Message to provider
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
		<p>people to coordinate 8 local health and wellbeing networks which work with communities and aim to improve health and wellbeing and reduce inequalities</p> <ul style="list-style-type: none"> - The HSCP has an updated approach to equality impact assessments implemented in 2019 - Staff training in Equalities and Human rights is compulsory for all staff 	sensitive approach (2b).	<p>experiencing deprivation) to coproduce services or interventions</p> <ul style="list-style-type: none"> - Ensure services are open to all populations within A&B HSCP including those with physical and mental health disabilities (e.g. deaf or hearing impaired, those with dementia, autism or mental illness) and all minority populations (e.g. those from non-white ethnic backgrounds and travelling communities) 		

Part A – Current and future level of need 4. Health behaviours and risk factors		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/transformational theme	
4a) Overall health related behaviours and risk factors	<ul style="list-style-type: none"> - Overall need to enable and support behaviour change across health behaviours and risks 	<ul style="list-style-type: none"> - Implementation of new self-management strategy - MAP of behaviour change training promoted by Health Improvement Team 	<ul style="list-style-type: none"> - Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d). - Also links with need to Public engagement (5a) 	<ul style="list-style-type: none"> - Role of all service contacts in promoting health behaviour change - Health psychology knowledge to support behaviour change - Health promotion activities within communities - Implementation of self-management strategy 	Promote health and wellbeing across all our communities and age groups	<ul style="list-style-type: none"> • Promotion of health enabling and co-production • Hospital avoidance and prevention • Target resources to deprived areas • Identify gaps in weight management service/diabetes prevalence
4b) Smoking	<ul style="list-style-type: none"> - Although the percentage of adults smoking in Argyll and Bute has decreased, it is still estimated that just under 20% of adults smoke, with higher rates at younger ages and in the most deprived areas. 	<ul style="list-style-type: none"> - Smoking cessation services are provided by pharmacies and specialist advisors targeted to the most deprived areas - Targets for smoking cessation are currently not met. 	<ul style="list-style-type: none"> - Smoking rates higher in more deprived areas (2b and 3d) 	<ul style="list-style-type: none"> - Meet smoking cessation targets for deprived areas 		
4c) Healthy diet, physical activity and healthy weight	<ul style="list-style-type: none"> - Around 30% of men and 40% of women in Scotland do not meet 2011 moderate/vigorous physical activity guidelines - Less than 25% of adults eat the recommended 5 or more portions of fruit and vegetables as day (rates are lower for NHS Highland than for Scotland as a whole) - An estimated 27% of adults are obese (BMI 30 or higher) in NHS Highland area. 	<ul style="list-style-type: none"> - Dieticians provide services to all areas of Argyll and Bute. - Dieticians provided tier 3 weight management services across Argyll and Bute with tier 4 services and bariatric surgery provided outside Argyll and Bute. - Scottish Government, non-core outcomes funding for adult healthy weight money is provided to the weight management dietitian to increase provision of tier 2 and tier 3 adult weight management services. - A recent needs assessments around type 2 diabetes identified gaps in tier 2 weight management services and further non-core funding has been used to increase provision. 	<ul style="list-style-type: none"> - If trends continue, rates of overweight and obesity will increase - Links to deprivation (2b) and inequalities in health (2d). 	<ul style="list-style-type: none"> - Equality of weight management services in all areas 		
4d) Substance misuse	<ul style="list-style-type: none"> - Over 20% of adults in Scotland are estimated to drink at hazardous/harmful levels. 	<ul style="list-style-type: none"> - Community-based addictions support is contracted via the Alcohol and Drug Partnership from Addaction - Targets for alcohol brief interventions (ABI) not met 	<ul style="list-style-type: none"> - Links to deprivation (2b), experience of trauma (2e) and 	<ul style="list-style-type: none"> - Trauma informed services - Meet ABI targets - Harm reduction 		

Part A – Current and future level of need 4. Health behaviours and risk factors		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Areas of focus	Part E – Key message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/transformational theme	
	<ul style="list-style-type: none"> - Rates of alcohol-related hospital stays are similar in Argyll and Bute than for Scotland as a whole. Scotland as a whole has higher rates of alcohol-related harm than other parts of the UK. - Hospital stays due to drug use in Argyll and Bute have increased in recent years and are more likely in the most deprived areas. 		<ul style="list-style-type: none"> - inequalities in health (3d) 			<ul style="list-style-type: none"> • Promotion of health enabling and co-production • Hospital avoidance and prevention
4e) Suicide	<ul style="list-style-type: none"> - There have been an average of 12 deaths per year due to probable suicide. 	<ul style="list-style-type: none"> - Suicide prevention training within frontline and Mental Health Services is a former target. - There is a gap in current information around this in the JSNA. 	<ul style="list-style-type: none"> - Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d) 	<ul style="list-style-type: none"> - All services should be suicide-aware, trained and confident. 	Promote health and wellbeing across all our communities and age groups	
4f) Sexual Health	<ul style="list-style-type: none"> - Sexually transmitted infections have increased in recent years in National reports 	<ul style="list-style-type: none"> - Business to business contracts for specialist sexual health services are held with three GP practices across Argyll and Bute where specialist staff are not otherwise available: Campbeltown Medical Practice, Lochgilphead Medical Centre and Lorn Medical centre. - Waverly Care are contracted to provide support services for those with HIV and other blood-borne viruses 	<ul style="list-style-type: none"> - Links to deprivation (2b), experience of trauma (2e) and inequalities in health (3d) - Provision of specialist services challenging across remote and rural areas (2a) 	<ul style="list-style-type: none"> - Ensure sexual health services accessible in all areas 		

5. Issues identified from Part B		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Area of focus	Part E – Key message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/transformational theme	
5a) Working with		<ul style="list-style-type: none"> - Feedback suggests a need to Improve engagement with the public 	<ul style="list-style-type: none"> - Needed to promote behaviour change 	<ul style="list-style-type: none"> - Clear engagement with the public around service provision 	Promote health and wellbeing across all	<ul style="list-style-type: none"> • Engaging with our communities

5. Issues identified from Part B		Part B – Current levels of supply of services	Part C – Future impact and potential requirements		Part D – Links to ABHSCP Strategic Area of focus	Part E – Key message to providers
Identified theme	Issues	Current supply of services (and issues identified)	Likely future impact and links to other themes	Summary of Potential Needs	Strategic area of focus/ transformational theme	
communities and ensuring they are engaged		<ul style="list-style-type: none"> - People express the importance of service continuity and public desire to have and protect local services 	<ul style="list-style-type: none"> (4a) and management of long term conditions (3c) - Link to service provision across remote rural areas (2a) 		our communities and age groups	