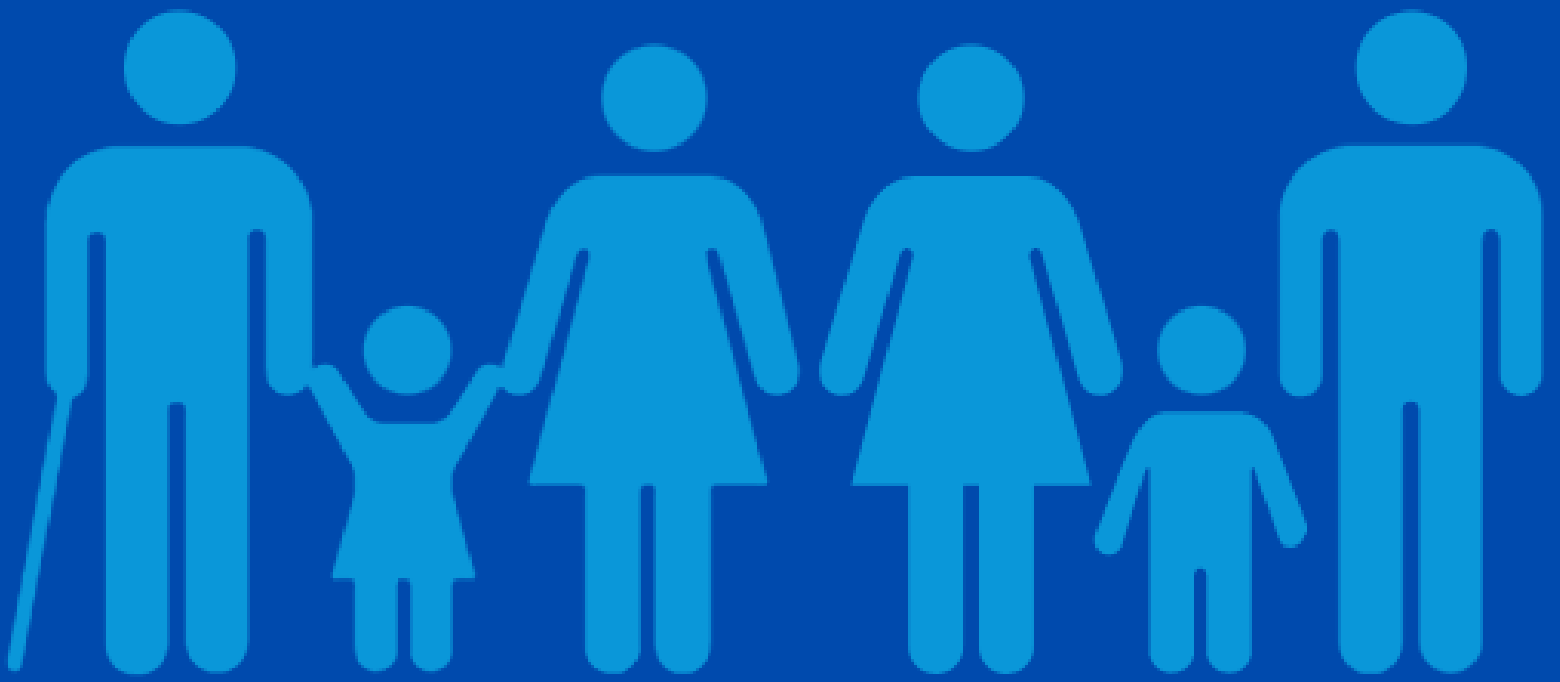
A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

2022 - 2023

ANNUAL PERFORMANCE REPORT



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Foreword

Argyll and Bute Health and Social Care Partnership has experienced another difficult year as we try to recover from the obvious challenges of the past few years.

This year the HSCP continued to struggle with workforce sustainability, reduced capacity in the community and backlogs in our waiting times to name just a few.

Despite this, the HSCP continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community along with the input of those with lived experiences of our services.

Our Staff, Partners, Carers and Volunteers continue to demonstrate the upmost dedication, hard work, resilience and commitment to our services. We continue to be thankful and grateful for everyone's efforts in these difficult times.

Sarah Compton-Bishop
Chair of Argyll & Bute Integration Joint Board

Fiona Davies
Chief Officer of Argyll & Bute HSCP

Introduction

Welcome to Argyll and Bute's Annual Performance report for the year 2021 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports and to provide progress on how we have improved and adapted, reshaping services which are fit for the future.

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

The Annual Performance report provides an opportunity to reflect on the past year. A year that was extremely challenging yet we were still able to celebrate achievements.

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

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Argyll & Bute Health & Social Care Partnership

Key Achievements

Children's Services

Priorities Year 1	Progress
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.
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board and reported to Strategic Group.
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.
Develop transformation aspirations for the Service.	Work is progressing to ensure more young people are involved in the CYPSP.
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. Work is progressing to ensure more young people are involved in the CYPSP.
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
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.

Child Protection

Priorities Year 1	**Progress**
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 Performance, Quality and Assurance (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 Children and Families and adult processes Joint session between Adult Protection Committee and Child Protection 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 Child Protection register.

Violence Against Women and Girls

Priorities Year 1	Progress
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.
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 Violence Against Women Forum.	This did take place and will be updated in 2023.

Adult Protection

Priorities Year 1	Progress
Meet the Improvement Plan targets arising from Inspection.	Progress made:- • We have introduced a trial of a new Chronology format to ensure standardisation and improve quality of chronologies. • We have encouraged in person participation in Adult Support and Protection (ASP) case conferences where appropriate and safe to do so. • Training has been developed to ensure appropriate use of trained second workers from Health and other disciplines. • Through the Council Officer Forum and ASP training we have ensured regular use of case studies and Significant Case Review (SCR) Findings. • 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. • 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.
Implement Code of Practice changes.	We have continued to implement Code of Practice revision sharing briefings on changes across the Partnership, including:- • Further detail on the 3 point criteria. • Clarification on capacity and consent. • Emphasis on duty to refer and co-operate in Inquiries. • Clarification regarding sharing expectations and the new section on chronologies. • Clarification of relationship between inquiries and investigations. • Further detail and clarification on visits and interviews.
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. 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.
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.

Community Justice

Priorities Year 1	**Progress**
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 1st 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.

Public Health

Priorities Year 1	Progress
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.
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 3rd sector staff.
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.	Public Health and partners (including Argyll and Bute HSCP, Argyll and Bute Council and 3rd 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).

	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.
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	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. 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. 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.	The Smoking Cessation team within Public Health continue to deliver a service across A&B that targets the 40% most deprived communities but is available to all residents. The targets set by Scottish Government for NHSH 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. The Public Health team supports the delivery of the local suicide prevention action plan working with the suicide prevention group.
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.

Right Care Right Time

Priorities Year 1	Progress
Unscheduled Care (USC) leadership post in place.	Recruitment of Programme Manager start date April 2023.
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.
Plan and progress spend on the recurring	A sub group has been established to oversee spend in

funding from Scottish Government.	relation to Key Performance Indicators, 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 services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	For year 2
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 unpaid carers?	Engagement on short breaks-looking for short break support at home.
What do communities want from HSCP community teams?	Limited engagement so far.
Agree model that assist us to move towards a National Care Service.	Partly related to Getting It Right For Everyone.

Adult Care –Older Adults/Adults and Hospitals

Priorities Year 1	**Progress**
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: • Care Homes and Housing • Palliative and End of Life Care • Care at Home • Right Care, Right Time • There have also been links to National areas of strategy • Strategy needs completed and consulted on.
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.
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 (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.
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 Short Life Working Group 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.

Learning Disabilities

Priorities Year 1	Progress
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 Learning Disabilities Day	Stage 1 of the Review and Redesign on Day Services now

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.	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.
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.
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.

Mental Health

Priorities Year 1	Progress
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 (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.
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.
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.
Inpatient services – addition of a consultant	This Consultant post has just become vacant and in the

psychiatrist for the inpatient unit 3 days per week. Recruitment of Registered Mental 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.	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 refurbed 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.

Primary Care

Priorities Year 1	Progress
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.
Develop an HSCP model for travel health and travel vaccinations.	Service Level Agreement 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
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.
Contribute to review of sustainable services on the island of Coll.	Ongoing

Dentistry

Priorities Year 1	Progress
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.
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.
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
Development of current services for Island communities and priority groups.	Discussion with General Dental Practitioner Islay regarding contracting to provide PDS careScoping Mobile dental service (limited provision) and in collaboration with Coll and Colonsay Communities. Tiree dentist and DHT visiting Coll regularly. Mull clinic remains extremely busy. Over 3000 patients registered. Long waiting list. Only service provider on the island15 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 NHSH North or GGC is only route for these patients.
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.
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.
Team building.	Regular team meetings and 1 to 1 meetings as standard. Senior Management Team to Mull for team building

	exercise
Standardising processes.	Single point of referral in final stages with Scottish Care Information (SCI) gateway Standard Operating Procedures.
Fixed term recruitment in Orthodontic services.	Unable to recruit. Accessing Consultant services on temp contract (weekends currently). Looking at agreement with NHSH North for permanent solution for weekday clinics.
Scoping of in-house development of SDO for Orthodontic services.	Senior Dental Officer development underway. Mentoring by Consultant in NHSH North
PAYs in establishment take to advert to increase staffing numbers.	Complete. Meeting with finance in 2 weeks to review.
Capital funding application for service improvements.	Capital funding applications being prepared Tiree, Mull, Mobile Dental equipment.
Co-located sites, increase communication with corporate bodies and GDP services.	Lines of communication open to facilitate good working relationships.

Alcohol and Drug Partnership (ADP)

Priorities Year 1	**Progress**
The ADP strategy.	The work of the ADP is informed by a strategy that covers the period of 2020-2023. The strategy has 4 pillars: 1. Prevention and early intervention 2. Developing recovery-oriented systems of care 3. Getting it right for everybody 4. Public health approach to justice 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. Planet Youth 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. S3 Drama "You Are Not Alone" 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. 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.
Initiate MAT standards.	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. In discussion with the MAT standards Implementation Support Team (MIST), partners produced a project specification document to initially implement MAT in Cowal & Bute. Dedicated co-located teams will work in partnership to provide appropriate and evidenced access to medication assisted treatment that promotes harm reduction and a whole person approach. The MAT steering and implementation groups continue to meet regularly to progress the implementation of the standards in Cowal and Bute. Learning from this will be used to scope roll out to other Argyll and Bute areas, a process which is supported by Public Health Scotland and Healthcare Improvement Scotland.
Increase access to residential rehab.	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. 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.
Develop a revised approach for children and young people's support.	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. 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. Work is ongoing to respond to the needs identified.
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.
Increase access to advocacy.	A partnership was established by the ADP involving Lomond & 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. 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. 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.
Work with criminal justice to create a continuation of shared care.	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. 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. 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.

Allied Health Professionals (AHP)

Priorities Year 1	Progress
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.
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 Occupational Therapy, Podiatry, Learning Disabilities and Paediatrics. No progress with work-based professional apprenticeships due to national issues. Increasing number of overseas recruits.

Carers

Priorities Year 1	Progress
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.
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.
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	In progress
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.
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
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an	In Progress

Engagement framework.	
We will work collaborative with Carers and Carer centres to create a Carer Pathways.	Completed
We will work to develop guidance to support carer visibility and involvement prior to hospital discharge.	Completed , Poster, Leaflets
Review and update of our Caring together strategic plan.	Delayed as awaiting the new National Carer Strategy.
Increase our involvement with education and raising Young carer Awareness.	Brought forward from year 2 completed.

Prevention Programme

Priorities Year 1	Progress
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.

Digital Health and Care Strategy

Priorities Year 1	Progress
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.
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.

Technology Enabled Care (TEC)

Priorities Year 1	Progress
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.
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 appointmens via Near Me, especially when these are to occur in Glasgow sites.

Coporate Services

Priorities Year 1	Progress
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.
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	Phase 1 of federation completed. Provides instant

Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed.
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.
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.

Performance Management and Governance

Introduction

This year has seen the move from the post-COVID remobilisation of services using the designated Framework for Clinical Prioritisation to focussing on the management and reduction of Long Waits and preparation for winter pressures. From October onwards health and social care services across Scotland experienced an extensive increase in the prevalence of Flu, Covid19 in addition to expected winter illness and system pressures.

As such the Scottish Government Health Department directed HSCPs to focus on additional actions and performance measures to look at the impact of additional funding and address these pressures. A National Response Group was established to monitor and drive improvement with regards to the reduction of Delay Discharge across Scotland to support the acute inpatient pressure and enhance flow patient through hospitals. Both HSCPs and Health Board were required to adopt five key action areas to address these pressures, alongside monitoring and reporting of additional performance measures to evidence impact and support progress.

The five areas of focus were:

1. **Delivering a different model of care for a short period, e.g. move to critical/life-saving care only and postponing planned activity.**
2. **Opening / procuring additional capacity in social care e.g. intermediate care beds.**
3. **Moving staff to areas of pressure across acute and community and care services.**
4. **Increased engagement with 3rd sector providers commissioning enhanced services to address unmet care need and prevent admission.**
5. **Lighter touch governance arrangements with regard to criteria for discharge and inspections**

Integrated Performance Management Framework (IPMF)

The focus for 2022 has been the development of the Integrated Performance Management Framework to ensure that the drivers for performance improvement are those that matters most to the service both operationally and strategically. The overall focus of the IPMF was to establish a collaborative performance framework that offered improved performance visibility across the HSCP and real ownership. This steps away from previous traditional management of performance and replaces the Pyramid Balanced Scorecard, the IPMF is scheduled to go-live in April 2023. The new governance arrangement will mean that future performance reporting will be scrutinised by the Clinical & Care Governance Committee

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

Key Performance Overview

This overview uses calendar year (Jan- Dec) for 2022, this ensures that there is data continuity linking previous and new reporting using full year data. Latest performance against the IJB Scorecard measures is presented at Appendix 1. **Note this is impacted by unavailability of data – we are awaiting advice from Public Health Scotland (PHS) on the publication and use of National Indicators reported within the Health and Wellbeing Outcome Indicators (HWBOI) and Core Suite data. PHS has confirmed 2022 update will not be available until Jun 2023 earliest. PHS also advise that Ministerial Steering Group data is impacted by Scottish Morbidity Record (hospital episode / admission records) completeness across a six month lag period, therefore any data reported within this lag period should be treated with caution**.

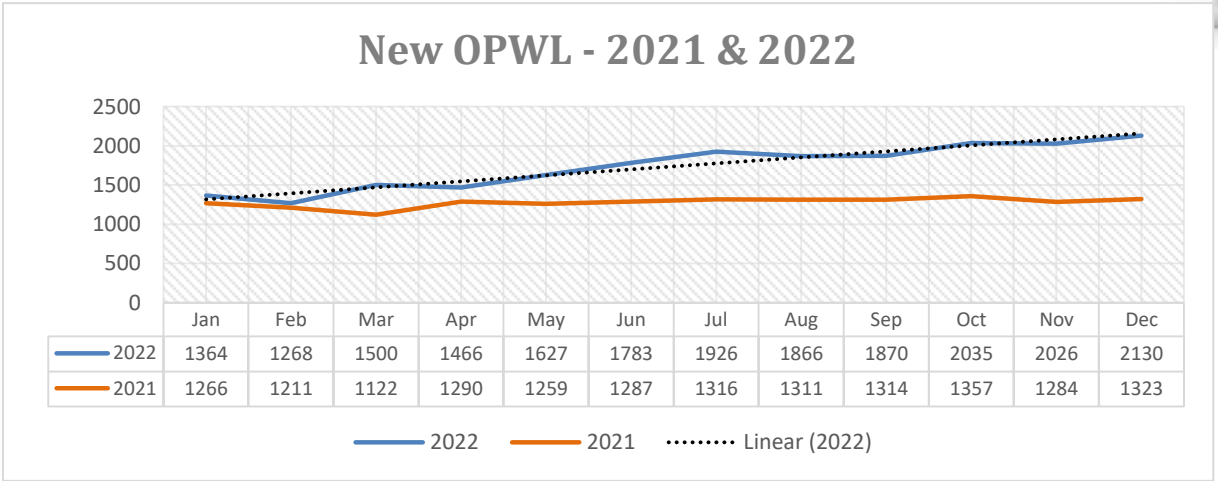
Benchmarking

Benchmark performance makes a comparison with the seven identified rural HSCP's and against the Scottish average. Performance across the 20 HWBOI, Argyll & Bute HSCP noted ** (**%) indicators performing above the Scottish average. Performance against the other HSCP's for these indicators notes that Argyll & Bute had an overall **% success rate (Appendix 2)

** **Note we are awaiting further advice from PHS on publication and use of National Indicators reported within the HWBOI and Core Suite data. PHS has confirmed 2022 update will not be available until Jun 2023 earliest.**

Waiting Times & Long Waits

On average the overall number of people on the Out Patients Waiting List (OPWL) has seen an increased by 36% across 2022 against previous years data. This is show in terms of a monthly increasing trend across the year, with the lowest recorded in February (n=1268) against a peak of (n=2130) for December

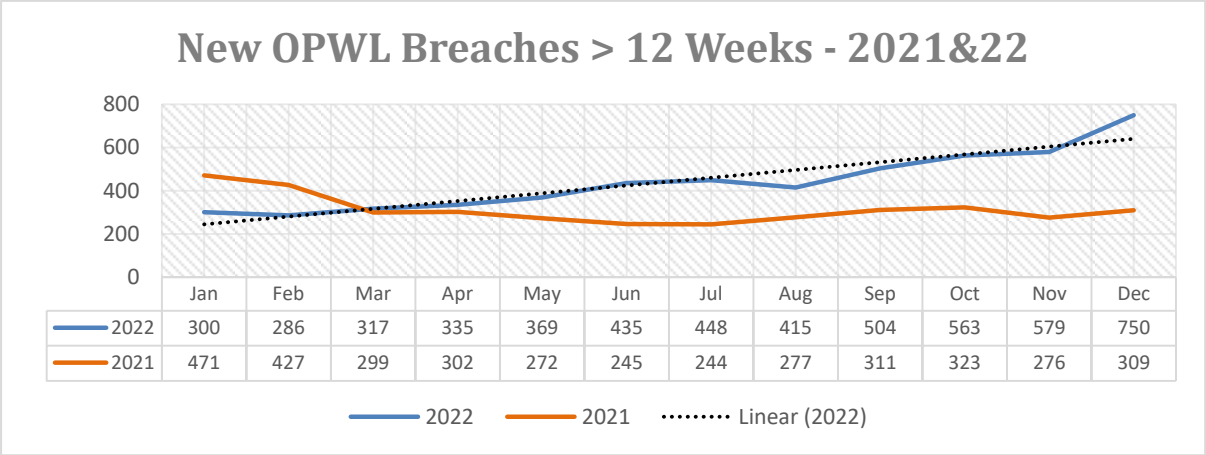


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	1364	1268	1500	1466	1627	1783	1926	1866	1870	2035	2026	2130
2021	1266	1211	1122	1290	1259	1287	1316	1311	1314	1357	1284	1323

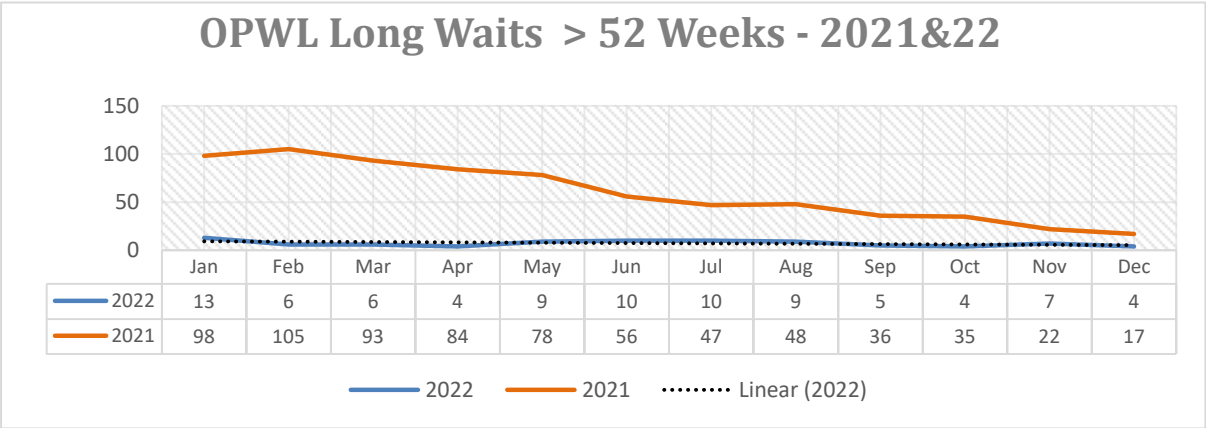
Across 2022 the overall number of people on the OPWL breaching beyond 12 weeks has increased by 150% for 2022 against previous years data. This is represented by monthly

increasing trend across the year, with the lowest recorded in February (n=286) against a peak of (n=750) for December.

The overall number of people on the OPWL Long Waits breaching beyond 52 weeks has decreased by 69% across 2022. This is reflected by a monthly decreasing trend across the year with a peak of (n=13) for January and the lowest recorded point in December (n=4).



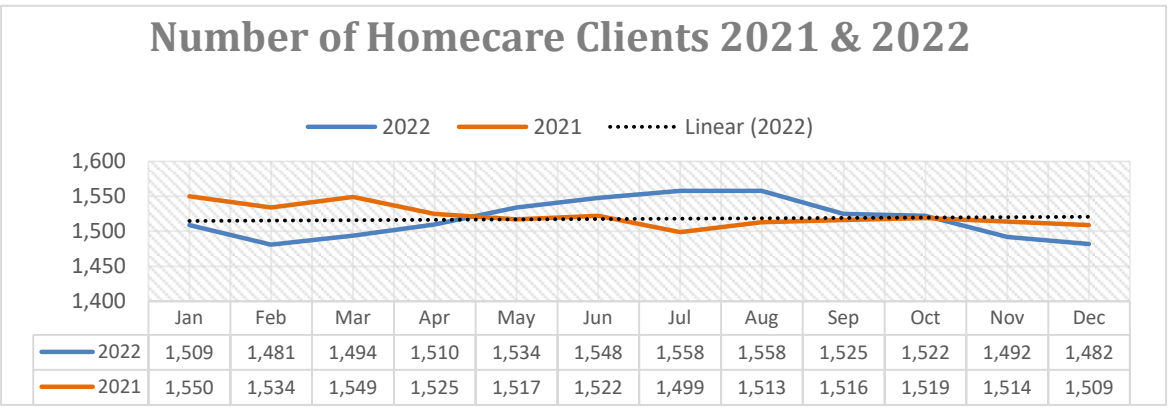
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	300	286	317	335	369	435	448	415	504	563	579	750
2021	471	427	299	302	272	245	244	277	311	323	276	309



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	13	6	6	4	9	10	10	9	5	4	7	4
2021	98	105	93	84	78	56	47	48	36	35	22	17

Homecare

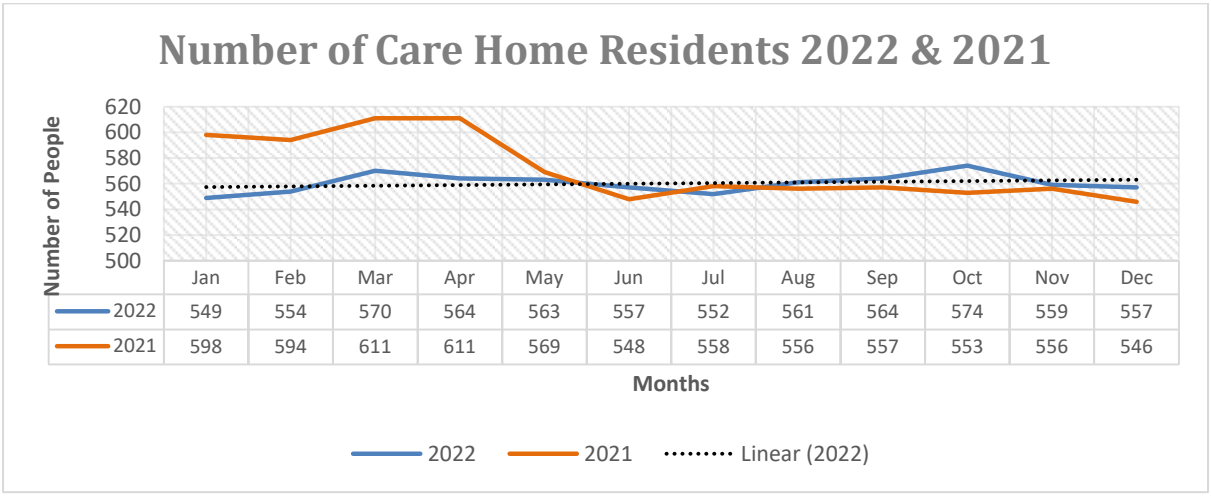
For 2022 there was a 2.7% increase across the year with regards to the total number of homecare hours against the previous year, this was offset with a slight reduction in the average number of homecare clients in receipt of a service. Peak months for the delivery of the homecare hours were March to July with a reducing trend from July (n=103,574) to November (n=95,841). Trend analysis for 2022 with regards to overall number of homecare clients in receipt of a service noted an increasing trend from February (n=1481) peaking in July & August (n=1588). From August there is a rapid decrease in the overall number dropping to (n=1482) in December.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	1,509	1,481	1,494	1,510	1,534	1,548	1,558	1,558	1,525	1,522	1,492	1,482
2021	1,550	1,534	1,549	1,525	1,517	1,522	1,499	1,513	1,516	1,519	1,514	1,509

Residential Care

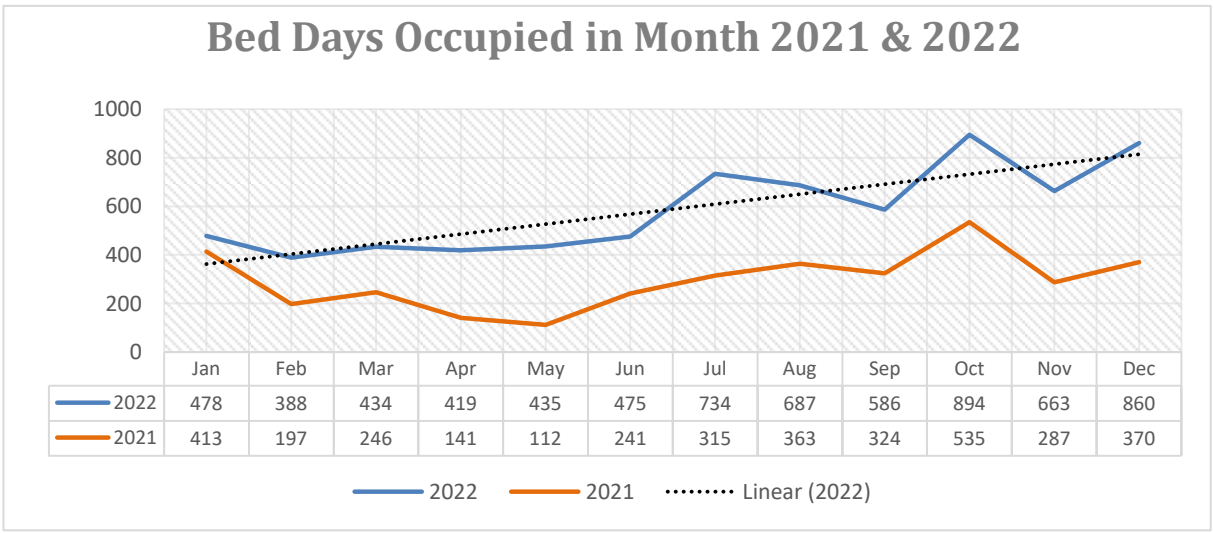
Performance with regards to the total number of people in residential care notes a relatively flat trend for 2022, with an overall 2% reduction in the total number of people in a care home against previous year performance. June to September suggests some potential seasonality in the data with this year and the previous year sharing a reducing trend across October to December



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	549	554	570	564	563	557	552	561	564	574	559	557
2021	598	594	611	611	569	548	558	556	557	553	556	546

Delayed Discharge

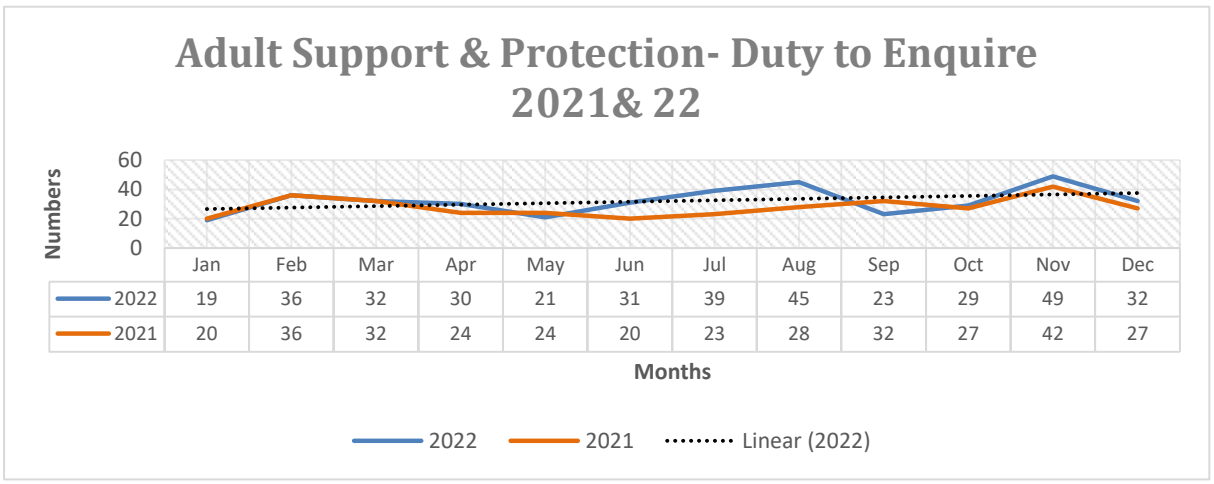
Delayed discharge performance for 2022 notes an increasing trend across the year with a 53% increase in the average number of delays when compared against data for 2021. Alongside this was a 66% increase in the average bed days occupied by those delays. Monthly performance noted seasonal increases in March, October and December, this pattern is replicated in the 2021 data. Statistically across each month the increase in bed days occupied was not directly attributable to an increase in the overall number of delays, peak months were July, October and December. May and June noted a small increase in the number of delays but with a significant increase in the time beds were occupied.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	478	388	434	419	435	475	734	687	586	894	663	860
2021	413	197	246	141	112	241	315	363	324	535	287	370

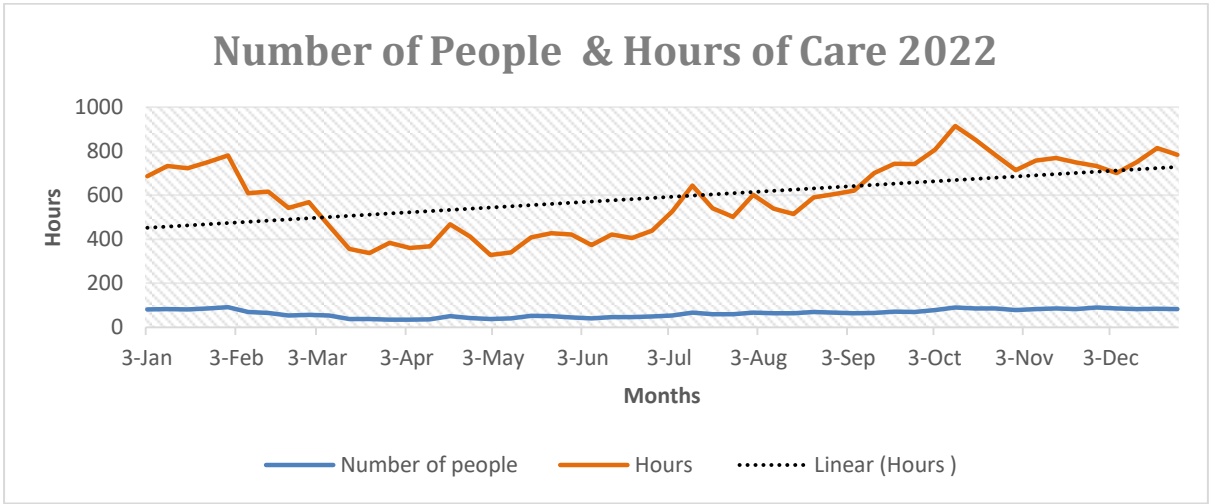
Adult Support & Protection

From the most part duty to enquire activity noted a very similar trend as the previous year, with a variance increase in 2022 from May to August. This increase in activity was recovered from September onwards with both years noting a slight decreasing trend for November to December. On average duty to enquire activity was reduced by 13% for 2022 as compared to 2021 and with regards to Investigation and Risk Assessments completed, notes a 5% increase for 2022 against the previous year.



Resilience in Care at Home (Unmet Need)

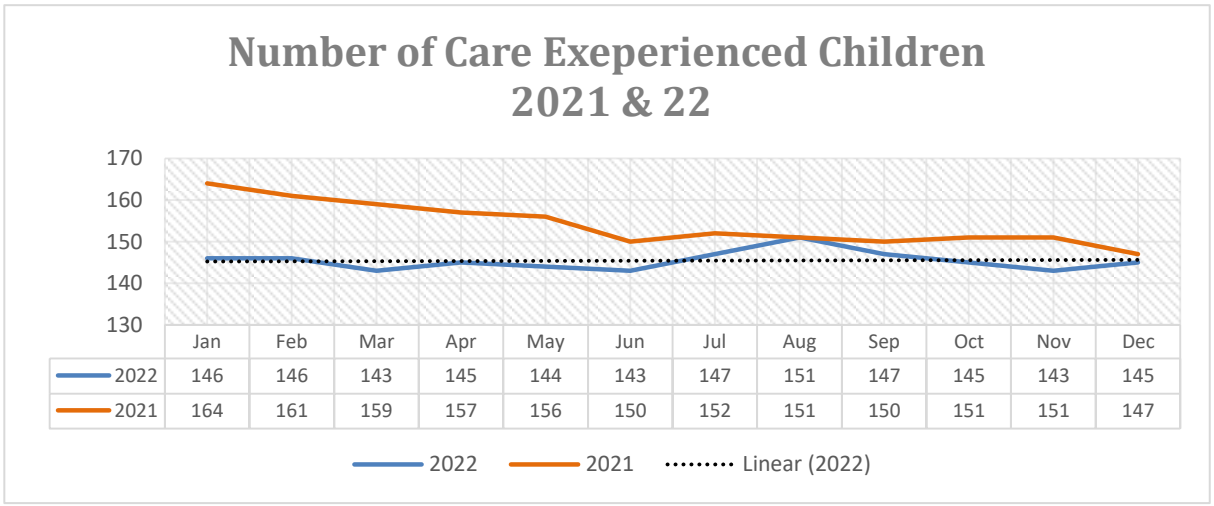
The reporting of unmet need commenced in August 2021 in line with a weekly requirement from the Scottish Government. Part of this return looks at the number of people waiting for a care package and the associated hours. Average data for 2022 across the number of people noted (n=64) for the year against an average of (n=591) hours. Comparison with the previous year 2021 is limited due to the part year data available. The trajectory for the number of people waiting noted a slightly increasing trend, however there is not a strong correlation with increasing weekly numbers of people and increases in associated care hours.



Children & Families

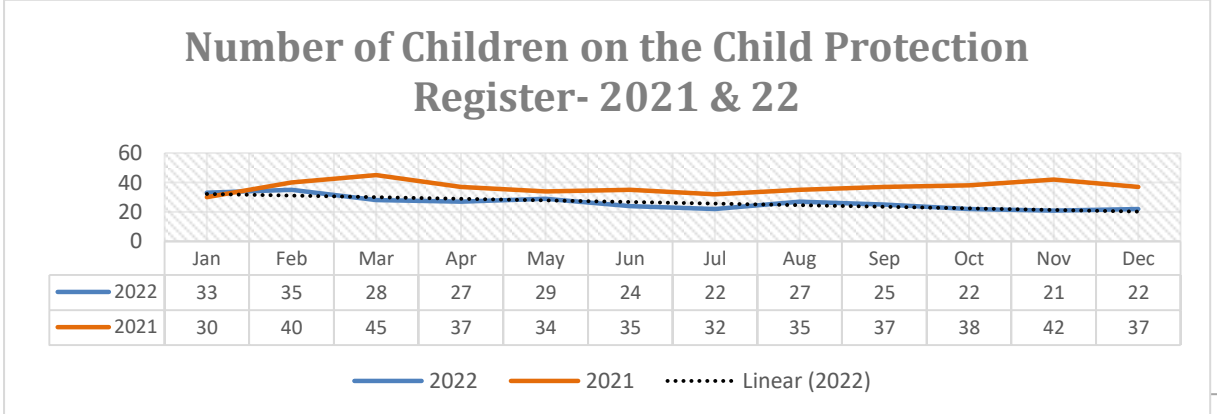
Overall numbers of assessments completed for 2022 noted a 7% reduction, with a relatively flat trend across the year. The data notes variance across the year and an erratic and reducing monthly trend from May onwards. There is a suggested impact of seasonality with regards to a reduction in activity across school holiday time, June and July.

With regards to the overall number of Care Experienced Children there was a 6% reduction for 2022 against the previous year average. Monthly trend analysis noted for 2022 an increasing overall trend from June onwards, peaking in August with a relatively flat performance up to and including December.



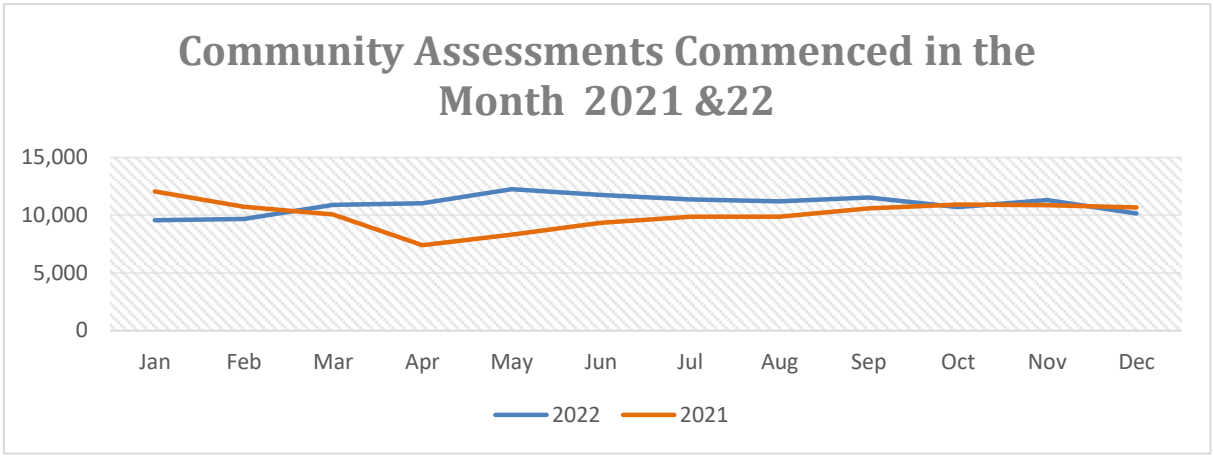
The numbers of children on the child protection register noted a decrease against previous year activity. The average for 2022 noted a 35% reduction against the data for 2021, with a drop in activity across June & July, suggestive of seasonality and potential impact of school holidays. The data identified four distinct periods of increased numbers of children on the register across the year February (n=35), March (n=28), May (n=29) and August (n=27), although general monthly numbers remain statistically low. February notes the highest number of children registered, against (n=21) in November.

Initial contacts data identified a reducing trend for 2022 against previous year, this equates to an overall reduction of 12% against 2021 data. The data for 2022 noted an erratic monthly trend with the most significant reduction in contacts from May (n=319) to (n=90) in December. This trend is in direct opposition to the previous increasing monthly trend for 2021 data.



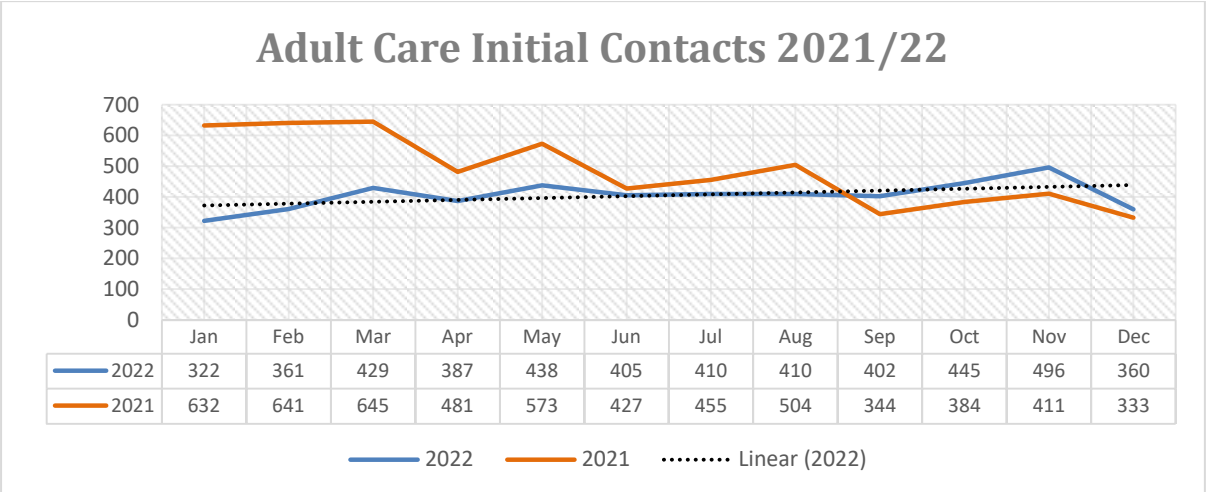
Community Health

The number of community assessments commenced in the month noted a gradual increasing trend for 2022, with an average overall yearly increase (8.5%) in the number of assessments commenced against data for 2021. Trends across the months highlighted the highest number of assessments were in May (n=12,251), this is a 1.4% increase against the highest recorded monthly number (n=12, 076) in 2021. Previous volatility in the monthly 2021 data is offset by a more stable baseline in 2022.



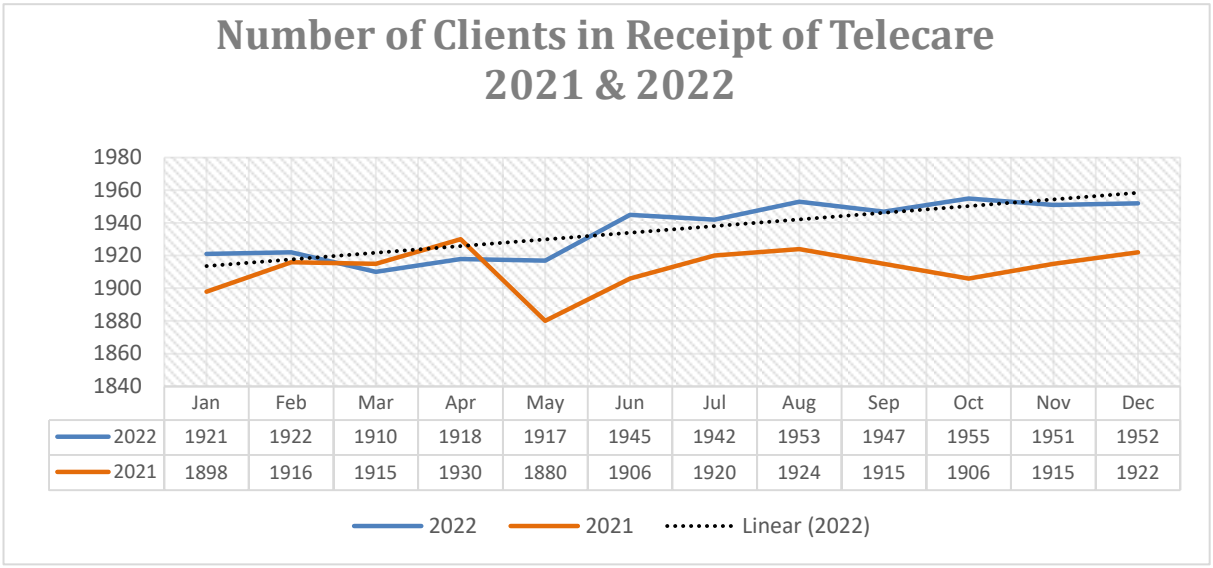
Adult Care

Adult care initial contacts noted an average reduction of 18% against data for 2021, this was countered by a general increasing monthly trend peaking in November (n=496) from a baseline of (n=322) in January. Trend analysis across both 2022 and 2021 noted more stability for 2022 against an erratic decreasing data trend of 2021. Conversion of initial contacts to assessments highlighted a 24% overall average reduction for 2022 against the previous year. The trend across the year was relatively flat in trajectory, peaking in March (n=263).



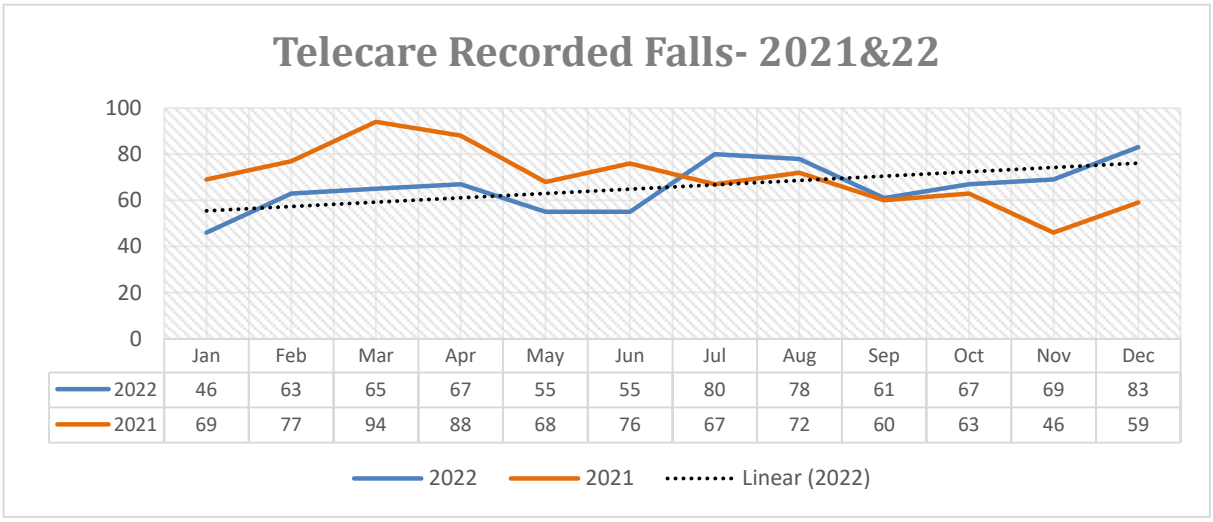
Technology Enabled Care & Falls

Telecare performance for 2022 noted a 1.5% increase against the previous year performance with regards to the actual number of clients in receipt of a service. From Jan- May the overall trend was flat, from June there was a sustained increase in numbers peaking at (n=1955) in October against (n=1906) for the same month in the previous year.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	1921	1922	1910	1918	1917	1945	1942	1953	1947	1955	1951	1952
2021	1898	1916	1915	1930	1880	1906	1920	1924	1915	1906	1915	1922

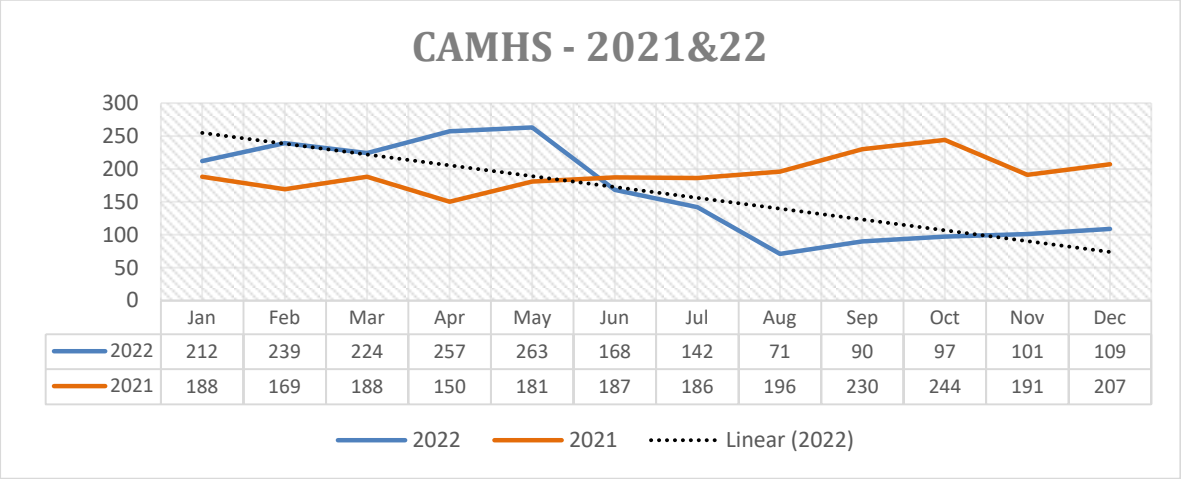
On average the overall number of falls recorded within the context of a Technology Enabled Care response reduced by 6% for 2022 against previous year data. The drop in overall reporting was against a monthly increasing trend across the year with the lowest recorded in January (n=46) against a peak of (n=83) for December.



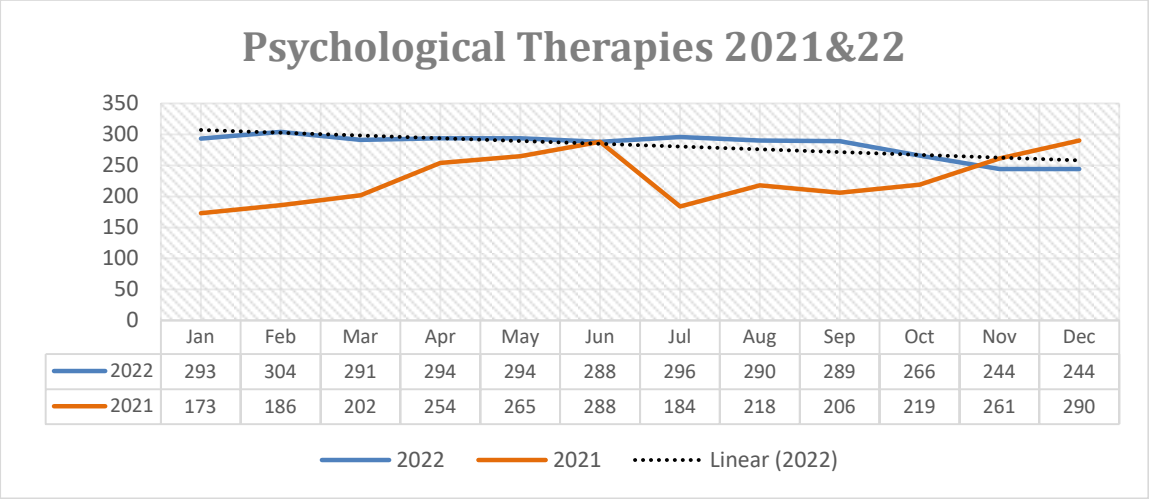
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	46	63	65	67	55	55	80	78	61	67	69	83
2021	69	77	94	88	68	76	67	72	60	63	46	59

Child & Adolescent Mental Health & Psychological Therapies

Whilst CAMHS performance for the year 2022 noted an overall reduction of 14% of people on the waiting list compared with 2021, there has been an increasing trend in the latter part of 2022, with months Sep-Dec reporting 53% increase against the August low point.



On average the overall number of children on the CAMHS waiting list fell by 14% for 2022 against previous year's data. The drop in overall reporting is against a monthly decreasing trend across the year with the lowest recorded in August (n=71) against a peak of (n=263) for May. This decrease reflects a period of systems data cleansing with a focus on legacy PMS system recorded waits.



On average the overall number of waits for Psychological Therapies rose by 19% for 2022 against previous years data. Overall reporting indicates a monthly decreasing trend across the year with the lowest recorded in December (n=244) against a peak of (n=304) for February

Winter & Systems Pressures

Since Jan 2023, Winter & Systems Pressures have been monitored in line with the SG Integrated Performance Framework focussing on Resilience in Adult Social Care, looking closer at patient flow through Urgent & Unscheduled Care, increased support for Interim Care Home Placements, and improving the rate of Discharges without Delay. Argyll and Bute's current performance in these areas is presented in Appendix 3.

Financial Performance and Best Value

Financial Performance

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

This section provides a summary of financial performance for 2022-23, our approach to ensuring that we deliver Best Value and outlines the future financial outlook and perceived risks.

Financial Performance 2022-23

The IJB set a balanced budget for 2022/23, and is delighted to be able to report an underspend against the resources made available to it during the year. This is an excellent outcome as it enables the HSCP to progress key Transformation projects and importantly helps it manage the financial challenges facing the health and social care sector in future years. It is acknowledged that a number of factors contributed to this improved position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government. It is also the case that the HSCP has continued to experience difficulties in recruiting staff during 2022/23 which has contributed to the positive financial position but has resulted in on-going service challenges.

The final revenue outturn for 2022/23 was an underspend of £9.1m against the resources available to the HSCP, which totalled £341m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2023/24 on service transformation and will enable to HSCP to cover its budget gap in 2023/24 from within its own resources. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	Actual £	Budget £	Variance £	Variance %
Social Work Services	89,184	92,740	3,556	3.8%
Health Services	242,496	242,497	5,542	2.2%
Grand Total	**331,680**	**340,778**	**9,098**	**2.7%**

The budget for 2022/23 included a savings target of £6.1m, of this target £4.2m or 68% of the savings programme was delivered. This mean there are a number of savings projects that the HSCP requires to deliver in 2023/24. It continues to manage its savings programme rigorously and is committed to service transformation and to ensuring the sustainability of the services it offers and its longer term financial sustainability. The HSCP has a new savings target of £6.8m for 2023/24, delivering this, as outlined in the Value for Money Strategy, is in addition to delivery of the £1.9m of savings not achieved in 2022/23. The HSCP has also identified a number of other Value for Money priorities within its strategy including work relating to the funding model for rural and island communities.

Financial Outlook, Risks and Plans for the Future

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

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally, robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services. A further key risk is in respect of the increased numbers of people who are awaiting diagnosis and treatment.

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

Best Value

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

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

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

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the 8 best value themes is given overleaf:

8 BEST VALUE THEMES

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the new Strategic Plan and the new Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB. The IJB has also approved its Savings Plan and Value for Money Strategy.

Governance and Accountability

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

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. Improving financial management and governance has been a priority for a number of years, and this has contributed to the much improved financial position of the HSCP.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with key service providers. This has continued throughout the year and illustrates the ethos of partnership working. Further examples of effective partnership working during 2022/23 were the successful conclusion of the project to purchase the Kintyre Care Home, the outcomes of the Coll Collaborative Group and the re-establishment of our locality planning groups.

Community Responsiveness

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

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. It aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability

The Covid-19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel, for both staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. Other developments such as a project to trial the use of drones for transporting items such as laboratory samples from islands and remote areas and the electrification of the fleet are first steps in delivering upon carbon reduction targets. The HSCP is also working to secure funding to improve its carbon footprint.

Performance, Outcomes & Improvement

Reporting on performance has continued during the last year and a new Performance Management framework is now in place. The HSCP is working to re-mobilise services, increase activity to pre-pandemic levels and address the backlog of treatment and diagnosis. This is a national priority across the NHS in particular. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is implemented. A key priority towards the end of 2022/23 was to manage down delayed discharges from the acute sector, Argyll and Bute HSCP consistently performed well throughout the year.

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Email Contact

nhsh.strategicplanning@nhs.scot

Websites

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

About Argyll & Bute (scot.nhs.uk)

Twitter

https://twitter.com/abhscp

Facebook

https://www.facebook.com/abhscp

Appendices

Appendix 1 IJB Scorecard

(Note comments re availability of NI Indicators for 2022 and MSG completeness)

IJB Perfomance Scorecard for Annual Performance Report						
Outcome 1 - People are able to improve their health	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-1 - % of adults able to look after their health very well or quite well	93.0%	93.0%	93.2%	90.8%	90.8%	90.9%
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	76.0%	76.0%	72.5%	66.9%	66.9%	70.60%
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	72.0%	72.0%	73.7%	66.0%	66.0%	66.40%
NI-16 - Falls rate per 1,000 population aged 65+	26.0	23.0	25.3	27.8	27.8	23
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages		45.7%	45.6%	43.2%	41.2%	31.0%
NI-13 - Emergency Admissions bed day rate	108883	109,759	94,863	104,253	104,253	109,429
Outcome 2 - People are able to live in the community	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
*MSG 1.1 - Number of emergency admissions - A&B	9,003	9,111	7,563	8,343	*8,396*	8,509
*MSG 2.1 - Number of unplanned bed days acute specialties - A&B	67,060	66,706	55,378	65,475	*71,325*	57,139
*MSG 2.2 - Number of unplanned bed days MH specialties - A&B	14,623	12,676	12,732	9,868	*9,306*	15,896
*MSG 3.1 - Number of A&E attendances - A&B	16,912	17,784	12,671	17,114	*20,283*	16,960
*MSG 6.1 - % of 65+ population at Home (unsupported) - A&B	8.0%	7.9%	7.9%	7.5%	*7.5%*	8.1%
A&B - % of LAC who are looked after at home or in a community setting		82.4%	80.6%	83.6%	87.0%	90.0%
Outcome 3 - People have positive service-user experiences	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-2 - % of adults supported at home who agree they are supported to live as independently	79.0%	79.0%	79.9%	75.0%	75.0%	78.8%
NI-5 - % of adults receiving any care or support who rate it as excellent or good	80.0%	85.0%	78.3%	68.6%	68.6%	75.3%
NI-6 - % of people with positive experience of their GP practice	85.0%	85.0%	84.5%	77.6%	77.6%	66.5%
*MSG 3.2 - % A&E attendances seen within 4 hours - A&B	93.4%	91.7%	93.1%	88.9%	*83.3%*	95.0%
CA72 - % LAAC >1yr with a plan for permanence	65.0%	85.2%	65.4%	67.1%	95.2%	81.0%
Outcome 4 - Services are centred on quality of life	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	74.0%	74.0%	76.50%	76.7%	76.7%	78.10%
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,678	11,353	10,790	11960	11960	11,636
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	87.0	76.0	91.0	91.0	91.0	110
*MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.8%	92.40%	90.8%	*90.8%*	90.0 %
A&B - % of Waiting Time breaching >12 weeks		21.0%	38.0%	22.0%	37.0%	25.0%

Outcome 5 - Services reduce health inequalities	2018/19	2019 Calendar Year	2020 Calendar Year	2021 Calendar Year	2022 Calendar Year	Target 2022
NI-11 - Rate of premature mortality per 100,000 population	393	403	398	386	386	465
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	86.0%	84.1%	87.1%	80.0%	80.0%	75.8%
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	640	540	346	584	584	761
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	91.0%	92.5%	100.0%	80.0%	84.6%	90.0%
AC21 <=3 weeks wait between SM referral & 1st treatment	90.5%	91.3%	84.9%	80.0%	75.0%	90.0%
Outcome 6 - Unpaid carers are supported	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-8 - % of carers who feel supported to continue in their caring role	33.0%	33.0%	35.0%	38.0%	38.0%	29.7%
Outcome 7 - Service users are safe from harm	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-9 - % of adults supported at home who agree they felt safe	83.0%	83.0%	78.7%	76.4%	76.4%	79.7%
CP16 - % of Children on CPR with a completed CP plan	91.0%	89.0%	99.0%	99.0%	95.0%	100 %
CP43 - No of Child Protection Repeat Registrations - 18 months		0	0	0.0%	0.0%	0
CJ63 - % CPO cases seen without delay - 5 days	84.8%	95.6%	95.3%	85.3%	59.5%	80.0%
A&B - % of Adult Protection referrals completed within 5 days		45.8 %	39.50%	32.9%	20.0%	80.0%
A&B - % of Adult Protection referrals that lead to AP Investigation		12.5%	39.5%	11.0%	5.0%	10.0%
A&B - % of complaints [Stage 2] responded within timescale		25.0%	56.5%	73.0%	50.0%	20.0%
Outcome 8 - Health and social care workers are supported	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71.0%	71.0%	70.0%	70.0%	70.0%	67.0%
SW only - HSCP Attendance	5.20	5.23	4.86	5.9	4.83	3.78 Days
Outcome 9 - Resources are used effectively in the provision of health and social care services	**2018/19**	**2019 Calendar Year**	**2020 Calendar Year**	**2021 Calendar Year**	**2022 Calendar Year**	**Target 2022**
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	90.0%	91.0%	92.9%	91.3%	91.3%	90.1%
NI-18 - % of adults with intensive needs receiving care at home	67.0%	68.0%	72.3%	71.9%	71.9%	64.9%
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	22.0%	22.0%	19.2%	22.5%	22.5%	24.2%
*MSG 4.1 - Number of DD bed days occupied - A&B	9,530	8,237	5,338	7,006	*11,083*	8,604

Appendix 2 HWBOI's/ Benchmarking

(Note comments in relation to PHS advice on National Indicators unavailable until Jun 2023)

Core Suite of National Integration Indicators for Annual Performance Report										
Indicator	**Title**	**Argyll & Bute**	**HSCP A**	**HSCP B**	**HSCP C**	**HSCP D**	**HSCP E**	**HSCP F**	**HSCP G**	**Scotland**
NI - 1	Percentage of adults able to look after their health very well or quite well	**90.8%**	92.4%	92.6%	92.4%	92.1%	92.7%	93.4%	91.7%	**90.9%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	**75.0%**	72.6%	72.1%	86.5%	73.4%	79.3%	73.1%	72.5%	**78.8%**
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	**66.9%**	76.8%	60.6%	72.1%	70.5%	70.2%	63.4%	64.3%	**70.6%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	**66.0%**	78.5%	54.1%	71.9%	64.5%	62.2%	59.3%	61.7%	**66.4%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	**68.6%**	79.5%	70.3%	83.0%	78.6%	68.1%	73.9%	67.8%	**75.3%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	**77.6%**	69.8%	64.8%	77.2%	62.0%	60.0%	65.9%	67.3%	**66.5%**
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	**76.7%**	81.7%	63.1%	84.3%	80.6%	73.3%	70.5%	79.2%	**78.1%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	**38.0%**	29.5%	30.8%	28.7%	27.4%	31.6%	29.4%	25.6%	**29.7%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	**76.4%**	84.9%	69.5%	86.0%	78.8%	72.1%	77.3%	75.3%	**79.7%**
NI - 11	Premature mortality rate per 100,000 persons	**386**	419	375	407	407	401	348	408	**465**
NI - 12	Emergency admission rate (per 100,000 population)	**11,960**	10,460	10,789	9,997	11,861	9,381	10,577	12,564	**11,636**
NI - 13	Emergency bed day rate (per 100,000 population)	**104,253**	92,375	112,745	106,529	105,914	83,298	121,675	95,726	**109,429**
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	**91**	114	110	113	111	87	102	138	**110**
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	**91.3%**	92.5%	87.5%	91.5%	88.5%	92.3%	88.2%	90.1%	**90.1%**
NI - 16	Falls rate per 1,000 population aged 65+	**27.8**	24.2	23.7	14.5	26.5	19.0	18.9	23.1	**23.0**
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	**80.0%**	75.7%	77.1%	80.3%	78.0%	80.0%	77.9%	87.0%	**75.8%**
NI - 18	Percentage of adults with intensive care needs receiving care at home	**71.9%**	60.8%	63.4%	56.6%	63.8%	64.5%	57.5%	71.2%	**64.9%**
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	**584**	226	159	1,051	520	776	1,009	761	**761**
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	**22.5%**	23.2%	23.0%	23.1%	23.3%	21.3%	20.4%	23.2%	**24.2%**

Appendix 3 Winter & Systems Pressures Performance

Argyll and Bute SYSTEMS PRESSURES REPORT – Mar 2023 Update						
Key Metric	**Dec 22**	**Jan 23**	**Feb 23**	**Latest**	**Trend**	**Analysis**
Overall Emergency Admissions to A&E (LIH)	711	645	595	228*		LIH - A&E New and unplanned during the month *Latest – Month to date to 08 Mar
Hospital Stays – bed occupancy Hospital Stays – bed occupancy %	90 71%	107 84%	87 68%	99 75%		Bed occupancy as at month end. Latest @ 08 Mar. Slight increase
DWD – Inpatients with Planned Date of Discharge (PDD) Breaches Number of Inpatients with PDD recorded	-	68.5% 108	52.8% 125	69.7% 119		IP & DwD Weekly data latest available. Minimal increase @08 Mar
DWD - Inpatients Discharged without Delay DWD- Inpatients discharged from Delay DWD – Inpatients added to Delays	-	93 8 7	88 9 5	93 2 10		IP & DwD Weekly data latest available. Increased volume of DwD, but offset as increase in numbers added to DD. @08 Mar
Delayed Discharges – Total Delays Delayed Discharges – Total Bed Days Lost	45 1714	47 1663	35 1613	31 1041		As at monthly census point – latest @ 08 Mar . Decrease in DD and Bed Days
Interim Care Home Placements Interim Care Home Placements > 6 weeks	-	15 (60%)	16 (43.8%)	16 (43.8%)		IP & DwD Month end - latest available @ 08 Mar. No change
Care Home – Bed Occupancy Care Home Beds Available	81% 33	81% 33	82% 31	-		Reported position closest to month end. Minimal change @ 06 Mar
Unmet Need – People Assessed and Waiting Unmet Need – hours of care	84 814	70 716	63 639	54 563		As at month end, latest as at reported week @ 06 Mar, Overall trajectory reports reduction in people and hours