



Argyll & Bute Health & Social Care Partnership

Annual Performance Report 2024 – 2025

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1. Foreword

We are pleased to publish the Annual Performance Report for the past year, covering 1 April 2024 to 31 March 2025.

This document sets out how the Argyll & Bute Health and Social Care Partnership (HSCP) has performed using internal management information, national indicators and performance against our year three priorities for the Joint Strategic Plan. It builds on the information published within previous reports to provide an overview on how we have improved, adapted and reshaped services during the reporting period.

The partnership is responsible for meeting local and national objectives and it is therefore important that we publicly report on how we are performing against the agreed outcomes.

The Annual Performance Report provides an opportunity to reflect on the past year, noting successes like the Bairn’s Hoose and reflecting on its challenges.

We thank all colleagues and partners for their ongoing efforts to deliver the vision for health and social care services and hope we can all share in the aim of delivering longer, healthier and independent lives.



Graham Bell
Chair of Argyll & Bute
Integration Joint Board



Evan Beswick
Chief Officer
Argyll & Bute HSCP

2. Introduction

Welcome to Argyll and Bute's Annual Performance Report (APR) for the year from 1 April 2024 to 31 March 2025 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

Each HSCP is responsible for publishing an Annual Performance Report (APR) which sets out how they are improving on the National Health and Wellbeing Outcomes (NHWBO). The APR also includes a core suite of national indicators which contextualises the data and provides a comparative and broader picture of local performance (see appendix).

Our internal management information reporting notes a dip in performance after a steady build over the course of the year. While not a significant drop the trajectory is being monitored as to whether the impact was an anomaly or related to winter pressure, or if other variables such as workforce availability had an impact. Performance is monitored quarterly as noted within the report.

A minimum of two data points are provided for each area. Due to the high number of variables monitored these are rotated within the annual submission.

3. A&B HSCP Performance Management and Governance



3.1 Overview

Performance management for the HSCP is underpinned by the Integrated Performance Management Framework (IPMF) and an associated Performance Dashboard. These were collaboratively developed with the HSCP's Strategic Leadership Team.

The IPMF includes quality and performance measures for each service area and also includes an overview of the HSCP's performance against Health & Wellbeing Outcome Indicators and Ministerial Steering Group Integration measures.

A quarterly report is provided to the Clinical and Care Governance Group and includes narrative from Heads of Service and Service Leads to highlight key actions to address performance, embed ownership, and identify key performance risks.

Each service area receives support from a data analyst. This has been successful in helping the IPMF evolve, through the revision of performance goals and targets and development of new more appropriate measures. The annual review of all the Key Performance Indicators (KPI's) in 2023-24 led to an increase in the number of specified service areas from 8 to 12 being monitored across 2024/25.

The monitoring and reporting of performance using the IPMF ensures the HSCP is able to measure delivery against national indicators and the objectives of the current Joint Strategic Plan which are:

- 1. Choice, Control and Innovation
- 2. Early Intervention & Enablement
- 3. Living Well & Active Citizenship
- 4. Community Coproduction

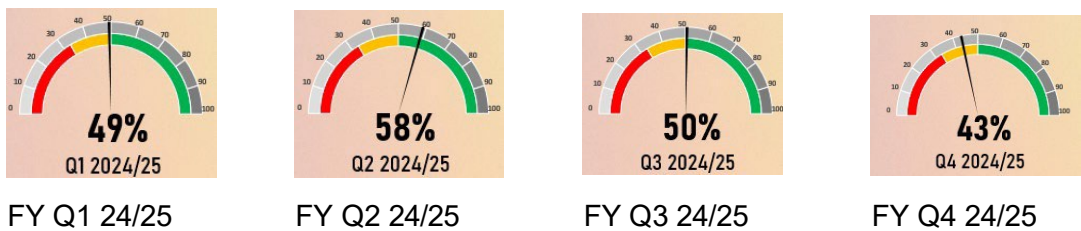
The HSCP is currently working on a new Joint Strategic Plan, including its strategic priorities and objectives. As a result the IPMF will be reviewed too.

4. Integrated Performance Management Framework 2024/25

The data used in this report focusses on two Key Performance Indicators (KPI's) against each of the 12 service areas identified within the IPMF, the data used utilises FQ1 to FQ4 (2024/25) and defines the quarter data using Financial Year as the benchmark. The data used is reflective of the wider integrated performance agenda encapsulated within the IPMF and includes service delivery and performance monitoring from all services. The Performance & Improvement Team have developed an annual review cycle which begins at Quarter 3 each year and forms the basis of an annual review of all the Key Performance Indicators (KPI's), with a view to explore new targets, improved performance and the development of new service KPI's. This review resulted in an improved alignment across 12 service specified areas being monitored over 2024/25, an increase from 8 service specified areas monitored in 2023/24.

4.1 Analysis of Key Performance

Overall performance against the 84 KPI has been broadly consistent with FQ1 and FQ3 reporting 49% and 50% KPIs on track respectively. FQ2 24/25 recording a peak of 58% on track however performance noted a fall to its lowest recorded in FQ4 at 43%. This is explored further in the narrative.



Service performance for FQ4 24/25 identifies performance against the 12 service reporting categories as below:

CHILDREN & FAMILIES & JUSTICE

DAVID GIBSON

ON TRACK	1
OFF TRACK	6

14%

PLANNING, PERFORMANCE & TECHNOLOGY

CHARLOTTE CRAIG

ON TRACK	3
OFF TRACK	10

23%

PRIMARY CARE

FIONA DUFF

ON TRACK	5
OFF TRACK	5

50%

PUBLIC HEALTH

ALISON McGRORY

ON TRACK	3
OFF TRACK	2

60%

FINANCE

JAMES GOW

ON TRACK	1
OFF TRACK	5

17%

CARERS

LINDA CURRIE

ON TRACK	3
OFF TRACK	1

75%

ALLIED HEALTH PROFESSIONALS (AHPs)

LINDA CURRIE

ON TRACK	4
OFF TRACK	3

57%

DELAYED DISCHARGES

CAROLINE CHERRY

ON TRACK	2
OFF TRACK	4

33%

ADULT SOCIAL CARE

CAROLINE CHERRY

ON TRACK	3
OFF TRACK	1

75%

COMMUNITY HOSPITALS

CAROLINE CHERRY

ON TRACK	5
OFF TRACK	0

100%

ADULTS (LONG TERM CONDITIONS) / ASP

NICOLA GILLESPIE

ON TRACK	1
OFF TRACK	7

13%

RURAL GENERAL HOSPITAL (LH)

NICOLA GILLESPIE

ON TRACK	5
OFF TRACK	4

56%

The performance narrative attached to each of the KPI’s is used to demonstrate key areas of continued improvement for the HSCP and is supported by an Annual Performance & Improvement Review Cycle, this ensure that all KPI’s are revisited yearly, and updates and improvement made to ensure performance objectives remain both relevant and supportive.

This analysis identifies performance across the 12 service reporting categories within the Integrated Performance Management Framework (IPMF) and performance commentary is provided by Heads of Service and Service Leads as part of their one-to-one sessions with analysts.

4.2 Children & Families

Children & Adolescent Mental Health Services (CAHMS) will increase the proportion of children and young people seen within 18 weeks of referral

CAHMS services performance is reported nationally with the 18-week target of 90% set at a national level. Trend analysis indicates that for 2024/25, the CAHMS services have not met the target of 18 weeks across all four quarters. Quarterly performance peaked at 72.7% in Q2, and Q3 recorded the lowest at 39.4 being 46% off target. Over the year period 114 young people were seen by the service with 62 of those being seen within the 18 weeks from referral target resulting in 54% being seen within the timeframe.

Children & Adolescent Mental Health Services (CAMHS) will increase the proportion of children and young people seen within 18 weeks of referral

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
% seen within 18 wks of total waiting	60.0%	72.7%	39.4%	57.1%
Target	75%	80%	85%	90%

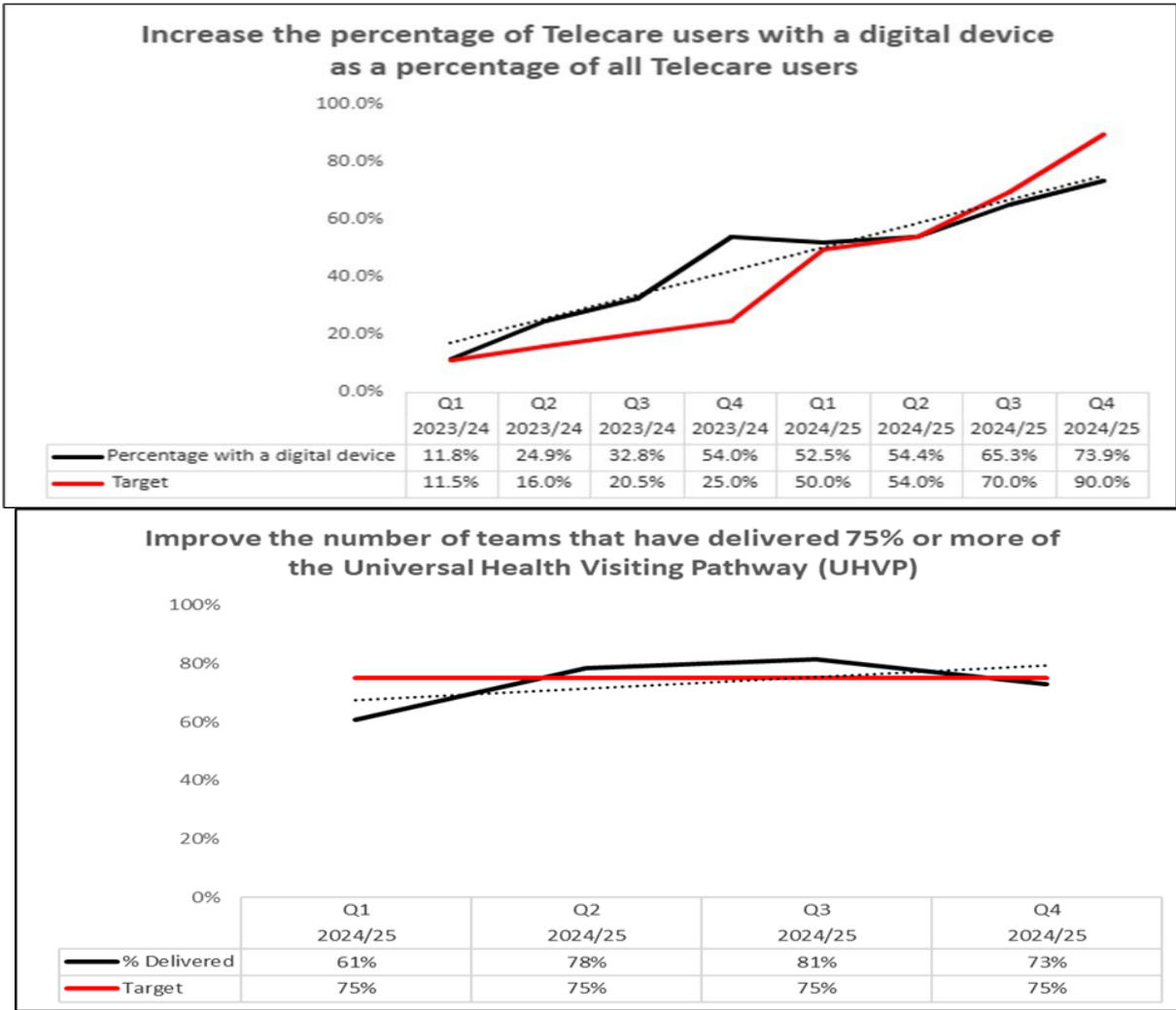
Improve the number of teams that have delivered 75% or more of the Universal Health Visiting Pathway (UHVP)

Performance has been stable across the year, with trend analysis indicating that performance improved through the year with both Q2 and Q3 achieving above target. There were 2260 UHPV's due during the year with 1683 being delivered. Teams averaged a 73% delivery rate across the year

4.3 Strategic Planning & Performance, Telecare & Digital

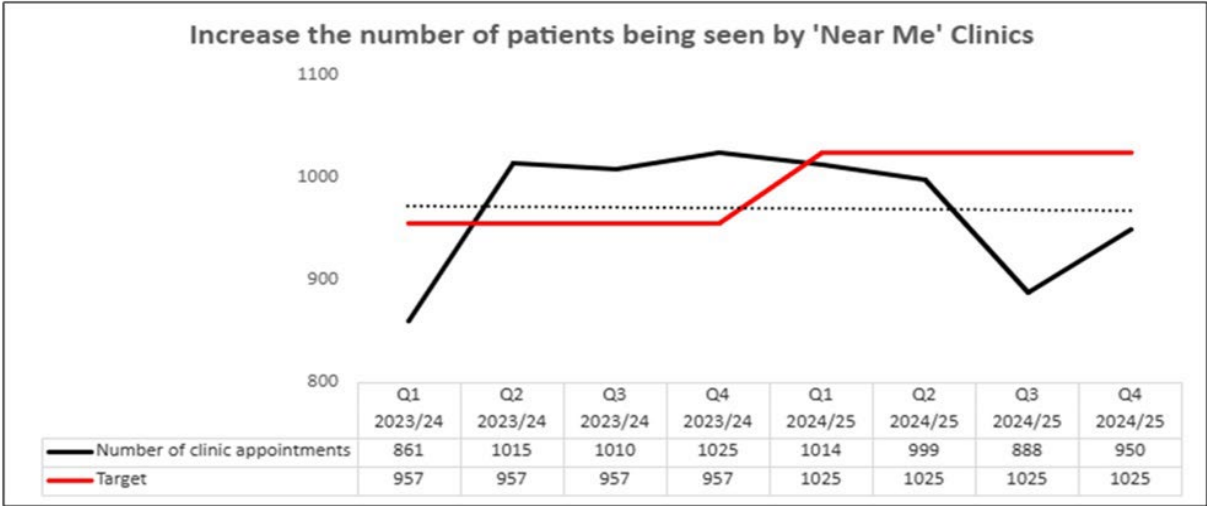
Increase the percentage of Telecare users with a digital device as a percentage of all Telecare users.

The proportion of telecare clients with a digital device has increased steadily throughout the year, rising from 52.5% in Q1 to 73.9% in Q4. This demonstrates consistent progress, however the rolling target of 90% digital adoption by year end was not achieved, with 73.9% recorded at FQ4, 16.1% below target.



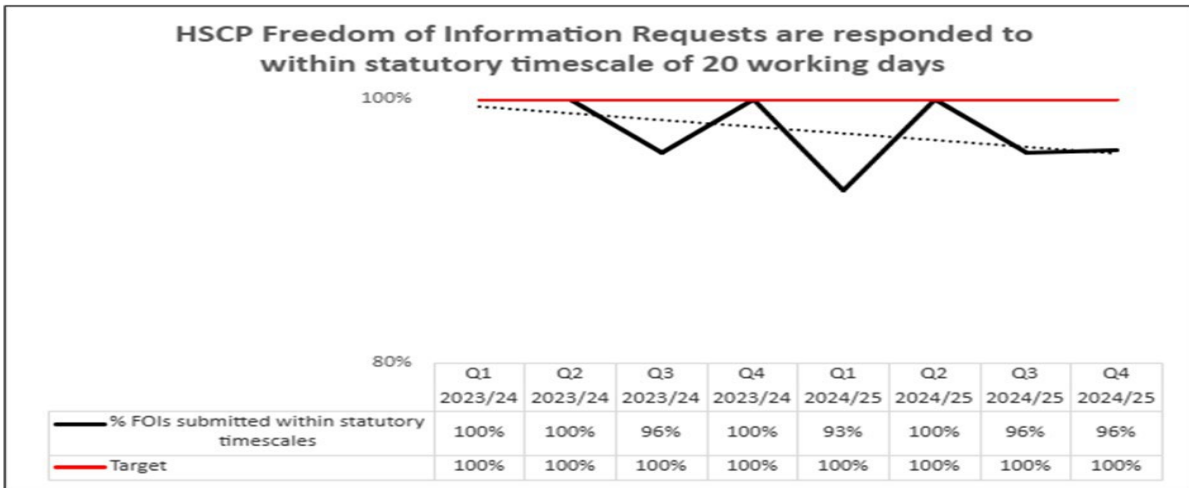
Increase the number of patients being seen by 'Near Me' Clinics

The number of digital clinic appointments delivered via the Near Me platform for Argyll and Bute residents varied across the quarters compared to the target of 1,025 appointments per quarter. The year began close to target with 1,014 appointments in Q1 and 999 in Q2, both marginally below the target



Health and Social Care Partnership Freedom of Information (FOI) requests are responded to within statutory timescale of 20 working days

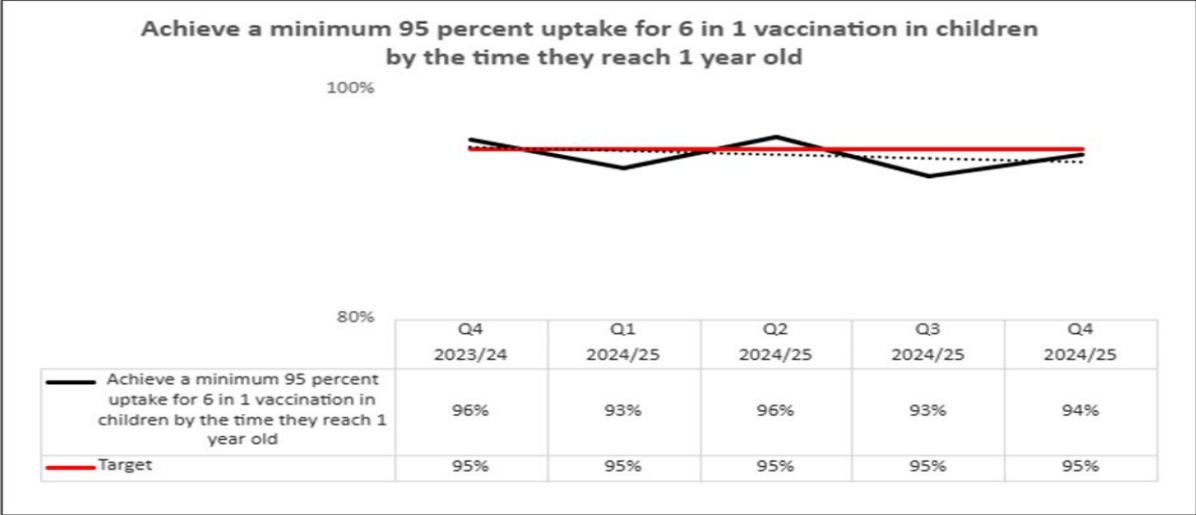
The proportion of Freedom of Information (FOI) responses submitted within statutory timescales showed high compliance but did not consistently meet the 100% target. Quarterly target of 100% was met in FQ2. Q3 and Q4 each recorded 96%, while Q1 was the lowest at 93%



4.4 Primary Care

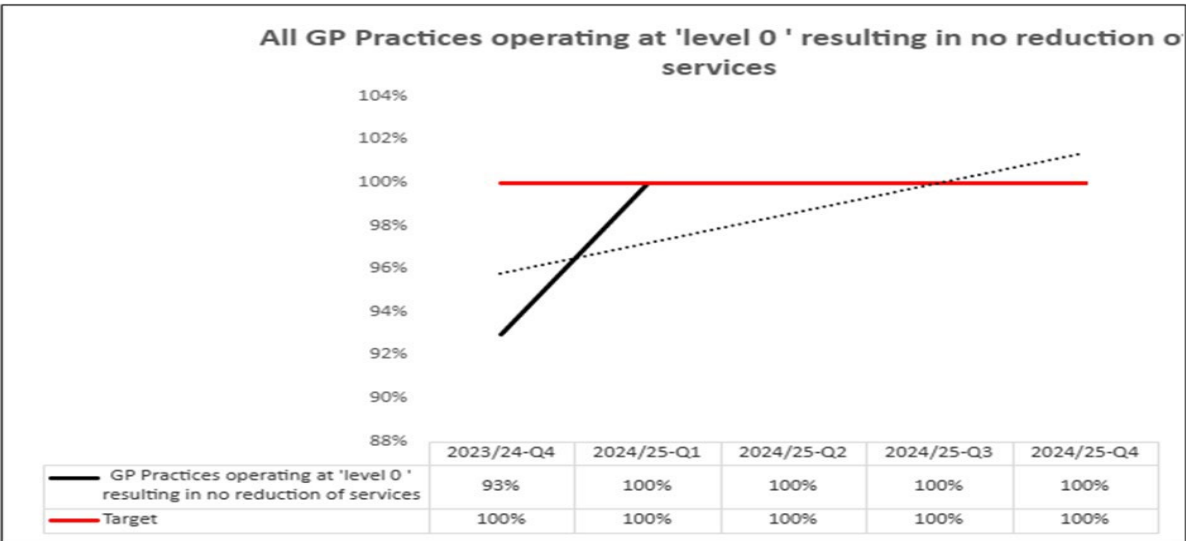
Achieve a minimum 95 percent uptake for the 6 in 1 vaccination in children by the time they reach 1 year old.

Uptake of the 6-in-1 vaccination in children by age one remained close to the 95% target across all quarters. The target was met in Q2 with a recorded uptake of 96%. In Q1, Q3, and Q4, uptake was slightly below target at 93%, 93%, and 94% respectively.



All GP practices operating at 'level 0' resulting in no reduction of services

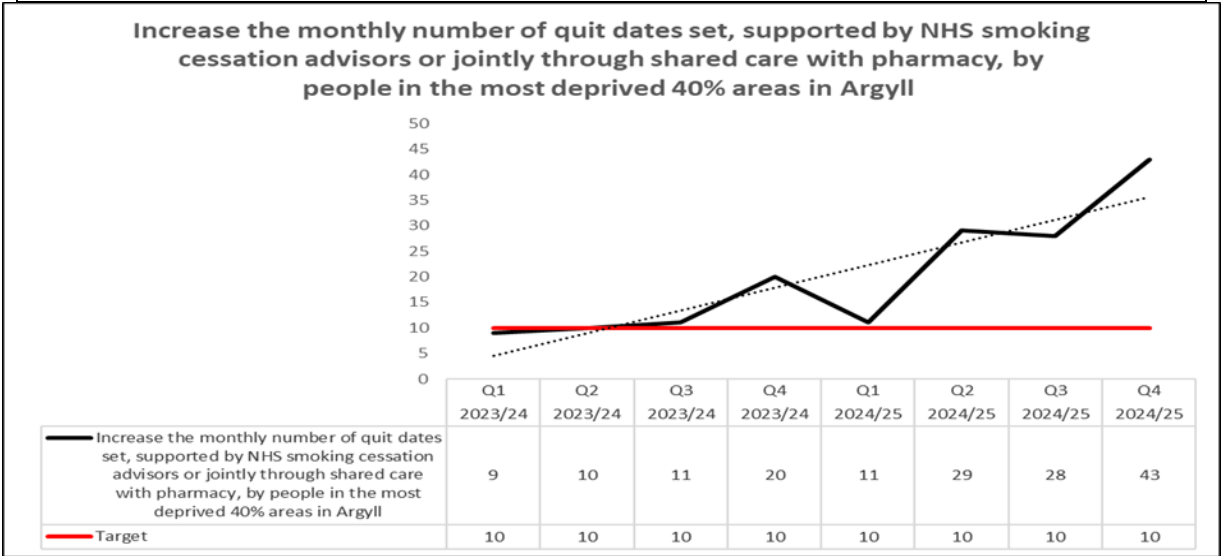
GP practices consistently operated at 'Level 0', indicating no reduction in service delivery across all four quarters. The target of 100% in every period was met, demonstrating full service availability and no reported service constraints within general practice during the year. Add locum usage



4.5 Public Health

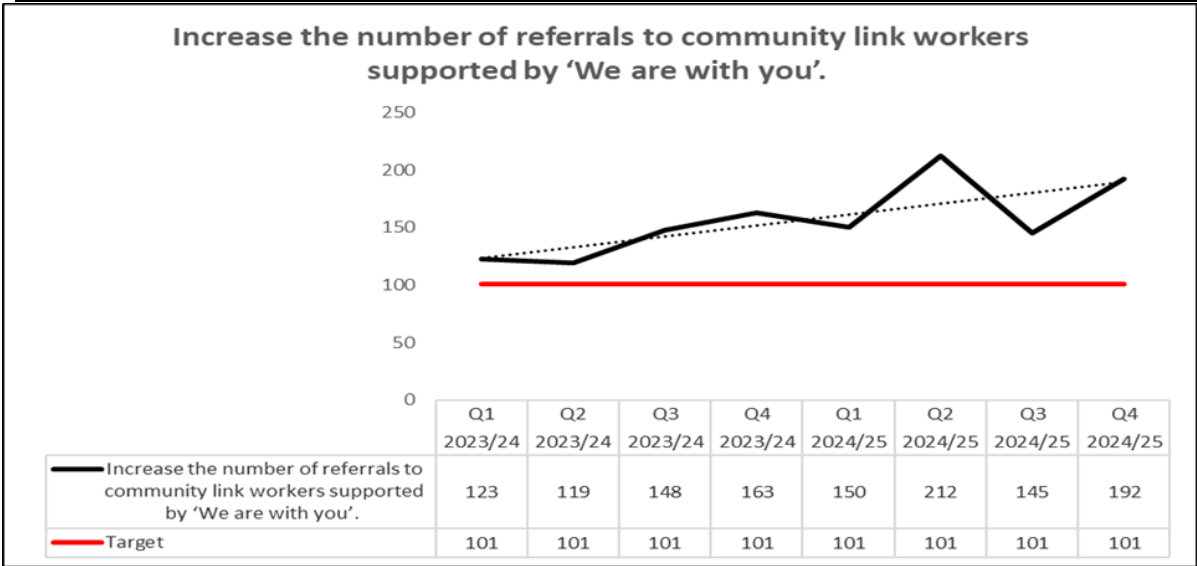
Increase the monthly number of smoking quit dates, supported by NHS smoking cessation advisors or jointly through shared care with pharmacy, by people in the most deprived 40% areas in Argyll.

Over the past year, performance has consistently exceeded the target of 10 each quarter. Overall, the number of quit dates set reflected an upward trend in performance, with quit dates rising from 11 in Q1 to a year end peak of 43 in Q4.



Increase the number of referrals to community link workers supported by the “We are with you” service.

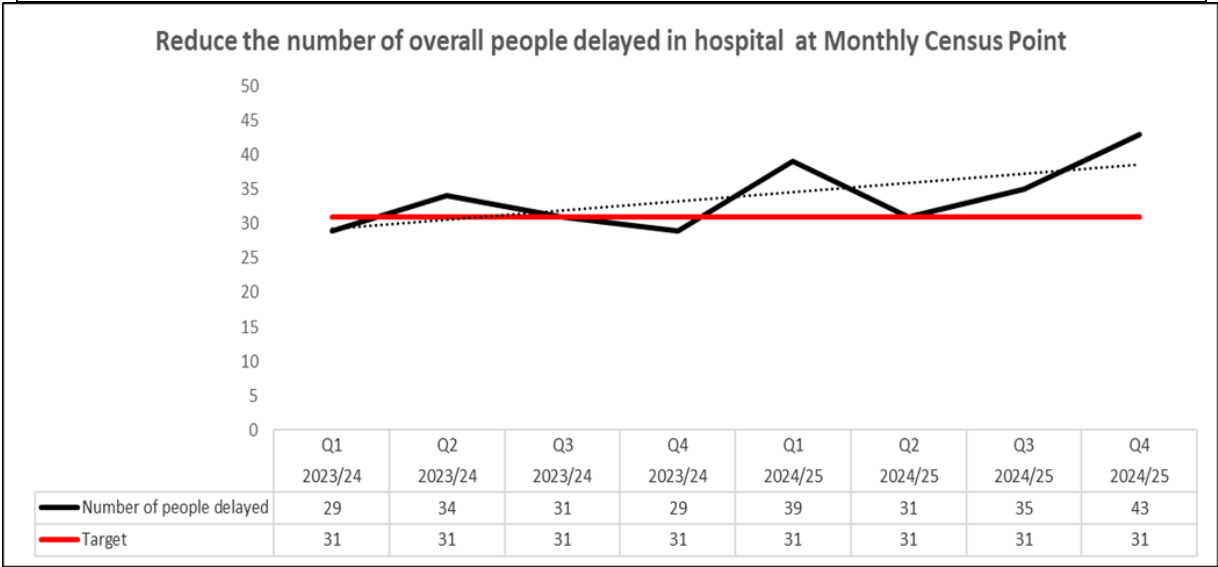
Performance has consistently exceeded the target of 101 throughout the year, demonstrating a strong upward trend across all four quarters of 2024/25. Q2 recorded the highest number of referrals at 212 against a target of 101, representing a 107.8% increase above target.



4.6 Hospital Care & Delayed Discharge

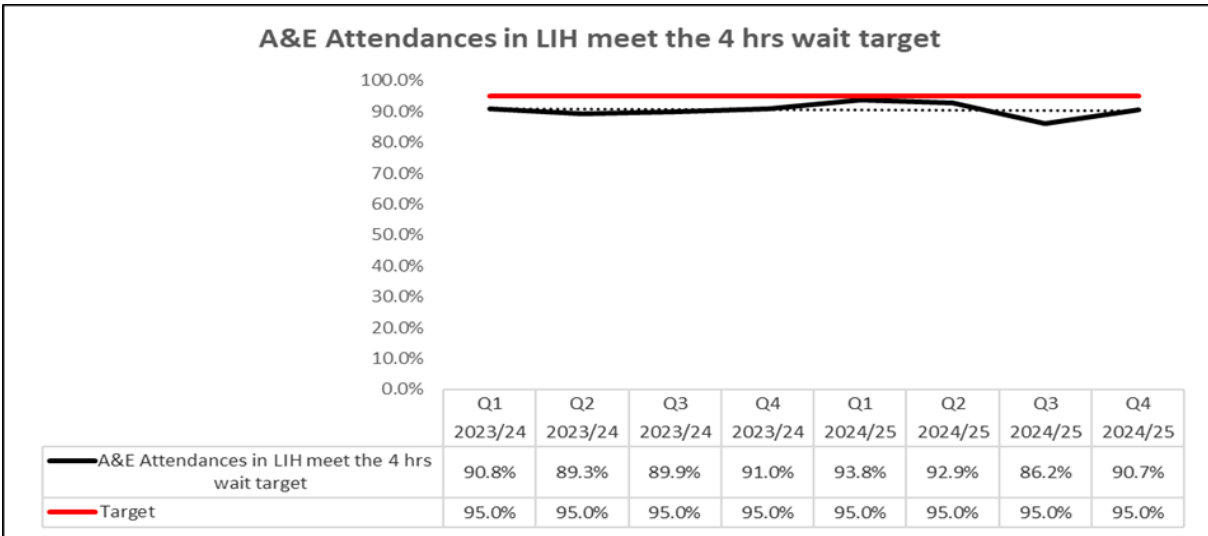
Reduce the number of people delayed in hospital at Monthly Census Point

Over the past year, our target was to sustain our performance in relation to the overall number of people delayed in hospital to no more than 31 at census point. This was achieved in Q2 only, and the number of delayed people spiking at 43 by Q4. The fluctuation in performance highlights the systems pressures faced. There is a significant ongoing effort to manage delayed discharges.



A&E Attendances in A&B hospitals meet the 4 hrs wait target

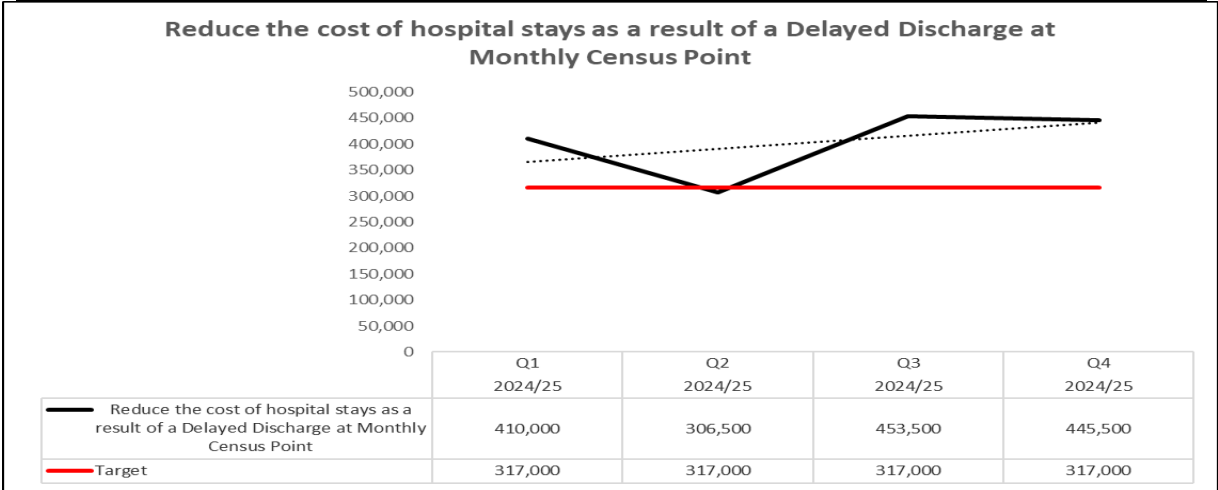
Hospital attendances are represented as part of the nationally reported A&E activity recorded within the Lorn & Islands General Hospital against the four hour national target. The data notes an average of 91 % across all four quarters of 2024/25, remaining just below the 95% target. Overall increases in A&E admissions across 2024/25 will be a contributing factor.



4.7 Finance

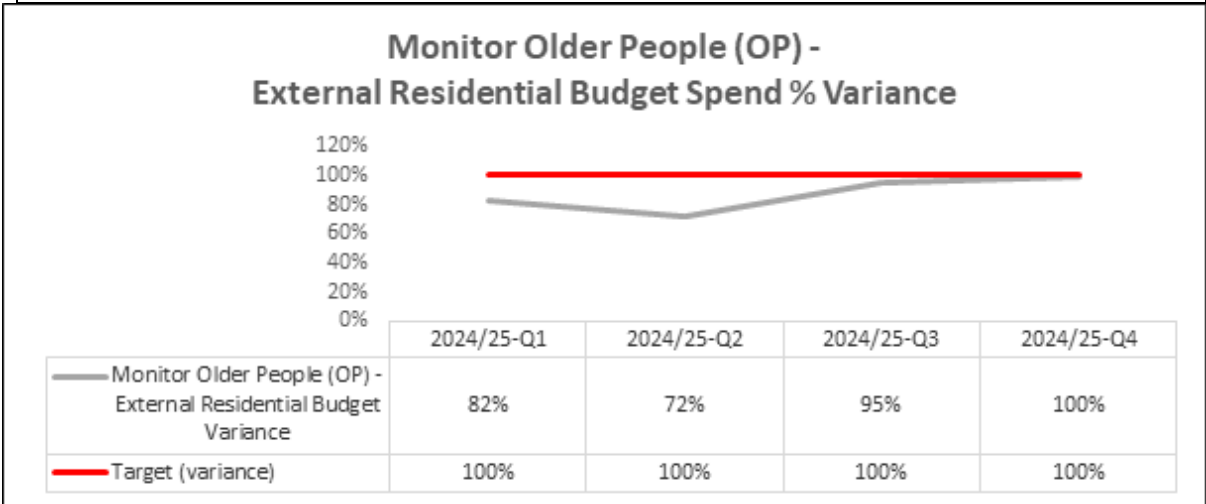
Reduce the cost of hospital stays as a result of a Delayed Discharge

This indicator utilises an indicative cost model which is linked to Delayed Discharge performance across the HSCP. The target set for this year was only achieved in Q2 (29% below target) with FQ3 reporting 43% above target. Overall, there was an increasing cost trend over the year, linked to increase hospital bed stays activity across 2024/25



Monitor Older People External Residential Placement Budget Spend (% Variance)

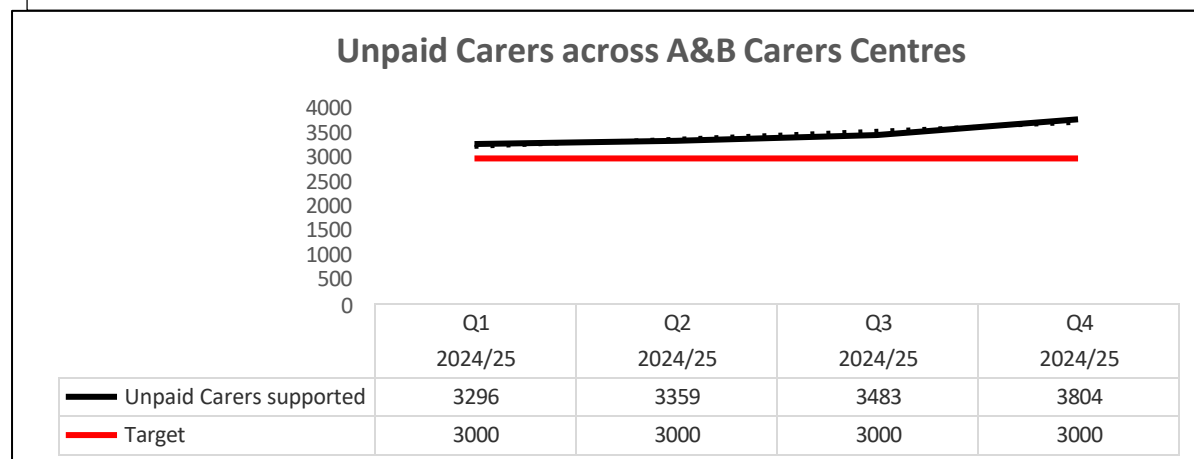
The 2024/25 the older people external budget spend met its target by Q4 with actual spend just below the forecast spend for the financial year. Q2 was the lowest spend against forecast with the quarter spend being 28% below the forecast. At no point did the actual spend exceed the forecast spend. The key target to ensure that spend did not exceed the preceding year.



4.8 Carers

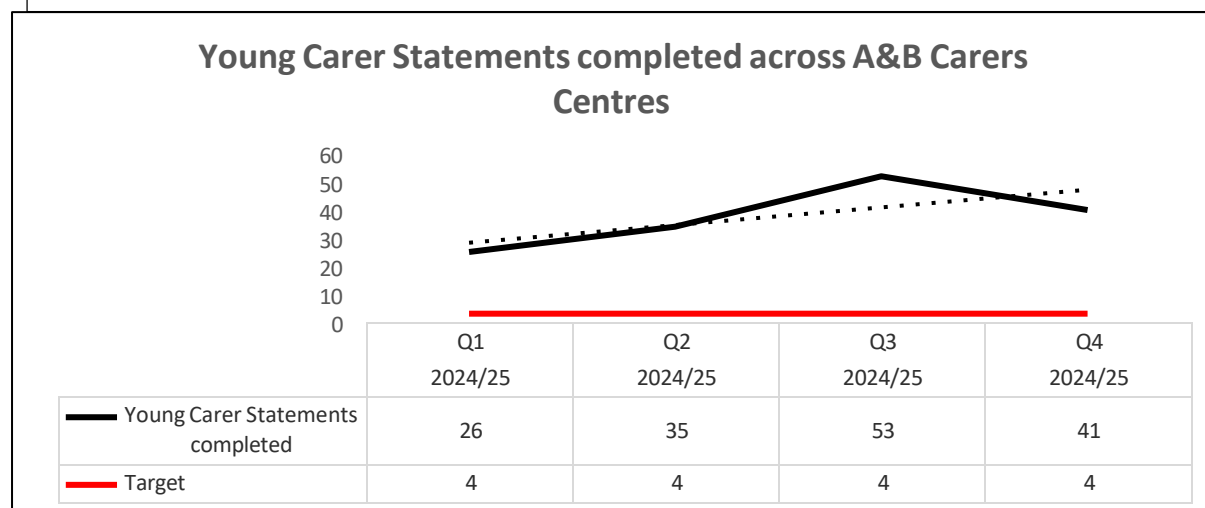
Increase the number of Unpaid Carers across A&B Carers Centres

The number of carers across the Carers Centres has shown a sustained upward trend, consistently exceeding the target of 3000. On average, around 3485 carers were engaged each quarter throughout the year. This reflects ongoing work to engage and support carers across the area.



Increase the number of Young Carer Statements completed across A&B Carers Centres

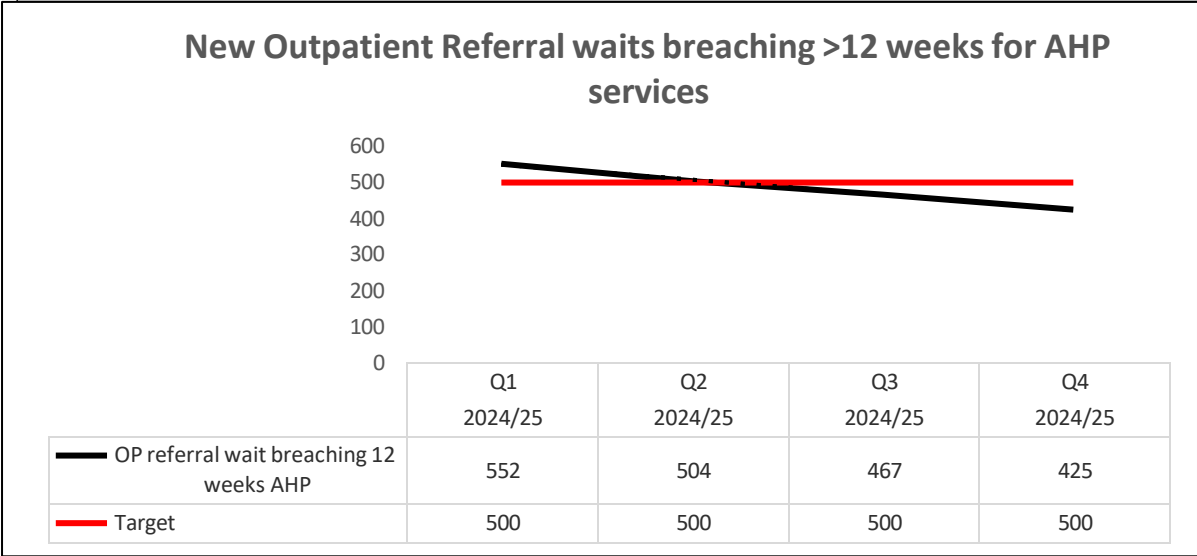
Although there was a small drop to 41 in the final quarter, overall activity remained strong, with an average of 39 Young Carer Statements completed each quarter. Over the past year, the number of Young Carer Statements completed by Carers Centres increased steadily, from 26 in the first quarter to a high of 53 in the third quarter. The preceding year target of 4 notes the commencement of activity and the forthcoming years target will build on the 2024-25 performance.



4.9 Allied Health Professionals

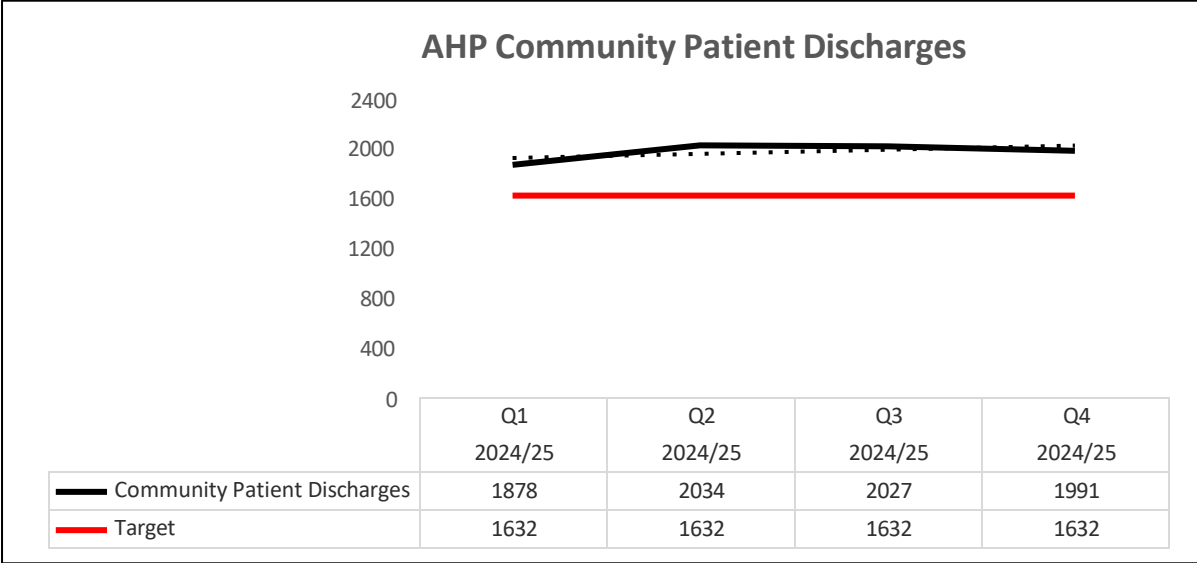
Reduce the number of New Outpatient Referral waits breaching >12 week waits for AHP services

Referral waits breaching the >12-week threshold have steadily declined over the year, now falling below the set target of 500. An average of 487 waits were recorded across the year per quarter.



Increase the number of AHP Community Patient Discharges

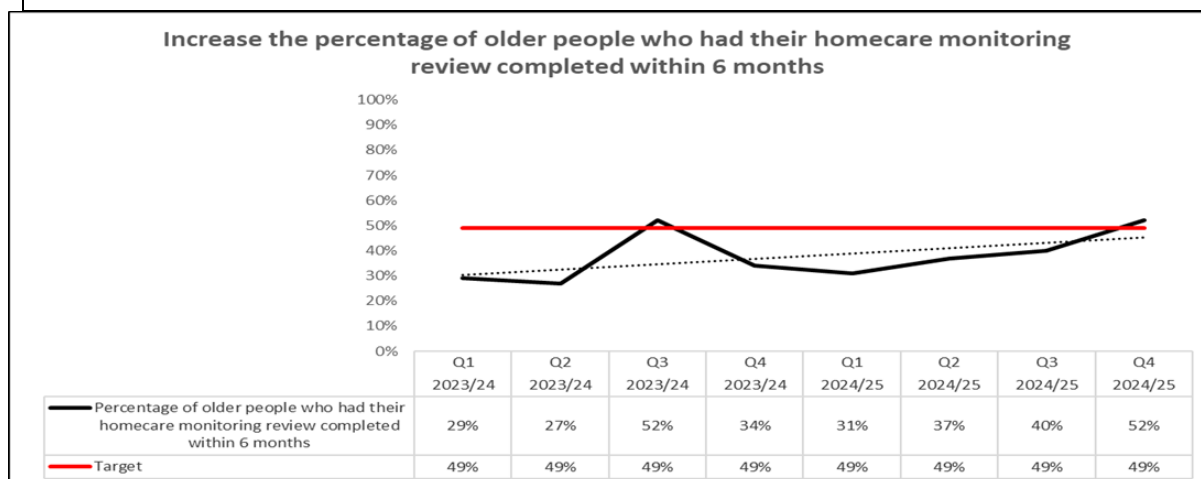
Discharges of AHP Community Patients have largely increased over the year, with only a small recent decline. All quarterly figures remained above the set target of 1632 per quarter. Discharge monitoring supports capacity within our teams with an whole system impact is flow is not achieved.



4.10 Care at Home / Care Homes

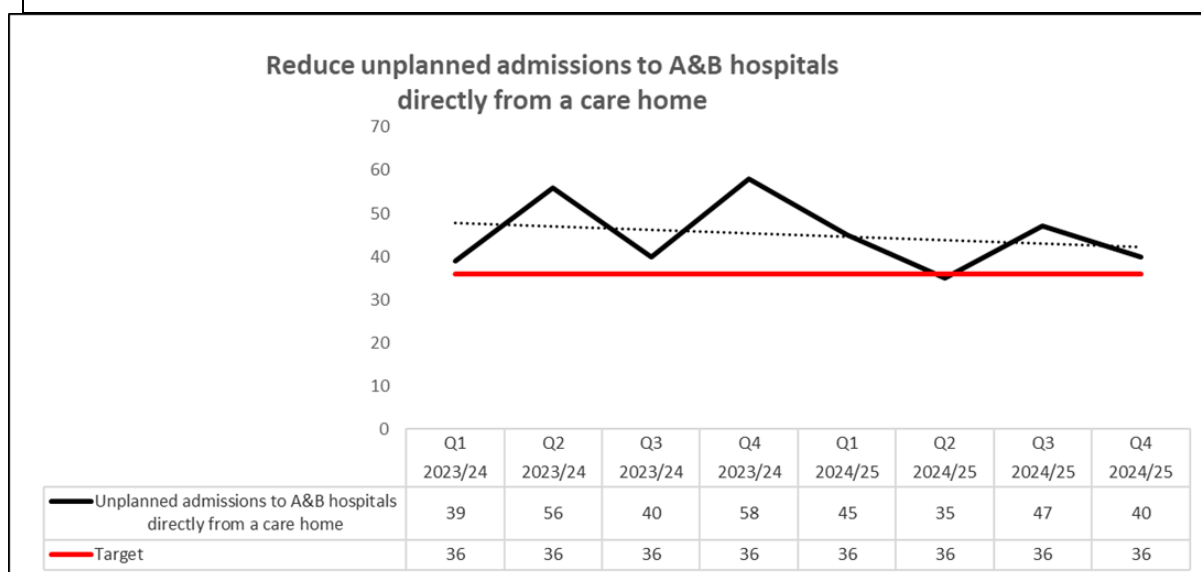
Increase the percentage of older people who had their homecare monitoring review completed within 6 months.

Performance showed gradual improvement per quarter across the year, against a target of 49%. FQ1 noted 31%, with a steady upward trend, reaching 52% in Q4. This demonstrates a positive, consistent trend with steady progress. The variation reflects successful efforts to not only meet but surpass the target by the end of the year.



Reduce unplanned admissions to A&B hospitals directly from a care home

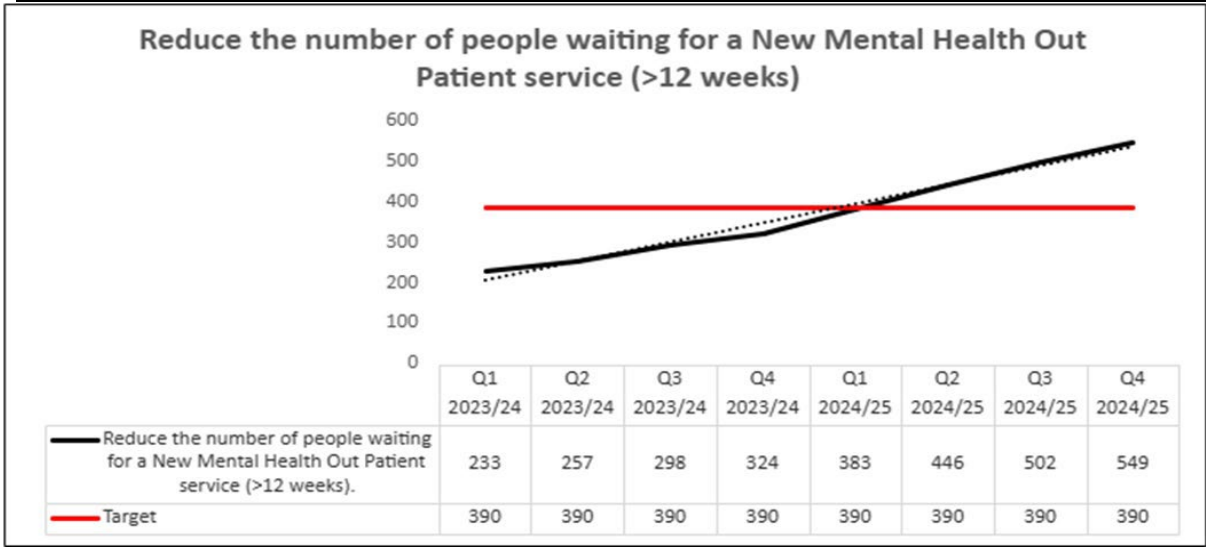
The target to reduce the number of unplanned admissions directly from a care home was 36. This was achieved in only one quarter (FQ2), with the average over four quarters being 42. Q3 had the highest number of admissions at 47, approximately 31% over the target. Overall, the trend was inconsistent, showing brief improvement/on target position in Q2, followed by a rise in Q3 and a slight decline in Q4.



4.11 Adults with Long Term Conditions

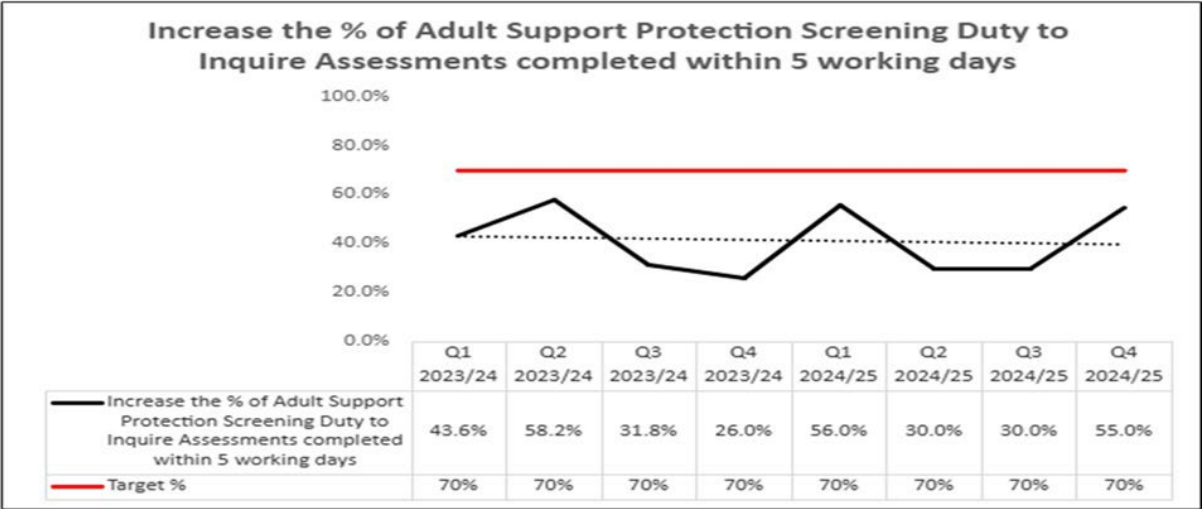
Reduce the number of people waiting for a new mental health outpatient service more than 12 weeks

The number of people waiting more than 12 weeks for a new Mental Health Outpatient service remained above the target of 390 in all four quarters. The number of waits increased steadily over the year, from 383 in Q1 to 549 in Q4. This represents a year-on-year rise in long waits compared to 2023/24, when performance was consistently below the target. The data suggests growing pressure on service capacity during 2024/25.



Increase the Percentage of Adult Support and Protection Screening Duty to Inquire Assessments completed with 5 working days.

Performance against the target of 70% for completing Adult Support Protection Screening Duty to Inquire Assessments within 5 working days remained below target in all quarters. The highest performance was recorded in Q1 (56.0%) and Q4 (55.0%), with lower levels seen in Q2 and Q3 (both 30.0%). While there was some improvement compared to the lower results seen in parts of 2023/24, the target was not achieved in 2024/25. This data is now recorded in Eclipse and we would expect to see performance increase on the basis of better measurement.



5. Financial Performance and Best Value

5.1 Financial Performance

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

5.1.1 Financial Performance 2024-25

The 2024/25 financial year has been a particularly challenging one for the IJB. As planned, it has used a substantial element of its general reserves (£4.2m) to fund health and social care activity during the year beyond its recurring budget. However, the IJB additionally overspent on its Social Work / Social Care budget by £2m or 2%. This was as a result of increasing demand for older adult services, unfunded inflationary pressure and increased use of agency staff to provide services due to staffing shortages. The overspend was funded through the utilisation of non-recurring savings relating to a temporary reduction in pension fund contributions due to the Strathclyde Pension Fund.

Reserves increased slightly as a result of additional funding, largely to pay for expected future costs relating to NHS pay arrangements, however General Reserves, which are available to the IJB to spend at its discretion, reduced from £7.8m to £2.6m. The overall financial resilience of the IJB has therefore reduced and reliance upon non-recurring savings is not sustainable beyond the 2025/26 year. As a result of the small overall increase in total reserves the accounts present a positive summary of financial performance despite the overspending on adult social care. Whilst any overspending is of concern, the HSCP has been able to fund its activities without reliance on extra support from either partner that it is required to repay. The broader context within which the HSCP is currently operating is extremely challenging with increasing financial pressures being experienced across health and care services in Scotland.

The HSCP is managing its financial position and is taking action to bring spend back into alignment with funding. This will have an impact on how services are being planned and delivered in the context of:

- on-going inflationary pressure (pay costs and commissioned service costs);
- increasing demand as a consequence of demographic change and social factors; and
- persistent recruitment and retention (workforce availability) challenges.

These factors are having an impact on financial performance as funding has not kept pace. The HSCP has been able to operate at a level that is in excess of funding due to the financial resilience it had built up in prior years, unfortunately this is no longer possible.

The overall financial position of the IJB is reported in detail in the annual accounts, the table below summarises overall spend against the funding totals:

Service	Spend £000	Funding £000	Funds Transfer £000	(Surplus) / Deficit £000
Social Work Services	96,754	80,875	15,879	-
Health Services	284,529	301,276	(15,879)	(868)
GRAND TOTAL	381,283	382,151	-	(868)

A more detailed analysis of financial performance is available from the published accounts and from IJB reports which are publicly available.

5.1.2 Savings Delivery

The budget for 2024/25 included a savings target of £6.6m. As at the year end, £5.1m or 77% of the target was delivered. The HSCP needs to continue to improve its efficiency and deliver best value. It manages its savings programme rigorously and recognises that this is critical to longer term financial sustainability.

5.1.3 Financial Outlook, Risks and Plans for the Future

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



Due to the worsening financial context facing health and social care the HSCP anticipates that it will be seeking to identify ways in which it can deliver substantial savings in the coming years, it is likely that this will have some impact on the delivery of care. The priority will be to continue to support the most vulnerable within the communities we serve.

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

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

5.2 Principles of Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. The Annual Performance Report sets out how the IJB fulfilled its obligations for best value in that year. The Annual Performance Report is publicly available. A short summary against the 8 best value themes is given below:



Vision and Leadership

The IJB and Senior Leadership team set clear direction and strategy as expressed in the Strategic Plan and Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these documents. The IJB has approved its budget and Savings Plan for the 2025/26 financial year.

Governance and Accountability

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

Effective use of resources

The Finance & Policy Committee meet regularly to scrutinise performance against budget, the delivery of savings and the Transformation Programme. Improving financial management and governance has been a priority for a number of years, steps taken have contributed to the improved financial performance and resilience of the HSCP. It continues to seek to identify ways of improving efficiency and has been able to invest in longer term service transformation. The financial and demographic challenges facing the health and social care sector are resulting in increasing financial pressure and renewed focus on efficiency, savings and service reductions.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with strategic partners and stakeholders. This has continued throughout 2024/25 and illustrates an ethos of partnership working.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are considered and feed into the Strategic Plan. A review of these groups has taken place in 2025. The Engagement Strategy ensures that consultation and engagement is carried out before policy changes are agreed. A

commitment to co-production is an underlying theme and work is now underway to develop new models of service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. The HSCP provides a wide range of essential and critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability & Carbon Reduction

Carbon reduction is an important objective for all public bodies. There are a number of strands to the IJB approach which are detailed within Appendix One; JSP Monitoring Report.

Performance, Outcomes & Improvement

The HSCP reports performance in a holistic way and it has implemented its Integrated Performance Management Framework. It continues to work to increase activity levels and address the backlog of treatment and diagnosis. Addressing the backlog and long waits are a priority for NHS services across Scotland. A further priority remains the management of delayed discharges from the acute sector, within Argyll & Bute and from Greater Glasgow & Clyde. The HSCP continues to perform well by this measure despite the service challenges it has faced throughout the year.



6. Engagement

HSCP Engagement Strategy

In September 2023 the HSCP published a new Engagement Framework to set out our strategic intentions to effectively engage with staff, partners, carers, people who use services and the wider population. This strategy, which was ratified by the IJB, ensures the HSCP meets the requirements of Healthcare Improvement Scotland's national guidance, Planning with People. Across the organisation, there is recognition that gathering a range of views can help us to deliver more effective health and social care services.

The Engagement Framework was developed by a working group made up of HSCP officers and partners including the Third Sector Interface, Healthcare Improvement Scotland and community representatives. This group has now formally constituted as a subgroup of the Strategic Planning Group and will meet quarterly. Ongoing activity since September has focussed on quality assurance of the Framework in line with national standards on Planning with People.

The Engagement Framework includes the following four quality standards:

- Engagement is planned, proportionate and meaningful and effective
- Representatives are supported in their role
- Engagement of people in service planning
- Positive culture where staff feel valued and engaged

A report on progress against these standards was presented to the IJB and this is available to view here: [Argyll and Bute HSCP Engagement Quality Standards \(scot.nhs.uk\)](https://scot.nhs.uk/argyll-and-bute-hscp-engagement-quality-standards)

The HSCP collated an action plan of engagement activity to be conducted over 2024-2025. This included 35 separate projects where engagement would be carried out. The outputs of this activity are reported within the body of this report.

[Link to the 2024-25 Engagement Plan](#)

Full details of the HSCP's approach to engagement can be viewed here: [Public engagement | NHS Highland \(scot.nhs.uk\)](https://scot.nhs.uk/public-engagement-nhs-highland)

This report below links to a self-evaluation process undertaken by the Health and Social Care Partnership (HSCP) in the summer of 2024 to review our engagement strategy and processes. This process was in-line with Healthcare Improvement Scotland's Quality Standards for engagement .

[Link to Self-assessment report September 2024.](#)

The Equality Outcomes and Mainstreaming report was presented to the IJB in May 2025 with the outcome for 2025-29 with the survey results.

[Argyll and Bute HSCP Integration Joint Board \(IJB\) on Wednesday, 28 May 2025](#)

Appendix 1

Health & Wellbeing Outcome Indicators (HWBOI's) & Ministerial Steering Group Indicators (MSG)

It is worth noting that the indicators for both the HWBOI's and MSG are currently being updated nationally. Public Health Scotland has indicated that a full up to date data set for the 2024/25 Financial Year will not be available until July 2025. The tables below are based on the most recent published and available data set.

The HSCPs overall performance against the Scotland-wide baseline is noted as below.

HWBOI – Survey Results

The below table shows that for 55.5% (5 of 9) of HWBOI measures A&B HSCP has values that are above all-Scotland baseline. It is worth noting that performance will be influenced by and vary in line with the total number of respondents participating in this voluntary survey. As such, comparisons between different years may not represent true trends. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	90.8%	92.0%	92.0%	90.7%
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	75.0%	73.0%	73.0%	72.4%
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	66.9%	53.0%	53.0%	59.6%
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	66.0%	59.0%	59.0%	61.4%
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	68.6%	74.0%	74.0%	70.0%
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	77.6%	84.0%	84.0%	68.5%
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	76.7%	67.0%	67.0%	69.8%
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	38.0%	38.0%	38.0%	31.2%
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	76.4%	67.0%	67.0%	72.7%

HWBOI Survey Results – Comparison to similar HSCPs

Note Indicators 17 and 19 are reported at FY 24/25 with measures 11, 12, 13, 14, 15, 16, 18 reported as at Calendar year 2024 as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2024 should improve the consistency of reporting between Health and Social Care Partnerships

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	92.0%	91.1%	92.0%	93.0%	92.5%	92.2%	93.5%	90.8%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as	73.0%	74.1%	74.7%	71.9%	76.5%	71.9%	77.4%	67.2%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	53.0%	62.4%	63.9%	60.5%	61.9%	59.5%	63.4%	57.9%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	59.0%	55.6%	67.1%	65.9%	74.4%	65.7%	62.1%	56.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	74.0%	65.2%	76.3%	75.7%	65.6%	68.7%	72.6%	64.8%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.0%	62.1%	71.1%	80.4%	67.9%	68.6%	73.7%	72.3%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	70.1%	76.1%	73.6%	76.0%	69.3%	76.2%	66.1%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	33.7%	35.8%	32.0%	34.6%	28.2%	28.0%	32.8%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	67.0%	63.7%	79.6%	78.2%	79.9%	70.0%	71.9%	66.8%	72.7%

HWBOI Performance Indicators from service data

Looking at the core HWBOI indicators that are based on service data, the HSCP's performance is above the all Scotland baseline for 6 out of 9 indicators. Note Indicators 17 and 19 are reported at FY 24/25 with measures 11, 12, 13, 14, 15, 16, 18 reported as at Calendar year 2024 as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2024 should improve the consistency of reporting between Health and Social Care.

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	410	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,064	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,559
NI - 13	Emergency bed day rate (per 100,000 population)	120,636	94,390	104,376	102,850	105,962	87,123	125,062	110,293	113,627
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	119	91	116	95	77	120	122	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.0%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.2%
NI - 16	Falls rate per 1,000 population aged 65+	26.6	25.4	23.0	14.6	23.8	17.7	16.3	23.6	22.5
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84.2%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	81.9%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.8%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.7%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	882	166	238	1,876	639	980	1,605	814	952
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	398	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,204	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	120,888	94,390	104,376	102,850	105,962	87,123	125,062	110,293	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	85	119	91	116	95	77	120	122	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.7%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	28.4	25.4	23.0	14.6	23.8	17.7	16.3	23.6	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77.3%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.3%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.8%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	912	166	238	1,876	639	980	1,605	814	902
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ministerial Steering Group Indicators

MSG Indicators 1.1, 1.2 and 2.1 are reported at Calendar Year 2024 as a proxy form 2024/25. This is in line with guidance issues by Public Health Scotland which was communicated to all Health and Social Care Partnerships/ MSG Indicators data notes that all MSG measures have sustained higher activity or have increased in the last reporting year. Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre-Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow, particularly around A&E Admissions and Delayed Discharges.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
MSG 1.1 - Number of emergency admissions* CY	8,374	8,231	6,917	7,820	7,928	8,933	8,879
MSG 1.2 - Number of Admissions from A&E* CY	5,244	4,945	3,668	5,040	4,957	5,097	5,502
MSG 2.1 - Number of unplanned bed days acute specialties* CY	65,794	64,008	53,390	67,255	77,094	77,882	80.655
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	13,204	11,208	9,049	9,212	11,575	11.380
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	17,740	22,456
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	83.0%	83.0%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,929	12,757	14,042
MSG 5.1 - % of last six months of life by setting community & hospital	90.0%	89.6	90.80%	90.80%	89.60%	89.40%	N/A
MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	93.2%	93.4%	N/A

Appendix 2: Joint Strategic Plan 2022 -25 Progress Update Report



Year Three Progress Report

Joint Strategic Plan 2022-2025

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



[Digital Health and Care Strategy](#)..... 76

[Technology Enabled Care \(TEC\)](#) 77

[Corporate Services](#) 78

Children and Young People

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Continue to deliver on the priorities within the Children and Young Peoples Service Plan (CYPSP).	No update provided, however CYPSP priorities continue to be delivered.	Yes
Continue to monitor and evaluate progress in all our service plans.	No update provided, however all service plans continue to be monitored and evaluated.	Yes
Continue to deliver on the Corporate Parenting Plan.	No update provided, however the Corporate Parenting Plan continues to be delivered.	Yes
Develop programme of change in relation to the Children's Promise Change programme.	No update provided, however the programme of change continues to be delivered.	Yes
Continue to engage with Children and staff on transformation agenda.	Engagement continues, a good example is: Child-friendly Reporting in Argyll & Bute Council Improvement Service	Yes

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts. (previous updates below)

Previous Service Update

The Children's Services commission services on an as needed basis.

The services which are commissioned are dominated by external specialist placements costing up to £500k a year. Despite tight governance these placements are increasing in number. It is clear that the damage down by public health lockdowns is now showing through increasing need. This is does not feel like a 'blip' in the level of need but the new norm. This need will have to be met as often the issues are coming through at the level of child protection.

Through the Whole Family Wellbeing Fund in conjunction with education & police colleagues we have commissioned the TSI to consider how we facilitate and mobilise the third sector in A&B.

It is clear that funding streams for children come via Social Work, Education, Health, CPP and other routes. This can lead to a piecemeal approach. There is an imperative to look at how we consider commissioning and budgeting beyond professional or organisational boundaries. We need to be acting as a unitary children's authority no matter where the organisational boundaries land.

There is now a requirement for all funding to ensure it is child based. Children should not be disadvantaged by budgetary processes.

Current Update from Commissioning

There is currently a mapping of children and young people services being undertaken by A&B TSI as well as a review of all external placements. This will involve capacity building in the third and community sector.

Engagement Activities Taken Place in 2024/2025

Engagement continues, a good example is:

[Child-friendly Reporting in Argyll & Bute Council | Improvement Service](#)

Child poverty

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Look at how best to utilise progress we have achieved in data analysis in order to target those in not fully claiming benefit entitlement and advise them accordingly.	Considerable progress has been made with improving ways of identifying those not in full receipt of benefit entitlement, enabling the benefits service and advice services to focus on them. Argyll & Bute has made an important contribution to data work on child poverty at the national level and continues to do so, helping to identify and work towards achieving legal gateways as well as improved use of data sets.	Yes
Employability Partnership to employ a Poverty Coordinator to work with those experiencing poverty and look at ways to improve their access to employment.	This action was completed, and the Poverty Coordinator has contributed to improving access to employment, including producing a leaflet to support understanding, choice and decision making in this area.	Yes
Financial Advice and Inclusion Group and Child Poverty Action Group to continue to work together to identify and tackle factors that contribute to local cost of living concerns.	This has continued to happen, and this working relationship is proving effective in identifying need, encouraging joint working, and monitoring change.	Yes
Review and revise the Communications and Engagement Plan and use to improve community engagement with child poverty work in Argyll and Bute.	This has not progressed as was hoped in terms of direct work by the Child Poverty Action Group and this needs to go forward in the coming year. However, the Poverty Alliance have worked with the group on their project "Taking Action on Rural Poverty". This project has set up a lived experience group that is now actively engaged, giving opinions and advocating actions.	Yes
Review staff training and development needs in the area of child poverty and begin to roll out poverty awareness training to staff.	Money Counts Training has continued to be rolled out. However, funds have not been available to roll out other training, such as awareness raising etc. that would contribute to service improvement.	Yes
Look at changes in Argyll and Bute over the last three years, in terms of demographics and the	Considerable challenges to economies worldwide and continued instability has made it difficult to meet targets nationally. In Argyll and Bute transport	Yes

economy / employability. How do these changes impact on the work and actions of the Child Poverty Action Group and its members?	and childcare provision remain key issues when addressing both the cost of living and employability, particularly in remote, rural and island places. Demographic issues, including an aging and reducing population, combined with housing shortages in some areas, to produce key worker shortages. The Child Poverty Action Group and its members continue to work together to address employment, benefit and cost of living challenges whilst identifying ways to tackle the impacts of child poverty.	
Further develop the role and purpose of the Child Poverty Action Group and consider resource issues.	The Child Poverty Action Group has welcomed new members. It has also played a key role on a national basis, with improving the use of data analysis in tackling child poverty. It has also partnered with the Poverty Alliance to establish a lived experience group to directly hear their views. On a national level, group members have taken part in important consultations and given evidence to government committees. Resource issues are currently being looked at as it is recognised that areas like training and coproduction require a budget.	Yes
Review the Child Poverty Action Plan and consider what is required to meet the Scottish Government final targets in 2030. Child poverty reduction targets in 2023.	This took place and key areas identified, such as transport, housing, childcare provision and the islands premium were looked at. There are external factors that mean that child poverty has risen slightly in nearly every region of Scotland and the Scottish Government will not reach its interim targets. However, Scotland is doing significantly better than England and Wales in this respect.	Yes
Begin to develop a Data Base to improve monitoring and focus of resources locally. Begin to use it to improve the work of the Child Poverty Action Group and services locally.	It has not been possible to progress this target this year and it requires to be carried forward.	Yes

Engagement Activities Taken Place in 2024/2025

Group members worked with the Poverty Alliance to forward the “Taking Action in Rural Poverty Project” and create and engage with a lived experience group. Children and young people were also asked their views on what would help to tackle child poverty for the 2023 – 2024 Child Poverty Action Plan Review. In addition, a graphic version of the Children’s Rights Plan and a graphic Early Years Plan were coproduced, both giving relevant visual information and pointing to advice / resource websites via QR codes. For the 2024 – 2025 review, the graphic Plan on a Page version of the review will be coproduced with children and young people.

Child Protection

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
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 APC colleagues.	The guidance was updated and shared with relevant agencies to reflect any changes. This included a 7minute briefing paper. Further changes were announced last month when considering the interface between ASP and CP; including a change to reporting instructions to the care inspectorate. The guidance will need further amendments to reflect this.	Yes
Receive, evaluate and act on Child Protection Committee (CPC) & Performance, Quality and Assurance 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.	There has been agreement to migrate to version 2 of the National minimum dataset, a report has been completed and will be shared with CPC next week (8/5). Managers have met collectively to create an additional analytic list of data that would be helpful when considering the data to inform local priorities and inform of key trends within CP activity. Further meetings are arranged to implement version 2 of NMDS. Following an audit of inter-agency child protection standards in March 2024 we established a senior leadership group to identify and improve standards. This also led to the development of a inter-agency front line managers group.	Yes
All new 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	This is complete and all CPC members have met with the Lead Officer. There is a newly appointed CP Lead Officer in place who will continue with this role of supporting new members of the CPC and their induction.	No

being disseminated within their organisation and that actions attributed to their organisation are progressed and reported to CPC.		
Produce and implement a biennial strategic improvement plan which will be monitored by the Performance, Quality and Assurance using a RAG system. Red actions will be reviewed by Performance, Quality and Assurance and reported to CPC.	The Strategic Leadership Plan and the CPC Improvement Plan have been merged. Mechanisms to monitor the progress of the plan (RAG system) has not yet been put in place but incomplete actions are discussed directly with CPC quarterly. Further considerations are needed to put a system in place to record this visually within the plan to report on and measure outcomes in a quantitative way.	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.	Level 1 and Level 2 CP training is in place and available on the training calendar. This is being provided in person in various locations across the partnership with all agencies/services encouraged to attend	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 .	Input has been provided to the management group to raise awareness of CSE and CSA but this has not been extended to practitioner training. The YPSP processes are currently being updated and this will inform future briefings and training sessions. This is an active plan for implementation.	Yes
Domestic Abuse Guidance and Flowchart implementation to be evaluated and regular audits of referrals to be carried out.	DA guidance has been implemented, and full CP audit undertaken in March included cases chosen because of DA.	Yes
Improved interface between children & adult services particularly where parental mental health substance misuse and domestic abuse are present.	Multi-Agency practitioner events are arranged, and all services are encouraged to come along to the training provided by CPC Training Coordinator. The CPC and APC have joint meetings every year. Further sessions and development required to align the child protection and adult protection processes, including updating the transitions procedures for children moving from children services to adult services.	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.	Advocacy remains in place with feedback from young people, families and agencies being very positive. Children are receiving a timeously service and building positive relationships with the advocate to ensure their views are represented within the CP process. Reports to CPC via report biannually.	Yes
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Engagement Activities Taken Place in 2024/2025

CPC Practitioner Forums arranged to take place:

30th April 25 at 12.30pm – Oban

13th May 25 at 12.30pm – Lochgilphead

22nd May 25 at 9.30am – Helensburgh

28th May 25 at 9.30am – Dunoon

Bimonthly First Line Managers Meetings

Bimonthly Strategic Leadership Meetings

CPC Online Training Calendar – multiagency

Multi agency briefing sessions were put in place to update on the IRD and Pre-Birth Processes

Violence Against Women and Girls

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Completion of the Transforming Responses to Violence Against Women and Girls Project. Project Board to carry out the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool and evaluate progress.	The Transforming Responses to Violence Against Women and Girls Project was not concluded because Developing Equally Safe Funding was continued for another year. Project board did not carry out the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool and evaluate progress. Initial survey parts of the assessment process were completed. However, staff issues meant that the board was unable to meet to complete the process.	Yes
Completion of the Research Project. This is to be published and add to the evaluation process relating to the Transforming Responses to Violence Against Women and Girls Project.	The research was completed in 2023, but decisions were made not to publish at that point. It will be published in 2025.	No
Consider the funding needs of the Violence Against Women and Girls Partnership in relation to key work areas and develop and submit a further bid to the next round of the Developing Equally Safe Fund.	This process has not been possible or necessary. The Scottish Government did not make a final decision on the funding of the Violence Against Women sector and continued Developing Equally Safe Funding for another year.	No
Review the Argyll and Bute Equally Safe Plan.	The Equally Safe Plan was reviewed and a new one completed; this is awaiting sign off by Chief Officers Group Public Protection.	No
Deliver Annual Return from Argyll and Bute to the Improvement Service / National Violence Against Women Forum.	This was completed and delivered on time.	No
Roll out of the Safe and Together Model to continue and this to include 2 in-house Trainers to be trained.	An in-house trainer did complete the trainer's course but has subsequently left the Council. The roll out of Safe and Together has stalled due to unavoidable staffing issues.	Yes
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.	2024 – 2025 saw the delivery of a very full and active Training Calendar. Between 1/04/2024 and 31/3/2025 a total of 20 training events took place, with 319 attendances.	Yes
Achieve improvement in services and pathways relating	Whilst national training and awareness raising events were attended and information from these	Yes

to women and girls with a Learning Disability experiencing or, at risk of experiencing domestic abuse.	passed onto relevant staff, it is felt that sufficient progress has not been made in this area. Further work remains to be done.	
Review progress of the transformation project and the delivery of the Equally Safe Plan.	The Transformation Project was not formally reviewed but continued forward with Developing Equally Safe Funding. It was noted that the Safe and Together roll out was not able to move forward and this point due to staffing issues. The Delivery of the Equally Safe Plan was reviewed in the Annual Reporting process and the completion of an updated Argyll and Bute Equally Safe Plan and Strategy.	Yes
Have in place a Communications and engagement plan.	This has not been properly developed, and work is required here. Staffing issues have been the main delaying factor.	Yes
Use the Domestic Abuse-Informed Practice and Systems: Self-Assessment Tool to establish a baseline for services prior to training and service change measures.	This still requires to be done	Yes
Research to assess the impact of the Transforming Responses to Violence Against Women and Girls Project, to begin.	Some research has been done with regards to the wider training delivery. More requires to be done but the project is to continue for another year.	Yes
Review the Argyll and Bute Equally Safe Plan.	This is completed.	No
Development of Data Base that will assist us to monitor trends in Domestic Violence and other gendered violence.	A Data Group has been created but has yet to meet.	Yes
Deliver Annual Return from Argyll and Bute to the Improvement Service / National Violence Against Women Forum.	This has been completed, annual process that will continue.	Yes

Engagement Activities Taken Place in 2024/2025

Whilst engaging with a broader range of staff in terms of domestic abuse awareness raising did take place, engagement / coproduction with lived experience women did not, beyond the activity of individual partnership members. This needs to happen in the coming year. It is hampered by the absence of any budget for this process.

Adult Protection

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Monitor likely impact of national developments, mental health law review, national care service and other safety activity in trafficking etc.	The Chair of the Adult protection Committee and Lead Officer continue to monitor national developments impacting Adult Support and Protection services in Argyll and Bute via their membership of the Adult Support and Protection Scotland Convenors group, The National Implementation Groups (resulting from the Revised Code of Practice), Social Work Scotland, Adult Support and Protection Subgroup and the National ASP Minimum Dataset sessions.	Yes
Develop enhanced service user/citizen involvement in processes and policy.	The revised Code of Practice for Adult Support and Protection together with the recently developed Care Inspectorate Quality Improvement Framework (QIF) for Adult Support and Protection documents have guided us in developing enhanced service user, carer and citizen involvement in processes and policy. Ensuring meaningful involvement in adult protection case conferences remains a priority activity working with our colleagues in Advocacy services to ensure their voices are heard. The QIF has identified for the Adult Protection Committee what 'very good' involvement of adult at risk and their unpaid carers should look like. Ensuring meaningful involvement is a significant APC agenda item running through 2025/26	Yes
Continue process of review and audit.	We are currently undertaking a substantial review of our ASP service. Staffing challenges across social work have required us to evaluate our processes and develop new way of working. The QIF again is serving as an excellent tool to identify where improvements can be made in our activity. We are now preparing for our next substantial audit planned for May. We will be using the Care Inspectorate audit tool which we have revised, together with our method of file reading, to enable us to analyse particular areas of activity.	Yes
Develop improved data collection based on national dataset activity.	The Scottish Government has continued to develop the ASP minimum dataset, via the Institute for Research and Innovation in Social Services (IRISS), with the aim of having a shared understanding of information. To generate more robust meaningful and comparative data. Collecting our data remains challenging as we adjust to the national dataset requirements as modifications are required to our File Recording system – Eclipse. The Lead Officer,	Yes

	colleagues from our Performance and Data Team and The Eclipse IT team all contribute to strive to meet these challenges, recognising the value of improved understanding of our services activity, and the ability to plan future services.	
Review Significant Case Review (SCR) guidance and Code of Practice changes.	We have now ratified and adopted Joint Child Protection and Adult Protection Guidance on Learning Reviews which have replaced Significant Case Reviews. We have received several notifications requesting consideration of a Learning Review and have been able to effectively use the guidance.	No
Develop protection links with Child Protection, Alcohol and Drug Partnership and Violence to Women.	The Adult Protection Committee Chair and The Lead Officer maintain vital links with the Lead Professionals for Child Protection, Alcohol and Drug Partnership and Violence against Women and Girls. The Lead Officer is a member of their committees and contributes to events and activities.	Yes
Continue staff support and contact programme.	Staff support and contact has become more important than ever as we tackle the staffing shortages within social work, particularly the challenges this presents in ensuring safe and effective adult support and protection action. Team Manager, Council Officer Forums and the recent introduction of a daily ASP huddle are all designed to support staff in the completion of adult protection activities.	Yes
Meet the Improvement Plan targets arising from Inspection.	We continue to strive to meet our Improvement Plan targets. Improvement in ASP is not a single step activity, rather an ongoing process. We have successfully introduced the requirement for Chronology and Risk Assessments however ensuring their quality will require continuous monitoring via regular review and audit. The Lead Officer is undertaking an overhaul of the original Improvement Plan to include the key guidance now addressed within the QIF. It is recognised that this document was prepared reflecting potential next stages for Inspection.	Yes
Implement Code of Practice changes.	The Code of Practice changes continue to be addressed on a daily basis via 1-1 worker consults, social work supervision, specific 'bitesize' staff training sessions and at the quarterly ASP Forums. The changes have been substantial and have required significant re-evaluation of the way in which ASP activities have been historically undertaken.	Yes
Implement guidance for Primary Care and GP's.	The Adult Support and Protection Guidance for General Practitioners and Primary Care Teams continue to be promoted throughout primary care. Planned promotion of this guidance through direct	Yes

	contact with surgeries has been limited owing to competing priorities and further work in this area is required.	
Progress audit activity, case files.	We continue to request that SW Teams undertake monthly single agency case audit on a single ASP intervention and we are committed to ongoing annual case file auditing after our internal audit completed in March 2024.	Yes
Develop issues arising from Initial Case Reviews, Large Scale Investigation findings.	We continue to use the findings from nationally reported Learning Reviews to inform our ASP practice through our ASP Forums, training sessions and supervision activities. We have focused particularly on ensuring most effective interagency communication and improving case recording, not least evidencing defensible decision making.	Yes
Develop 'escalation' policy.	We regularly escalate concerns through the formal ASP Inquiry process as required. A draft escalation policy is currently being developed which will need to be adopted by a number of services, all having significant roles in the support and protection of adults at risk of harm.	Yes

Engagement Activities Taken Place in 2024/2025

National Implementation Group Chronologies - 10/04/2024
 Joint Child Protection (CPC) Scotland and Adult Support and Protection (ASP) Convenors Scotland Group Meeting - 17/04/2024
 ASP Quality improvement Framework Self Evaluation Guidance Workshop – 07/05/2024
 Joint APC/CPC Meeting – 09/05/2024
 Community Justice Partnership consultation and Engagement Session - 21/04/2024

Community Justice

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Implement and monitor our local Community Justice Improvement Plan and performance framework.	The publication of the Community Justice Improvement Plan has been delayed, expected May/June 2025. However, the Community Justice Partnership has been continuing to focus on progression of 10 national outcomes, 4 national aims and 13 priority actions. Multi-agency activity is ongoing across all the Community Justice Pathways: Point of Arrest, Through Prosecution (including Bail, Electronic Monitoring), At Court, Community Sentences and Liberation from Prison (including Remand). Production of the Argyll & Bute Community Justice Annual Report 24/25, submitted to Community Justice Scotland, is underway. The CJ Annual Report for 2023/2024 can be found here, page 104. (Public Pack)Agenda Document for Argyll and Bute Community Planning Partnership - Management Committee, 16/04/2025 10:00 Future reporting will be formatted around the Community Justice Pathways	Yes
Review the progress of the Justice Social Work (Community Justice) Service Plan, support future developments.	The JSW service plan 2025 – 28 is being developed to establish new priorities and areas for development in line with Scottish Government policy and revised national guidance. The service plan will be linked into a wider overarching Performance and Quality Assurance Framework for the service. The need for an overarching framework was identified as a need following the self evaluation of JSW by Care Inspectorate in the latter months of 2024. We are still awaiting formal feedback from the Care Inspectorate on this. In relation to the JSW Service Plan 2022 – 25, I can report that most areas were achieved including • Improvements in Diversion from Prosecution practice, • Successful Implementation of new national Justice Social Work report template • Successful Implementation of new national Throughcare and Aftercare Release Licence Reports and protocols.	Yes

	• Continued rollout of Bail Supervision Scheme and use of Structured Deferred Sentences as per national policy direction • All Justice Social Work Staff trained in Schema Therapy and DBT to improve interventions and trauma responsive services • Implementation of Justice Eclipse system • Monthly Audit Programme ensuring regular audits across all areas of JSW activity • Completion of the LAAS pilot project to deliver voluntary throughcare service Notable areas of focus for the 2025 – 28 Service Plan include Pilot of Advance-D Domestic Abuse Perpetrator Programme Implementation of the suite of new/revised national guidance which will be introduced throughout 2025: Diversion from Prosecution, Bail Supervision, Home Detention Curfews, National Outcomes and Standards for Community Sentences Development of Unpaid Work Joint work with Recovery services Continuation of audit programme and focus on quality assurance	
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Implement and monitor the improvements related to the jointly commissioned Violence Against Women & Girls research.	There has been a delay in publishing the study, due in part to wanting to demonstrate progress on some of the recommendations so that this could be seen alongside the study. In the interim progress has been made in: • Awareness Raising and understanding of the Safe and Together model. • Developing a trauma informed workforce. • Informing staff skills base and understanding of the lived experience of women and children through a range of training events in key areas; these include: ➤ Trauma Impacts of domestic abuse on women and children and how to work with these. ➤ Routine Enquiry; asking the question. ➤ How the Police Deal with Domestic Abuse and support victims. ➤ Domestic Abuse and Child Contact Issues. ➤ Domestic Abuse in Single Sex, Female Relationships. ➤ Dealing with Disclosure of Sexual Assault. ➤ Animal Abuse as a Form of Coercive Control. ➤ Human Trafficking. ➤ Commercial Sexual Exploitation. ➤ Harmful Traditional Practices. ➤ Working with Perpetrators Towards Change. ➤ Working with Men; working with Fathers. Other things that have happened to improve staff awareness and skills and, hence, improve services to lived experience women, have included: • The increase in the number of key agencies who are members of the Violence Against Women and Girls Partnership. This supports better communication and joint working. • Information / leaflets for both staff and lived experience women are currently being developed.	No refer to VAWG Section
Carry out a validated self-evaluation of our Community Justice Partnership in line with the Care Inspectorate guidance.	Ongoing. Prioritising of Legal Compliance; Leadership, Engagement & Partnership Planning; and Public Protection sections. Justice Social Work carried out a self-evaluation for the service during 2024/2025, awaiting feedback from the Care Inspectorate.	No included as part of implementation of CJ Plan
Review the learning from the first phase jointly commissioned research report for	Refer to update above	No

Violence Against Women & Girls and implement key recommendations.		
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Engagement Activities Taken Place in 2024/2025	
During 2024/2025 engagement continued the wide range of organisations and services included national and local public and third sector, this was based around the four aims, thirteen priority actions and ten national outcomes for community justice. Engagement with a range of representatives from the following:	
Children, Families & Justice Social Work	Employability Partnership
Housing	Community Planning Area Planning Groups
Police Scotland	We Are With You
Scottish Fire & Rescue Service	Carr Gomm
Skills Development Scotland	Hope Kitchen
Third Sector Interface	Lomond and Argyll Advocacy Service
Drug & Alcohol Recovery Service	Blue Triangle
Mental Health Service	Inspiralba
Health & Social Care Partnership	Bute Advice
Alcohol & Drugs Partnership	Community Justice Scotland
Violence Against Women Partnership	Scottish Prison Service
Scottish Government	Scottish Violence Reduction Unit
The activity focused on reviewing the requirements within the national documentation, creating baselines for where we are and identifying where there is capacity for improvement within current resources and what requires additional national resources.	

Public Health

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Continuation of previous year's activity and new activity to be agreed in partnership.	Argyll and Bute HSCP Public Health team continued to work on the below activities, agreed according to national priorities, assessment of local need and through joint working with a range of partners.	Yes
Deliver on joint Health Improvement plan between Argyll and Bute and north Highland.	A joint Health Improvement plan has been developed between Argyll and Bute and Highland, with a view to delivering some activity NHS Highland-wide. The aim is to share learning and streamline pieces of work where relevant. In year three of this workplan, joint training continues to be delivered as follows: • Money Counts – virtual training opportunity which is available for any staff and partner organisations across NHS Highland and Argyll and Bute. This is delivered by Health Improvement staff and in year 3 was also supported by Argyll and Bute Council staff. It aims to raise awareness of poverty, how to raise the issue of money worries, and where to signpost/direct people for additional support. It also raises awareness of the Argyll and Bute Worrying About Money leaflet. In 24/25, 4 courses were delivered across NHS Highland, with 27 attendees. MAP of Health Behaviour Change – The aim of this course is to give practitioners skills and confidence to notice, discuss and support opportunities for patients to make and maintain behaviour changes. The course focuses on person-centred communication skills. In 24/25 3 courses were delivered to 27 attendees. The course continues to be delivered quarterly across NHS Highland and in 25/26 will be complemented by skills coaching sessions and training additional trainers.	Yes
Addressing inequalities: child poverty; poverty; children's rights; equalities;	The Public Health team have continued to undertake work addressing inequalities. This is threaded throughout all our work, and includes specific action as detailed below: • In partnership with Scottish Government Screening Inequalities Fund, we were able to increase capacity dedicated to reducing	Yes

	inequalities in screening programmes. A Health Improvement Officer worked with 3rd sector organisations in Argyll and Bute to build capacity for promotion of screening programmes using a £7500 grant fund. Projects included Wellbeing Walks, a community wellbeing festival, an art-based community engagement programme and producing culturally appropriate screening information for Gypsy/Traveller community. • The team has led on developing new Equality Outcomes for Argyll and Bute HSCP and completing an equalities mainstreaming report. This involved aligning to NHS Highland & Argyll and Bute Council equality outcomes, consulting with staff, services and public. These will be published in June 2025 with the Equalities Mainstreaming report 2021-2025, which details how the HSCP has mainstreamed equalities over this time period. • The team support the Welfare Advice and Health Partnership (WAHP) in Argyll and Bute. This initiative aims to address financial insecurity for individuals who may not seek support from other means of welfare advice and in doing so contribute to improvements in health and reduce demands on Primary Care services. Funding was allocated to Argyll and Bute Council for additional resource for welfare advice specialists, for a 2-year remote and rural pilot for five GP practices. 57% of clients had a long-term condition. Total client financial gain from Welfare Rights intervention from the start of the project is £315,560.50. The team play a role in supporting the HSCP with their statutory duties under the United Convention for the Rights of the Child (UNCRC). In 24/25 this has involved supporting the Argyll and Bute UNCRC group. The team have led a project on integrating 'child rights and wellbeing impact assessments' (CRWIA) into the existing impact assessments. This integrated impact assessment will be available to HSCP staff from 2025 onwards.	
Support the strategic direction and delivery of the Living Well Programme board and initiate implementation of the refreshed Living Well	The Public Health team continue to support the Living Well programme board with strategic direction and operational delivery. This programme board uses the background of the Living Well strategy to inform a 5-year plan of prevention, by focusing on wellness, not illness, empowering and enabling those within Argyll and Bute to live well. Specific detail on activities is provided below:	Yes

Strategy. Within this programme of work, projects include workforce development; self-management; community link working; physical activity; mental wellbeing.	• Supporting Living Well Programme by providing Health Behaviour Change training to new Wellbeing Practitioners. • Supporting 'Community Assets for Living Well' workstream, which includes development of a new Walking Development Officer Post, rolling out Art of Hosting methodology across Argyll and Bute, and exploring opportunities for 'single point of access' to statutory and community services. • Evaluation of the 2019-2024 Living Well Strategy through focus groups with key stakeholders • Development of a strategy refresh plan for the Living Well Strategy 2025-2030. • Leading the tender process for the new Community Link Worker contract 2024-2028. This was informed by evaluation of the previous service and engagement with CLW and primary care staff. During 24-25, the service was available in 12¹ GP practices. Between March 2022 and December 2024, the service received 1224 referrals & 90% of those who received the service and completed an outcome questionnaire reported an increase in their wellbeing. In addition, the Public Health team worked with Living Well partners to draw in external funding for the service. This has resulted in a remote and rural service expansion from 2024 onwards and resource for evaluating CLW in island communities. • Work has continued to embed RSPB Nature prescriptions across Argyll and Bute. RSPB Nature Prescriptions are a free, non-medical approach based on accessible connections to nature that will improve wellbeing by engaging with nature in a personal and meaningful way. In 24/25 these were used by Community Link Workers to connect people to nature and increase their wellbeing. • Living Well Community Capacity fund awarded Living Well grants to community projects and services which met the aims and outcomes of the Living Well strategy. In 2024-2025, the grants focused on improving health and wellbeing in rural island communities through 'connecting people to community activities'. £23,000 of grants were awarded	
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¹ Note that some practices merged in 24/25, hence the change in GP practice number from 14 to 12. There was no reduction in service.

	• Support the delivery of the local suicide prevention action plan working with Argyll and Bute Strategic Suicide Prevention Group. In 24/25, capacity to support this work was increased via a new dedicated Health Improvement Senior post. Since September 2024, a range of suicide prevention and mental health training opportunities have been delivered across Argyll and Bute. These include 115 people trained in ASIST (Applied Suicide Intervention Skills Training), 41 in Scotland's Mental Health First Aid (SMHFA), and 53 in Youth Mental Health First Aid (YMHFA). In addition, a group of 12 frontline staff took part in an "Ask, Tell" workshop – a training programme developed by NES and Public Health Scotland to improve understanding of suicide, self-harm, mental health, and compassionate conversations. • On World Suicide Prevention Day (10 September), council buildings were lit up in purple and a social media campaign helped raise awareness of available support. By the festive period in December, the Argyll and Bute Mental Health Hub had been developed to provide a centralised online resource for those experiencing distress or needing crisis support: https://www.ablivingwell.org/mental-health-hub. Recognising that not everyone has internet access, printed leaflets were also produced and distributed through third sector partners to ensure wider reach and inclusion. • The Public Health team continues to take an evidence-informed approach to all actions, and is committed to using timely and relevant data to support decision-making. With this in mind, links have been strengthened with Police Scotland, and more detailed data is now being received regularly to help us monitor local trends and shape targeted prevention activity. • 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. There are 4 smoking cessation advisors within the team and during 24-25, they supported 76 people in their efforts to stop smoking. The team also promoted their service and highlighted the dangers of smoking at a number of community events. Work undertaken to scope sexual health promotion needs across Argyll and Bute including small focus	
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	groups with young people. A new Condoms by Post scheme has been developed in conjunction with NHS Highland and delivered by Health Information Resources Service (HIRS). 'Speakeasy' training for trainers has been commissioned from NHS Tayside. Speakeasy is a preventative community education programme which helps parents and carers tackle issues around children growing up, including body changes, safety, relationships & sexual health. The course helps parents to build on what they already know about growing up relationships and sex. Fifteen individuals representing a diverse range of professions which work with families and young people attended the initial training sessions and we are currently developing a plan for roll out.	
Building capacity for health improvement: education; community planning; locality planning; encouraging and supporting cross sectoral collaboration and community empowerment; engagement; place-based work.	The Public Health team continued to build capacity for health improvement in partners and our communities. Our Living Well networks held quarterly meetings within their local areas and coordinators also attended Locality Planning Groups. In addition, communications, surveys, consultations etc from various sources (e.g. Public Health team, Locality Planning Groups, Third Sector) were sent out by email and social media via the Networks. The Public Health team regularly attended Area Community Planning Groups, relevant thematic Community Planning groups and Locality Planning groups to build capacity for health improvement and coproduction The Public Health team arrange webinar sessions open to HSCP staff and Third Sector. These have included webinars on: suicide prevention services by Breathing Space. The team have also built capacity through training delivery and commissioning for a range of topics including health behaviour change, suicide prevention, financial inclusion and sexual health. Further engagement activity is described below.	Yes

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts.

In 24/25, the Public Health team supported several contracts, and further detail is provided below:

Heartstart: SLA with Greater Glasgow and Clyde - continues

Living Well Network Coordinators: contracts ended in March 2025 following a review. In 25/26 team are exploring new ways of working with communities.

Community Link Workers: 21-24 contract with We Are With You came to an end in December 2024. New tender process undertaken with revised specification. We Are With You were the successful organisation and now delivering the service from December 24.

Cool2Talk: annual grant payment to Mid Argyll Youth Development Services and SLA with NHS Tayside ended in March 2025 following a review.

Waverley Care: note that this contract was commissioned and managed by NHS Highland and was a pan-Highland service which ended in December 2024.

Distress Brief Interventions: Due to operational reasons, the Public Health team have temporarily taken on oversight and support of the Distress Brief Intervention contract. This has included evaluation of the 25/25 contract and appropriate contracting process for the 25/26 contract.

Engagement Activities Taken Place in 2024/2025

The Smoking cessation team continue to undertake engagement and awareness raising events throughout the year. This includes engagement with various professions to raise awareness of the service and increase referrals – including local pharmacies, AHPs, Social Work, Specialist Nurses, Primary Care, Community Link Workers, Midwifery, disability employment officers etc...The team also undertake community engagement, attending community events such as wellbeing festivals and engaging with Children and Young People during the S2 Drama productions. 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. This year smoking cessation advisors attended events in each community hospital, local shops and supermarkets and worked with Oral Health Improvement colleagues.

There are four Living Well Networks throughout Argyll and Bute, with a dedicated LWN Coordinator for each Locality funded by the Public Health Team. The purpose of the Networks is to develop local partnership working and planning for health improvement activity. Although these networks came to an end in March 2025, they undertook a number of community events in 24/25 including partnering with Helensburgh Community Hub for a wellbeing festival and hosting a health and wellbeing day in Tiree.

Engagement has driven the suicide prevention work delivered by the team. In 24/25 suicide prevention training was refreshed across Argyll and Bute and was informed by community and staff engagement which sought to find out training needs and preferred locations. Engagement also drove the development and launch of a new [Mental Health Hub — Living Well in Argyll and Bute](#), a dedicated space on the [Living Well in Argyll and Bute](#) website to find support and resources for mental wellbeing and suicide prevention. This was developed following a needs assessment and is continuously updated following feedback from engagement.

As part of the engagement work for the new Community Link Working contract, information sessions have been held for remote and rural GP practices. This is part of ongoing engagement with GP practices to scope and ensure the service best meets the needs of remote and rural communities. Three drop-in information sessions have been set up to provide an overview of the current service, discuss what the future remote and rural service will look like, and gather feedback from GPs about aspects of the service.

In order to reduce inequalities in accessing screening programmes and following a request from Public Health Scotland, engagement was undertaken with the Gypsy/Traveller community via 3rd sector organisation MECOPP. This feedback will be fed back to PHS and used to tailor screening literature and identify new initiatives.

Work has continued in 24/25 to engage on lessons learned from the Living well strategy and to inform the next iteration of the strategy. To-date relevant stakeholders have been invited to provide their view on what worked well, lessons learned and what could have been better. Previous health and

wellbeing-related engagement has also been reviewed, in order to identify where there are gaps in 'what we know'.

Sexual health focus groups were carried out in an Argyll & Bute secondary school with a total of 11 young people in secondary 4 & 5. This was a lively discussion in order to understand their experiences of sex education, sexual health promotion and issues someone their age might have accessing contraception, condoms, emergency contraception and other sexual health related services. The feedback from this was used to inform initiatives.

Right Care Right Time

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Consider models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital.	Assessment and care coordination reform. Focussed work around the review and redesign of extended community care teams, with reablement. Review and redesign of systems and processes for assessment and care coordination, including assessment and care review. TEC and Digital care. Introduction of reviewing officers and Discharge Flow coordinator role (whole system).	Yes
Plan and progress spend on the recurring funding from Scottish Government.	All funding linked to KPIs and strategic older adult work. Sitting within a finance group. SG whole system action plan and funding bid has been progressed which is linked to ongoing CfSD leverage points and strategic drivers.	No
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.	Part of integrated processes and community standards work. Good progress in terms of mapping barriers and areas of change. Also considered above in terms of "models for community services".	Yes
Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles.	Sitting under any service change/governance.	No
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.	These needs to link to the wider issue of the strategic approach to care at home (see below) and integrated approaches of how assessment and review of care is carried out. Discharge to Assess, focussed remodelling of reablement, TeC and digital are all key factors. Link with Care at Home below.	Yes

Engagement Activities Taken Place in 2024/2025

Noted below in older adults/adults and hospitals.

Adult Care –Older Adults/Adults and Hospitals

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Extend the Community Hospitals into the community and provide a greater range of health related skills and services at home.	Urgent Community Response and Hospital at Home ongoing development. Ambulatory Care. Virtual ward, OPAT and near patient testing.	Yes
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.	Single Point of Contact review and redesign. Links with Living Well Programme and TSI. Ongoing work round the development of a 'one front door approach' which will be co-produced across all sectors. Standardisation of materials and processes currently in use. Assessment ethos to be enabling, with strengths and assets based approaches.	Yes
Developing a meaningful conversation with islands around our health and care services.	Specific island work has been carried out on Mull and Tiree in relation to specific service developments. These needs widened to our overall island approaches. Link with overall islands approach	No
Set up a Self-Directed Support Steering Group in order to embed Self-Directed Support Improvement Standards.	Standards are being reviewed but no steering group has been established. Consider integration of SDS across all areas of assessment and care coordination.	Yes
Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.	Link all these care at home actions into one key action for care at home. Links with Care at Home strategic development and community services redesign.	Yes
Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service.	Strategy developed and 4 sub-groups linked to organisational redesign; financial sustainability; training; digital. Pathways in and out of the service underway and the integrated processes work reducing duplication.	Yes
Develop an Older Adult Strategy.	Completed and agreed. One year action plan to be completed. Review process to review and refocus actions has been developed to support the delivery of the strategy for its whole lifespan.	Yes
Develop a robust plan around winter planning,	Completed – reviewed annually.	No

mapping out all elements of service delivery, what the pressures are and how they impact on each other.		
Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources.	Continuous, would see this as part of ongoing good governance work rather than a development in its own right.	No
Review the use of Extended Community Care Teams and link them to other community services.	Underway, again linking with care at home and community developments.	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 strategic work on care homes and housing is well underway with a demographic modelling and the development (underway) of options appraisal to inform future models. Closely linked with housing under the Care Homes and Housing Programme Board. The work on intermediate care has not yet begun in terms of its scope.	Yes

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts. (previous update below)

Current Update from Commissioning

Care at Home

There is a lot of agency use in OLI care at home due to issues with recruitment and retention. Options to resolve this are being looked at.

Review of Community Resources Group (CRG) process to ensure equity of services and ensure that there are links to community assets

Link to discharge protocol and establishment of single point of access; responder; enablement & re-ablement; palliative care model

Ensure these services are part of a continuum of service

Engagement Activities Taken Place in 2024/2025

Specific engagement with staff groups across the HSCP as part of the older adult strategy. This included a locality webinar for all LPGs; staff and professional leads workshops; work with the Older Adult Reference Group.

Two provider forums were established for care at home and care homes.

Learning Disability & Neurodiversity Services

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Further development of specialist Core and Cluster housing to support individuals with complex needs and reduce the requirement for individuals to be placed out with the area.	Core and cluster for 6 has been developed in Dunbeg and is at full occupancy. 4 person individual supported adapted tenancies, new build properties at the Sawmill site Helensburgh as a replacement for the Campbell St. service now operational in Partnership with Scottish Autism and Loretto Housing. 6 person individual supported tenancies in Rothesay currently being developed in partnership with ACAH and Affinity Trust. Direct replacement of the Morningside service with increased capacity. Other options for new build in Argyll and Bute also currently under consideration.	Yes
Development of short, medium and long term housing strategy to ensure appropriate accommodation models for services users and affordable housing for H&SC staff.	Involved with Corporate Services and other A&B and NHSH Departments to promote available and affordable housing options in a range of localities. No great movement to date but reasonable prospect of small scale limited success in 2 localities.	Yes
Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision (both internal and external).	All internal services, the 5 day Services in Oban, Lochgilphead, Campbeltown, Rothesay and Dunoon, and the HMO, Greenwood in Campeltown have all been inspected with improvements across the grades in all. Further work being undertaken aligned to the priorities of the Services 3 year Improvement Plan.	Yes
Reduce stigma in relation to learning disability and autism through delivery of joint training and/or awareness raising for staff across the HSCP.	Limited training has been undertaken however a more comprehensive set of objectives are currently being worked up in respect of the Strategy developments referenced in the following section below.	Yes
Development of A&B specific Learning Disability and Autism Strategies, in line with the A&B HSCP Engagement Framework.	The Learning Disability and Neurodiversity Strategies are currently being refreshed with representation and support from Service users, families, carers, individuals with lived experience, NAIT, NHSH, A&B, 3 rd and Independent Sector partners. Timescale for completion January 2026.	Yes

Continue to utilise technology and telecare where appropriate to increase independence, whilst ensuring the safety and wellbeing of service users.	The use of technology for individuals and service support providers is a central essential consideration in all our Service User focussed activity. The commitment is to maximise Independence, independence and safety within all situations, models of care and to recognise the financial challenges across the Partnership in relation to economies and budget considerations. In particular the use of Tech can help build confidence for individuals and their carers/families as we work in partnership to develop new models of care.	Yes
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Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts. (previous update below)

Current Update from Commissioning

Increased need for specialist neurodiversity services within Argyll and Bute in order to prevent requirement for out of area placements and support the repatriation of individuals back to the area, where appropriate

Review of Day Service provision across A&BHSCP to ensure equity, sustainability and services are fit for the future.

Review all pre-placements residential care contracts for out-of-area placements, if not covered by SXL.

Review all supported living contracts.

Lead update: There have been no contract terminations. All services whether internal or contracted are subject to a programme of review/refreshment as required.

Engagement Activities Taken Place in 2024/2025

Contract/service reviews with all commissioned providers.

Development of new Respite opportunities with Key Housing and Enable.

Development of new outreach Autism support service in H&L

Scoping activities undertaken with HSCP Departments and 3rd/Independent sector providers for Supported Living, personal care and all the aforementioned.

Mental Health

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Consider and consolidate standardisation of processes; roles and responsibilities; care and support co-ordination and utilisation of effective training and delivery models (i.e. specialist / generic).	Community guidelines are progressing well and will examine interface with other services across the mental health landscape. Team are progressing with scoping variance and impact of same	Yes
Further scoping of leadership and management of teams have enabled operations managers across the service.	Full embedded	No
Establish clear pathways to keep patients in local hospitals before transferring to acute units and further develop community supports and strategies.	A oversight looking at inpatient IPCU and inpatient dementia beds has been progressed, although at an early stage	Yes
Progress planned developments associated with Transforming Together agenda for mental health.	Core and cluster not progressed – requires dedicated support to develop	Yes
Community Mental Health Services review and outcomes.	Completed – this is several years on, the majority of outcomes have been met and those now not relevant noted	No
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.	Psychological therapies is now 1 team and managed by Consultant Psychologist, we have developed a successful partnership with Xyla to assist in wait times across A&B	No
The primary care mental health team have also realigned to work across GP surgeries and to support	This is fully embedded	No

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.		
Care Reviews.	Required resource to support, scoping commenced	Yes
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.	No progress in Consultant recruitment, currently sector consultants in reach to the ward. Recruitment in Mental health remains fragile and challenging across disciplines. We have the privilege to welcome International nursing colleagues over the last 2 years which has positively impacted and are supporting 4 earn to learn students. Retention premium is in situ until 2026.	Yes
<u>Standardisation of processes; roles and responsibilities; care and support coordination and utilisation of effective training and delivery models (i.e., specialist / generic), as appropriate to support mental health and dementia services locally</u>	Dementia team are offering inreach, training and support, variation will continue to be monitored and assessed by Clinical service managers	No

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts.

New contract with Xyla for primary and secondary psychological interventions

Primary Care (General Practice)

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Assess the impact on GP practices following the service redesign of Pharmacotherapy using a remote hub model.	The hub is now fully staffed from March 2025 and a new skill mix has been introduced to provide input into the practices remotely. Systems and processes are still in development and referrals into the pharmacotherapy service are being looked at to identify which team member is the most appropriate to undertake the task. Once this is completed there will be consultation with the GP practices. There are also 2 development posts for pharmacy technicians in the hub and these reduce the input to practices.	Yes
Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care.	The draft Island Strategy has been completed and fully engaged on and awaiting decision on governance and accountability for actions prior to full publication.	Yes Actions within strategy
Establish a sustainable GP out of hours service for Jura, linking it with Islay and building community resilience.	The Jura Out-of-Hours (OOH) working group has successfully reached a consensus on a new model for service delivery. This agreement marks a significant milestone since last years update, allowing the project to transition into the design and implementation phase. In this next phase, an implementation group composed of key stakeholders has been established. This group is tasked with the responsibility of taking the new model forward. Their role involves detailed planning, designing the operational aspects, and overseeing the implementation to ensure the model meets its intended goals of providing a sustainable primary care out of hour's model of care. This phase will involve continuous engagement with all relevant parties to address any challenges and make necessary adjustments, ensuring the model's sustainability and effectiveness in improving out-of-hours services.	Yes
Implement transitional arrangements where practices continue to provide some services.	In 2022, the National GMS Oversight Group approved a Rural Flexibility options appraisal submitted by the HSCP. The business case focused on 18 of our more remote and rural practices where it was clear that an HSCP delivered Community Treatment and	Yes

	Care(CTAC) and Vaccination service was neither cost effective or sustainable. 12 practices now receive a rural flexibility payment and claim reimbursement for vaccinations under an Item of Service arrangement. The HSCP agreed with NHS Highland Local Medical Committee (LMC) to regularly review these arrangements with all 18 practices. This process commenced in February 2025 and is ongoing with the full report to be submitted to the Primary Care Modernisation Programme Board and NHS LMC in June 2025. The HSCP is committed to delivery of the other workstream services agreed under the 2018 GMS contract (Pharmacotherapy, First Contact Practitioner Physiotherapy, Primary Care Mental Health and Community Link Workers) across urban and rural practices. Geographical and resource challenges have seen ongoing development of locally designed solutions including hub and digital infrastructure across the multi disciplinary teams. Where possible, measures have been implemented to improve equity between remote and rural and urban GP practices.	
Contribute to review of sustainable services on the island of Coll.	We have recently appointed new independent General Practitioners for the Coll General Medical Services contract, which took effect on 1st April 2025. This new contract introduces a change from the previous model, with three GPs rotating to cover both in-hours and out-of-hours care on the island. This new approach offers a more robust and sustainable healthcare model compared to the previous system, where a single GP was responsible for delivering services year-round, often with limited time off and little reprieve from the demands of the role. The rotation system ensures that the GPs can better manage their workload, reduce the risk of burnout, and maintain a healthy work-life balance, ultimately improving the quality of care provided to the community. With this model, we anticipate increased stability in healthcare provision, offering residents and visitors to Coll a reliable and accessible service.	Yes
Co-location of Cowal Medical Practice and Church St Surgery	Due to the funding freeze on Premises Improvements last year, the original plans for	Yes

in the Cowal Community Hospital, Dunoon.	moving GP practices into Cowal Community Hospital was paused. However, alternative plans are currently being considered.	
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Engagement Activities Taken Place in 2024/2025
• Jura Out of Hours Public Engagement event in September 2024 with follow up article inviting further feedback from Island residents in Jura Jottings following the event • Patient engagement done in both Inveraray and Furnace in 2024 • Coll and Colonsay Engagement for GP Interviews in 2024

Dentistry

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Identification of service needs and associated development.	Senior Dental Officer post fixed term recruited part time. Remainder of post reallocated to fixed term DO post Oban, 0.4WTE due to go to advert imminently. Work to increase service provision to Oban, Mid Argyll areas continues. DHT post recruited, NDIP provision now shared between DHT and DO which allows for more clinical availability.	Yes
Development of current services for Island communities and priority groups	Shared mobile dental unit with Highland HSCP refurbished. Working with Estates team to ensure water safety and electrical safety compliance between HSCP areas. Joint project. Direct collaboration between Coll and Colonsay to identify services connections for MDU continues. Tiree – Regular visits from Dental Officer and DHT (Dental Hygienist Therapist), subject to flights and ferries timetable. Dental chair identified for refurbishment/replacement. Working with Estates colleagues to enable installation. Mull – Tobermory clinic remains extremely busy. Again, Estates Team input required to improve fabric of building. Dental Chairs in both surgeries and x-ray unit in one surgery replaced in 2024. IT/Network connection remains challenging, other items listed require Estates team input to progress (staff changing and kitchen/handwashing facilities, x-ray machine wall support). Bute – PDS clinic remains busy. General Dental Practitioner with enhanced ability to provide care for residents of care homes on Bute. Priority Groups/Secondary care options –GA or IV sedation services for complex care cases/anxiety cases: Currently no provision for this within A&B staffing cohort. External referral to NHH North or GGC is only route for these patients. SLA and boundaries are unclear. Discussion and informal agreement with NHH North, who will provide this service for Oban and will accept referrals to Inverness. Discussion with GGC on a case by case basis. Will accept from geographical area near to GGC but boundaries not set and SLA is unclear. Board input required to determine SLA with GGC and NHH North. Collaboration with NHH N SCP staff and A&B SDO and DO in Oban to assist with these cases locally in Oban, and provide robust referral pathway. Orthodontics: service is maintained within Primary Care, unlike other board areas where this service is delivered in secondary care setting. Currently supported by two Consultants (one GGC and one Highland) on a rolling 6-monthly commitment basis. Service development includes up skilling of SDO to move into orthodontic care. Appropriate PG course identified and SDO enrolled in PGDip	Yes

	programme. Up skilling of one Dental nurse to Orthodontic Therapist underway (NES course) and expected completion Spring 2026 Oral Health Improvement: Looking to recruit to vacant post to cover Oban, recruited to cover Islay vacancy from Mid Argyll	
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 and is now expanding to include the 'care at home' sector. Oral health care shop to provide oral healthcare items at cost price to care homes piloted and successful. Expanded to other PDS locations in A&B. Feedback remains good.	Yes
Increase skill mix in association with in-house training and also NES partners.	Three Dentists and one Dental Hygienist Therapist are now providing Inhalation Sedation in PDS settings. All Dentists have the opportunity to complete AWI training. One clinician on waiting list for this. Clinician's peer group meetings provide PDS focused CPD and learning. Child Was not Brought protocol developed in collaboration with A&B Child Protection Services, cascaded out to all team members, local familiarisation sessions to all team members.	Yes
Team building.	Regular Team meetings and one to one meetings continue. SMT in person site visits occurring regularly. Monthly whole team cascade brief/PDS team brief via Teams to increase team cohesion. Face to face annual clinician meetings adopted to reduce professional isolation, along with virtual clinician meetings bi-monthly. SMT have established connections with other Primary Care Teams Leads via Primary Care meetings.	Yes
Standardising processes.	SOP development continues across service to continue to improve service provision and ensure best practice is consistent across the service. Use of Datix incident reporting tool has been encouraged and is well used by the Team. This assists with learning and identification of SOP projects.	Yes
Fixed term recruitment in Orthodontic services.	Weekend Consultant led clinics continue. Local service development and virtual consultation in progress to allow more non-Consultant activity during weekdays – end goal to have a weekday service led remotely by Consultant with regular but less frequent in-person visits, and staffed by Orthodontic Therapist and SDO with interest in Orthodontics.	Yes
In- house development of SDO for Orthodontic services.	Enrolled in PGDip course. Currently Year one – PGCert on satisfactory completion. University of Plymouth course provider. Increased Orthodontic case mix locally available.	Yes

Move to baseline funding	Baseline funding in operation Work underway to align SDS and CDS pays templates to reflect current staffing compliment.	Yes
Capital funding application for service improvements	Capital Funding bids active currently: Autoclave replacement across all sites. LDU facilities failing. Ageing stock at end of lifespan. Dental Chair, Lochgoilhead clinic. Catastrophic failure necessitates replacement.	Yes

Engagement Activities Taken Place in 2024/2025

Collaborative working with General Dental Services in co-located sites and the associated Bodies Corporate to assist with pressures around delivery of care.

Continued engagement with Pharmacy team and Child Protection services to ensure robust policies are in place which are aligned with wider HSCP policy.

Oral Health Improvement Team: Continue to be at the forefront of engagement throughout different sectors – Education, Health Partners, Social Work colleagues, Care Home Teams, Care at Home Teams, Addictions Teams, Forces Families Federation, Refugee and displaced persons population, Service providers for Adults with Additional Care Needs & third sector colleagues and families associated with the above groups locally over Argyll and Bute.

The Oral Health Improvement team provides accredited training in oral healthcare in the Care Home setting and for those who Care at Home.

Alcohol and Drug Partnership

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Develop the ADP strategy.	The final draft of the ADP Strategy Refresh 2025 until 2027 was presented at the ADP Strategy Group in March 2025 and the final version will be published after the ADP Strategy meeting in May 2025. The refresh work was lead by a steering group to who met 3 times during the project, at beginning, mid-point and end of the process. 11 national strategies and policy documents were identified of relevance to alcohol and drugs partnerships. 13 local (Argyll and Bute) strategy and planning documents were identified which showed clear connections to ADP current priorities. A wide range of engagement detailed below was conducted including semi structured interviews with ADP members, people with lived experience and engagement workshops. The areas of priority are Strengthening the Partnership, Prevention, Strengthening Recovery Orientated Systems of Care and A Public Health Approach to Justice. A Health Needs Assessment has been carried out in 2024 until 2025 and on track to be finalised by May 2025. Identification of the key areas will be progressed with the partnership aligning which the partnerships strategy and development of short to long term delivery plans. · Any specific findings highlighted in the HNA or focus groups in relation to JSP will be aligned and incorporated into this work.	No
Develop community hubs throughout Argyll and Bute.	Recovery Café's and Hubs have been supported by grant funding, enabling them to develop a wide range of work to support people in recovery. The Service Level Agreement with Community Learning Development 2024 until 2025 has enabled dedicated support to recovery communities in Helensburgh and Dunoon whilst supporting a test of change in Oban and an Argyll and Bute wide network.	Yes
Expand on the whole families approach.	Scottish Families Affected by Alcohol and Drugs (SFAD) were commissioned in 2024 until 2025 to raise awareness and engage with families and services in Argyll and Bute. The high level goal of this work is to grow a model of family support that is connected and effective, utilises community assets, sustains, strengthens and upskills communities to create a cohesive and effective Whole Family Approach. SFAD in collaboration with stakeholders have developed a partnership plan informed by the gathering of evidence from families and those in services and supported by grant funding. SFAD have listened directly to people personally impacted and to professionals working within the community to reduce alcohol and drug harms, have held many conversations, 4 shorter hybrid workshops, and a conference. Through engagement, they identified priorities to support the development of a Whole Families Approach. A Whole Families Group has been re-established to continue to take forward this approach in Argyll and Bute.	Yes

	Community Reinforcement and Family Training (CRAFT) was commissioned by the ADP, and to date 20 attendees participated in the two day training course.	
Continue to deliver to the requirements of the National Mission.	The ADP continues to work towards delivering the requirements of the National Mission, primarily through a range of sub groups identified to take forward the ADP action plan and progress MAT standards, ADP grant funding have supported activity in relation to the sub groups and work streams. Commissioned Community Alcohol and Drug Recovery WithYou commissioned work continues to deliver a wide range of outreach, training, support and services throughout Argyll and Bute. With You contribute to prevention, recovery, supporting those preparing, going through and coming out of residential rehabilitation accommodation, as well as the delivery of MAT services. A new “Recovery Skills” structured 10 week group work programme in 4 localities was provided and introduced some group work evaluation that will be gathered at week 1 and week 10. This will enable attendees to see progression and also help us to look at the content and see if there is anything that perhaps is not working well. So far verbal feedback has been very positive. A showing of Outrun was provided in collaboration with Campbeltown Cinema and provided an opportunity for celebration and With You supported people with Lived Experience of Alcohol and Drugs from each locality attend the Recovery Walk in Glasgow. This year With You celebrated their 20 year birthday with a heart warming event in Lochgilphead. Recovery groups attended with some confident enough to stand up and talk about their Recovery journeys, the event also enabled them to meet people from other recovery communities in A&B. <u>Drug Death Reviews -</u> A review of the Drug Death Review Group are meeting monthly to review drug related deaths. A pathway is being developed to ensure governance and utilisation of existing structures, the review had identified existing good practise and areas requiring improvement. The altered pathway will address some of the findings from the review. The terms of reference for the meetings are also under review. Twenty cases have been reviewed and concluded since 2022. Four reviews are in progress; while nineteen cases are awaiting review. <u>Drug Alerts and Harm Reduction</u> The local multi-agency group for Local Early Warning Systems has continued to meet monthly. Improvements to the groups communication has been implemented including a system of recording drug related incidents. This group links with Public Health Scotland’s Rapid Action and Drug Alerts Response (RADAR) team to develop local	Yes

processes for drug alerts. Increased Naloxone supplies were purchased alongside increased Naloxone Training as part of a plan to mitigate against potential overdoses from drugs containing nitazenes.

Planet Youth

The ADP agreed to support the Planet Youth Icelandic programme with five secondary schools currently involved in the pilot. The Icelandic prevention model aims to keep young people safe, healthy and happy. Within the five schools, S3 and S4 pupils have completed a questionnaire and the results have been sent back for the local coalition groups to review and discuss how to make this a community wide programme. This work is supported by a full time health improvement officer and a Health Improvement advisor.

Daniel Spargo Mabbs (DSM) Productions

The DSM Foundation is a drug education organisation. Their drama production entitled “I love you mum – I promise I won’t die” was piloted in the Oban and Helensburgh communities. The hard hitting drama tells the story of Daniel with the aim to help other young people learn the lessons he sadly no longer could, and make choices that can keep them safe. The title takes Daniel’s joking last words to his mum, before he left home for what turned out to be the last time. Further planning is underway on how to develop this work to introduce it to other audiences and areas within Argyll and Bute.

The School Drama Productions Programmes

The ADP continues to contribute funding to the school Drama programme “You Are Not Alone” which is delivered across seven secondary schools. The performances provide an opportunity for young people to engage in questions with service providers, understand support that is available and connect with other services. The production for 2024 was performed for S2 and S3 and the feedback from the S2’s was much more informative. Following this review future delivery of this programme is aimed at the S2 cohort.

Alcohol Brief Interventions

Recordings of Alcohol Brief Interventions (ABIs) have been increasing in Argyll and Bute. The publication of new guidelines ceased reporting of ABI number to the Scottish Government. Argyll and Bute will continue to develop and raise profile of ABI’s in the wider settings.

Developing Recovery Communities

The recovery communities have been supported by the Argyll and Bute Council, Community Learning Development team in Cowal, Helensburgh and Oban. This has given dedicated local support to each of the groups and helping establish more of a Recovery Community. We have also been supporting a test of change in Oban to scope what each of the services do to support drug and alcohol recovery and how we can bring that together. With the support from Scottish Recovery Consortium we are supporting people with lived experience to be more involved in the

	work of the ADP and provide feedback on the work we are doing in Argyll and Bute. <u>Residential Rehabilitation</u> For the period of 2024 to 2025, 19 placements for drugs and alcohol were funded by the multi-agency and multidisciplinary Residential Rehab Steering Group totalling £164,557. The ADP has also been working alongside Health Improvement Scotland to develop an action plan for the group. <u>Bespoke training for GPs and Prescribers</u> Training was commissioned from the Scottish Drugs Forum following the identification of learning needs by the Drug Related Deaths Review Group, and in consultation with GP colleagues. The three training sessions were held in February and March on the topics of Gabapentin, Ketamine and Benzodiazepines.	
Implement the revised approach to children and families.	Following a review of the School Support Services a new specification which was developed in partnership with Education, Education Psychology, and the ADT Support Team. The contracts commenced for all council secondary schools in Argyll and Bute in August 2024 and data and contract monitoring is ongoing. The contracts provide specialist educational support, supporting young people engage with services, the Planet Youth project and the Violence Prevention Programme. This test of change is commissioned until August 2026.	Yes
Initiate MAT standards.	Progress towards MAT Standards 1 to 10 continued in 2024-2025. The MAT Standards Steering Group had oversight of this progress and fed into Scottish Government reporting as required. Grants were provided to ADP sub groups associated with the ADP Strategy priorities and MAT to support them progress actions plan. Remote and rural issues and sufficient resourcing to meet all the standards remains a challenge.	Yes

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts.

- Community Addictions Recovery Contract with With You extended until March 2026
- New SLA with Argyll and Bute Council, Community Learning and Development for a Test of Change
- New contract for the Delivery of Community Reinforcement and Family Training Programme
- New contract for the Delivery of School Support Services until September 2026 with a range of local services
- New contract for the MAT Experiential Programme with Scottish Drugs Forum
- New contract for developing the Whole Family Approach with Scottish Families Affected by Alcohol and Drugs

Engagement Activities Taken Place in 2024/2025

ADP Strategy Engagement

Stakeholder interviews: A rolling interview programme was established, building from the ADP support team out to key partner representatives and including other stakeholders. Interviews began in August 2024 and ran to November 2024. Overall, 23 representatives were interviewed. Lived experience input was included through partners' existing links at key points in the process. A focus group was held in Helensburgh recovery café and interviews were held at Dunoon recovery café and Inverary Whole Family Approach conference. Lived experience/frontline worker input was also sought through third sector partners With You (in Dunoon) and LAAS (online).

The priorities of the emerging strategy were refined through 3 workshops which took place online in October-November 2024. All partners were invited, plus a range of wider public and third sector stakeholders. 10-14 people attended each one.

Health Needs Assessment

A HNA was carried out in 2024 to 2025. The surveys were distributed through the HSCP networks and the ADP networks resulting in 98 online surveys being submitted from Argyll and Bute. The survey consisted of 7 questions and were also used in focus group discussions which were held in the communities across Argyll and Bute, those who participated did so with lived experience of substance use. The aim of the focus groups was to understand community concerns, identify priorities, and determine indicators of progress in reducing substance-related harm. There were 9 Focus Groups with 94 participants of which one group of 8 high school children, 15 years old and over with lived experience of substance use in the home.

Whole Families Approach

SFAD have held 24 engagement meetings with service providers and families affected by alcohol and drugs to raise awareness of the Whole Family Approach and scope priorities for Argyll and Bute. An engagement event was held in Inveraray in July with 10 participants, following which a survey was distributed. In September SFAD hosted a Whole Families Approach Conference in Inveraray with 37 participants, thereafter two design events were held on the days following the conference. The priorities have been consulted upon and a group has been established to drive these forward.

Addictions Recovery Bill Consultation

The ADP hosted a consultation which was done in an online event on 16th December 2024, with 17 attendees present. Attendees were a wide range of partners from the ADP and HSCP. Following the consultation event and circulation of draft response, the final response as attached was submitted to the Scottish Government.

Charter of Rights Consultation

Consultation was done by the Independent ADP Chair and LAAS at the ADP Meeting on 20th May 2024. This was an in person meeting at Lochgilphead with 13 attendees.

The consultation provided information and background on the Charter of Rights for People Affected by Substance Use and Ailsa provided a presentation on her involvement in the process nationally.

The meeting noted that:

- MATSIN would be focussed on the Charter of Rights;
- That the Draft Charter was currently out for consultation, and AM / TM did a consultation exercise to seek the views of the ADP Members present on this.

Following this consultation exercise, which asked specific questions, the responses were collated and fed back to the national group.

Planet Youth

The Planet Youth team held an event in Dunoon in September 2024 where we had over 20 stall holders show casing when activities they had to offer for Children and Young people in the local area. The day was well attended by 25 families.

We also held a similar event in Lochgilphead where all the sports and clubs came along to give people taster sessions on what they had to offer and they also presented the volunteers with a certificate of thanks for all their hard work over the years. 15 families attend the event with most clubs getting new members signing up.

Allied Health Professionals (AHP)

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Establish DCAQ or establishment setting cycles (as per the Health Care Staffing Act implementation).including development and high-level data quality for AHP dashboard.	There is an established AHP dashboard based on a minimum dataset, taken from multiple systems and paper records. This has been made available to team leads, professional leads and managers and it is collated into a set of KPI's that report to the IJB. These measures are currently being evaluated with a move towards a mixture of quantitative and qualitative data. As part of the boards implementation of the health & Care Staffing act five teams, one per large profession, have carried out a annual tool-run and establishment report. Findings and learning are currently being collated.	Yes
Deliver remote and rural MSK triage offer through PHIO App.	Agreement has been achieved to fund the PHIO App for the next year to test its use as the front door to all MSK services across Argyll and Bute which ensures there is a self-management option for all patients, not just those in rural smaller practices. This will improve access to first contact physio and mainstream physio due to a large % of patients being managed with early self-management. This roll-out will be robustly evaluated.	Yes
Primary Care-increase of first contact to other professions.eg Dietetics.	Our Dietetics service are involved in national discussions about expansion of primary care to other professions as part of the MDT. National negotiations for the next GP contract are underway; any expansion of the MDT will be dependent on the outcome of this.	Yes
New priority-develop Safe Quality Care structure to demonstrate quality metrics to support professional assurance.	This programme is underway with an agreed annual audit cycle to gather relevant quality metrics and share across managers and professional leads.	Yes
Agree service specifications for all AHP Services and roll-out Job planning within teams.	Service specifications are being drafted. Job Planning tool developed and is being rolled-out informally.	Yes
Address long waits-all over 52 weeks become priority 1. Establish	Due to service pressures and recruitment issues it has not been possible to reduce all waits over one year.	Yes

rigorous triage in all AHP teams.		
Build in capacity for universal and targeted intervention with groups e.g. Aging adults, nursery children – whole population approaches to healthy living.	The Living well programme has been implemented in each locality offering adults a physical-activity based prevention programme. Robust evaluation is in progress with consideration of longer-term service sustainability models. Work is developing with partners like Live Argyll to consider this type of offer for children and young adults. All professions are considering universal approaches but the system pressures described above mean it is difficult to change focus from reactive to preventative work.	Yes
Delivery of actions e.g. Guest lecturing, increase in student placement offers, progress of therapy apprenticeships.	National discussions progressing about work-based training offers. We have robust practice placement support and coordination in place.	Yes
Continue to develop standard tools and process for establishment setting ready for cycle three. Agree establishments for A&B teams.	As part of the boards implementation of the Health & Care Staffing act five teams, one per large profession, have carried out a annual tool-run and establishment report. Findings and learning are currently being collated.	Yes
Develop a dashboard for visible demand and activity data for AHP teams.	There is an established AHP dashboard based on a minimum dataset, taken from multiple systems and paper records. This has been made available to team leads, professional leads and managers and it is collated into a set of KPI's that report to the IJB. These measures are currently being evaluated with a move towards a mixture of quantitative and qualitative data.	Yes
All AHP staff to do Health Behaviour Change training and review the professions offer to prevention.	4 courses have been offered.	Yes

Engagement Activities Taken Place in 2024/2025

There has been a focussed exercise, as part of the Safe Quality Care programme, to increase patient feedback through a Forms Survey. Most professions are now collecting feedback routinely. Outputs are being evaluated.

Carers

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Implementation of the Caring together Strategy.	The Caring Together Strategy was published in 2024 . We are currently in the 2 nd year of implementing the actions and commitments	No
Review of our Short breaks statement.	Section 38 of the NCS (Scotland) Bill introduces significant changes to the current Carers (Scotland) Act 2016. It introduces a new legal entitlement: the right to personalised short breaks for unpaid carers. Nationally work has started to address this new piece of legislation. Whilst this is being carried out, we will not go out to review and engage on our SBS, we will wait the new regulations and guidance and ensure Carers from within A&B are involved in the national engagement. Our current SBS remains in use.	Yes
We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.	Carer Organisations have expanded services across all areas of A&B and Carer number have increase by 19%. Education services now have a Young Carers policy and there are a growing number of schools involved in the Carers Trust Young Carers Challenge.	No
Review of the current Eligibility Criteria for Adults and Young People.	This will be aligned with the new regulations and guidance that will be releases with NCS Bill- Right to a break.	Yes

Please outline any activity in relation to service commissioning, i.e. revisions to specifications, new services, reviews of existing contracts. Terminations of contracts. (previous update below)

Current update from Commissioning

A new contract was developed and commenced in March 2023; the contract ends on 31st March 2026. This contract introduced a new service specification, updated terms and a clear and robust framework for contract monitoring. Planning for March 26 will commence in 2025.

A new contract following feedback from unpaid carers was awarded for Money, Welfare and Related Advice for Unpaid Carers, delivered by ABCAB (2 year contract, ending January 2027)

A contract is under development for additional Parent Carer Support and expected to be in 2025/26.

Update

Current contracts which provide Carer Services, remain in place until 31st March 2026. The current contracts provide the provision of support to individuals identified as unpaid carers, and in line with

the statutory obligation as set out in the Carers (Scotland) Act 2016. During 2025, we will engage in contract discussions.

Following feedback from the unpaid carers consultation in 2023, ABCAB have been awarded a contract to provide Unpaid Carers with Money, Welfare and Related Advice for Unpaid Carers. This is a 2-year contract and will run until 2027

Work has started to look at an information provision for A&B Parent Carers, who support Children and Young People with Additional needs in early years and schools. This work will conclude during 2025, with a contract being awarded to support parent carers. This piece of work follows on from a number of Parent Carers, who advised us of their need for accessible advice, information, and advocacy appropriate for their needs as parent carers

Prevention Programme

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Establish evaluation framework.	An evaluation subgroup was established to deliver on the priority of an evaluation framework. The work in the Community Rehab and Wellbeing stream has robust evaluation plans in place both Qualitative and Quantitative. The Evaluation group will continue to develop an evaluation framework for the whole Prevention/Living Well Programme.	Yes
Work in parallel on delivery of community rehab and wellbeing service and developing sustainable model eg. Social enterprise.	The delivery of the community rehab and wellbeing service commenced in January 2025 with good feedback already. Work is ongoing to develop the long term sustainable model for the programme with a Sustainability group meeting to be held in June 2025 to establish options and ensure cohesion between the community rehab and wellbeing stream and the community assets stream.	Yes
Continue Health Behaviour Training and consider workforce development of prevention /public health agenda.	The Public Health team continues to deliver MAP of Health Behaviour Change training across NHS Highland/Argyll and Bute. Training is available quarterly and a number of new trainers have been trained in late 24/25. In 24/25, 4 courses were delivered.	Yes
Continue work outlined in two subgroups	To enable the delivery of the rehab and wellbeing stream, Tier 1 and 2 were merged and these are being delivered by HSCP staff in liveArgyll facilities with support from liveArgyll staff. The Tier 3 continues to be carried out in the community assets for Living Well stream. Progress update relating to the Community Assets for Living Well includes: Walking Development Officer Post – A Walking Development Post has been developed to promote walking initiatives as a means of improving health, social cohesion, and climate awareness in Argyll and Bute. The post will coordinate health walk initiatives at a regional level, develop communities of practice and provide overarching guidance and support for health walks and related activities across Argyll and Bute. This post is in the process of being recruited to.	Yes

	• One Front Door – The 'One Front Door to Wellbeing for All' project aims to improve how individuals in Argyll and Bute access health and wellbeing services. The current landscape of services, while diverse and comprehensive, can be difficult to navigate due to the region's geography and the number of service providers working across various sectors. People often find it challenging to know where to turn for the support they need, leading to confusion, duplication of efforts, and gaps in service provision. We are currently building a business case and engaging with HSCP groups to determine whether to move forward as a distinct third-sector health and wellbeing initiative or explore a broader, multi-agency, cross-sector approach. The latter would significantly widen the project's reach but also require a much larger-scale effort • Working with Communities - Art of Hosting is a participatory leadership method designed to empower community leaders. This project aims to cascade the training across Argyll and Bute, enabling local leaders to host workshops that strengthen community resilience. Art of Hosting training has been delivered to a range of partners, and work is ongoing to expand this 'working with communities' approach locally.	
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Engagement Activities Taken Place in 2024/2025

The AHP Prevention Lead engaged with several key groups prior to the launch of the community rehab and wellbeing physical activity programme. Most notable were the Health Professional forums, as they would be providing the referrals into the programme. Ongoing engagement is required with GPs to ensure they are informed about the programme and are supported with making referrals.

Engagement has also taken place on some of the islands to support delivery of physical activity programmes on Islay and develop delivery of community rehab and wellbeing physical activity on Coll. There will continue to be engagement with island groups to further progress delivery options in these remote and rural areas.

Digital Health and Care Strategy

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care.	Roll-out of CIVICA electronic document management system continues with scheduled completion of adult social care for June 2025. The next phase will be Children & families. Trak EPR programme in progress. Oban site due to go live summer 2025.	Yes
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".	eHealth continue to provide up to date training around established IT systems, and future new systems to support the ongoing development of digital skills for our workforce.	Yes
Join up our HSCP teams by improving NHS systems and Council systems for easier data sharing. Enhance communication and collaboration using MS Teams federation.	New and innovative ways to increase sharing of information is ongoing. Use of MS365 power apps.	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.	The drone trial using the Speedbird DLV2 drone delivered by Skyports between Islay and Jura has now been completed. Data from the trial has been thoroughly analysed, and feedback has been provided. This initiative, funded by the Regulatory Pioneering Fund, aimed to demonstrate the safe integration of drones in shared airspace and their potential for transporting school meals, Royal Mail goods, and NHS medical supplies. Our part in the Trial focussed on analysis of temperature control of selected medication and medical supplies during flight. The analysis and feedback will inform future decisions on the broader use of drones in healthcare logistics, enhancing service delivery and community resilience in Argyll & Bute.	No

Technology Enabled Care (TEC)

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Ensure all Telecare clients have a digital solution in place.	We are continuing to ensure Technology Enables Care (TEC) is a core service embedded in all aspects of delivery of care, which involves the promotion of all available services throughout patients/clients' journey and 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	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.	- Continued promotion of NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel - Supporting roll out of further Silvercloud pathways - Trial and evaluation of digital homecare solutions including remote medication prompts and digital hydration kits. - Work with GP practices to promote further uptake of remote health monitoring for blood pressure. - Scope utilisation of remote health monitoring for asthma and heart in A&B HSCP and develop plans for subsequent years. - Ensure all telecare clients have a digital solution in place in time for switch-over from analogue to digital telephone lines	Yes

Corporate Services

Priorities Year 3	Progress Update	Carried over 2025/26 Yes/No
Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll & Bute Council and NHS Highland.	Progress towards net zero carbon emissions across HSCP services continues albeit there is limited funding to improve the efficiency of properties in any meaningful way.	Yes
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.	eHealth continue to provide up to date training around established IT systems, and future new systems to support the ongoing development of digital skills for our workforce.	Yes
Implement the new ECLIPSE IT system and increase the number of health staff using the single health and social care IT system.	Eclipse Phase 2 implementation- OLM have provided a project plan for discussion at April Eclipse Board. Discovery session are being set-up to support MH and Child Health Teams as the last stage of the Eclipse roll-out across community health teams. This will mean that all community health teams will be using Eclipse by June 2026.	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.	Awaiting future update from digital services on second phase of federation.	Yes