



Year One Progress Report

Joint Strategic Plan 2022-2025

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER,
HEALTHIER INDEPENDENT LIVES



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RAG Status;

Red	High Risk Profile
<ul style="list-style-type: none">•Project plan off task and mitigation has been unsuccessful•Requires Senior Management Intervention	
Amber	Medium Risk Profile
<ul style="list-style-type: none">•Some slippage but expected to complete•Mitigation is needed to bring on task•Some milestones have been	
Green	Low Risk Profile
<ul style="list-style-type: none">•Project Plan on Task•Expected to Complete•No escalation to Board	

Children's Services

Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to deliver on the Children and Young Peoples Service Plan (CYPSP).	The Children and Young Peoples Service Plan work continues, the new Plan for 2023 – 26 is currently being progressed.	No	
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board and reported to Strategic Group.	Yes	
Continue to monitor and evaluate progress in all our service plans.	Progress is monitored and evaluated annually, updated are reported and send to Scottish Government.	No	
Develop transformation aspirations for the Service.	Work is progressing to ensure more young people are involved in the CYPSP.	No	
Develop programme of change in relation to the Children's Promise Change programme.	The Promise is an ambitious 10 yr national transformational change programme for Scotland's Care system. Local actions embedded in Corporate Parenting Plan and CYPSP.	Yes	
Continue to engage with Children and staff on transformation agenda.	We have established 7 locality care experienced participation forums which meet regularly.	Yes	
	Work is progressing to ensure more young people are involved in the CYPSP.	No	
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	A meeting took place to discuss this but it was decided to delay update in order to align the plan with the Community Justice Plan. Update will take place in 2023.	Yes	
Continue to act as a conduit for information and resources on Equally Safe / Train/ National initiatives for managers and staff.	This has been taking place and will continue to do so.	Yes	
Develop project plan for Transforming Responses to Violence against Women and Girls Project.	Plan was developed and will be updated in 2023.	Yes	

Engagement activities taken place 2022/2023

We have established 7 locality care experienced participation forums which meet regularly.

The development of the 2023 -26 CYPSP has involved engaging and working with young people. The new Plan will have an animated version designed by young people.

Challenges or barriers which impacted on meeting your priorities for year one.

In Children's Services there are a number of statutory plans and reports which we are required to produce, many for Scottish Government. It could be argued that the CYPSP which is reported to the Community Planning Partnership is the primary plan for all agencies. It is dated 2023-26 and is out of kilter with this plan 2022-26. The potential and obvious duplication is 'clunky'. Multiple reporting is time consuming particularly overlapping reporting.

It is clear from the goals and feedback that Children's Services have a model of delivery which is fundamentally integrated and reliant on multi-agency approaches. Clearly meeting goals is also reliant on others and it is a challenge to report on HSCP services in isolation to partners work.

Priorities Year 2	Additional Information
Implement 2nd Year Actions from Children Promise Change Programme.	The Promise is an ambitious 10 year national transformational change programme for Scotland's Care system. Local actions embedded in Corporate Parenting Plan and CYPSP.
Deliver on the project outcomes for transforming responses to Violence against Women and Girls.	Should remain as it is.
Continue to deliver on the Corporate Parenting Plan.	On track and progress monitored by Corporate Parenting Board and reported to Strategic Group.
Develop programme of change in relation to the Children's Promise Change programme.	The Promise is an ambitious 10 yr national transformational change programme for Scotland's Care system. Local actions embedded in Corporate Parenting Plan and CYPSP.
Continue to engage with Children and staff on transformation agenda.	We have established 7 locality care experienced participation forums which meet regularly.
Evaluate the outcomes of the 2018-2021 Argyll and Bute Equally Safe Implementation Plan.	A meeting took place to discuss this but it was decided to delay update in order to align the plan with the Community Justice Plan. Update will take place in 2023.
Continue to act as a conduit for information and resources on Equally Safe / Train/ National initiatives for managers and staff.	This has been taking place and will continue to do so.
Develop project plan for Transforming Responses to Violence against Women and Girls Project.	Plan was developed and will be updated in 2023

Child Poverty

Priorities Year 1	Progress	Carried over to year 2	R A G
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	Child Poverty Action Group has continued to meet and monitor and tackle the three drivers of poverty.	Yes	
Look at impacts of Covid-19 and EU exit; consider what actions are required by the Child Poverty Action Group and its members to address these.	This has been done and necessary measures taken by our members; for example extending the Flexible Food Fund and ensuring best coverage by advice services.	Yes	
Produce a formal communications and engagement plan.	A Communications and Engagement Group has been formed and there is a draft communications and engagement plan that is being worked on.	Yes	
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has taken place and is ongoing. There was also the delivery of a wide range of other training events for staff designed to improve awareness and service delivery.	Yes	
Review the Child Poverty Action Plan and assess progress on key areas of work.	The plan was reviewed and published in 2022. Reporting duties were met and the report outlined key areas of work.	Yes	
Begin to develop a Data Base to improve monitoring and focus of resources locally.	Data has been collated for the plan and other purposes. A new data collection and analysis system "Power BI" is now being developed and will greatly improve our ability to recognise areas of local need.	Yes	

Engagement activities taken place 2022/2023

In 2022 it was felt to be very important to engage / co-produce with young people on the action plan. Groups of young people were asked to give their views and ideas on the creation of a graphic / child friendly version of the plan. Groups included young carers, care experienced young people and school students. Their ideas were used in terms of things like graphics, fonts and colours in the creation of a "Plan on a Page." Outcomes were fed back and the plan is being widely used to raise awareness of child poverty and Argyll and Bute's plan.

Challenges or barriers which impacted on meeting your priorities for year one.

The level of need due to the impacts of covid-19, EU-exit and the cost of living crisis. A lack of adequate resources to meet the high level of need; for example the demands on advice services and organisations like Allenergy and the Food Forum have greatly increased. Staff shortages for member organisations and the need to make budget cuts have also been issues.

Priorities Year 2	Additional Information
Further develop the role and purpose of the Child Poverty Action Group and consider resource issues.	Should remain
Begin to roll out Poverty Awareness Training to staff.	Poverty Awareness Training has been delivered. We will review training needs and what resources are there to meet it.
Establish Data Base and begin to use it to improve the work of the Child Poverty Action Group and services locally.	Should Remain
Review the Child Poverty Action Plan and consider what is required to meet the Scot. Gov. Child poverty reduction targets in 2023.	Should Remain

Use Communications and Engagement Plan to improve community engagement with child poverty work in Argyll and Bute.	Should Remain
Child Poverty Action Group to continue to meet and develop actions to tackle the three drivers of child poverty.	Child Poverty Action Group has continued to meet and monitor and tackle the three drivers of poverty.
Look at impacts of Covid-19 and EU exit; consider what actions are required by the Child Poverty Action Group and its members to address these.	This has been done and necessary measures taken by our members; for example extending the Flexible Food Fund and ensuring best coverage by advice services
Produce a formal communications and engagement plan.	A Communications and Engagement Group has been formed and there is a draft communications and engagement plan that is being worked on.
Begin to deliver Money Counts training to staff in Argyll and Bute.	This has taken place and is ongoing. There was also the delivery of a wide range of other training events for staff designed to improve awareness and service delivery.
Review the Child Poverty Action Plan and assess progress on key areas of work.	The plan was reviewed and published in 2022. Reporting duties were met and the report outlined key areas of work.
Begin to develop a Data Base to improve monitoring and focus of resources locally.	Data has been collated for the plan and other purposes. A new data collection and analysis system "Power BI" is now being developed and will greatly improve our ability to recognise areas of local need.

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Child Protection

Priorities Year 1	Progress	Carried over to year 2	R A G
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.	Yes	
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.	Yes	
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.	Yes	
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. Training on the National Child Protection Updated Guidance is progressing with an independent provider and will be completed before the implementation deadline at the end of 2023.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	

Engagement activities taken place 2022/2023

Engagement took place with workers around the Domestic Abuse protocol, Child Sexual Exploitation/Sexual Abuse and the development of the updated national Child Protection guidance.

Challenges or barriers which impacted on meeting your priorities for year one.

Post Covid challenges and demands on service due to capacity and staff vacancies.

Priorities Year 2	Additional Information
Local Initial Case Review / Significant Case Review guidance will be updated to reflect changes in national practice and to provide practitioners with clear learning pathways (this work will be undertaken with Adult Protection Committee colleagues).	Draft has been drafted and will shortly go out to key practitioners for consultation. It is hoped that the document can be agreed and signed off at May 2023 CPC.
Receive, evaluate and act on CPC & PQA reports. Quarterly CPC will have a framework to implement good practice and develop QI approaches to improvement based on existing good practice. Multi agency dataset developed based on national minimum dataset and used by CPC to analyse data. Use improvement methodology and test of change to dig deeper into the data.	Work on the data set continues to develop and we are now incorporating information from Police, Health and Education. Work is ongoing to refine the data set to reflect the 2 nd version of the national minimum data set. The PQA and review the data set and report in to CPC.
All new Child Protection Committee (CPC) members will receive a CPC induction pack and will meet with Lead Officer to discuss the role of the CP and expectations of CPC members. All CPC members will attend CPC development sessions to contribute to the role and function of the CPC. Members will be required to demonstrate through the delivery of the CPC improvement plan that information is being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to CPC.	Induction pack complete. All new members have met with Lead Officer. This is ongoing as and when new members attend. We have recorded via minutes when information has to be disseminated within organisations and what action has been taken.
Produce and implement a biennial strategic improvement plan which will be monitored by the PQA using a RAG system. Red actions will be reviewed by PQA and reported to CPC.	Plan in place and being monitored. Some slippage due to post Covid challenges and staffing challenges. CPC does not currently have a lead officer so plan needs to be reviewed to ensure on track for rest of 2023.
Multi agency training will be delivered using a tiered approach to learning which will include: General contact workforce, Specific contact workforce and Specialist contact workforce.	Training has been delivered via online following Covid challenges. Some face to face key training delivered. Training has had to be halted as CPC does not have a training officer – awaiting advert and appointment. Online training can be accessed across partner agencies. This will require to be addressed as soon as the training officer is in post.
Develop and implement training framework which supports practitioner knowledge and confidence in working with Child Sexual Abuse which includes Child Sexual Exploitation and child trafficking.	This work had to be cancelled last year due to competing practice demands. Will be picked up when the new Lead Officer comes in to post.
Domestic Abuse Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.	Domestic Abuse guidance has been implemented however no auditing working has taken place. This should be a priority during 2023.
Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present.	One meeting has taken place, but still significant work to align C&F and adult processes. Joint session between APC and CP planned for May 2023.
Advocacy services will engage with children on the Child Protection register to understand their experience and to provide the CPC with recommendations as to how things can be improved.	CPC receives bi-annual reports from the advocacy worker. The reports provide evidence of face to face engagement with children and seek the views and comments by children and families. CPC find these reports very informative re needs of children on the CP register.

Violence Against Women and Girls

Priorities Year 1	Progress	Carried over to year 2	R A G
Establish a Project Board to oversee the delivery of the Transforming Responses to Violence Against Women and Girls Project.	A board has been established although there have been difficulties in arranging some meetings.	No	
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	The tool was used and the survey stage undertaken; it has not yet been possible to complete the process with the board.	Yes	
Establish working groups to facilitate training and other aspects of the transformation project.	Working Groups have delivered on the necessary areas of training and on the research elements of the plan. This will continue in 2023.	Yes	
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	The first phase of research has taken place, looking at lived experience and staff views of services. A second phase looking at the views of perpetrators will take place in 2023.	Yes	
Roll out of the Safe and Together Model to commence.	This has begun and a large number of staff and some managers are currently undertaking training. There has been some delay due to operational reasons. Roll out will continue through 2023 – 2024.	Yes	
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	Seven events were successfully delivered and this will continue in 2023-2024. It was not possible to delivery Zero Tolerance as the organisation no longer offers specific training to organisations.	Yes	
Roll out of DASH training to relevant workers.	This has been taking place and will continue in 2023.	Yes	
Review the Argyll and Bute Equally Safe Plan.	This was delayed due to the need to align with Community Justice Plans. Will take place in 2023.	Yes	
Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.	Whilst some data was collected development of a data base still requires to be done in 2023.	Yes	
Deliver Annual Return from Argyll and Bute to the Improvement Service / National Violence Against Women Forum.	This did take place and will be updated in 2023.	Yes	

Engagement activities taken place 2022/2023

Engagement took place with lived experience women and also staff and managers as part of the research being carried out on views on service delivery. Posters were created for Ukrainian refugee women on where to seek help. These have been placed into Argyll and Bute's Welcome Packs.

Challenges or barriers which impacted on meeting your priorities for year one.

There have been challenges in terms of the recruitment and retention issues that placed demands on existing staff and impacted on their ability to attend training events and complete their Safe and Together training within agreed timescales.

Priorities Year 2	Additional Information
Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in October 2022.	Year 2 of the Transforming Responses to Violence Against Women and Girls Project to commence in April 2023. The DES has changed the timings of years to better align with other Scottish Government initiatives.
Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.	Should Remain
Research Project relating to the transformation project to continue.	Should Remain
Other training areas to be delivered including: Awareness Raising; Routine Enquiry; Harmful Traditional Practices; The Impact of Domestic Violence on Children and Working with Men.	Should Remain
Achieve improvement in services and pathways relating to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.	Should Remain
Review progress of the transformation project and the delivery of the Equally Safe Plan.	Should Remain
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	Should Remain
Have in place a Communications and engagement plan.	Should Remain
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	The tool was used and the survey stage undertaken; it has not yet been possible to complete the process with the board.
Establish working groups to facilitate training and other aspects of the transformation project.	Working Groups have delivered on the necessary areas of training and on the research elements of the plan. This will continue in 2023.
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	The first phase of research has taken place, looking at lived experience and staff views of services. A second phase looking at the views of perpetrators will take place in 2023.
Roll out of the Safe and Together Model to commence.	This has begun and a large number of staff and some managers are currently undertaking training. There has been some delay due to operational reasons. Roll out will continue through 2023 – 2024.
Roll out of other training to commence including; Awareness Raising; Routine Enquiry; Zero Tolerance and Commercial Sexual Exploitation.	Seven events were successfully delivered and this will continue in 2023-2024. It was not possible to delivery Zero Tolerance as the organisation no longer offers specific training to organisations.
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Review the Argyll and Bute Equally Safe Plan.	This was delayed due to the need to align with Community Justice Plans. Will take place in 2023.
Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.	Whilst some data was collected development of a data base still requires to be done in 2023.
Deliver Annual Return from Argyll and Bute to the Improvement Service / National VAW Forum.	This did take place and will be updated in 2023.

Priorities Year 1	Progress	Carried over to year 2	R A G
Meet the Improvement Plan targets arising from Inspection.	<p>Progress made:-</p> <ul style="list-style-type: none"> 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. 	Yes	
Implement Code of Practice changes.	<p>We have continued to implement Code of Practice revision sharing briefings on changes across the Partnership, including:-</p> <ul style="list-style-type: none"> 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. 	Yes	
Implement guidance for Primary Care and GP's.	<p>New guidance introduced July 2022, promoted through Adult Protection Committee and Authority wide ASP Action Team. Material passed to NHS colleagues for their attention.</p>	Yes	
Progress audit activity, case files.	<p>Investigation undertaken to determine most appropriate platform in order to streamline process. Short life working group to be established to plan audit proposed for May/June 2023.</p>	Yes	
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	<p>Several overarching Adult Protection and Adults with Incapacity themes have been scrutinised and practice improvements made with regard to the findings of an Initial case review. Specifically process around Guardianship/Adults with Incapacity/Mental Health Officer roles, and reviews, Care at Home – Social Work support, financial management where an individual is considered an Adult with Incapacity and there is a requirement for clear lawful authority.</p>	Yes	

	Major review of care at home services and financial controls introduced following an Initial Case Review.		
Develop 'escalation' policy.	Recognising that ASP case escalation forms part of a wider multi-agency escalation policy the service has contributed to the development of the Partnership's Complex Case Escalation Protocol.	Yes	
Support staff and communities as recovery from Covid regulation emerges.	Emphasis within staff and community awareness training has been placed on neglect and self-neglect (particularly identifying signs and symptoms) increasingly evident in larger numbers since Covid. Staff have been supported to consider best practice in ensuring the Adult remains at the centre of all ASP activity as work practice changes - working from home, online case conferences.	Yes	

Engagement activities taken place 2022/2023

The Adult protection function was debated as part of the Adult Services Management Reflection Day, considering where there are areas for improvement and subsequent recommendations.

Challenges or barriers which impacted on meeting your priorities for year one.

Workforce pressures in social work area teams have presented significant risk in being able to undertake ASP inquiries, investigations and case conferences safely and effectively, owing to a lack of qualified Social Workers who can act as Council Officers. In response to this, focus was required on operational activity and a new priority, the redesign of the service model, became essential. The service required the development of a robust, authority wide Adult Support and Protection Action Team to be created for trial.

This has been achieved, albeit impacting on the ASP Lead Officer's ability to focus on more strategic element of ASP service plans, on audit and development activity arising from the National Improvement plan and Code of Practice changes.

Priorities Year 2	Additional Information
Develop improved data collection based on national dataset activity.	The National Minimum Dataset project continues apace. The aim of the project being to investigate and develop ways of reporting upon and subsequently analysing data obtained by LA's (and other key parties) under AP policies. We continue to be involved in the project's regular workshops focussed on revisiting our shared purpose of developing an ASP minimum dataset in order to provide meaningful quarterly data to drive improvement. Essential discussion continues on how this may warrant changes to electronic recording systems and therefore may have an impact for system providers.
Review Significant Case Review (SCR) guidance and Code of Practice changes.	Review of recently revised Learning Review Guidance remains high priority particularly in addressing the guidance across both children and adult services. We look forward to undertaking further activity with our Child Protection Committee colleagues. The revised Codes of Practice also remain high priority as we ensure the Partnership's ASP policy and procedures, both single and multi-agency, adequately reflect the revisions.
Continue audit and review rolling programme.	Audit of ASP remains essential to give assurance of the positive work being undertaken in terms of keeping people safe from harm, within

	the context of the Public Protection Agenda.
Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.	Our protection links with these partners remain vital to our multi-agency approach to safeguarding the population of Argyll and Bute.
Continue staff support and contact programme.	Recognising that staff challenges continue across the Partnership it is essential that we continue to support all staff wherever possible noting that Adult Support and Protection is everyone's business.
Meet the Improvement Plan targets arising from Inspection.	<p>Progress made:-</p> <ul style="list-style-type: none"> • 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 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.	<p>We have continued to implement Code of Practice revision sharing briefings on changes across the Partnership, including:-</p> <ul style="list-style-type: none"> • 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.
Develop 'escalation' policy.	Recognising that ASP case escalation forms part of a wider multi-agency escalation policy the service has contributed to the development of the Partnership's Complex Case Escalation Protocol.
Support staff and communities as recovery from Covid regulation emerges.	Emphasis within staff and community awareness training has been placed on neglect and self-neglect (particularly identifying signs and symptoms) increasingly evident in larger numbers since Covid. Staff have been supported to consider best practice in ensuring the Adult remains at the centre of all ASP activity as work practice changes - working from home, online case conferences.

Priorities Year 1	Progress	Carried over to year 2	R A G
Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.	Refreshed National Strategy for Community Justice published June 2022. Associated Outcomes, Performance and Improvement Framework delayed publication date now 01/04/2023. Local plan development progressing well, draft key actions agreed by Community Justice Partnership, statutory consultation process underway. Expected publication date June 2023.	Yes	
Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.	Community Justice Partnership agreed a Youth Justice work stream, in the process of establishing a multi-agency sub group. Third Sector statutory consultation underway in relation to development of the local Community Justice Outcome Improvement Plan.	Yes	
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Justice Social Work Service Plan is complete, Community Justice Partnership scrutiny process in final stages of completion, reliant on the publication of the Scottish Government Outcomes and Performance Improvement Framework due 1 April 2023.	Yes	
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Final report due March 2023. Draft report (excluding analysis and key findings from consultation) received and presented to Community Justice Partnership.	Yes	
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	Proposals for model of delivery agreed by Community Justice Partnership, consultation with wider third sector partners underway. Commissioning additional third sector support in relation to independent advocacy underway. Publication of the Scottish Government Community Justice Outcomes and Performance Improvement Framework delayed until 1 st April 2023.	Yes	
Finalise the review of our local Community Justice Partnership.	Significant progress has been made in prioritising and streamlining the Partnership. Due to the delay in publication of the national Outcomes, Performance and Improvement Framework, we will finalise during 2023/2024.	Yes	

Engagement activities taken place 2022/2023

The range of activities include:

Community Justice Partnership meetings, multi-agency partners engaged with:

- Community Justice Scotland, the national body set up to promote and support community justice improvement activity. Engagement focused on developing a local model that's responsive to the needs with Argyll & Bute, including remote, rural and island communities.
- Scottish Prison Service, Justice Social Work, Argyll & Bute Addictions Service, We Are With You and Lomond Advice and Advocacy Service engagement to develop an improve prison custody to community pathway response.
- Police Scotland L Division and Custody Suite representatives, initial engagement to develop an improved police custody to community pathway response.
- Crown Office & Procurator Fiscal North Strathclyde forum, engagement focused on improvements around Justice Social Work Diversion and Bail Support.

- Justice Social Work ongoing engagement focused on
 - Delivery of the service plan, aligned to community justice outcomes
 - Scottish Courts & Tribunal Service arrangements and service developments
 - National developments impacting on Justice Social Work service delivery/community justice outcomes are shared are discussed with partners
 - Professional guidance on criminal justice matters provided to the Community Justice Partnership
- Chief Executive, HSCP Chief Officer and Chief Social Work Officer updates
- Other partner updates includes: Scottish Fire and Rescue Service; Third Sector Interface; and, Violence Against Women and Girls Partnership
- Author of jointly commissioned Community Justice/Violence Against Women Partnerships research on the experiences of women affected by domestic abuse. Final phase 1 report expected March/April 2023.

Challenges or barriers which impacted on meeting your priorities for year one.

- The delay in publication of the National Strategy and Outcome, Performance and Improvement Framework for Community Justice. Publication dates are June 2022 and April 2023, respectively.
- The multi-faceted landscape that community justice service delivery and improvements cross, requires a programme management approach aligned to relevant strategic policy areas. These include: Housing/Addictions/Mental Health/ Education including further education/Benefits & Money/ Employability and Training/Health and Social Care, etc.
- The pace of change within all areas, alongside developing an improved understanding of strengths and gaps, is a priority for the Community Justice Partnership. A place-based approach to planning will be undertaken.

Priorities Year 2	Additional Information
Implement and monitor our local Community Justice Improvement Plan and performance framework.	Continued
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Continued
Review the learning from the second phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.
Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.	Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance, when available.
Develop a local Community Justice Outcome Improvement Plan, in line with the priorities of the Scottish Government national Justice and Community Justice Strategies.	Refreshed National Strategy for Community Justice published June 2022. Associated Outcomes, Performance and Improvement Framework delayed publication date now 01/04/2023. Local plan development progressing well, draft key actions agreed by Community Justice Partnership, statutory consultation process underway. Expected publication date June 2023.
Develop strategic and operational links with Third Sector and Children's Services (Youth Justice) and other key local partnerships.	Community Justice Partnership agreed a Youth Justice work stream, in the process of establishing a multi-agency sub group.

	Third Sector statutory consultation underway in relation to development of the local Community Justice Outcome Improvement Plan.
Support and monitor the implementation of the Justice Social Work (Community Justice) Improvement Plan.	Justice Social Work Service Plan is complete, Community Justice Partnership scrutiny process in final stages of completion, reliant on the publication of the Scottish Government Outcomes and Performance Improvement Framework due 1 April 2023.
Review the learning from the first phase jointly commissioned research report for Violence Against Women & Girls and implement key recommendations.	Final report due March 2023. Draft report (excluding analysis and key findings from consultation) received and presented to Community Justice Partnership.
Implement the prison Custody to Community pathway, including performance reporting and monitoring.	Proposals for model of delivery agreed by Community Justice Partnership, consultation with wider third sector partners underway. Commissioning additional third sector support in relation to independent advocacy underway. Publication of the Scottish Government Community Justice Outcomes and Performance Improvement Framework delayed until 1 st April 2023.
Finalise the review of our local Community Justice Partnership.	Significant progress has been made in prioritising and streamlining the Partnership. Due to the delay in publication of the national Outcomes, Performance and Improvement Framework, we will finalise during 2023/2024.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Develop joint Health Improvement plan between Argyll and Bute and North Highland.	A joint two-year Health Improvement plan has been developed between Argyll and Bute and Highland, with a view to delivering some pieces of work NHS Highland-wide where appropriate. The joint workplan was developed using team workshops to identify priorities and then small working groups to refine each topic. As this is a new joint development, it will be monitored for effectiveness. The aim is to improve collaboration and working relationships, share learning and streamline pieces of work where relevant. Local context will always be considered within each workstream.	No, updated priority below	
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children’s rights; equalities; mental health improvement and support.	The public health team contribute to the Child Poverty agenda through the Argyll and Bute Child Poverty Action Group and the Argyll and Bute Financial Inclusion and Advice Group. We have delivered Money Counts training to a range of health, social care, and 3 rd sector staff.	Yes	
Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation.	<p>Public Health and partners (including Argyll and Bute HSCP, Argyll and Bute Council and 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).</p> <p>The 5-year implementation plan has been reviewed and focused steering group meetings have been agreed to progress any outstanding pieces of work. The Living Well steering group continue to meet bi-monthly.</p>	Yes	
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	<p>The Public Health team continue to build capacity for health improvement in partners and our communities. Our Living Well networks hold quarterly meetings within their local areas which are well attended by members of the community, Third Sector and Statutory sector. In addition, communications, surveys, consultations etc from various sources (e.g. Public Health team, Locality Planning Groups, Third Sector) are sent out by email and social media via the Networks.</p> <p>The Public Health team regularly attend Area Community Planning Groups, relevant thematic Community Planning groups and Locality Planning groups to build capacity for health improvement and coproduction.</p>	Yes	

	The Public Health team host bimonthly education sessions open to HSCP staff and Third Sector. Recent sessions included survey design, Versus Arthritis, gambling harm and the Shaping Places for Wellbeing programme.		
Respond and deliver national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland.	<p>The Smoking Cessation team within Public Health continue to deliver a service across A&B that targets the 40% most deprived communities but is available to all residents. The targets set by Scottish Government for NHS are reviewed regularly to ensure the optimum progress is made towards achieving these. The team are also employing their expertise in working with clients on a 1-1 basis to raise awareness of screening opportunities in line with strategy from the Scottish Government.</p> <p>The Public Health team supports the delivery of the local suicide prevention action plan working with the suicide prevention group.</p>	Yes	
Alcohol and Drug Strategy actions – reduce drug deaths; recovery orientated support.	Alcohol and Drug strategy actions are reported under the Alcohol and Drug specific priorities.	Yes	

Engagement activities taken place 2022/2023

In April 2022, an options appraisal was commissioned into the function and future direction of the Living Well networks. Focus groups were used to appraise potential options for future directions of the networks. The purpose of the focus groups was to discuss the pros and cons of potential model, how each model could work or if a hybrid model would be better to produce a more sustainable model for the future. This engagement was analysed to produce a new model will be implemented in April 2023.

The Smoking cessation team conducted engagement and awareness raising events throughout the year. Every March there is a No Smoking Week, which sees awareness raising events of the service and the benefits of quitting across Argyll and Bute, with displays in hospitals, community locations e.g. supermarkets and in partnerships with community pharmacies. A comprehensive needs assessment was conducted on the island of Coll. This primarily focussed on health and care needs but widened to cover diverse aspects of island living due to an understanding of the social determinants of health. A short life working group was convened under the leadership of the then Associate Director of Public Health. Members comprised data intelligence specialist, HSCP chief officer and medical director, a GP and community representatives, including the community council. The methodology was co-productive in nature with the working group having the opportunity to shape the approach taken and to sense check the key recommendations in the final report.

This year the team has had an ongoing communications calendar and promotes a range of health information on social media and via the Living Well Networks. An example of this is raising awareness of the national screening opportunities that are available across a range of ages and conditions.

The team has been leading a review of the HSCP Engagement Framework in light of the publication of the Scottish Government guidance Planning with People in March 2021. This work is being undertaken in partnership with community representatives, Healthcare Improvement Scotland and the Third Sector Interface. Engagement took place via the four Locality Planning Groups in autumn 2022 to investigate the views of members on preferred engagement methods. The team have regular opportunities to engage with community events such as the Versus Arthritis chronic pain roadshow and Living Well network community events. The Versus Arthritis Chronic pain roadshow is being delivered via the Healthy Living Partnership (collaboration linked to the Living Well Strategy). The Public Health team support and attend these events across Argyll and Bute.

In February 2022, a successful application was made to NHS Education for Scotland for joint funding of Argyll and Bute's first 2-year Trainee Health Psychologist post. This process involved engagement and collaboration with a range of HSCP services including Public Health, Dietetics and Psychological Services. The Trainee Health Psychologist has since undertaken

engagement with various staff groups around the need for Health Behaviour Change training and subsequently led on the remobilisation of this training to meet the requirements of staff.

Challenges or barriers which impacted on meeting your priorities for year one.

The public health team continue to deliver on a wide range of priorities and are often required to balance the 'top-down' ask versus local need within Argyll and Bute. Commissioning according to the best practice within the Joint Strategic Commissioning Strategy (JSCS) is challenging when there is uncertainty with annual budget setting. As is the case in other areas of the HSCP there are challenges associated with staff turnover and recruitment. This is partly being overcome by an innovative approach to using bank staff for health improvement delivery.

Priorities Year 2	Additional Information
Continuation of previous year's activity and new activity to be agreed in partnership.	Updated as below
Deliver on joint Health Improvement plan between Argyll and Bute and north Highland.	Updated from year 1
Continuation of previous year's activity and new activity to be agreed in partnership.	Updated as below
Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support.	
Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation.	
Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.	

Right Care Right Time

Priorities Year 1	Progress	Carried over to year 2	R A G
Unscheduled Care (USC) leadership post in place.	Recruitment of Programme Manager start date April 2023.	No	
Localities will have agreed actions plans to support the two key areas of improvement.	No we re-focused this as an area wide plan rather than on localities.	No	
Plan and progress spend on the recurring funding from Scottish Government.	A sub group has been established to oversee spend in relation to Key Performance Indicators, this reports to USC Steering Group.	Yes	
Established working groups with capacity to progress change and support localities.	Three sub groups established: Enablers, Community Teams and Discharge without Delay. Focusing on key priorities. Programme Manager will support.	Yes	
Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re-abling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission.	This will relate to the work of the Community Teams and the care at home strategy group. There is also overlap with the development of the palliative care section of the older adult strategy.	Yes	
Enhance clinical education for all staff develop skill mix, apprenticeships and health care support worker skilled roles.	The updated action plan developed by the Community Teams from the Community Standards will be supported in implementation through the Enablers sub group. This forms part of the Enablers sub group.	Yes	
Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need.	A Smarter Commissioning Process has been developed. Assessment of unmet need is ongoing there is a clear process of reviewing unmet need. Longer term focus on re-ablement and care at home modelling is required and being considered through the Care at Home Strategy development.	Yes	
Performance metrics regular reported on.	Key Performance Indicators have been developed and will link with the Integrated Performance Framework.	Yes	
Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	Processes to improve delayed discharge outcomes have been put in place, with all cases being regularly monitored and blocks in the system reduced. Communication with GG&C has also improved to begin to streamline the journey from GG&C hospitals to Argyll and Bute. This fits with the principles of discharge without delay. It is more relevant in year 2 to review our whole system of care and this will be achieved through the review of community standards and development of the older adult strategy.	Yes	
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	As above- linked to Community Teams and Social Work Action plan through the review of Community Standards.	Yes	
What do our communities want to increase support unpaid carers?	Engagement on short breaks-looking for short break support at home.	Yes	
What do communities want from HSCP community teams?	Actions will be carried forward into year 2 as part of the development of the older adult strategy this will include engagement through a range of consultation processes including locality planning groups, older adult reference group and service surveys.	Yes	
Agree model that assist us to move towards a	This will be developed as part of the older adult strategy	Yes	

National Care Service.

with a focus on for example, accessible information and ease of access to services.

Engagement activities taken place 2022/2023

The Older Adult Reference Group has looked at a number of service areas as an overview. They have been particularly helpful in looking at language. We held a specific session to look at information around Interim Care and how it is explained to older adults and families. The group have also had a detailed session on the work involved in Urgent and Unscheduled Care and delayed discharges.

Challenges or barriers which impacted on meeting your priorities for year one.

Extreme staffing pressures operationally as a result of continued Covid-19 and its aftermath. Capacity to drive forward the changes required while at the same time ensuring a robust prioritisation process is in place for the most vulnerable people requiring support.

Priorities Year 2	Additional Information
Evaluate spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	Processes to improve delayed discharge outcomes have been put in place, with all cases being regularly monitored and blocks in the system reduced. Communication with GG&C has also improved to begin to streamline the journey from GG&C hospitals to Argyll and Bute. This fits with the principles of discharge without delay. To review our whole system of care and this will be achieved through the review of community standards and development of the older adult strategy.
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	This work is progressing through a number of different work streams, with links between the locality Community Resource Groups, the social work action plan, homecare strategy, community teams sub group and delayed discharge weekly meeting. Key Performance Indicators are being developed to support this work.
Plan and progress spend on the recurring funding from Scottish Government.	A sub group has been established to oversee spend in relation to KPIs, this reports to USC Steering Group.
Established working groups with capacity to progress change and support localities	Three sub groups established: Enablers, Community Teams and Discharge without Delay. Focusing on key priorities. Programme Manager will support.
Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re-abling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission.	This will relate to the work of the Community Teams and the care at home strategy group. There is also overlap with the development of the palliative care section of the older adult strategy.
Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles	The updated action plan developed by the Community Teams from the Community Standards will be supported in implementation through the Enablers sub group. This forms part of the Enablers sub group.
Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need.	A Smarter Commissioning Process has been developed. Assessment of unmet need is ongoing there is a clear process of reviewing unmet need. Longer term focus on re-ablement and care at home modelling is required and being considered through the Care at Home Strategy development.
Performance metrics regular reported on.	Key Performance Indicators have been developed and will link with the Integrated Performance Framework.
Evaluate spend on community teams, unpaid carer	No additional information

services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge.	
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	As above- linked to Community Teams and Social Work Action plan through the review of Community Standards.
What do our communities want to increase support to unpaid carers?	Yes but link with the Carers Strategy.
What do communities want from HSCP community teams?	Part of the development of the older adult strategy this will include engagement through a range of consultation processes including locality planning groups, older adult reference group and service surveys.
Agree model that assist us to move towards a National Care Service.	This will be developed as part of the older adult strategy with a focus on for example, accessible information and ease of access to services.

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Adult Care –Older Adults/Adults and Hospitals

Priorities Year 1	Progress	Carried over to year 2	R A G
Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Extensive efforts have gone into both reporting and assuring on care at home services including the development of mobile teams to meet unmet need. Smarter Commissioning is being rolled out with providers. A review of this process will provide information required on resource availability and whether this way of working is beneficial to service users and staff. It will also ensure that all providers are working collaboratively to deliver the most effective and efficient service possible and will feed into the tender process due next year. A redesign of care at home with relevant support from other disciplines is required.	Yes	
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Work has been undertaken to scope the main elements of the care at home strategy which needs to link with internal redesign and timescales for developing the care at home contract.	Yes	
Develop an Older Adult Strategy.	We have worked on a number of areas of the strategy focusing on: <ul style="list-style-type: none"> • 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. 	Yes	
Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other.	We submitted a Winter Checklist to the Scottish Government in November 2022 and a winter plan was developed for Argyll and Bute. We reviewed our operational and governance structures for winter planning and pressures and with refinement we should retain this structure and process for 2023-2024.	Yes	
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Additional human resource support has been identified to link recruitment and retention processes with all care providers – internally provided and externally commissioned by the HSCP. These posts will also link to the wider corporate regeneration agenda for Argyll and Bute.	Yes	
Review the use of Extended Community Care Teams (ECCT) and link them to other community services.	A review was completed however its scope did not allow for an examination of a changing role for ECCT. This needs to link with redesign of care at home.	Yes	
Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute.	The building appraisal has been completed for internal care homes and a SLWG on repairs is looking to prioritise repairs. Demand modelling was undertaken. The strategy requires further work.	Yes	
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	This was completed by the Coll Collaborative Group. Key learning needs to be rolled out to other island communities.	Yes	

Engagement activities taken place 2022/2023

The Coll Collaborative Group completed the survey of health and care needs for the island with the input and expertise of the Coll Community Council.
The Older Adult Reference Group had a focus on reviewing information developed for interim care.

Challenges or barriers which impacted on meeting your priorities for year one.

Barriers were both operational and a lack of any clear developments at this stage to fully engage with. Accept that co-production would bring communities on a journey rather than standardised consultation.
Challenges in recruitment and retention have been the biggest challenge and while use of agency staff has filled some gaps this is not seen as either a long term nor a preferred solution.

Priorities Year 2	Additional Information
Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.	Change to: Review the governance and service delivery from community hospitals.
Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services.	This is part of the prevention group.
Developing a meaningful conversation with islands around our health and care services.	Head of Service will bring a paper on developing co-ordination around island models of health and community care.
Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure.	This needs removed to Acute and Complex Care.
Develop parts of our preventative model through use of Primary Care Link workers.	This is part of the prevention group.
Carry out market testing of care at home by reviewing views on the quality of service	New priority
Set up an Self-Directed Support Steering Group in order to embed Self-Directed Support Improvement Standards	New priority
Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Extensive efforts have gone into both reporting and assuring on care at home services including the development of mobile teams to meet unmet need. Smarter Commissioning is being rolled out with providers. A review of this process will provide information required on resource availability and whether this way of working is beneficial to service users and staff. It will also ensure that all providers are working collaboratively to deliver the most effective and efficient service possible and will feed into the tender process due next year. A redesign of care at home with relevant support from other disciplines is required.
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Work has been undertaken to scope the main elements of the care at home strategy which needs to link with internal redesign and timescales for developing the care at home contract.
Develop an Older Adult Strategy.	We have worked on a number of areas of the strategy focusing on: <ul style="list-style-type: none"> • Care Homes and Housing • Palliative and End of Life Care

	<ul style="list-style-type: none"> • 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 23-24.
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Additional human resource support has been identified to link recruitment and retention processes with all care providers – internally provided and externally commissioned by the HSCP. These posts will also link to the wider corporate regeneration agenda for Argyll and Bute.
Review the use of Extended Community Care Teams and link them to other community services.	A review was completed however its scope did not allow for an examination of a changing role for ECCT. This needs to link with redesign of care at home.
Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute.	The building appraisal has been completed for internal care homes and a SLWG on repairs is looking to prioritise repairs. Demand modelling was undertaken. The strategy requires further work.
Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches.	This was completed by the Coll Collaborative Group. Key learning needs to be rolled out to other island communities.

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Learning Disabilities

Priorities Year 1	Progress	Carried over to year 2	R A G
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Initial scoping work was undertaken, however this required to be paused due to capacity issues. Temporary post currently advertised to lead on the development and implementation of Neurodevelopment Strategy with a full lifespan approach.	Yes	
Review and redesign of Learning Disabilities Day Services across A&B, working in partnership with H&SC staff, care providers, service users, carers and wider communities to develop future models of support.	Stage 1 of the Review and Redesign on Day Services now complete. Redesign of Staffing Structure for Internal Registered Services completed in 2022, with remaining vacant posts currently being recruited to. Stage 2 – the development of services currently ongoing and will be carried over to Year 2 and Year 3 as part of the 3 year action plan for services.	Yes	
Implementation of the actions set out in the Learning/Intellectual Disability and autism – Recovery and Transformation Plan.	This is no longer considered a specific priority for the HSCP. Any outstanding actions will be considered as part of the Neurodevelopmental Strategy.	No	
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing – utilisation of technology and telecare where appropriate has resulted in the removal of many sleepover provision across A&B in order to increase service user independence.	Yes	

Engagement activities taken place 2022/2023

- Development and Introduction of Quality Committees across each of the localities for service users.
- Full consultation and engagement with day services staff members as part of the restructure of the service, under the Organisational Change and Design process.
- Regular engagement with service users and/or guardians as part of the Assessment and Care Management process, including any new Core & Cluster developments.

Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment and Retention of frontline staff.
 General demand increasing for services, and priorities having to change at short notice.
 Lack of strategic leadership for service, whilst Head of Service post was vacant in 22/23.

Priorities Year 2	Additional Information
Increase the uptake of Self Directed Support, through delivery of enhanced training to staff and development of easy read information for service users and/or carers.	Remove as a specific priority for Learning Disabilities.
Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.	Still relevant
Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).	Still relevant – ongoing piece of work.
Reduce stigma in relation to learning disability and	Still relevant

autism through delivery of joint training and/or awareness raising for staff across the HSCP.	
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	Initial scoping work was undertaken, however this required to be paused due to capacity issues. Temporary post currently advertised to lead on the development and implementation of Neurodevelopment Strategy with a full lifespan approach.
Review and redesign of LD Day Services across A&B, working in partnership with H&SC staff, care providers, service users, carers and wider communities to develop future models of support.	Stage 1 of the Review and Redesign on Day Services now complete. Redesign of Staffing Structure for Internal Registered Services completed in 2022, with remaining vacant posts currently being recruited to. Stage 2 – the development of services currently ongoing and will be carried over to Year 2 and Year 3 as part of the a 3 year action plan for services.
Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	Ongoing – utilisation of technology and telecare where appropriate has resulted in the removal of many sleepover provision across A&B in order to increase service user independence.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Progress planned developments associated with Transforming Together agenda for mental health.	Core and cluster has not progressed for mental health services, this needs dedicated project support and commissioning to progress.	yes	Red
Community Mental Health Services review and outcomes.	The 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding.	Yes	Orange
Psychological Therapies (PT) – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned Psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted and we continue to apply developing capacity models and standards currently under development.	Yes	Orange
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.		Green
Care Reviews.	The reviewing team were required to be redirected to Adult support and protection, however care reviews and care packages are under review by our local teams and through the Care Resource Group process.	Yes	Green
Inpatient services – addition of a consultant psychiatrist for the inpatient unit 3 days per week. Recruitment of Registered Mental Health Nurses remains fragile due to the national shortage and the inpatient environment holds large vacancies, support around recruitment and retention is well under way across NHS Highland.	This Consultant post has just become vacant and in the process of being re-advertised. We are attempting to source a locum in the interim period, and cover is being provided by our sector General Adult Psychiatry Consultants. The inpatient ward remains very fragile, recruitment continues to be very challenging. We secured retention and recruitment premium of £5k per annum to offer Band 5 RMNs to maximise recruitment opportunities alongside the offer of shared accommodation in our newly refurbished flats, however uptake to date has been nil. Concentrated targeted communications and advertising is ongoing to maximise our options. Additionally, last year we developed our earn to learn scheme, this scheme is in collaboration with open university whereby we have recruited new Health Care Workers specifically to train. This pilot has gained interest and is being piloted in Tayside also, we hope to offer a further 3 places this year to continue succession planning.	Yes	Red

Engagement activities taken place 2022/2023

We continue to work with Acumen to strengthen our relationships with 3rd sector colleagues. Our perinatal agenda and developments have lived people with lived experience and carer involvement in the heart of the pathways development and the service is in mid evaluation.

Challenges or barriers which impacted on meeting your priorities for year one.

There is a national shortage of Registered Mental Health Nurses, Consultants and social workers resulting in fragile services and an inability to recruit, this directly impacts on service delivery. In addition we have challenges in developing our dementia and Intensive Psychiatric Care Unit/forensic inpatient pathways. We are still coming out of the Covid landscape and understanding the new normal. A&B do not have younger people supported residential placements to support those that may need 24 hour care.

Priorities Year 2	Additional Information
Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies.	Pathways for inpatient dementia assessment and Intensive Psychiatric Care Unit beds remain a concern. The HSCP are working hard to look at solutions and to support our residents to remain in the local hospitals.
Urgent and emergency teams embedded in Oban Lorn and Isles.	Completed, all teams in situ across A&B, vacancies have arisen in Oban and Dunoon, however the team are able to cross cover.
Progress planned developments associated with Transforming Together agenda for mental health.	Core and cluster has not progressed for mental health services, this needs dedicated project support and commissioning to progress.
Community Mental Health Services review and outcomes.	The 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding
Psychological Therapies – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4.	We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned Psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted and we continue to apply developing capacity models and standards currently under development.
The primary care mental health team have also realigned to work across GP surgeries and to support those presenting with mild and moderate mental health concerns. This team have a Multidisciplinary Team approach and have a wellbeing nurse, Occupational Therapy, guided self-help worker and primary mental health worker in each locality.	This is complete and the teams are embedded in each locality. Helensburgh and Lochside are served via an Service Level Agreement, additional resource was provided to the Service Level Agreement to secure an OT and wellbeing nurse within their delivery model. The next stage will be determined by the Mental Health and Wellbeing in Primary Care agenda and directives awaited from the Scottish Government.

<p>Care Reviews.</p>	<p>The reviewing team were required to be redirected to Adult support and protection, however care reviews and care packages are under review by our local teams and through the Care Resources Group process.</p>
<p>Inpatient services – addition of a consultant psychiatrist for the inpatient unit 3 days per week. Recruitment of Registered Mental Health Nurses remains fragile due to the national shortage and the inpatient environment holds large vacancies, support around recruitment and retention is well under way across NHS Highland.</p>	<p>This Consultant post has just become vacant and in the process of being re-advertised. We are attempting to source a locum in the interim period, and cover is being provided by our sector General Adult Psychiatry Consultants. The inpatient ward remains very fragile, recruitment continues to be very challenging. We secured retention and recruitment premium of £5k per annum to offer Band 5 Registered Mental Nurse to maximise recruitment opportunities alongside the offer of shared accommodation in our newly refurbished flats, however uptake to date has been nil. Concentrated targeted communications and advertising is ongoing to maximise our options. Additionally, last year we developed our earn to learn scheme, this scheme is in collaboration with open university whereby we have recruited new Health Care Workers specifically to train. This pilot has gained interest and is being piloted in Tayside also, we hope to offer a further 3 places this year to continue succession planning.</p>

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Primary Care

Priorities Year 1	Progress	Carried over to year 2	R A G
Establish immunisation teams to administer vaccines in all localities and assess recruitment priorities based on the impact on workload of delivering Covid vaccines and the additional flu vaccine cohorts.	Majority of vaccinations will be carried out by HSCP nursing teams by March 2023. Full flexibility for island practices to continue to provide vaccinations.	No	
Develop an HSCP model for travel health and travel vaccinations.	Service Level Agreement with community pharmacists has commenced in some areas.	Yes	
Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care.	In progress	Yes	
Implement transitional arrangements where practices continue to provide some services.	In progress	Yes	
Provide information of what services will not transfer from GP practices as an outcome of the rural options appraisal process. The Scottish Government and Scottish General Practitioner's Committee of the British Medical Association (SGPC) will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022.	Agreement reached; discussions with the rural practices ongoing.	No	
Contribute to review of sustainable services on the island of Coll.	Ongoing	Yes	

Engagement activities taken place 2022/2023

Discussion with GP practices ongoing. Communications issued regularly.

Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment
Funding

Priorities Year 2	Additional Information
Ensure that locality based vaccination teams and campaign planning are sufficiently robust to deliver Vaccination & Immunisations and Childhood Vaccination in line with their removal from GP practices from 1 April 2022.	Still relevant
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitional service arrangements	Still relevant

(including additional payment arrangements).	
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Still relevant
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	Still relevant
Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Still relevant
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	Still relevant
Develop an HSCP model for travel health and travel vaccinations.	Service Level Agreement (SLA) with community pharmacists has commenced in some areas.
Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care.	In progress
Implement transitional arrangements where practices continue to provide some services.	In progress
Contribute to review of sustainable services on the island of Coll.	

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Priorities Year 1	Progress	Carried over to year 2	R A G
Post-covid recovery.	All current clinics have recovered, but there remain staffing pressures due to covid related absence. Staffing levels are tight, but we remain flexible and will rearrange staffing at short notice to accommodate clinics. There are rare times when due to staff illness this is not possible.	No	
Restarting all non-urgent care.	All no-urgent care restarted. Significant waiting times but in line with rest of Scotland. This has no bearing upon General Dental Service Provision.	No	
Identification of service needs and associated development.	Service need identified: Kintyre and Mid Argyll area. There is limited provision for Personal Dental Service (PDS) services in these areas. Redesign of service provision to allow flexibility and greater provision of dental care in this region for priority groups. National Dental Inspection Programme provision, which is mandated by Scottish Government is challenging. Clinical staff are being used to fulfil this at present	Yes	
Development of current services for Island communities and priority groups.	Discussion with General Dental Practitioner Islay regarding contracting to provide PDS care Scoping Mobile dental service (limited provision) and in collaboration with Coll and Colonsay Communities. Three dentist and DHT visiting Coll regularly. Mull clinic remains extremely busy. Over 3000 patients registered. Long waiting list. Only service provider on the island 15 of 17 care homes have nominated dentist. (Islay and Campbeltown – Islay potential for GDP to take over). Advanced care options for priority group's patients – General Anaesthesia or Intravenous (IV) sedation services for complex care cases/anxiety cases. Currently no provision for this within A&B staffing cohort. External referral to NHS North or GGC is only route for these patients.	Yes	
Increasing access for patients in assisted and looked after accommodation settings.	Domiciliary dental care has resumed. Caring for Smiles Programme for Care Home staff has resumed. 14 care staff signed up to take qualification. Oral health care shop to provide oral healthcare items at cost price to care homes piloted and successful.	Yes	
Increase skill mix in association with in-house training and also NHS Education Scotland partners.	AWI training offered to all dentists. A either qualified or allocated to training. Inhalation sedation training to Helensburgh, Dunoon and Oban. Associated support staff identified for training. Clinicians peer review group meetings – Continuing Professional Development Motivation, Action and prompts (MAP) behaviour change and Oral Health improvement training for all Public Dental Service sites.	Yes	
Team building.	Regular team meetings and 1 to 1 meetings as standard. Senior Management Team to Mull for team building exercise.	Yes	
Standardising processes.	Single point of referral in final stages with Scottish Care Information (SCI) gateway. Standard Operating	Yes	

	Procedures.		
Fixed term recruitment in Orthodontic services.	Unable to recruit. Accessing Consultant services on temp contract (weekends currently). Looking at agreement with NHS North for permanent solution for weekday clinics.	Yes	
Scoping of in-house development of SDO for Orthodontic services.	Senior Dental Officer development underway. Mentoring by Consultant in NHS North	No	
PAYs in establishment take to advert to increase staffing numbers.	Complete. Meeting with finance in 2 weeks to review.	No	
Capital funding application for service improvements.	Capital funding applications being prepared Tiree, Mull, Mobile Dental equipment.	Yes	
Co-located sites, increase communication with corporate bodies and GDP services.	Lines of communication open to facilitate good working relationships.	No	

Engagement activities taken place 2022/2023

Discussion with Island communities via Living well Coordinator has begun.
Collaborative working with Corporate body General Dental Service in Kintyre to provide assistance with dental access pressures.

Challenges or barriers which impacted on meeting your priorities for year one.

Recruitment
Maintenance

Opportunities identified in year

Fluoride Varnish programme remobilised. Above Scottish Government target. New, more sustainable model of delivery – knee to knee provision.
Tooth brushing programme in schools and pre-schools continues to improve (88%) but is not to pre pandemic levels (99%) pre-school figures.
Environmental sustainability – toothbrush & paste recycling programme, as well as NSS clinical waste plastic recovery pilot.
Smile for Life and Open Wide preventive programmes rolling out.

Priorities Year 2	Additional Information
Ensure that locality based vaccination teams and campaign planning is sufficiently robust to deliver Vaccination & Immunisations and Childhood Vaccination in line with their removal from GP practices from 1 April 2022.	Still relevant
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitional service arrangements (including additional payment arrangements).	Still relevant
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	Still relevant
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	Still relevant

Agree, finalise and deliver a midwifery model for pertussis delivery across Argyll and Bute.	Still relevant
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	Still relevant
Develop an HSCP model for travel health and travel vaccinations.	SLA with community pharmacists has commenced in some areas.
Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care.	In progress
Implement transitional arrangements where practices continue to provide some services.	In progress
Contribute to review of sustainable services on the island of Coll.	Ongoing

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Priorities Year 1	Progress	Carried over to year 2	R A G
The ADP strategy.	<p>The work of the ADP is informed by a strategy that covers the period of 2020-2023. The strategy has 4 pillars:</p> <ol style="list-style-type: none"> 1. Prevention and early intervention 2. Developing recovery-oriented systems of care 3. Getting it right for everybody 4. Public health approach to justice <p>Updates on some of the work covered under this strategy is provided below however the majority of updates are provided under the remaining ADP priorities below.</p> <p>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.</p> <p>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.</p> <p>The ADP work in line with the strategy and a strategy refresh for 2023-2024 is being developed following a successful ADP strategy day in February 2023.</p>	Yes	
Initiate MAT standards.	<p>The Drug Deaths Taskforce was set up in September 2019 and prioritised the introduction of standards for Medication Assisted Treatment (MAT). The aim is to reduce deaths, and other harms and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centered.</p> <p>In discussion with the MAT standards Implementation Support Team (MIST), partners produced a project specification document to initially implement MAT in Cowal & Bute.</p> <p>Dedicated co-located teams will work in partnership to provide appropriate and evidenced access to medication</p>	Yes	

	<p>assisted treatment that promotes harm reduction and a whole person approach.</p> <p>The MAT steering and implementation groups continue to meet regularly to progress the implementation of the standards in Cowal and Bute. A quality improvement approach is being taken to identify what is working well and identify the gaps.</p> <p>The MAT standards are also being scoped across Argyll and Bute, with an action plan in development for standards 6-10. This process is being supported by MIST (a collaboration of Public Health Scotland and Healthcare Improvement Scotland.) The latest benchmarking report identified improvement in Argyll and Bute over 2023.</p>		
<p>Increase access to residential rehab.</p>	<p>A new residential rehabilitation pathway has been developed for use in Argyll and Bute, to support those seeking residential rehabilitation and/or detoxification. This was developed via a Residential Rehabilitation Group, which was formed to ensure all partners who would be involved in care and support before and after residential rehabilitation would be involved in the discussions to enable clients to maintain the benefits of residential rehabilitation. This is a partnership of third sector, NHS and Council member. Historically referrals to residential rehabilitation were made only to Phoenix Futures in Glasgow and Kings Court in Tighnabruaich, the number of organisations that can be referred to has increased.</p> <p>The pathway encourages pre and post rehabilitation support to maximise support for the individual. In financial year 2021-22 eighteen people were approved for residential rehabilitation and/or detoxification, twelve were men and six were women.</p>	<p>No</p>	
<p>Develop a revised approach for children and young people's support.</p>	<p>The existing school-based support service continued to deliver throughout 2021/22. There was evidence that the interventions resulted in improvements in young people's lives and had a positive impact on families.</p> <p>A needs analysis was carried out in 2021 by an independent organisation to map and match current service, identify service gaps and adapt or commission new services to meet the identified needs of young people across all communities.</p> <p>An options approval for children and young people's support was started in 2023, consisting of engagement with children and staff within education, scoping of other support services and liaising with Contracts and Procurement. This will be completed in later half of 2023.</p>	<p>Yes</p>	

<p>Initiate the whole family approach strategy.</p>	<p>Argyll & Bute's first Family Support group was established, with the support and funding from the ADP, in Helensburgh in October 2018 by two family members with experience of caring for and living with someone with drug and/or alcohol dependency issues. With their support, a second group was established in Dunoon. Work is ongoing to implement the Whole Family Approach across all localities of Argyll and Bute. This includes bringing together relevant partners and family members, and being supported by Scottish Government teams to share good practice and receive targeted support.</p>	<p>Yes</p>
<p>Increase access to advocacy.</p>	<p>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.</p> <p>Lomond and Argyll Advocacy Services will play an important role in the delivery of MAT Standards in Argyll and Bute and the recovery advocacy Team will also all complete interview training, interviewing service users about their experiences of MAT. The Group Recovery Advocacy's work has been valuable and the voices of people in recovery have helped shape some developments and improvements within Argyll.</p> <p>Scottish Recovery Consortium aim to establish a National Network of Peer Advocacy Services and will look to Argyll and Bute as a model of good practice. The combination of national and local based partners helped secure the funding for this project and it is hoped the establishment of a National Network will help develop and support this service as we move forward.</p>	<p>No</p>
<p>Work with criminal justice to create a continuation of shared care.</p>	<p>The ADP, in partnership with Community Justice, Criminal Justice, Police Scotland and We Are With You, established a Police Custody to Community pathway for people who wished to speak to a member of staff from We Are With You.</p> <p>The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but, by using the ADP Recovery Orientated Systems of Care (ROSC), can link into a wide range of services and opportunities. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody.</p>	<p>Yes</p>

A pathway has been developed to allow continuation of care and Opioid Substitution Treatment (OST) for someone who is entering prison. If an individual is admitted to prison, there is contact between the prison and the service prescribing OST to confirm both the prescription and the willingness of the service to continue this on release. Due to the challenges of the pandemic, this pathway requires review.

The ADP and Community Justice continue to work on the development of the pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is the need to ensure all are provided with Naloxone on liberation and continuity of care where OST is prescribed. Argyll & Bute prisoners can be held in a range of prisons and work is ongoing to ensure an equitable approach. Prior to release from prison, contact is made to substance use service providers in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine.

Work is ongoing to ensure Community Justice and ADP priorities are aligned and reported on appropriately

Engagement activities taken place 2022/2023

Argyll & Bute ADP has worked with a number of partner agencies to identify and support people with lived and living experience and their families. As a result of the extensive work, involving local services and national organisations we now have people with lived experience and family members sitting as equal members of the partnership. This has been a very good example of strong partnership working which has helped build relationships and partnership between people with lived experience and services. It has also provided an opportunity for building better pathways into and out of services. The partnership approach started with the creation of an involvement strategy which set out the guiding principles on which all involvement has been built.

The recovery communities in Oban, Helensburgh, Dunoon, Rothesay and Mid Argyll/Kintyre all expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activities.

Argyll & Bute recovery communities have historically been independent of one another; however, their links have been strengthened through the creation of a Recovery Steering Group supported by Scottish Drugs Forum as part of the ADP's Involvement Strategy. The Recovery Steering Group aims to represent all of the recovery communities and develop a collective voice on their behalf.

The ADP Support Team provided financial support and, along with several ADP partners, worked with each of the recovery communities supporting them to offer programmes including recovery cafes, group meetings and voluntary opportunities.

During 2021/22 a panel of people with lived experience was formed to look at setting up a recovery cafe in the Cowal area. This involved walk and talks, events and leaflets that were distributed to encourage engagement of the community. The panel now consists of 12 people who all have lived experience. They have organised several summer activities to engage the community. The panel have also completed training in administering Naloxone and the volunteer program of training. In the Bute area there are also walk and talk groups, men's shed and breakfast clubs. This area has an average of 32 members. Discussions are taking place with Argyll & Bute Council to look at permanent premises which will allow this community to operate in the evening and at weekends. The Bute recovery community is welcomed and supported by the wider community and services.

Further engagement with ADP partners and people with lived experience will inform the ADP strategy refresh for 23/24.

Challenges or barriers which impacted on meeting your priorities for year one.

Whilst there has been financial investment from the Scottish Government in this area within the past year, staffing challenges and increasing workload has led to significant pressure and impact on the Alcohol and Drug Partnership support team and consequent impact on workstreams. It is recognised that this return is incomplete due to those challenges however we will ensure it is fully complete within the coming months.

Priorities Year 2	Additional Information
The ADP strategy.	Remain the same
Develop community hubs throughout Argyll and Bute.	Remain the same
Expand on the whole families approach.	Remain the same
Continue to deliver to the requirements of the national mission.	Remain the same
Implement the revised approach to children and families.	Remain the same
Initiate MAT standards.	Remain the same

Allied Health Professionals (AHP)

Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	First cycle reported to SLT and supported with investment and service redesign requirements over next year. Cycle two planned spring 2023. Health & Care Staffing Act implementation in 2024.	Yes	
Develop a dashboard for visible demand and activity data for AHP teams.	Work underway with Performance Management Team. IMPF submission for AHP's complete. Working on process for collating all AHP minimum data for analysis. Work with MS365 for daily activity App	Yes	
Scope offer of first contact physiotherapy to remote and rural practices.	Project progressed with fixed-term band 7 physio to establish plans for smaller practices. Currently 16 out of 31 practices have FCP service which is 80% of Argyll and Bute's total Population	Yes	
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	Training offered, 6 AHP attended, plan in place to recruit further staff for TURAS module. Service pressures have impacted.	Yes	
Review of recruitment within AHP professions and enhance skill set opportunities g. Increase number of advanced practice roles, therapy assistant support to qualify as an AHP.	New admin & assistant roles being trialled in Occupational Therapy, Podiatry, Learning Disabilities and Paediatrics. No progress with work-based professional apprenticeships due to national issues. Increasing number of overseas recruits.	Yes	

Engagement activities taken place 2022/2023

Engagement within HSCP and within national meetings. Completed NHS Education Scotland AHP Fellowship including presenting to NHS Education Scotland AHP conference on Priority area 1

Challenges or barriers which impacted on meeting your priorities for year one.

Lack of simple data collection mechanism due to multiple systems.
Lack of capacity and system pressures impacting on ability of staff to attend training
Lack of board or HSCP Workforce Planning meetings to oversee and support progress.

Priorities Year 2	Additional Information
Agree service specifications for all AHP Services and roll-out Job planning within teams.	Initial scoping of all board services complete Draft Service specs being progressed.
Address long waits-all over 52 weeks become priority 1. Establish rigorous triage in all AHP teams.	Year 2 implementation of ACRT (Active Clinical Referral Triage) & PIR (Patient Initiated Review) across all teams.
Aim to have all practices offering First Contact physio.	80% coverage
Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy	Prevention business case Paediatric Band 7 role focussing on triage and training Embed actions of Establishment Setting recommendations to support

living.	capacity still required. Service pressures and Covid catch up making lower priority work unachievable.
Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.	Increasing placements offered across all professions.
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	First cycle reported to Senior Leadership Team and supported with investment and service redesign requirements over next year. Cycle two planned spring 2023. Health & Care Staffing Act implementation in 2024.
Develop a dashboard for visible demand and activity data for AHP teams.	Work underway with Performance Management Team. IMPF submission for AHP's complete. Working on process for collating all AHP minimum data for analysis. Work with MS365 for daily activity App.
Scope offer of first contact physiotherapy to remote and rural practices.	Project progressed with fixed-term band 7 Physio to establish plans for smaller practices. Currently 16 out of 31 practices have FCP service which is 80% of Argyll and Bute's total population.
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	Training offered, 6 AHP attended, plan in place to recruit further staff for TURAS module. Service pressures have impacted.
Review of recruitment within AHP professions and enhance skill set opportunities g. Increase number of advanced practice roles, therapy assistant support to qualify as an AHP.	New admin & assistant roles being trialled in OT, Podiatry, LD and Paeds. No progress with work-based professional apprenticeships due to national issues. Increasing number of overseas recruits.

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Priorities Year 1	Progress	Carried over to year 2	R A G
Continue to work closely with our Carer Centre Services to deliver on A&B Caring Together Strategy.	We continue to meet regularly, attend training and development events.	No	
We will develop a Carer APP which will assist in the sharing of information and provide guidance to carers.	Young Carer App developed and now in use.	No	
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	In progress	Yes	
There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers during the planning of services and recognising their involvement as an equal partner in care. This will include guidance on how we communicate and work together.	Developed and out for feedback. Will be in place by end of April.	No	
Develop and implement processes to ensure that Carers Support Plans, Young Carers Statements, and Emergency Plans are completed, and the information is shared across all services as agreed.	Completed	No	
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	In Progress	Yes	
We will work collaborative with Carers and Carer centres to create a Carer Pathways.	Completed	No	
We will work to develop guidance to support carer visibility and involvement prior to hospital discharge.	Completed , Poster, Leaflets	No	
Review and update of our Caring together strategic plan.	Delayed as awaiting the new National Carer Strategy.	Yes	
Increase our involvement with education and raising Young carer Awareness.	Brought forward from year 2 completed.	No	

Engagement activities taken place 2022/2023

Consultations, developments sessions, shared learning, meetings with 3rd sector and education.

Challenges or barriers which impacted on meeting your priorities for year one.

Competing priorities.

Priorities Year 2	Additional Information
We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.	Year 2
In collaboration with Carers, develop a plan to ensure that feedback and input from Carers are	Year 2

included in all appropriate planning and decision making and within the Carers' participation and engagement statement.	
Review of the current Eligibility Criteria for Adults and Young People.	Year 2
There will be a learning and development plan to support implementation and knowledge of the Carers (Scotland) Act.	In progress
We will increase Communication and engagement; ensuring carer's voices are heard. Produce an Engagement framework.	In Progress
Review and update of our Caring together strategic plan.	Delayed as awaiting the new National Carer Strategy.

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Prevention Programme

Priorities Year 1	Progress	Carried over to year 2	R A G
Establish Health Behaviour Change training within the HSCP.	Health Behaviour Change training has been rolled out	Yes	
Communication & engagement plan developed and rolled-out. Changed to Co-production of Community assets (Strand 2 of programme)	A co-production plan has emerged with partners in Live Argyll, Argyll & Bute Council, MacMillan & Third Sector Interface. We are engaging with Living Well Networks and Locality Planning Groups. Co-production planning is arranged top focus on delivery of the Living Well Strategy priorities with a focus on building community assets.	Yes	
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	(Strand One of programme) We have drafted an options appraisal around developing a 12 week Wellbeing & Physical Activity programme and are progressing to exploring funding opportunities.	Yes	

Engagement activities taken place 2022/2023

Multi-agency group set up.
Co-production workshop with Strategic Commissioning Market Facilitation group
Wellbeing survey out for public views currently
Attended Locality Planning Group's

Challenges or barriers which impacted on meeting your priorities for year one.

Access to funding for Wellbeing & Physical Activity programme could be an issue, HSCP Transformation funding allowance has reduced. Minimal offers of co-funding from other partners.

Priorities Year 2	Additional Information
Continue Health Behaviour Training and consider workforce development of prevention /public health agenda.	Remain the same
Continue work outlined in Strand 1 & 2.	Remain the same
Establish Health Behaviour Change training within the HSCP.	Health Behaviour Change training has been rolled out
Communication & engagement plan developed and rolled-out. Changed to Co-production of Community assets (Strand 2 of programme)	A co-production plan has emerged with partners in Live Argyll, Argyll & Bute Council, MacMillan & Third Sector Interface . We are engaging with Living Well Networks and Locality Planning Groups. Co-production planning is arranged top focus on delivery of the Living Well Strategy priorities with a focus on building community assets.
Collate ideas to increase prevention and early intervention in preparation for National Care Service roll-out.	(Strand One of programme) We have drafted an options appraisal around developing a 12 week Wellbeing & Physical Activity programme and are progressing to exploring funding opportunities.

Priorities Year 1	Progress	Carried over to year 2	R A G
Implement the new ECLIPSE IT system and increase the number of community health staff using the single health and social care IT system.	On course for completion May/June 23.	No	
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed	Yes	
Complete the final phase of our "Drone" beta service for clinical logistics in the West of Argyll leading national innovation in the use of this technology in the Scottish Health service.	Phase 1 and 2 complete. Phase 3. In essence this is a 6 month "Beta test" with a live logistics delivery service programme. This would be the final stage of establishing the integration of "beyond visual line of sight" (BVLOS) drones into our normal clinical logistics transport network.	Yes	

Engagement activities taken place 2022/2023

Eclipse key messages regularly distributed to staff. Staff Survey

Drone has had high media coverage [Covid in Scotland: Drones to carry Covid samples - BBC News](#)

Challenges or barriers which impacted on meeting your priorities for year one.

Funding delays within set time frames.

Staff shortages at times

Priorities Year 2	Additional Information
Progress the National Care Service Implementation programme once primary legislation is in place from June 2022. Implement when defined single integrated digital services for health and social care staff as part of new Community Health and Social Care Boards.	Ongoing
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	Ongoing
Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.	Ongoing
Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll & Bute Council and NHS Highland.	Increased Electric Vehicle charging facilities and continues to plan for more. Over the next year further fleet cars will be replaced with Electric vehicles.
Complete our digital transformation where more is accomplished with less because of new ways of working by enhancing the Digital literacy and skills of our workforce - "Our people will need to train in new skills and adopt working in different ways- collaboration".	New digital initiatives are part of and included within the HSCP Digital Modernisation board for regular review. Survey to identify specific further training needs for our staff to be arranged.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed

Complete the final phase of our “Drone” beta service for clinical logistics in the West of Argyll leading national innovation in the use of this technology in the Scottish Health service.

Phase 1 and 2 complete. Phase 3. In essence this is a 6 month “Beta test” with a live logistics delivery service programme. This would be the final stage of establishing the integration of “beyond visual line of sight” (BVLOS) drones into our normal clinical logistics transport network.

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Technology Enabled Care

Priorities Year 1	Progress	Carried over to year 2	R A G
Work on finding a digital solution within the pilot area.	Digitally ready devices are being rolled out both as and when clients switch to a digital line and for all new clients in the Oban and Mull areas.	No	
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	We continue to promote our service utilising newsletters, roadshows etc and working alongside colleagues to ensure familiarity with digital care solutions available. Digital exclusion is still an ongoing issue and will be nationally, we know for some of our more remote residents eg those living on the islands this is a risk and we are working with the LPGs, Living Well Coordinators etc to ensure this is minimised.	Yes	
Ensure TEC is a core service embedded in all aspects of delivery of care.	We are working to ensure TEC is wrapped round our patients and clients at every stage of care delivery. We have Technician presence at MDTs, virtual ward meetings etc. we are cross referencing hospital admissions with TEC clients, which allows us to prioritise those most in need.	Yes	
Encourage promotion of all services throughout patients/clients journey.	We recognise the changing need of patients and clients as they journey through services, we are working to promote remote health monitoring across primary care, TEC based solutions when patients require secondary care and ensure this support is ongoing.	Yes	
Supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care.	We continue to work to upskill colleagues to work with TEC. Examples of this are the work we are doing to address those on the unmet need list, working with the Mental Health teams to direct referrals into the Silvercloud programme. Frequent callers will be highlighted.	Yes	
Continue to develop NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel.	We are promoting the use of Near Me wherever possible, working with the islands in particular as part of the Digital Hub development. Promotional materials are being heavily utilised to increase awareness of the option to have consultations and appointments via Near Me, especially when these are to occur in Glasgow sites.	Yes	

Engagement activities taken place 2022/2023

TEC team presence at HSCP public events, Just Checking awareness sessions.

Challenges or barriers which impacted on meeting your priorities for year one.

Staffing instability and increased demand resulted in the Telecare team being under sustained pressure during last Summer. This impacted our ability to conduct reviews as when due and our resource to attend hospital team meetings and virtual wards etc. so meant we were not as proactive as intended. Additional resource has been allocated for Year 2 which will be of great benefit.

Availability of digitally ready devices has hugely affected our Analogue to Digital roll out which again meant we have had to be reactive when clients switched to a digital line. Supply issues do look to be improving and we are hopeful to have a majority of telecare clients switched over by the end of Year 2.

Priorities Year 2	Additional Information
Expand digital solution across Argyll and Bute.	Continue to progress the roll out of digitally ready devices across Argyll & Bute.
Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll & Bute.	We continue to promote our service utilising newsletters, roadshows etc and working alongside colleagues to ensure familiarity with digital care solutions available. Digital exclusion is still an ongoing issue and will be nationally, we know for some of our more remote residents eg those living on the islands this is a risk and we are working with the LPGs, Living Well Coordinators etc to ensure this is minimised.
Ensure TEC is a core service embedded in all aspects of delivery of care.	We are working to ensure TEC is wrapped round our patients and clients at every stage of care delivery. We have Technician presence at MDTs, virtual ward meetings etc. we are cross referencing hospital admissions with TEC clients, which allows us to prioritise those most in need.
Encourage promotion of all services throughout patients/clients journey.	We recognise the changing need of patients and clients as they journey through services, we are working to promote remote health monitoring across primary care, TEC based solutions when patients require secondary care and ensure this support is ongoing.
Supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care.	We continue to work to upskill colleagues to work with TEC. Examples of this are the work we are doing to address those on the unmet need list, working with the Mental Health teams to direct referrals into the Silvercloud programme. Frequent callers will be highlighted.
Continue to develop NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel.	We are promoting the use of Near Me wherever possible, working with the islands in particular as part of the Digital Hub development. Promotional materials are being heavily utilised to increase awareness of the option to have consultations and appointments via Near Me, especially when these are to occur in Glasgow sites.

Coporate Services

Priorities Year 1	Progress	Carried over to year 2	R A G
Identify estate rationalisation opportunities as part of Councils “Our Modern Workspace” project.	This work is ongoing within the Council with the creation of “Working from Home” policies to support new ways of working.	No	
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	On course for completion May/June 23.	Yes	
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed.	Yes	
Obtain funding and expand our electric vehicle charging point infrastructure by 30 and our electric vehicles by 35.	The HSCP will have installed 30 additional charging points across A&B and has placed an order for 53 Electric vehicles.	No	
Complete the final phase of our “Drone service” beta service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health service.	Phase 1 of this project, a proof of concept, was conducted in June 2020 Phase 2 piloting a “live” service in February to May 2021 covering Mull and Iona Community Hospital, Easdale Surgery, Mid Argyll Community Hospital and Integrated Care centre Lochgilphead and Lorn and Islands Rural General Hospital Oban. Following the success of these previous phases, the Unmanned Drone Logistics project is moving to its final critical test stage – Phase 3. In essence this is a 6 month “Beta test” with a live logistics delivery service programme. This would be the final stage of establishing the integration of “beyond visual line of sight” (BVLOS) drones into our normal clinical logistics transport network. Skyports has obtained funding from the European Space Agency and the UK Space Agency to operate this service under a “Transponder Mandatory Zone” (TMZ) airspace structure which would be the first in the UK to be used for BVLOS medical deliveries. What this means is that crewed and un-crewed aircraft such as the drones operating in this project can fly together in unsegregated airspace. This allows us to move away from restricted air corridors which other aircraft cannot access while greatly improving the integration of un-crewed aircraft into current airspace structures. This integration piece is the crucial ‘unlocker’ of permanent BVLOS drone medical deliveries in the UK.	Yes	

Engagement activities taken place 2022/2023

Full staff Engagement ongoing regular Fleet newsletters. Staff Electric Vehicle Surveys also carried out.
Eclipse regular staff communication i.e. Key messages
Drone has had high media coverage [Covid in Scotland: Drones to carry Covid samples - BBC News](#)

Challenges or barriers which impacted on meeting your priorities for year one.

Getting funding granted within set time frames.
National shortages continue for all vehicles experiencing delay's in replacing vehicles with electric

Priorities Year 2	Additional Information
Progress the National Care Service Implementation programme once primary legislation is approved. Support when defined single integrated corporate services for health and social care staff as part of new Community Health and Social Care Boards.	Ongoing.
Implement once for Scotland T&Cs service facilitating blended/remote working for our staff and aiding recruitment and retention.	A&B HSCP are progressing with the development of Home working policies to support blended / remote working.
Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.	Ongoing procurement of Electric vehicles will support the HSCP deliver this target. The HSCP is working with University of Stirling to Telematics analysis will support the HSCP to maximise the efficiencies of the fleet.
Complete our digital transformation where more is accomplished with less because new ways of working with or without technology. Digital transformation is not about technology only – Our people will need to train and adopt working in different ways- collaboration.	New digital initiatives is part of and included within the HSCP Digital Modernisation board for regular review.
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	On course for completion May/June 23.
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using Microsoft Teams federation.	Phase 1 of federation completed. Provides instant messaging, calendar access and presence management. Phase 2 of this national project timescale still to be agreed.
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ENGAGEMENT – WHAT YOU TOLD US

A single 'Engagement and Communications Action Plan' was developed for the HSCP Joint Strategic Plan Progress Year One Report to act on the declared vision that:

We want to ensure that everyone has the opportunity to let us know how A&B HSCP are doing, now we are one year into the Joint Strategic Plan.

Community Drop in Events were held throughout Argyll and Bute, and we will continue to hold further events in June 2023 with our more remote and Island communities, including an online drop in event. Chief Officer Fiona Davies published an Online Vlog :<https://bit.ly/JSPVlogApr23>
An Online Survey was also available for our communities to share feedback.

Theme of events:

How are we doing? What's Working Well? What are the challenges and barriers of accessing services and what can we do different?

Do you think we are meeting these 4 priorities?

- **Choice and Control & Innovation**
- **Prevention Early Intervention and Enablement**
- **Living Well and Active Citizenship**
- **Community Co-Production**

What are we doing well and/or what could we do better to meet these priorities?

We would like to express our thanks to everyone who attended a drop in event, completed a survey and watched the Vlog. We very much appreciate your time and valuable feedback.

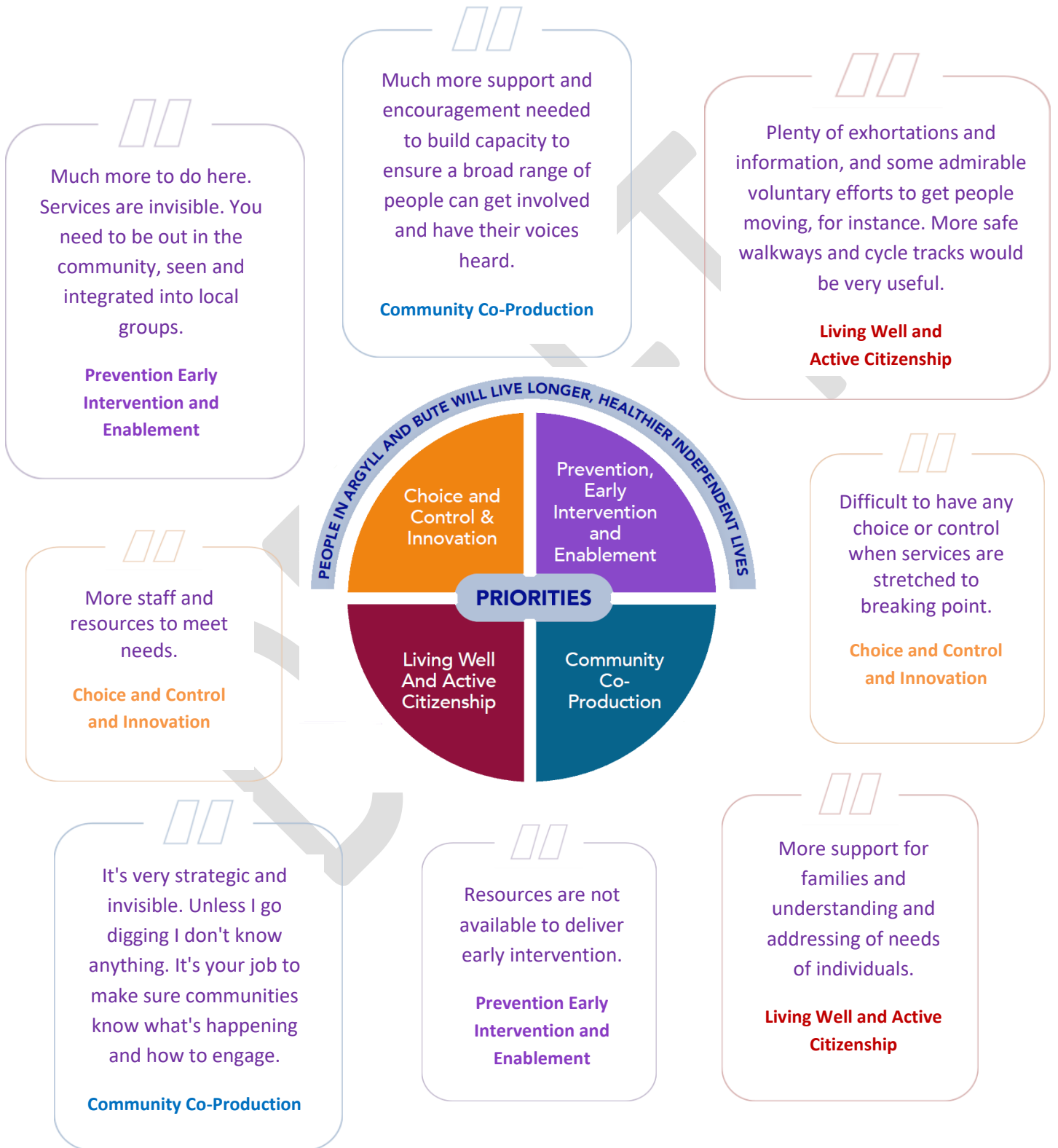
Drop in Events 2023		
Oban Atlantis Centre Function Room	Monday, 17 April	10 Participants
Campbeltown Town Hall	Tuesday, 18 April	5 Participants
Lochgilphead Community Centre	Thursday, 27 April	21 Participants
Inveraray Nicholl Hall	Thursday, 27 April	1 Participant
Helensburgh Civic Centre Annex 1	Thursday, 27 April	6 Participants
Dunoon Queens Main Hall	Thursday, 4 May	7 Participants
Bute Discovery Centre Exhibition	Thursday, 4 May	20 Participants
Isle of Mull Craignure An Roth Centre	Tuesday, 6 June	2 Participants
Isle of Islay Bowmore Gaelic Centre	Tuesday, 13 June	6 Participants
Virtual	Tuesday 13 th June	0 Participants

Community Survey

(With the focus on Women's Health additional question were included within the survey)

Respondents
19

Results from the public survey, although from small numbers of people, provided feedback for potential improvements in areas related to the 4 priorities.



GAPS

If there was one change the HSCP could make towards our aim that 'people in Argyll and Bute will live Healthier and Independent lives', what would it be?

Benchmark with people about their experience of service receipt.

Be more realistic and stop promoting unrealistic plans that differ hugely from reality of situation.

Involving people earlier and more effectively in decisions that affect them and their communities.

More resources, money, staff and reduced waiting lists.

Listen to what PEOPLE want and how they want it, share information with other groups, find out what other groups are doing in the area.

More face to face work letting the community know about services.

STRENGTHS

What is the best thing about the health and social care services provided over the past year?

The increase in NHS Near Me. Being able to have phone consultations with GP as face to face not always needed and are harder to get.

The staff that go above and beyond.

Response to urgent and emergency need, health and social care, vaccination programme, local maternity services, remote vc/digital consultation expansion.

We can still access GP's here if we need them which isn't so easy in urban areas.

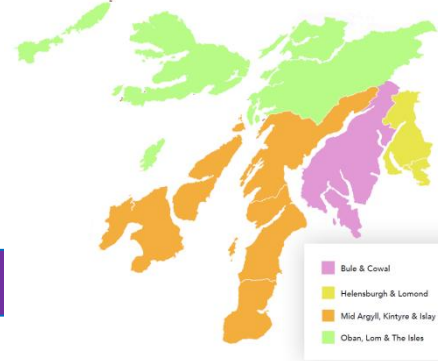
The Enablement team has been really good-responsive and helpful. Occupational Therapy service within that has been good.

Community Engagement.



Community Drop in Events

Total
Participants
78



GAPS- If there is one thing you could change what would it be?

Oban

- ◆ The 4 options, rurally don't often work.
- ◆ Most people default to an option as there is a lack of care companies in the area.
- ◆ Recruitment is providing difficult, with a reduced pool of available applicants. People then go on an "unmet needs" list this list is expanding rapidly.
- ◆ Carers get paid more in supermarkets.
- ◆ English lessons for Ukrainian people who want to provide care.
- ◆ Housing - no availability to attract staff to the area.
- ◆ Carers Act funding not ring fenced unspent carers fund put up for caring but no information.
- ◆ Loss of meals on wheels is a catastrophe!.
- ◆ Delayed discharges from Glasgow as no community Hospital.
- ◆ Recruitment challenges for carers on our islands.
- ◆ Difficult to recruit consultants.
- ◆ Wait over 2weeks for a blood test from Community Treatment and Care GP better.
- ◆ Issues with discharges and how unpaid carers aren't included.
- ◆ Disconnect from GP Surgery and hospital for bloods.
- ◆ Care - 15minute visits not workable. Not enough per client.
- ◆ Parking at hospital difficult but Lorne Medical Centre Better.
- ◆ Bus only stops at Hospital roundabout no hospital not good access.
- ◆ No social work team lead in Oban.
- ◆ Finance need to look at options -means that only people who can afford can get carer.
- ◆ Loss of service from Haematology from GGC.
- ◆ Previous consultation on care – Dumbeg – What happened?
- ◆ There are lots of Ukrainian nurses and carers in the area we need to employ them.
- ◆ One year contracts a problem- seasonal staff.
- ◆ Why do we pay agency staff more, Rather than pay agency, pay good carers a good rate.
- ◆ No social work team.
- ◆ In order to offer "best value", what steps is the HSCP taking to work with partners as equals in the delivery of the Self Directed Support framework of standards and the duties outlined in the Self Directed Support framework.

Campbeltown

- ◆ More Hospital beds required.
- ◆ Care 15minute visits are too quick not enough time to do everything.
- ◆ Need more investment in Social Care Staff.
- ◆ Meals on wheels required – Social contact
- ◆ Need more support for people caring for people at home – carer not able to work and need a break.
- ◆ Care- More respite.
- ◆ Differences of care across care providers.
- ◆ Respite for Carers is really needed- overnights/weekends– unable to make plans.
- ◆ Postnatal 6week check was not good. Mum not looked after. Only asked about contraception.
- ◆ Missed mothers health concerns.
- ◆ Really need a Dementia Day Care centre (woodlands would be perfect).
- ◆ No beds/availability at Kintyre Care Centre for people to remain local.

Lochgilthead

- ◆ Digital access to specialised clinics.
- ◆ Not enough knowledge of conditions.
- ◆ Lack of choice for making appointments.
- ◆ Time scales for appointments, referrals and results.
- ◆ Lack of support from Ethnic Minorities.
- ◆ Be listened too.
- ◆ Not be afraid to ask for help.
- ◆ Mid Argyll Community Hospital- A great facility for our town but only if you can get inside. A building of two halves, If you need emergency care the door is open and you are looked after. However if you want to keep yourself out of hospital by seeing a GP, good luck.
- ◆ Women in Mid Argyll struggling to get HRT.
- ◆ Male GP is the menopause specialist not good doesn't understand.
- ◆ Increase young people Mental Health Practitioners.
- ◆ Free classes Health Wellbeing.
- ◆ More community hubs with Technology Enabled Care to use.
- ◆ Lacking in support and practical help for children and young adults with Additional Support Needs.
- ◆ Not always receiving a full prescription.
- ◆ Often a lack of communication.
- ◆ Age discrimination.
- ◆ More home visits provided in certain circumstances.
- ◆ Distance to travel for appointments.
- ◆ More focus on the whole person not just the condition.
- ◆ Establish well Women and well Man clinics.
- ◆ Better communication between services.
- ◆ Home visits and evening clinics needed.
- ◆ Video conference with nurse present to take bloods or do other required tests and reviews of medication.
- ◆ Staff need support to fulfil training.
- ◆ Elderly greater options support to address lonely/isolation and keep skills.
- ◆ Access to services/Groups.
- ◆ Increase support to carers respite.
- ◆ Learn from the young what help them.
- ◆ More young people voices.
- ◆ No formal Mental Health group in Mid Argyll.

Inveraray

No feedback given

Helensburgh

- ◆ No breast screening after 70 have to make own appointment.
- ◆ Change of language in palliative NOT end of life – link to self managed.
- ◆ Where does self management sit within clinical – why is wellbeing not built in.
- ◆ Service level agreements – sent to Inverness.
- ◆ Link in with NHS 24 and Right Care and Right Time.
- ◆ Mental Health emergencies at night.
- ◆ Response for young carers in Mental Health breakdowns- advice/advocacy is third sector.
- ◆ 24month wait for MRI.
- ◆ People are going private.
- ◆ Need to engage voice of “patient of tomorrow”.
- ◆ Holistic approach in communities – not always need to go to GP.
- ◆ NHS 24 – child with asthma – did not call back.
- ◆ Are we addressing mum rights in our services?
- ◆ NHS 24 doesn't work properly.
- ◆ Service Level Agreement consultation on NHS 24.
- ◆ Team at schools about responsibility for health.

Dunoon

- ◆ Alignment of different plans – include education.
- ◆ Transition for young person did not happen.
- ◆ How are all service areas doing engagement?
- ◆ Patient/carers voice not captured.
- ◆ Prevention before Mental Health Team.
- ◆ Young family moving to work for NHS not given support for accommodation.
- ◆ Primary Care treatment rooms being developed this needs to be communicated.
- ◆ To know how voices are used.
- ◆ Breakfast meeting be good.
- ◆ Have a provider's event along with engagement.
- ◆ Transparency on governance structure.
- ◆ 20 new families moved to Innellan, not captured in locality data.
- ◆ Difference in population to Cowal and other rural locations since Covid.
- ◆ Locality Planning Group's needs engagement
- ◆ Education isn't part of the conversations – co-produce.
- ◆ Too much money going in to crisis rather than prevention.
- ◆ Can't get to see GP.
- ◆ Pharmacy under pressure but doing a lot.
- ◆ Better one hub for a MOT.
- ◆ Triage needs to be explained.
- ◆ 2 years diagnosis appointment for autism.
- ◆ Shaping places will be important.
- ◆ No NHS Dentistry here.
- ◆ Posters; should say things like...are you having trouble...
- ◆ Community Development Trust good to advertise.
- ◆ Communicate Children's Service Plan – are young carers included?
- ◆ Co-production – must have people on the boards from third sector, voluntary and education.
- ◆ Patient/carers not acknowledged in this plan.
- ◆ Great increase in career's assessment but huge

Dunoon Crossroad's Carers Centre

- ◆ Clear diagnosis so appropriate care can be put in place.
- ◆ Flexible day care.
- ◆ Kindness/compassion/understanding.
- ◆ Being able to access what you need when you need it.
- ◆ More things to do together Lunch/music/dance.
- ◆ Quick contact for guidance or assurance.
- ◆ Self direct support – yearly payment to use needed.
- ◆ Not listening to carer's opinion on changes of whom they care for.
- ◆ Struan lodge 9.30/10 – 2/3.00 – More flexible day care longer days/weekends.
- ◆ Hospitals cancelling appointments when you are at the hospital, they don't tell you till you are there.
- ◆ Being able to contact people if something goes wrong.
- ◆ Like minded support someone to turn to.
- ◆ More awareness of information/services/resources.
- ◆ No discharge packages.
- ◆ Should advertise day care more, longer day care.
- ◆ Better pay conditions – Career structure, review of contracts, treated as a professional.
- ◆ Later appointments
- ◆ Getting early appointments across the water that you have problems getting to.
- ◆ Knowing what help is available especially in advance.

Bute

- ◆ Peer group important.
- ◆ Continuity of counsellors in schools.
- ◆ Without support could end up in Criminal Justice System.
- ◆ Phoenix centre good example but not for everyone.
- ◆ Adult protection slow and stressful process.
- ◆ Autism to be included in teacher training.
- ◆ If proper support at beginning save money- mental health, prison, addictions.
- ◆ Not a lot working well for carers.
- ◆ No specialised children with disability team.
- ◆ Getting audiology equipment fixed.
- ◆ People with severe learning disabilities having their health concerns needs understood by health professionals.
- ◆ Autism friendly town initiatives.
- ◆ Fall between cracks if adult has autism.
- ◆ Place of safety does not need to be a hospital.
- ◆ Gap between funding on educational social work/health.
- ◆ Risk criteria too high for CALMS.
- ◆ Transfer from Larkfield – ask for Cognitive Behavioural Therapy, not provided.
- ◆ Mental health carers linked to Children and Young People support.
- ◆ No proper safe room for children.
- ◆ Make dentist more accessible.

Bute Crossroad's Carers Centre

- ◆ Lack of support for carer.
- ◆ Continuity in support.
- ◆ Not knowing where to get help/what is available- professionals not knowing.
- ◆ More services to suit needs not just learning difficulties.
- ◆ Carers recognised as a job/paid/financial support. I need help means I need help not "I'm not coping".
- ◆ It's a small community can be difficult in terms of confidentiality.
- ◆ Better education for professionals and implementation.
- ◆ Information and training for carers.
- ◆ Information on legal stuff e.g. guardianship, Power of Attorney (Costs?).
- ◆ Funding for services.
- ◆ Benefit battles - what is available no one tells us.
- ◆ Listen to carers/parents don't make them feel guilty and treating them as the problem e.g. prescribing anti-depressants. Help and support.
- ◆ Mandatory Teacher and education staff training.
- ◆ Breaks/regular respite.
- ◆ Treat carers with dignity and respect.
- ◆ Technology- help with costs of wifi/lpads etc.
- ◆ Better understanding compassion/empathy.
- ◆ Better/more support to cared for person to reduce pressure on carer.
- ◆ More services (workers) from Crossroads.
- ◆ Long diagnosis process.

Mull

- ◆ Homecare – Fragility, geographical barriers.
- ◆ Island impact assessment – not heard of one.
- ◆ Place of safety/quiet room at hospital – used for storage.
- ◆ Could this session have been delivered at groups rather than expect people to go out there way to attend an event.
- ◆ Third sector- case studies/story telling to promote the benefits to people who may need to use third sector services.
- ◆ Plan on the page be customised for each local area with the locality profiles.
- ◆ Safe and sound group widen further than mental health eg. Social support for older people.
- ◆ Social prescribing terminology bit off putting.
- ◆ Communication- how can this be better what were the key messages for the public from the IJB last week?
- ◆ Asset mapping what's available in communities.

Islay

- ◆ Lack of Social work.
- ◆ Addictions a huge issue – alcohol abuse
- ◆ Children’s psychiatric services not available.
- ◆ Scottish ambulance calls issues.
- ◆ Ferries access.
- ◆ Lack of women’s health services.
- ◆ Lack of Sexual health services.
- ◆ Not a lot of areas for young people to attend.
- ◆ Needs assessment for the Island. See it as a locality in itself.
- ◆ Confidentiality and privacy issues.
- ◆ Affordable housing.
- ◆ Lack of Islay reception on HSCP groups – LPGs.
- ◆ Local support required for dementia and palliative care.
- ◆ No specialist dementia care on the Island
- ◆ Responder service required.
- ◆ Community transport required. Support required co-production.
- ◆ Co-production between the third sector and statutory services.

STRENGTHS - What is the best thing about the Health and Social Care Services provided over the past year?

Oban

- ◆ JSP plan on a page good- easy to access and read.
- ◆ Advanced Paramedic in Lorn Medical centre was excellent.
- ◆ Amazing work done by Crossroads. More visible, good staff and nurturers.
- ◆ Hospital liaison carers established good.
- ◆ Carers centres well known locally.
- ◆ Use Social media for Good News stories – especially Social Workers.
- ◆ Learning from good outcomes.
- ◆ Brilliant Social work team in Oban!
- ◆ Good social workers and assistants in Oban- Got a care home place in Oban within hours.
- ◆ We have distilled well what is important for us within the HSCP Priorities.
- ◆ 18%increase in carers being supported carers centres is fabulous.
- ◆ Thanks makes a difference – kindness.
- ◆ 18/25% of unpaid carers being supported.
- ◆ Good news story about housing but should be told this (Locality Planning Group).

Campbeltown

- ◆ Maternity Services provided a weaning talk it was excellent.

Lochgilphead

- ◆ Access to free prescriptions.
- ◆ Access to free services including; screening testes-bowl, breast, smear, eye tests, hearing and dental checks.
- ◆ Access to prevention support; Physiotherapy, podiatry, suicide prevention, diabetes, speech therapy.
- ◆ Near Me for remote areas helps with access.
- ◆ Listening to community.
- ◆ More preventative work.
- ◆ More public information though possibly not enough communication reps.
- ◆ Digital access to some clinics reduces travel time.
- ◆ Mid Argyll Community Hospital- A building that will mean something to everyone. A place of employment for so many people. We are lucky to have this in our community. A hub of activity. Help and care.
- ◆ More Integration.
- ◆ Great Social work support in Mid Argyll.
- ◆ Joint working and planning.
- ◆ Improved websites- HSCP better known.
- ◆ Call centres improve contact from social work.

Inveraray

No feedback given

Helensburgh

- ◆ Out patients- Now call say would you like to go to "Vale".
-

Dunoon Crossroad's Carers Centre Group

- ◆ Nigh shift response - care provider
 - ◆ Social work quick response.
 - ◆ Cared for package in place prior to discharge.
 - ◆ Good relationships with Social workers
 - ◆ Feel included in hospital process.
 - ◆ Telecare
 - ◆ Groups at carer centre share information. Peer to peer.
-

Bute Crossroad's Carers Centre Group

- ◆ GP thinking of others.
 - ◆ Great increase in carer's assessment but huge pressure on carers centre.
 - ◆ If correct support – it works well for carers
-

Mull

- ◆ Shoots of support, CPN cover, GP support great they go above and beyond.
 - ◆ Some volunteers are involved in a range of things.
-

Islay

- ◆ There's a community are willing to help.
 - ◆ Healthy weight a success.
 - ◆ GPs are great.
-

Argyll and Bute Health and Social Care Partnership

Email: nhsh.strategicplanning@nhs.scot

Websites: <https://argyll-bute.gov.uk/health-and-social-care-partnership>
[About Argyll & Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk)



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If you would like to share feedback on the Joint Strategic plan and/or Specific Individual area. Please share your comments and feedback via our online survey [click here](#). A paper Survey can be requested please contact nhsh.strategicplanning@nhs.scot