

HSCP 01 Draft Reduced Social Work Staffing

About the Proposal

Title of Proposal.

HSCP 01 Draft Reduced Social Work Staffing

Intended outcome of the proposal.

The original proposal noted the reduction of social work staffing by not recruiting to 9.5 FTE social work vacancies with a proposed saving £429,000. The break down of posts is as follows:

Children and Families 4FTE posts have been held since November and not recruited to ahead of proposals to the IJB and as such the area teams are operating with reduced capacity

Adult Social Work 4FTE posts were vacant and some noted as hard to recruit and reduced capacity

LD/PD/MH 1.5 FTE posts have been held and reduced capacity.

The amended proposal will hold 2 adult FTE posts, 1.5 FTE posts LD/PD?MH, Hold 2 FTE Children's posts and recruit to 2 Adults and 2 Children on the basis of risk assessment. The impacts will be assessed on the same basis but note the capacity to address if regulatory requirement is not met.

How does your proposal align with strategy?

The HSCP does not consider that these proposals align to national policies and proposed legislations that increase statutory functions in the Delivery of adult and children's social work/social care or local strategy and would damage capacity for care as employment levels permanently reduce. This would be in the context of increasing need in Adult and Child protection and requirement for assessment and safeguarding. The ability of the HSCP and the care sector to respond to future demand in standard and public protection services will be impaired. Reputational risk is thought to be significant. The HSCP will require to mitigate the risk through service redesign to ensure that service is prioritised and delivered as effectively as possibly ensuring that staff wellbeing is monitored. This is likely to be an outcome action for 2026-27 if approved.

Description of proposal.

2 2 FTE held as vacancies from Children and Families structure. Will result in delays and increased risk in child protection delivered at expense of other services with impact across education and potential for early intervention.

2 FTE held as vacancies from Adult Services structure. Will result in delays to assessments and increased workload for remaining staff. Potential impact on delivery of care at home reductions if assessments cannot be done. Recruitment continues to be an issue.

1.5 FTE LD/PD/MH held as vacancies from Adult services and will have a reduced capacity and expertise within this specific care group for complex need. This is likely to result in reduced or delayed service.

Lead and Appropriate Officers

Lead officer: Nicola Gillespie / Caroline Robertson / David Gibson

Lead officer job title: Heads of Service

Lead officer service: Complex and Registered Services / Health and Community Care / Children, Families and Justice

Appropriate officer: Shona Williams

Appropriate officer job title: Justice manager/Acting CSWO

Who will deliver proposal: Council HR / heads of service / team leads social work

Signed off by: Shona Williams

Date: 17/03/2026

Evidence

Data - What data have you used to inform the IIA.

The assessment has taken into consideration workforce structure including current FTE levels, vacancy data, job roles and regulatory responsibilities. The initial proposal notes 1 social worker for adults and children per locality and a proportionate reduction in the area wide team in LD/PD/MH/ Financial monitoring and budget analysis detail current staffing costs and any potential savings forecasts. The proposed staffing changes will have a material impact on the capacity of the organisation to plan and deliver regulatory services for children and adults across Argyll & Bute, increase workload for remaining staff with potential impact on wellbeing. The HSCP has a predicted increase in demand for services and will require an increased focus on risk management and staff health and well being.

The revised proposal mitigates a degree of this risk but not all.

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

An advisory report to the Chief Officers Group for Public Protection on the requirement for Child Protection service prioritisation with reduced staff complement and requirement to progress redesign in Adult services to support public protection. The advisory report noted a decreased capacity to meet statutory requirements in children's services with a recommendation of alternative action .

Consultation - What consultation / engagement have you carried out to inform the IIA?

The proposal has been discussed internally with Chief Social Work Officer, Heads of Service, Financial managers and HR Business Partner, Team Leads, Trade Unions. It has been shared with the IJB and presented at Full Council as part of the overall council budget savings options. Managers are informed that vacancies will not be recruited to during the consultation period and have engaged with finance, HR, senior management and staff through the council process.

A public engagement has been undertaken both in person and online by survey with 85% of respondents not in favour of reduction in social work noting that the term social work and social care are used interchangeably. Respondents provided commentary on the importance of social work in being assessed and navigating care for all age groups and expressed concern about waiting for assessment for care when service is not currently timely.

Gaps in evidence.

The proposed posts are vacancies and impact on service and staff is monitored on an ongoing basis. Further evidence of difficulty to recruit for identified posts and proposals around the mainstreaming of the Adult Support and Protection function may be helpful in mitigating the current ongoing risks. Other key gaps to acknowledge include: the absence of demand forecasting data for each of the three affected service areas and the uncertainty about the feasibility and timeline of service redesign options.

Knock on affect.

Yes

Knock on affect details.

Reduction in flow across the whole system with impact on both preventative care, early intervention and public protection duties. Impact of staff welfare and wellbeing due to increased workload on the basis of current staff complement.

Monitoring - How will you monitor the impacts of your proposal.

Service performance monitoring and service impacts including staff welfare. We will monitor social work waiting times for assessment in each of the three service areas; child protection referral and response times; number of adults awaiting care package assessments/impact on discharge and assessment;

staff sickness absence rates and wellbeing survey outcomes; complaints and safeguarding referrals; SW Team Leaders will monitor operationally through current operational monitoring facilities and process with risk escalated through standard process if regulatory requirements are compromised.

Fairer Scotland

Impact on service users

Category	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impacts details.

Social Work service users may already be impacted by other factors which have identified a need for a regulatory service. Unpaid carers may be impacted in their ability to care or achieve care or respite.

This proposal affects overall capacity to deliver regulatory services for some of the most vulnerable people in Argyll and Bute.

Island population the islands section below identifies that island communities may be affected through the reduction of travelling social workers from the mainland or capacity to travel due to workload.

People experiencing socio-economic disadvantage are disproportionately affected because they are more likely to rely on statutory social work services and have fewer resources to navigate or supplement them independently;

Communities of place and communities of interest in that place and specific groups may be disadvantaged through distinct needs that lack a specialist knowledge or experience to address.

Impact on service deliverers

Category	Impact
Mainland rural population	Negative
Island population	Negative
Low income	No impact
Low wealth	No impact
Material deprivation	No impact
Area deprivation	No impact
Socio-economic	No impact

Communities of place	No impact
Communities of interest	No impact

Impacts details.

Primary operational delivery impact will be to the HSCP across the whole system as social work play a pivotal role in assessment, access to service and system flow so ripple effect to other professions. Impact on staff in respect of workload and wellbeing as regulatory workload increases. Mainland rural service deliverers may be impacted in terms of workload and reduced ability to carry out their role across islands

Island based service delivers may have reduced support and capacity from wider systems.

Don't knows.

We do not know the longer-term workforce recruitment and retention implications in a context of already hard to fill social work posts. We don't know if additional statutory regulation will impact on public sector duties.

Due regard

It is anticipated that the proposed savings will potentially avoid any further measures such as voluntary redundancy. There is an opportunity to review ways of working within adult social work e.g. area teams, single points of access, use of customer service centre however despite carrying vacancies for a period and some hard to recruit posts it will in real terms reduce the staff complement available to undertake regulatory work.

(1) In considering the disadvantage within the proposal we have given due regard and the updated proposal would seek to hold the posts as vacant as opposed to removing from the staff compliment pending risk and monitoring

(2) The options have been considered to reduce the impact are adult service redesign (being scoped), recruit to 2 Children and families social workers, hold posts vacant and where regulatory requirement is not being met capacity be reintroduced. (3) The decision has been made despite the identified impacts on the basis of budget constraint however has been amended on the basis of risk assessment and response from engagement.

Consumer duty

Does your proposal affect individuals, businesses or both?

Individuals

On the basis of your assessment, what are the likely impacts of your proposal?

Category	Impact
Choice	Don't Know
Fairness	Don't Know
Redress	Negative
Safety	Negative
Information	Negative
Access	Negative
Representation	Negative

Social work undertakes a regulatory role that includes safeguarding functions for both children and adults. If reduced capacity means that people in need of safeguarding cannot access timely

support, or that complaints about services take longer to be addressed, there is a potential Redress impact.

Positive impacts you have identified.

The proposal avoids redundancies for currently employed staff and preserves the option of service redesign as a mitigation. From the consumer's perspective, maintaining the existing staff complement (even without additional recruitment) preserves current service levels.

Negative impacts you have identified.

Social Work undertake a statutory function on behalf of the council with the service delegated to the Integration Joint Board. The vacancies proposed impact on Children and Families and Adult services. In avoidance of redundancy, vacancies have been identified. Potential negative impacts are in access to a Social Worker in a timely manner and receiving the support required prior to escalation of a situation.

Children and Families reduction "will result in delays and increased focus on child protection at expense of other services" and that the Adult Services reduction will result in delays to assessments and increased workload for remaining staff, however somewhat mitigated by the amended proposal. Other identified impacts in respect of Adult services will be monitored as described to ensure that redress, safety, information, access and representation are maintained to a standard level. Justice services are not impacted in this respect as they benefit from ring fenced funding.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

Alternatives are being considered to maximise capacity. This may require some restructuring however this is still in the scoping phase. The amended proposal would allow for potential to address need through posts held at vacancy if required rather than removing the posts from the workforce establishment. Regulatory services are required to report nationally and have frameworks that govern their operation.

How have you reduced harm to consumers through the development of your proposal?

The removal of vacancies means there is no change to current workforce however this means that there will be no change to the current status quo without change of structure and process.

If you have not been able to reduce harm to your consumers, why not?

The HSCP note that they consider the reduction in service as to be not in line with national policy or forthcoming change and legislation however are required to work within the budget available and would seek to explore different ways of working within the regulatory context. The revised proposal introduces some flexibility should the IJB be required to respond rather than removing the cohort of posts from the workforce permanently.

Children rights and wellbeing

Are there any aspects to your proposal which directly impact on children?

Yes

Direct impact on children details.

the reduction of 2 FTE in Children and Families will result in delays and an increased focus on child protection at the expense of other services, with likely impact across education, assessment and early intervention

Are the any aspects to your proposal which indirectly impact on children?

Yes

Indirect impact on children details.

provision of regulatory services impacting on the wider family and caring network, children in households where a parent or other adult family member requires adult social work assessment

(including for care at home, LD/PD/MH support or respite) may face longer waits; children in households where an unpaid carer is affected by reduced capacity may face increased caring demands; children who are young carers may be less likely to be identified and supported with reduced social work capacity across the system.

Children rights

Complete the options relating to the general principles.

Category	Impact
Article 2: (non-discrimination)	Negative
Article 3: (best interests of the child)	Negative
Article 6: (life, survival and development)	Negative
Article 12: (respect for the views of the child)	Negative

Have you identified any other article as being relevant to your proposal?

Article 19 (protection from violence, abuse and neglect) - reduced child protection capacity directly affects the council's ability to investigate and respond to concerns about harm to children; Article 20 (children who cannot live with their family) - delayed assessments may affect looked after children decisions and care planning; Article 23 (children with a disability) - the LD/PD/MH reduction may affect children with disabilities who require social work support; Article 24 (right to health) - delays in social work assessment affect children's access to health-related support and services.

Children's wellbeing

Category	Impact
Safe	Don't know
Healthy	Don't know
Achieving	Negative
Nurtured	Don't know
Active	Negative
Respected	Negative
Responsible	Negative
Included	Negative

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

Reduction in capacity reduces both preventative and response capacity with potential for impact across all indicators. The proposal explicitly states that child protection will be prioritised at the expense of other services, which means other aspects of children's safety (early intervention, preventative work) will be reduced. Nurtured and Healthy are directly affected by reduced capacity to support families where adults have care needs. Achieving is directly affected through the anticipated impact on educational social work.

For the indicators where you believe your proposal will result in improved children's wellbeing, explain what these improvements will be.

The revised proposal will proceed with the recruitment of two additional Children and Families social workers on the basis of identified need and risk. Service redesign is being scoped in respect of adult services and monitoring is on place in respect of indirect impacts.

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

For the indicators of safe, nurtured and healthy we don't know the longer term impacts of a permanent reduced staff complement directly on children. We are unable to forecast the demand and the potential impact for an ageing population however there may be impacts on caring families which impact on the ability of children to live a full life as they would without formal caring responsibilities. We will continue to undertake specific monitoring for child-related indicators: referral and response times in child protection; school attendance and attainment data for children known to social work; young carer referrals and support; and complaints from families about delayed assessments.

Island Community

How many islands does your proposal affect?

All

Which islands are affected by your proposal?

All islands in Argyll & Bute

Does your proposal impact on Island communities?

Category	Impact
Demography	Negative
Economy	No Impact
Society	Don't Know

Describe any positive impacts you have identified.

The revised proposal does not permanently remove capacity and no staff currently in role are proposed for redundancy providing some continuity of institutional knowledge and care.

Describe any negative impacts you have identified.

Social Work would continue with the current staff complement with no further recruitment to existing vacancies. this would maintain the service at current level with no option for addressing current capacity issues within the current operational model.

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

We will require to monitor the impacts, potential for reduced service and capacity and staff sickness and wellbeing further effecting service.

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

We do not know how society or communities on islands would be distinctly impacted if the current complement is maintained with no further recruitment. Islands based services will not be directly affected by the vacancies on island but may be affected by mainland travelling adult social workers primarily from Oban.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas?

We do not know how society or communities on islands would be distinctly impacted if the current complement is maintained with no further recruitment. Islands based services will not be directly affected by the vacancies on island but may be affected by mainland travelling adult social workers primarily from Oban. The mitigation of the amended proposal will assist in maintaining the travel of children and families social workers. LD/PD/MH will be monitored in terms of any delay to assessment or review.

If you have not been able to mitigate impacts, why not?

There will be impacts on capacity which may require to be addressed through process within the regulatory context. We will mitigate some risk with the amended proposal.

Equality impact

Equality impact on service users

Category	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	Don't know
Age	Negative
Sexual orientation	No Impact
Gender reassignment	Don't Know

Impact on service users.

Social work by nature will work with people who have an identified need which requires their support which they are unable to resolve independently. Those with disability, older adults, children and wider families and we do not know any impacts for gender reassignment as have no evidence of impacts across the age range at present. Sex has been noted as a negative impacts as women tend to be disproportionately impacted through caring roles, this however would require to be monitored. Reduced staffing will reduce permanent longer term capacity under the current operational model and we will maintain the monitoring requirement. Pregnancy and maternity is closely monitored as multi agency.

Don't knows identified.

Pregnancy and maternity are noted as don't know as social work closely with midwifery in this are potentially in maintaining child/family safety and wellbeing however social work undertake pre-birth assessment.

Equality impact on service deliverers

Category	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative

Pregnancy and maternity	No Impact
Age	Don't know
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

Primary operational delivery impact will be to the HSCP across the whole system as social work play a pivotal role in assessment, access to service and system flow so ripple effect to other professions. Impact on staff in respect of workload and wellbeing as regulatory workload increases.

Don't knows identified.

We do not know the longer term impacts on staff of continuing with the current staffing compliment without service change and any workforce impacts will be monitored through staff governance reporting.

Due regard.

The proposal seeks to avoid redundancy of currently employed staff by reduction of capacity through existing vacancies. The proposal is they would be held to support management of risk during change rather than be made redundant.

We anticipate some level of impact on the identified characteristics, differential impacts on older people, disabled people, and women who rely disproportionately on social work services will require to be monitored through any service redesign through the monitoring identified and appropriate action taken on the basis of the revised proposal if required. This will have alternative budgetary impacts through the year in respect of balancing spend.

HSCP04 Draft Older Adult Services - Community Transport

About the Proposal

Title of Proposal.

HSCP04 Draft Older Adult Services - Community Transport

Intended outcome of the proposal.

The HSCP proposed to withdraw funding and terminate the current grant agreement for Community Transport in Helensburgh and consideration of the contribution of funding to Cowal Community transport, both operated by Interloch.

The HSCP would no longer fully fund Interloch's Helensburgh and Lomond service the impact of which will be cost effective transport access for service users to and from the Oasis Day Service and no additional subsidised community transport.

This would result in recurring annual savings of £118000, in order to support the requirement to balance the budget and reduce expenditure on the basis of prioritising the funding of direct care provision.

However a revised proposal would seek a saving of £51,000 for 2026-27 on the basis of seeking a longer term sustainable transport solution in partnership

How does your proposal align with strategy?

Argyll and Bute HSCP Joint Strategic Plan 2022-2025:

- Efficiently and effectively manage all resources

Argyll and Bute HSCP's Financial Recovery Plan 2025/26

Description of proposal.

The proposal aims to change the expectation that the HSCP can provide transport services within communities due to the requirement to balance the budget and reduce expenditure.

The initial proposal was to end the provision / funding of transport to and from Oasis Day Service and the additional Community Transport services in Helensburgh in order to deliver savings. The cost of the service for 2025/26 is circa £146,000 with the grant plus earned income. This is paid to a 3rd party as a grant and mainly funds transport for users of the Oasis day service in Garelohead from the Helensburgh area. The service currently transports circa 25 users of the day service, many of whom require assistance due to mobility issues. The service provides transport from towns and villages such as Cardross, Arrochar, Kilcreggan, Garelohead, Roseneath and Helensburgh.

If this proposal is implemented, existing and future Service Users who wish to attend Oasis Day Service, may be responsible for coordinating and funding their own transport arrangements however this may require some further mitigation under general principles. The revised proposal supports for the next year some maintenance of transport on the basis of some revision of geographical catchment. No service would be available out with that catchment.

As a comparator the HSCP part funds Interloch community transport in Cowal. Interloch have indicated a part funding solution however this leaves them with a substantial budget deficit which they have been unable to mitigate during the informal and formal consultation period. Other options are being explored.

The funding also provides for a wider community transport service in Helensburgh to those who need such a service because of age, sickness or disability (mental or physical), or poverty, or because of a lack of availability of adequate and safe public passenger service. This service would cease within the Helensburgh and Lomond area, with the removal of this grant funding. Som level of service would be maintained.

Lead and Appropriate Officers

Lead officer.

Simon Deveney

Lead officer job title.

Senior Manager - Resources

Lead officer service.

Argyll and Bute HSCP

Appropriate officer.

Nicola Gillespie/ James Gow

Appropriate officer Job title.

Head of Adult Services (Interim)/ Chief Financial Officer

Who will deliver proposal.

Senior Manager Resources, Area Manager, Corporate finance and commissioning

Signed off by.

Nicola Gillespie

Date.

17/03/2026

Evidence

Data - What data have you used to inform the IIA.

General population and deprivation data - NRS, SIMD, A&B HSCP Strategic Plan

Service User - data from current provider.

Transport usage data - from current provider including how many passenger and journeys are undertaken directly linked to Oasis and wider Helensburgh community

Availability of wheelchair accessible vehicles in the local community - A&B Council licensing team

Public engagement response where community transport was identified as key to supporting their health and wellbeing.

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

A&B HSCP are currently undertaking a formal review of Older Peoples Day Services to determine the future model of support.

It is likely that removal of the service will mean some users will no longer access the day service at Oasis. This may put the viability of that service (also largely funded by the HSCP) at risk.

Argyll and Bute Council Community Planning Partnership have recently published their Argyll and Bute Outcomes Improvement Plan 2024-2034. One of the key outcomes identified within this is around improving transport infrastructure to create a reliable, accessible, affordable and integrated public transport system for Argyll and Bute. This also includes working with partners to enhance provision of bespoke transport services for those experiencing the greatest inequality in ease of movement.

Argyll & Bute has numerous forms of locally set up community transport which are funded differently or volunteer led. The HSCP does not fully fund any other community transport.

<https://www.argyll-bute.gov.uk/roads-and-travel/public-transport/community-transport>

Consultation - What consultation / engagement have you carried out to inform the IIA?

Engagement was undertaken with the provider, services users and general public consultation. Specific service responses were collated by the provider. A sessions with Oasis services user families also took place and a number of meetings with the Oasis team.

The HSCP has worked with the supplier to ensure access to engagement and direct information to service users, staff members, existing transport provider, day service provider, social work teams or wider community on this proposal.

A number of meetings have taken place with the HSCP and the current transport provider, to discuss the proposal and a number of routes explored for alternative part funding as a reduced funding option was explored. Additional funding was not secured and the provider noted a lack of capacity internally to fundraise and continue fundraising. The current arrangement was put in place for 1 year only as the provider informed the HSCP that the service would cease if it was not fully funded.

Market Research

Previous attempts were made to source alternative transport provision in Helensburgh & Lomond in 2019 to ensure consistent transport options were in place for those attending The Oasis Day Service. These alternatives centred on the use of taxis and /or other bus companies. The use of taxis in Helensburgh were seen to be unreliable to the needs of the service users, with the cost being equally as expensive as the existing option but with additional community benefit for community transport. Bus companies provided indicative costs which far outweighed the cost from the existing provider but all spoken to advised that they had no availability to take on the project.

Engagement with A&B Council licensing team in June 2025 during previous review, confirmed that there are currently 6 taxi/private hire wheelchair accessible vehicles in the locality registered.

Gaps in evidence.

Engagement has been completed noting no personal or cost effective alternative transport arrangements to enable them to continue attending Oasis Day Service if the transport provision is removed. However representations have been made from non service users noting their personal use of the community transport service.

The HSCP is not required to fund Community Transport and only part funds Interloch in Cowal. A full cost recovery model for a general subsidised transport is not identified as a service priority within budget constraints however we note its value to the community.

Direct impact to any staff members of the transport provider if this proposal is implemented.

Knock on affect.

Yes

Knock on affect details.

This proposal may result in some service users being unable to access day services due to no alternative transport arrangements or inability to afford alternative transport arrangements.

There is a risk that this may result in increased care at home costs, quicker deterioration in the health and wellbeing of the affected client group and an increase to social isolation of service users.

Additionally, this proposal may result in day service provision at the Oasis Day Service becoming unviable depending on the numbers of service users who are able to continue to attend. The majority of the population within Helensburgh & Lomond, is situated within the main town of Helensburgh. The Oasis Day Service is based in the village of Garelochhead approximately 20mins outside of Helensburgh by car. The majority of service users who attend Oasis, come from villages and towns outside of Garelochhead and therefore some form of transport is required to attend.

While not required by law to provide transport to care in general there is general provision in place that we support people to access care if required. Oasis have their own transport for social ventures however this has a high risk as no back up if off the road and there would require to be an augmented staffing to support which may not be cost effective in terms of the loss of community benefit. Cost has increased considerably too which is unsustainable.

Monitoring - How will you monitor the impacts of your proposal.

As noted, older people day service provision within Argyll and Bute is currently under review however Oasis is commissioned from an external provider.

Impact on services users will be continually reviewed as part of the Assessment and Care Management process undertaken by social work with mitigation as required.

The direct impact on service users numbers at Oasis Day Service from the removal of transport provision and the sustainability of the service, would be monitored as part of the Contract Management process.

Fairer Scotland

Impact on service users

The socio economic details of Oasis service users and families and the wider clientele of Interloch are not known in terms of data however Helensburgh and Lomond is well resourced and has obvious affluence alongside smaller pockets of poverty.

Age is more likely a barrier to transport with people no longer driving and as such older carers having reduced capacity to transport their loved ones.

Families also noted that there is socio economic impact if they require to reduce or give up work to support or help ahead of service, with many of working age.

Impacts details.

Of the existing service users accessing transport provision to and from Oasis Day Service, 80% currently reside in most urban town of Helensburgh and 20% currently reside in smaller villages within the locality (January 2025 data). A smaller number of these services users live in what is considered to be a rural areas, on the Rosneath peninsula. This is subject to change.

All service users who access the transport provision to and from Oasis Day Service are Older People, many of whom have at least one long term health condition, and/or a physical or mental impairment.

The current funding also provides for a wider community transport service in Helensburgh to those who need such a service because of age, sickness or disability (mental or physical), or poverty, or because of a lack of availability of adequate and safe public passenger service.

Based on the most recent Scottish Index of Multiple Deprivation data (SIMD 2020), 7.3% of the population in Helensburgh & Lomond live in the most deprived areas in Scotland. Geographic Access to Services remains one of the main factors contributing to the most deprived rankings within the Helensburgh & Lomond area.

For those service users who may be considered Low Income/Low Wealth, the implementation of this proposal may result in these service users being unable to continue accessing Oasis Day Service and/or wider community transport service due to affordability or lack of alternative accessible transport provision

Impact on service deliverers

Impacts details.

It is assumed that there will be a number of staff affected by this proposal, and there may be a potential risk of redundancy. We would monitor any subsequent impacts with the providers and signpost to appropriate organisations if required.

Don't knows.

This service runs in Helensburgh and Lomond, the workforce however it is made up of six male part time workers, however we do not know the demographic or if all drivers would be affected or option to redeploy.

Due regard

Due regard has been noted and the HSCP is sensitive to the sustainability of service providers, however, cost pressures in the system are not within the control of the HSCP. It is not possible to reduce spend without adverse impacts on employment. Some consideration has been given to a

smaller proposal however the provider would seek to continue to run a full service and identifies there is no facility for bridging the funding gap so the issue remains unresolved.

Socio economic impact may not be the primary feature however gaps in evidence means we cannot confirm this with certainty. The updated proposal will allow within the next period of time to look more closely at data to support a longer term more sustainable approach if approved by the IJB and feasible for the provider.

Consumer duty

Does your proposal affect individuals, businesses or both?

Both

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer Impact	
Choice	Negative
Fairness	Negative
Redress	Negative
Safety	Negative
Information	No impact
Access	Negative
Representation	Negative

Positive impacts you have identified.

N/A

Negative impacts you have identified.

Access - Through implementation of the initial proposal and removal of wider community transport provision, individuals may be unable to access the services they wish in a cost effective way. The main purpose of this funding is to support the transport provision to and from Oasis Day Service for Older Adults. Existing Service Users and any future potential service users may be unable to access these Day Services due to lack of alternative provision or affordability.

Choice - Implementation of the initial proposal may limit the choice of services users of whether they are able to attend Oasis Day Service. This will be dependent on whether they are able to source or afford alternative transport provision on an individual basis.

Redress - Once the initial proposal has been implemented and financial savings declared, it is unlikely that there will be any future funding available from the HSCP to deliver a community transport service in the future

Fairness - Although not directly for transportation to and from Older Peoples Day Service provision, Community Transport provision is funded by the HSCP in other areas within Argyll and Bute.

Representation – Service users families and general service users have noted the value of the service however this requires consideration in the wider provision of Argyll & Bute and the strategic approach to supporting transport in the longer term by the HSCP.

Safety - families told us they felt safe using this service where their loved ones lived alone, for example sharing key safe information with a limited number of people rather than a generic transport service and with people who have an understanding of their loved ones needs. This has significant benefits and may be cost saving in respect of carer availability and reducing socio economic disadvantage to loved ones.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

Previous attempts were made to source alternative transport provision in Helensburgh & Lomond in 2019 to ensure consistent transport options were in place for those attending The Oasis Day Service following the withdrawal of the transport provider. These alternatives centred on the use of

taxis and /or other bus companies. The use of taxis in Helensburgh was seen to be unreliable to the needs of the service users, with the cost being equally as expensive as the existing option but with no provision for community transport. Bus companies provided indicative costs which far outweighed the cost from the existing provider but all spoken to advised that they had no availability to take on the project.

More recent costings for taxi transportation in the area were gathered in January 2025 however, these costings far exceeded the existing cost of the current grant agreement and were based solely on transport to and from Oasis Day Service, with no wider community transport provision. Due to the cost and requirement to meet a balanced budget, this was not considered a viable option.

Oasis day service are unable to provide this level of transport without significant additional infrastructure and staff and increased ongoing costs as a commissioned service.

A revised proposal is presented to return to a part fund approach with further support to engage with support to access sustainable funding. This would facilitate a partnership approach in lines with community planning partnership aims.

How have you reduced harm to consumers through the development of your proposal?

Access to Day Service provision and each service users personal circumstances will be considered as part of the Assessment and Care Management process on an individual basis. This will ensure that any risk of harm is minimised to service users based on their own individual needs and circumstances. The revised proposal if accepted would reduce impact.

If you have not been able to reduce harm to your consumers, why not?

Due to the current financial constraints of the HSCP and requirement to implement a balanced budget for 2025/26 and future years, the HSCP is required to review all non-statutory funding for health and social care services in order to achieve financial savings.

As a result, there is no funding available to consider cost effective alternative transport provision for the purpose of transport to and from Oasis Day Services and contribute to the wider Community Transport service in Helensburgh & Lomond.

Children rights and wellbeing

No Impact Justification

We have screened this proposal for relevance and concluded that a Children's Rights and Wellbeing Impact Assessment is not required because this proposal will not impact, either directly or indirectly, children under the age of 18. We would seek to provide the mitigated proposal which would minimise the immediate impact of funding change and as such knock on effect to the Oasis service.

Island Community

No Impact Justification.

We have screened this proposal for relevance and concluded that an Island Communities Impact Assessment is not required because this proposal will not affect islands in a way which is different to other areas and will not disadvantage island communities relative to their mainland counterparts. Nor will this proposal disadvantage some island communities relative to others

Equality impact

Equality impact on service users

Service users	Impact
Disability	Negative

Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

Disability

The service currently transports circa 25 users of the day service, many of whom require assistance due to mobility issues. The funding also provides for a wider community transport service in Helensburgh to those who need such a service because of age, sickness or disability (mental or physical), or poverty, or because of a lack of availability of adequate and safe public passenger service

Age All service users accessing transport provision to and from the Oasis Day Service are over the age of 65.

Sex Based on the most recent data available (January 2025), 60% of service users accessing the transport provision to and from Oasis, are female.

Don't knows identified.

Equality impact on service deliverers due to gap in evidence

Impact on service deliverers.

It is assumed that there will be a number of staff affected by this proposal, and there may be a potential risk of redundancy.

Don't knows identified.

Engagement and consultation with the existing transport provider has taken place with a focussed response from service users and an indication that there may be a reduction in staff.

A number of online meetings and calls have taken place with the provider. At this time the HSCP is aware that a small number of employees will be affected by this proposal, and it's likely that if approved these employees may face redundancy.

Due regard.

Due regard has been noted and the HSCP is sensitive to the sustainability of service providers, however, cost pressures in the system are not within the control of the HSCP. It is not possible to reduce spend without the potential adverse impacts on employment. However due regard has been taken in revising the proposal for 2026-27 with the focus on long term sustainability of service and reducing the dependency for full cost recovery funding from HSCP. Thos will require to be reviewed.

HSCP08 Scottish Care Independent Sector Lead Post

About the Proposal

Title of Proposal.

HSCP08 Scottish Care Independent Sector Lead Post

Intended outcome of the proposal.

The proposal is that the Independent Sector Lead funding for Scottish Care not be continued resulting the loss of the current part time post and subsequent representation from this role on the IJB. This post will be removed due to budget constraint. This will deliver a saving of £44,157.

How does your proposal align with strategy?

The proposal is contained in the annual budget proposals which consider a wide range of posts and services. Within the current strategic plan the HSCP is required to efficiently and effectively manage all resources to deliver best value. Scottish Care work with HSCP's across Scotland supporting each in unique ways according to locally identified need. The ISL has facilitated the relationship with the Independent Sector bringing expertise and knowledge and independent advocacy. This role has participated on the board and delivered operational support. There is acknowledgment that there would be a loss of Scottish Care national expertise for the sector however we are not required by statute to have the post and in the landscape of all the budget proposals we require to direct funding to the delivery of care.

Description of proposal.

The budget proposal is not to continue with funding for the 3 day per week Independent Sector Lead post. This role has experienced significant reductions in funding over the last three years by making this a four day a week post in 2024/5, then three days a week in 2025/26 and removing the expenses budget to ensure this role is delivered remotely.

This post supports relationships with the independent sector and offers advisory to the IJB (independent sector nominated Scottish Care replacing a provider as representative and explains the breadth of involvement atypical of IJB membership).

The HSCP commissions the independent sector for:

76% of care home beds, and

over 65% of all care at home hours

This means the independent sector is not peripheral rather it is the core delivery mechanism for statutory adult social care in Argyll & Bute.

Lead and Appropriate Officers

Lead officer.

Charlotte Craig

Lead officer job title.

Business Improvement Manager

Lead officer service.

HSCP

Appropriate officer.

James Gow

Appropriate officer Job title.

Chief finance officer

Who will deliver proposal.

The proposal would remove the funding to Scottish Care with a potential loss of employment.

Signed off by. James Gow

Date.17/03/2026

Evidence

Data - What data have you used to inform the IIA.

Working with Scottish care they provided a narrative report which included submissions from independent sector partners advocating for the retention of the post on the basis of benefit on the provider/HSCP relationship.

Providers stress that they are at breaking point due to pressures in the sector and issues with process. Without representation and advocacy, several have noted they will struggle to survive with issues often unaddressed.

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

The post holder is employed and managed directly by Scottish Care. The post has previously been subject to reduction. Sector sustainability is an ongoing issue however with the rise in the cost of care pressures have increased post covid.

Consultation - What consultation / engagement have you carried out to inform the IIA?

This role is included in the general public engagement and direct engagement has taken place with Scottish Care on a number of occasions with one formal online meeting with the post holder and the Chief Executive.

Narrative submissions have also been received from the Scottish Care Branch chairs on behalf of Care at Home and Care Home providers. Both note the importance of participation in the strategic planning group and the posts role as advocate.

Gaps in evidence.

The report provides a wide ranging impact on the basis of the removal of the post. The post has brought value and exists in the wider operational team. Some concern is raised that the sector would be impacted to the degree outlined by the removal of the post, this may be on the basis of forecast impacts and requires some mitigating actions. A gap in evidence is an overall and individual picture of provider health at this point and this would be recommended as a starting point in the event this is supported. This would then require to be tracked for change.

Knock on affect.

Yes

Knock on affect details.

The report notes the increased need for access to HSCP leadership which would require to be clear on its role in supporting commissioned providers, there would be a loss of wider sectoral knowledge directly for providers through the ISL. There would be a requirement to establish different practice with providers and avoid the highlighted downstream consequences for service users and the independent sector..

Monitoring - How will you monitor the impacts of your proposal.

Increased monitoring of relationships, provider sustainability, concerns about viability. there would be potential to formalise a more rigorous approach in the following. Part of this is currently undertaken with the commissioning team and manager although may need increased resource during any transition.

monthly financial health of each provider
staffing levels & ability to fill care at home runs
vacancy and occupancy rates in care homes
risk of provider failure (RAG rated)
number of emergency HSCP interventions required
communication failures leading to people not receiving care
provider staffing turnover and vacancy rates
establish monitored formal communication
any impacts across wider duties

Fairer Scotland

No impact justification.

Under the Fairer Scotland Duty, the HSCP must consider how decisions will reduce inequalities of outcome caused by socio-economic disadvantage. The submission makes several points that directly relate to inequalities, access, vulnerability, and the potential for widening existing gaps if the ISL role were removed as narrative submission.

The independent sector delivers the majority of care at home hours and care home beds in Argyll & Bute (76% of care home beds and over 65% of care at home hours). There is potential for communication and coordination to weaken, the narrative presented from Scottish Care suggests: increased delayed discharges, increased unmet need, increased likelihood of provider failure. These consequences disproportionately affect low-income individuals who rely on statutory adult social care and have fewer alternative options. The submission notes that independent sector fragility is particularly acute in rural and island areas and people in remote areas already face greater inequality in accessing consistent care. Loss of sector support and coordination could widen this gap. However the extent of this work is not limited to the current role of the Independent sector lead and it is likely that this could be mitigated and impacts avoided in the long term.

Consumer Duty

Does your proposal affect individuals, businesses or both?

Both

On the basis of your assessment, what are the likely impacts of your proposal?

Fairness and Information are rated as don't know as we cannot identify the impacts yet– safety is rated as no impact as despite the narrative provided the HSCP would require to ensure that a relationship with the independent sector is sustained and this relationship is operationally functioning in some areas that we are aware of. Other elements are noted as no impact such as choice as formal contracting structure are in place as is the monitoring of provider health.

Positive impacts you have identified.

While this post represents a loss of expertise there will be financial efficiencies generated by the saving could indirectly benefit consumers.

Negative impacts you have identified.

The Scottish care report notes the impacts on the following
safety and quality of service
risk of harm from system failure
transparency and engagement
provider stability

It further notes impacts on services users of :

access to essential care

fair treatment of people who rely on social care services

Independent representation may be impacted and access to the wider independent sector environment and potential for influencing and information sharing.

The narrative provided is not solely the role of the ISL within the HSCP with a number of officers sharing this responsibility. With the ISL role undoubtedly bringing expertise and the wider national picture it would be a concern and risk for this to be the only point of addressing the outlined items within the HSCP.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

The submission specifically notes the relationship with operational staff which would require to be addressed if it is as presented. An improved working position would be to the benefit of staff service providers and service users. Other commissioning relationships or governance mechanisms could absorb some of the post's functions and the establishment of a baseline position and monitoring.

How have you reduced harm to consumers through the development of your proposal?

The report and information from Scottish Care notes a strong preference to retain the role as part of the independent sector liaison, advocacy and support. There is significant value brought by the embedded post and relationship to Scottish Care however at least a proportion of the operational role could be undertaken by HSCP staff albeit not with the inreach to Scottish Care and a reduction in sector expertise. It is acknowledged that no post would create a gap and this would require to be addressed with a risk of harm to the sector if this was not done.

Channels of communication and active working are in place however providers note these as not effective at present and this would require to be addressed.

If you have not been able to reduce harm to your consumers, why not?

The post has brought value and was particularly important historically during the COVID period. It would likely be acutely felt by providers however there would be an option to mitigate some of this at least in the first instance operationally. Where possible we would seek a managed handover.

Children Rights and Wellbeing

No Impact Justification

Provided information does not explicitly mention children. The role is primary in supporting providers of older adult services and their sustainability.

A lack of sustainability would have wider impacts across the system however while there is value in the support the role provides it is not system dependent and we note we would require to ensure contract management, developmental and commissioning relationships are sustained across the relevant staff.

While material impacts on children's rights and wellbeing are inferred because the ISL role affects the stability, safety, and accessibility of essential care services, none are evidenced and on

reflection, no indirect impact is anticipated. At this point the risk assessed directly related to the post is low.

Island Community

No Impact Justification.

The report from Scottish Care is not explicit in respect of the removal of the post in respect of the duty but states that independent sector fragility is especially acute in rural and island areas, meaning these areas are at highest risk if sector support is weakened. However gaps in evidence do not substantiate this and the dependency of the sector on the post for continued operation.

The risks noted in the removal of the post are noted with an identified gap which would require to be addressed through the wider operational body.

Equality Impact

Equality impact on service users

No Impact Justification.

Similarly on reflection the responsibility operationally in maintaining operator health and sustainability extends beyond the ISL post and while this brings value the responsibility is shared widely within the HSCP to ensure the cited impacts would not materialise.

Unpaid Carer support

About the Proposal

Title of Proposal.

Unpaid Carer support

Intended outcome of the proposal.

The proposal is intended to deliver a 15% reduction in commissioned unpaid carer support services provided by carer organisations across Argyll and Bute, generating a recurring saving of £189,850 per year over the period 2026/27.

How does your proposal align with strategy?

The proposal sits within the Argyll and Bute Health and Social Care Partnership Joint Strategic Plan 2022–2025, which prioritises helping people to live longer, healthier, more independent lives at home and in their communities. It is also directly related to the commitments set out in the Argyll and Bute Carers' Strategy 2024–2027 ("Caring Together"), which focuses on identifying unpaid carers early, supporting their health and wellbeing, and sustaining their ability to continue caring where they wish to do so.

Commissioned carer organisations deliver statutory support services on behalf of the HSCP, enabling the Partnership to meet its delegated duties in relation to unpaid carers. A 15% reduction in funding creates clear tension with these strategic commitments and carries a risk of increasing pressure on unpaid carers and on wider health and social care services.

Description of proposal.

The proposal is to apply a 15% reduction to all commissioned unpaid carer support contracts across Argyll and Bute that provide information and advice services, Adult Carer Support Plans and Young Carer Statements, carers' groups, short breaks support, and crisis and resilience support for carers. Following review of local provision and need in Cowal and Bute, it is proposed that Crossroads Cowal and Bute Carers Centre should instead receive a lower reduction of 7%.

It is anticipated that this proposal will result in a reduction in service capacity across all Argyll and Bute carers' services commissioned by the HSCP, including Crossroads Cowal and Bute Carer Centre, Dochas Carer Centre, Helensburgh and Lomond Carer Centre, North Argyll Carer Centre, Mid Argyll Youth Development Service (MAYDS), and Crossroads North Argyll respite services. The differentiated 7% reduction for Crossroads Cowal and Bute reflects its comparatively low existing allocation, local demographic and demand, and the requirement to provide services to the Isle of Bute, and is intended to avoid disproportionately destabilising provision in an area where alternative carer support options are more limited and travel and island factors already constrain access.

The 15% reduction in contract value (and 7% for Crossroads Cowal and Bute) is expected to impact island outreach activity, increase waiting times for support, reduce responsiveness to carers' needs, and place pressure on the statutory delivery of duties under the Carers (Scotland) Act 2016, including the provision of Adult Carer Support Plans and Young Carer Statements.

Lead and Appropriate Officers

Lead officer.

Linda Currie AHP Associate Director

Appropriate officer.

Kirsty MacKenzie – Unpaid Carer officer

Who will deliver proposal.

Linda Currie

Signed off by.

Linda Currie

Date.

10/3/2026

Evidence

Data - What data have you used to inform the IIA.

This impact assessment draws on Argyll and Bute HSCP quarterly performance reports for unpaid carer services, including Key Performance Indicators on the number of unpaid carers supported by local Carer Centres, the proportion of carers with an Adult Carer Support Plan or Young Carer Statement, and trends in demand over the last 4 quarters. These reports show a sustained upward trend, with the number of unpaid carers supported consistently exceeding the target of 3,000 per quarter and reaching 2827 Adult carers and 836 Young Carers in the most recent quarter.

National evidence from the Scottish Government publication “Carers Census, Scotland, 2023–24” has also been used to understand wider patterns in the intensity and impact of caring, including the high proportion of carers providing 50+ hours of care per week and the significant impact on carers’ emotional wellbeing. Locally, Argyll and Bute Carers Census returns, and the Joint Strategic Needs Assessment have been used to describe the profile of unpaid carers in Argyll and Bute and the increasing numbers registered with Carer Centres

The charts and tables presented in the “Other information” section of this assessment summarise these data sources, illustrating recent trends in the number of unpaid carers supported, intensity of caring, and demand for key support activities. Together, they provide the evidence base for assessing how the reduction in commissioned unpaid carer support services will impact carers, the people they care for, impact on wider system pressures.

Other information.

This IIA consolidates the impact assessments submitted by all six Carer Organisations and provides an overview of the anticipated impacts across Argyll and Bute.

Impacts Adult Carers, Young Carers, Services and Staffing levels.

Impact on Adult Carers; There are 3,663 carers registered across the five Carer Centres, and a further 272 carers receiving support from Crossroads North Argyll.

Reduced capacity will extend waiting times for new carers and delays in delivery of meeting the statutory duties leading to significant delays and backlogs in the offer, completion, and mandatory reviews of Adult Carer Support Plans and Young Carer Statements.

Escalation of Risk: Currently, 51.6% of active caseloads are assessed as being at high risk of carer breakdown. Reducing preventative support may increase more carers who are currently in the "Moderate" risk category to escalate into "Substantial" or "Critical" categories.

Increased Crisis Presentations: A reduction in early intervention will shift the service model from prevention to a crisis-driven response, leading to more unplanned hospital admissions, emergency social work interventions, and premature residential care placements. Carer respite is fundamental

to many who are able to access short breaks and HSCP feedback notes the difference this makes to the Carer and the person they are caring for.

Financial Hardship: Capacity for welfare rights and benefits advice will be reduced, meaning carers already facing financial pressures (39% of the caseload) may miss out on essential financial entitlements.

Impact on Young Carers

Reduced capacity will extend waiting times for new young carers requesting support and a delay in the completion of Young Carer Statements and reviews of the 836 Young Carers already registered.

Hidden Young Carers: A decreased school-based presence will limit the identification of hidden young carers, increasing the risk of them undertaking inappropriate caring roles without support.

Educational Attainment: Reduced support is likely to contribute to lower school attendance and attainment, increasing the risk of young carers disengaging from education and affecting long-term outcomes.

Loss of Respite: Fewer after-school groups, holiday programmes and residential opportunities will reduce access to essential breaks and peer support.

Impact on Organisational Capacity

Risk of Closures: The scale of the reduction places the continued operation of physical centres at significant risk, with the Isle of Bute centre identified as particularly vulnerable to closure. This vulnerability is compounded by the absence of inflationary uplifts over the past two years to all the Carer organisations along with the rising operational running costs and National Insurance increases.

Reduced Accessibility for Carers: Opening hours are likely to be reduced, and weekly support groups may need to operate on a monthly basis. This will significantly limit carers' access to consistent in-person and peer support. Given that isolation and loneliness are among the highest reported health impacts experienced by carers, any reduction in regular contact is likely to exacerbate these risks. Crossroads NA may need to consider introducing a charging policy to mitigate costs where respite is provided to carers who are not assessed as critical/substantial.

Threat to External Funding: External funders view HSCP core funding as an indicator of organisational stability. A reduction in core capacity therefore jeopardises the 34%-40% of additional income currently generated from grant-makers such as Children in Need and Better Breaks. These projects depend on HSCP-funded infrastructure to operate.

Reduction in Workforce: The reduction is likely to result in the loss of 5 FTE posts across Argyll and Bute, removing approximately 175 hours of weekly direct support. This loss would significantly weaken the preventative work that protects carers from reaching crisis, increasing the likelihood of carer breakdown and placing additional pressure on statutory services.

Consultation - What consultation / engagement have you carried out to inform the IIA?

Through internal consultations we know Carers across A&B fed back that they also have heightened financial, employment, educational concerns not to mention the impact on health and wellbeing.

Chairs and managers from each of the six commissioned carer organisations, including Crossroads North Argyll, Crossroads Cowal and Bute, Dochas, Helensburgh and Lomond Carers Centre, and Mid Argyll Youth Development Service (MAYDS), were involved in the consultation through structured meetings and written feedback. Their impact assessment returns have been treated as a formal, structured engagement process and form a core part of the evidence base for this IIA, setting out anticipated impacts on carers, services and staffing.

Gaps in evidence.

There are some important gaps in evidence which are acknowledged in this assessment. The impact of reduced HSCP core funding on the ability of commissioned organisations to secure and

retain external grant funding (for example from Children in Need and Better Breaks) is currently unknown, and there is limited robust data on how changes to this match funding will affect the overall level of support available to carers and their families.

There is also limited quantitative evidence on how the reduction in capacity will translate into changes in outcomes such as carer breakdown, crisis presentations, unplanned hospital admissions and premature care home admissions, particularly over the medium to longer term. In addition, while we have qualitative feedback from carers and staff about likely impacts on carers' health, wellbeing, finances and employment, there is less systematic data on differential impacts for specific groups (for example carers in island and remote rural communities, carers from minority groups, or young adult carers).

To address these gaps, the HSCP will put in place monitoring arrangements with providers to track changes in external funding secured, waiting times, crisis presentations, carer breakdown indicators and key outcomes over the first 12] months of implementation, and will seek to gather more disaggregated data on the experiences of different groups of carers through routine performance reporting and future engagement activity.

Knock on affect.

The reduction will create delays in completing Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCS) - the gateway to identifying personal outcomes and accessing statutory and preventative support. These delays are particularly concerning given the current 10-day turnaround requirement for carers supporting someone with a terminal illness. More than 51% of existing cases are already assessed as high risk of carer breakdown, amplifying the impact of any loss of capacity.

Forthcoming duties and timescales associated with the Care Reform (Scotland) Act 2025 will introduce further requirements for personalised short breaks and assessment processes, adding significant operational pressure at a time when resources are contracting.

At a national level, recent evidence highlights worsening outcomes for unpaid carers under conditions of reduced support. The State of Caring 2025 report found that 48% of unpaid carers have cut back on essentials such as food and heating, 35% have taken on debt, and 39% report poor mental health. Critically, only 13% currently receive a formal break from caring, underscoring the limited availability of preventative respite. Reduced capacity within local carer services will further restrict access to breaks, increasing pressures on carers' mental and physical health.

Through internal consultations we know Carers across A&B fed back that they also have heightened financial, employment, educational concerns not to mention the impact on health and wellbeing. However, we do also know that with timely intervention and by acting quickly to meet the individual outcomes identified through an ACSP or YCS carers can be supported.

For rural and island communities, where alternative provision is limited, reductions in outreach and in-person support are likely to intensify social isolation - an issue frequently raised in national research on older and geographically remote carers. Diminished preventative respite may also accelerate the requirement for full-time residential care, increasing both long-term demand and cost across the wider health and social care system.

Overall, the proposed reduction shifts the model of support away from prevention and early intervention and toward a crisis-driven approach, with increased risk of emergency hospital admissions and permanent care placements - outcomes consistent with national findings on the consequences of reduced carer support.

Monitoring - How will you monitor the impacts of your proposal.

Monitoring of impacts will be undertaken through structured analysis of quarterly performance data for unpaid carer services, including numbers of adult and young carers supported, completion and review rates for Adult Carer Support Plans and Young Carer Statements, and levels of assessed risk of carer breakdown. If emerging issues are identified – for example increasing waiting times for assessment or support, rising crisis presentations, or indications of pressure on statutory duty

compliance – additional Key Performance Indicators such as waiting times and crisis activity will be developed and incorporated into routine reporting.

This will be supplemented by routine liaison with commissioned organisations, including quarterly meetings with centre managers and the Joint Working Party (JWP – Chairpersons of the six carer organisations), which meets every three months to review performance, identify emerging risks (including organisational sustainability and workforce impacts) and maintain oversight of statutory service delivery. Findings from performance analysis and JWP meetings will be reported through established governance routes to senior management and the Integration Joint Board to support timely decision-making and, where required, remedial action.

Fairer Scotland

Impact on service users

Service users	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impacts details.

Mainland rural population

The National Carers Strategy recognises that carers in remote and rural areas can face particular challenges related to distance, transport and access to services, which can exacerbate isolation and financial strain. Reductions in local carer centres, outreach and groups in mainland rural Argyll and Bute therefore risk deepening these disadvantages by removing nearby sources of advice, respite and peer support that help carers sustain caring while remaining connected to their communities.

Island population

National evidence highlights that island and remote rural communities face additional challenges linked to geography, connectivity and higher living costs, which can make it harder to access support and increase the risk of socio-economic disadvantage. Any reduction in island outreach, local group activity or respite provision is therefore likely to have a disproportionately negative impact on island carers, limiting their ability to access support that mitigates poverty, isolation and the health impacts of caring.

Low income

The National Carers Strategy and associated Fairer Scotland assessment note that carers on low incomes are particularly exposed to financial hardship and the current cost of living crisis. Reducing capacity for welfare rights and income maximisation support in Argyll and Bute is therefore likely to worsen outcomes for low-income carers, increasing the risk that caring responsibilities push households further into poverty rather than being offset by advice and advocacy.

Low wealth

National evidence shows that many carers have little or no financial buffer and are at heightened risk of poverty when they reduce or give up work to care. Where local carer services can offer fewer supports (for example short breaks, replacement care, or help to sustain employment), carers with low wealth will have limited ability to purchase alternatives or absorb additional costs, increasing their vulnerability to debt and financial crisis.

Material deprivation

The National Carers Strategy stresses that caring can lead to financial hardship, social exclusion and difficulty meeting basic costs, particularly when combined with reduced earning opportunities. In this context, a reduction in preventative support and welfare rights advice in Argyll and Bute is likely to increase material deprivation for some carers and their families, as fewer will receive timely support to maximise income or access grants and charitable funding.

Area deprivation

The Fairer Scotland assessment for the National Carers Strategy identifies carers living in deprived areas as a priority group experiencing worse outcomes and higher levels of financial and social exclusion. In Argyll and Bute, carer centres and outreach often act as key community assets in more deprived neighbourhoods; any reduction in their reach or opening hours risks widening existing inequalities by weakening local access points to advice, advocacy and community connection.

Socio-economic

National policy recognises that caring responsibilities can limit carers' ability to take up or maintain employment and education, with knock-on effects on income, pensions and long-term life chances. By reducing support that helps carers manage caring alongside work or study (for example short breaks, crisis support and flexible advice), the proposal is likely to have a negative socio-economic impact, making it harder for some carers in Argyll and Bute to stay in or return to employment and increasing the risk of poverty over time.

Communities of place

The National Carers Strategy emphasises that carers should be able to participate in, and feel valued by, their communities, and that local services and community infrastructure play an important role in reducing isolation and exclusion. Reducing the presence and capacity of local carer centres and groups in Argyll and Bute is therefore likely to negatively affect communities of place, weakening informal networks, peer support and community-based activities that currently help carers stay connected and visible within their local areas.

Impact on service deliverers

Service deliverers	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impact on service deliverers

The organisations delivering statutory unpaid carer services have raised concerns about sustainability and severe financial pressures after **two years without contract uplifts and a prior £320,000 reduction in the overall care budget**. Further reductions will limit their ability to support carers who are struggling and at the same time impacted by wider changes in older adult services and social work services which may increase demand on carer centres, primary care and community-based supports. Cuts of this scale are expected to have a negative impact on staff morale, retention and recruitment, threaten the longer-term viability of some providers, and risk undermining national policy goals under the Carers (Scotland) Act 2016 to sustain caring relationships and community-based care.

Service deliverers – Fairer Scotland assessment

Mainland rural population – Negative

Rural carer centre staff and volunteers are at increased risk of redundancy or reduced hours where local services are scaled back, and may have limited alternative employment options within travelling distance

Island population – Negative

Staff delivering island outreach or based on islands face heightened risk where services are reduced or centralised, with few comparable roles locally and higher costs and barriers to commuting or relocation.

Low income – Negative

Many third sector staff are already on modest incomes; reductions in hours or posts are therefore likely to push some workers into, or deeper into, in-work poverty.

Low wealth – Negative

Workers with low savings or assets have limited financial buffer against job losses or reduced hours, increasing vulnerability to debt and financial insecurity if posts are cut.

Material deprivation – Negative

Where staff lose employment or experience significant income reduction, there is an increased risk of material deprivation, including difficulty meeting essential living costs.

Area deprivation – Negative

In more deprived areas, carer organisations provide important local employment and volunteering opportunities; reductions in staffing will remove these opportunities and weaken local community infrastructure.

Socio-economic – Negative

The anticipated loss of around 5 FTE posts and reduction in sessional hours across Argyll and Bute will negatively affect the socio-economic prospects of the workforce, reducing stable employment in the third sector carer support field and narrowing local labour market opportunities.

Communities of place – Negative

Where physical centres reduce opening hours or close, local communities lose valued hubs for information, volunteering and community connection, with knock-on effects on social capital and local identity.

Communities of interest – Negative

Staff and volunteers working in carer support services form a distinct community of interest; anticipated redundancies, reduced hours and increased workload pressures are likely to have a negative impact on their job security, wellbeing and professional development opportunities.

Don't knows.

No "Don't know" ratings have been identified for Fairer Scotland impacts relating to service deliverers. All relevant impacts on service deliverers have been assessed and recorded as negative in the sections above, and will be kept under review through the monitoring arrangements set out in this impact assessment.

Due regard

In developing this proposal, the HSCP has had due regard to the need to reduce inequalities of outcome caused by socio-economic disadvantage. The impact assessment has identified that the proposed reduction in funding for unpaid carer services is likely to have negative impacts across all Fairer Scotland categories, particularly for carers on low incomes, those with low wealth, carers experiencing material and area deprivation, and those living in rural and island communities who already face higher costs and barriers in accessing support. These findings have been central to the consideration of options, including the scale and distribution of savings and the design of mitigation measures.

The HSCP has explored options to minimise the impact on people experiencing socio-economic disadvantage, including: applying a lower reduction (7%) to Crossroads Cowal and Bute in recognition of its comparatively low existing allocation and the vulnerabilities of the Cowal and Bute population; seeking to protect, as far as possible, core statutory functions such as Adult Carer Support Plans and Young Carer Statements.

Mitigation measures we will explore will include strengthening digital and telephone access as an alternative route into information, advice and some forms of support, while recognising that digital options are not equally accessible to all carers, particularly those on low incomes, in areas with poor connectivity, or who lack the skills or equipment to engage online. For these groups, the HSCP will work with providers to maintain a level of face-to-face and outreach provision in rural and island communities, prioritise income maximisation and welfare rights support for carers in financial hardship, and monitor the impact of reductions on access to services, crisis presentations and external grant funding so that additional mitigation can be considered if inequalities are found to be widening.

Consumer Duty

Does your proposal affect individuals, businesses or both?

This proposal directly affects individual unpaid carers and the people they care for as service users, and also affects individual staff employed by commissioned carer organisations; it should therefore be recorded as affecting individuals.

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer Impact	Rating
Choice	Negative
Fairness	Negative

Redress	Negative
Safety	Negative
Information	Negative
Access	Negative
Representation	Negative

Consumer impact – Choice

The proposal is likely to have a negative impact on choice. In many parts of Argyll and Bute, particularly island and remote rural communities, commissioned carer organisations are the sole local provider of dedicated unpaid carer support, so reductions in capacity, opening hours or outreach will significantly limit carers' ability to choose how and where they receive support, contrary to the National Carers Strategy's aim that carers should have more choice and control over the support they access.

Consumer impact – Fairness

The proposal has a negative impact on fairness. Carers already experiencing socio-economic disadvantage, living in island and rural communities, or providing high-intensity care are likely to be disproportionately affected by reduced access to support, income maximisation and respite, which may widen existing inequalities in direct tension with the National Carers Strategy's commitment to improving social and financial inclusion for carers most at risk of poverty.

Consumer impact – Redress

The proposal has a negative impact on redress. With fewer staff and reduced capacity, carer organisations may have less resource to support carers to raise concerns, challenge decisions or navigate complaints processes, making it harder for carers to exercise their rights and seek redress in line with national expectations that carers should be able to have their voices heard and acted upon.

Consumer impact – Safety

The proposal has a negative impact on safety. Reduced preventative support and respite increases the risk of carer burnout and breakdown, which in turn may lead to unsafe caring situations for both carers and the people they support, running counter to the National Carers Strategy's emphasis on sustaining caring relationships in a way that safeguards carers' health and wellbeing.

Consumer impact – Information

The proposal has a negative impact on information. Fewer staff and reduced outreach will limit the proactive provision of timely, tailored information and advice, particularly for hidden carers and those with limited digital access, which is at odds with national commitments that carers should be able to access clear information about their rights and available support when they need it.

Consumer impact – Access

The proposal has a negative impact on access. Reductions in opening hours, outreach, groups and island visits will make it more difficult for carers to access support at the right time and in the right way, especially for those who cannot easily travel or use digital channels, whereas the National Carers Strategy seeks to improve access to flexible, person-centred support across Scotland.

Consumer impact – Representation

The proposal has a negative impact on representation. With organisations focused on maintaining core delivery with reduced resources, there is likely to be less capacity for carers' organisations to participate in strategic planning, advocacy and co-production activity, weakening carers' collective voice in local decision-making and cutting across the National Carers Strategy's aim to strengthen carers' involvement in shaping services and policy.

Positive impacts you have identified.

The proposal is not expected to generate significant positive consumer impacts overall, and the predominant impacts identified for carers and communities are negative. However, there may be limited positive impacts for some digitally included carers through an increased emphasis on online and telephone support, which can offer more flexible and convenient access to information and advice for those who are able to use these channels confidently.

Negative impacts you have identified.

The reduction in contract value would significantly reduce capacity to deliver the current service level agreement and associated service specifications, which enable Argyll and Bute HSCP to meet its statutory duties under the Carers (Scotland) Act 2016. It would inevitably lead to reduced staffing hours and posts at a time when there is clear evidence of continued and growing demand for carer support.

Given the geographical spread of Argyll and Bute, the increasing complexity of cases recorded through Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCS), and the rising number of carers registering for support, there is a high risk that reducing support to unpaid carers will lead to increased demand for higher-cost HSCP services. This includes greater reliance on care-at-home packages and residential placements, as carers are less able to sustain caring roles safely and for as long as they wish.

Core functions such as ACSP/YCS completion and review, one-to-one emotional support, support around hospital discharge, training and skills development, income maximisation, rights-based information, counselling, support to remain in employment or education, and proactive identification of hidden carers are all likely to be reduced and/or delayed. This will increase waiting times, create backlogs, heighten the risk of missing statutory timescales, and shift activity from preventative support towards increased demand on primary care and other statutory services.

The proposed reduction also places at risk the substantial "added value" delivered through externally funded activities that depend on HSCP-funded core posts. Short breaks, peer support groups, counselling services, physical therapies and a significant proportion of young carers' support are funded largely from external grants but are only deliverable because they are hosted and coordinated by core staff whose posts are underpinned by the contract. If core staffing is reduced, these externally funded activities are unlikely to be sustainable, leading to the loss of preventative supports that help carers manage stress, maintain wellbeing and continue safely in their caring roles. This will not only impact carers' health, resilience and ability to work or study, but is also likely to have knock-on financial implications for the HSCP as more carers and cared-for people present in crisis and require higher-cost statutory interventions.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

We are now actively exploring a digital service to sit alongside existing support, providing general information and advice and a Adult Carer Support Plan (ACSP) for carers aged 16 and over. This would enable adult carers to complete their own plan online, which would then be shared with the local carer centre to help identify and agreed outcomes, potentially offering more flexible access for carers who are digitally confident and prefer to engage in this way.

However, a digital route alone will not reach carers who are digitally excluded, including a disproportionate number of older carers, carers on low incomes who cannot afford devices or data, and carers living in areas with poor connectivity. For these groups, we propose to maintain non-digital routes (for example telephone and face-to-face contact, paper-based ACSPs and outreach), and to use the digital system as an additional option rather than a replacement. At this stage, the proposed digital service would only be available to carers aged 16 and over, so it does not meet the requirements for young carers under 16 who need dedicated support; this is recognised as a residual gap, and young carers will continue to be supported through existing non-digital pathways and dedicated young carer provision.

How have you reduced harm to consumers through the development of your proposal?

In developing this proposal, the HSCP has sought to reduce harm to carers and service deliverers as far as possible within the constraints of the savings required. The reduction has not been applied as a blanket 15% in all cases: a lower reduction of 7% is proposed for Crossroads Cowal and Bute in recognition of its comparatively low existing allocation, local demographic and demand, and the need to maintain services for carers in Cowal and on the Isle of Bute. This differentiated approach is intended to avoid disproportionately destabilising provision in localities where alternative support options are limited.

Within the reduced funding envelope, efforts have been made to protect, as far as practicable, the most critical functions and the most vulnerable groups. This includes seeking to prioritise statutory duties under the Carers (Scotland) Act 2016, such as timely preparation and review of Adult Carer Support Plans and Young Carer Statements, with particular attention to carers of people with terminal illness who are subject to specific regulatory timescales. Providers have been asked to focus reductions where possible on non-statutory or lower-impact activity, and to maintain support for carers at highest risk of breakdown, young carers, and carers in island and remote rural communities.

The HSCP is also now exploring the development of a digital Adult Carer Support Plan and online information offer as an additional route for some carers to access advice and support more flexibly, while recognising that digital options cannot replace face-to-face contact or telephone support for carers who are digitally excluded or live in areas with poor connectivity. Monitoring and review arrangements have been built into the proposal so that if evidence shows that harm is greater than anticipated for particular groups (for example longer waits breaching statutory timescales, increased crisis presentations, or significant loss of external match funding), the HSCP and Integration Joint Board can consider further mitigation or adjustment.

On balance, while these steps reduce some of the potential harm, the HSCP acknowledges that it has not been possible to eliminate negative impacts given the scale of the budget gap, and that the proposal still represents a significant reduction in support compared with current provision.

If you have not been able to reduce harm to your consumers, why not?

Despite efforts to minimise negative impacts, it has not been possible to remove harm to carers and service deliverers because of the scale of the HSCP's overall budget gap and the requirement to deliver a balanced budget within the current financial year. Alternative options, including making deeper savings in other service areas or fully exempting unpaid carer services from savings, were

explored but were not judged to be viable without creating unacceptable risks to other critical health and social care services and statutory duties.

Within these constraints, some differential protections have been applied (for example a lower reduction for Crossroads Cowal and Bute and a focus on maintaining core statutory functions), but the level of saving required from carer services remains significant and will inevitably reduce capacity and increase risk. In this context, harm cannot be fully avoided and must instead be mitigated and monitored, with a commitment to review the impacts and consider further adjustments if evidence shows that outcomes for carers, particularly those experiencing socio-economic disadvantage, are worsening beyond what was anticipated.

Children Rights and Wellbeing

Are there any aspects to your proposal which directly impact on children?

Children's Rights and Wellbeing

Young carers in Argyll and Bute are children and young people aged 5–18 who provide care for a parent, step-parent, sibling, grandparent, other relative, neighbour or friend, often where the cared-for person has a long-term illness, disability, mental health condition, substance misuse issue, additional support need, frailty or multiple complex needs. At present there are approximately 750 young carers registered in Argyll and Bute, and many more are likely to be hidden.

A reduction in Carers (Scotland) Act funding to local carer organisations (Crossroads Caring for Carers Cowal and Bute, Helensburgh and Lomond Carers Centre, North Argyll Carers Centre and Mid Argyll Youth Development Service) is likely to have a direct negative impact on young carers' rights and wellbeing under the Carers (Scotland) Act 2016, the Child Poverty (Scotland) Act 2017 and the UNCRC (Incorporation) (Scotland) Act 2024. Reduced capacity will increase waiting times for the statutory offer, preparation and review of Young Carer Statements, which are a key mechanism for identifying individual needs, worries, safety concerns, isolation and support requirements at home, in education and in the community, and for agreeing personalised action plans.

Carer organisations may have fewer resources to meet young carers' needs and to attract and manage external match funding which currently supports staffing, activities, groups, poverty and hardship funds, and whole-family approaches. There is a risk that reduced Carers (Scotland) Act funding will make the sector appear a higher financial risk to external funders, leading to a loss of grants that underpin meaningful opportunities for breaks from caring and wider wellbeing support for young carers and their families.

Staffing reductions and rising costs (including travel, premises and staff costs) are likely to reduce the number and range of respite and social opportunities available to young carers, such as trips, activities, groups, residentials, one-to-one support (including wellbeing and Young Carer Statements), mentoring, advice and information, and partnership activity with schools and other services. This may increase stress, anxiety and pressure on young carers' home and school lives, negatively affecting mental health, school attendance, attainment and participation in hobbies and interests. There is also a heightened risk that some young carers will seek support through inappropriate or unsafe avenues, and may adopt unhealthy coping strategies and behaviours.

In a remote and rural area such as Argyll and Bute, reductions in staff capacity and travel budgets will make it harder to reach young carers in outlying communities and islands and to provide the meaningful breaks and peer support identified in their Young Carer Statements. Carer centres currently provide safe local bases where young carers can meet peers, access information and advice, and experience shared social opportunities; any reduction in this provision is likely to increase isolation and loneliness and reduce opportunities to build resilience and positive relationships.

Carer organisations are key partners in a coordinated approach with Education, Social Work and Health to identifying and supporting young carers. Reduced capacity may therefore have unintended consequences across the wider system, including fewer opportunities to identify hidden young carers, reduced support to help young carers manage school and caring, and increased pressure on statutory services as unmet need escalates. Taken together, these impacts risk undermining children’s rights to be safe, healthy, included and able to reach their full potential.

For Article 3 (best interests of the child), you could add a short linking sentence such as: “Direct impacts as above, which indicate that the proposal is likely to have a negative effect on the best interests of young carers by reducing timely identification, assessment, support and opportunities for rest, participation and development.”

Are there any aspects to your proposal which indirectly impact on children?

- Increased pressure and demand on Education, Health, Social Work and other third sector partners
- Increased pressure on whole family outcomes, families and supportive networks
- Reduced educational attendance, attainment and mental wellbeing
- Reduced opportunities to identify and support hidden young carers
- Reduced staff capacity to plan, provide and deliver awareness and training to stakeholders
- Reduced staff capacity to attend and support child plan and whole family approaches
- Reduced opportunities for Young Carer Support Workers to spend time in one to one with young carers developing relationships and understanding needs
- Carers Organisation staff may feel caseload overwhelm, unable to meet needs of young carers, experience increased stress and worry
- Carers Organisations may need to limit/reduce supports, time spent and regularity in response to reductions. (Direct to young carers, families and to partners).

Children rights

Children rights	Impact
Article 2: (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	May limit equity of access for young carers across Argyll & Bute. Decrease young carers opportunities to access activities and experiences similar to their peers. Decrease opportunities for young carers vulnerable young carers in accessing services in response to their individual needs.
Article 3: (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.	Reductions to funding may not be in the best interests of young carers development, wellbeing and attainment. (Direct impacts as above)
Article 6: (life, survival and development) Every child has the right to life. The council must do all it can to ensure that children survive and develop to their full potential.	Direct impact to young carers health, emotional and mental wellbeing, educational attendance and attainment and overall life opportunities to achieve their full potential. Increases further inequity of

	services and supports in remote and rural geographical location.
Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.	Reduction to funding could impact on opportunities for young carers to participate and share their views.

Have you identified any other article as being relevant to your proposal?

Yes. The following additional UNCRC articles have been identified as relevant:

Article 18 – Parental responsibilities and state support

Reductions in Carers (Scotland) Act funding may impact the support provided to families, including parent carers, which in turn can indirectly increase the caring responsibilities and pressures experienced by young carers within those households.

Article 19 – Protection from harm

Young carers may be directly affected by increased stress, anxiety and neglect of their own needs if appropriate and responsive support is reduced, heightening the risk of emotional harm and undermining their right to protection from all forms of harm.

Article 23 – Children with disabilities

Where young carers support a sibling or other child with disabilities, reductions in services may limit access to specialist support and breaks, increasing caring intensity and reducing opportunities for the child with disabilities and the young carer to have their needs fully met.

Article 27 – Adequate standard of living

Service reductions may exacerbate household financial pressures, for example by limiting access to income maximisation and hardship funds, which can negatively affect young carers' standard of living and overall wellbeing.

Article 28 – Right to education

Reduced staff capacity and funding may directly impact young carers' school attendance and attainment, and indirectly limit the ability of carer organisations to work with schools on awareness, training, school-based support and identification of hidden young carers.

Article 31 – Rest, leisure and play

Reduced funding is likely to limit young carers' opportunities to access breaks from caring, spend time with peers and participate in leisure and recreational activities, while financial and staffing pressures may reduce the range and frequency of meaningful and individualised opportunities offered by carer organisations.

Children's wellbeing

Children wellbeing	Impact
Safe	Negative
Healthy	Negative
Achieving	Negative
Nurtured	Negative
Active	Negative

Respected	Negative
Responsible	Negative
Included	Negative

Safe – Negative

The proposal is likely to reduce the capacity of carer services to identify and respond promptly to risks for young carers, including inappropriate caring roles, unsafe situations at home, and emotional harm linked to stress and exhaustion, which national evidence already shows are higher for young carers than for their peers.

Healthy – Negative

Reduced access to Young Carer Statements, one-to-one support and breaks from caring is expected to have a negative impact on young carers' physical and mental health, at a time when the National Carers Strategy recognises that young carers already experience poorer health and higher levels of stress than non-carers.

Achieving – Negative

With less capacity for school-based work, mentoring and individual support, young carers are more likely to experience difficulties with school attendance, concentration and attainment, limiting their ability to benefit from education and to move on to positive destinations in line with GIRFEC and national ambitions for young carers' learning and future opportunities.

Nurtured – Negative

Reductions in support to families and in opportunities for young carers to talk about their caring role and feelings are likely to undermine the consistency of nurturing relationships and whole-family support, contrary to the National Carers Strategy's aim that young carers should be children and young people first, with caring roles that are appropriate and not overwhelming

Active – Negative

Fewer groups, activities, trips and residential opportunities will make it harder for young carers to participate in play, leisure and physical activity, at odds with national expectations that young carers should be able to enjoy the same social and recreational opportunities as their peers.

Respected – Negative

With reduced staff capacity for individual work and advocacy, there will be fewer opportunities for young carers to have their voices heard in decisions that affect them, including through Young Carer Statements, which conflicts with national commitments to recognise, value and involve carers in line with GIRFEC and the National Carers Strategy.

Responsible – Negative

While caring can help young people develop skills and a sense of responsibility, national policy is clear that this must be balanced so that caring does not limit their life chances; by reducing support that helps young carers manage their role appropriately, the proposal risks increasing inappropriate levels of responsibility rather than supporting healthy, age-appropriate responsibility.

Included – Negative

Reduced capacity for outreach, school engagement and group work is likely to increase social isolation and stigma for young carers, particularly in rural and island communities, running counter to national aims that young carers should be fully included in education, community life and opportunities alongside their peers.

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

The proposal is likely to result in increased waiting times for Young Carer Statements and reviews, and reduced capacity to deliver the individualised actions set out in Young Carer Statement plans. It is anticipated that risks to young carers' mental and emotional health will increase, alongside reductions in young carers' feelings of inclusion, identity, connectedness and peer relationships. School attendance and attainment are likely to be negatively affected, with fewer opportunities to support young carers into further education, training and employment, including reduced staff capacity to assist with applications and references.

Young carers and their families are expected to have reduced access to opportunities, financial support and peer support, contributing to an increased risk of child poverty and fewer chances for young carers to access a break from caring. There is a heightened likelihood of increased risk-taking behaviours and unhealthy coping strategies, more young carers remaining hidden and unsupported, and strained stakeholder relationships due to staff capacity and time constraints. As a result, young carers are less likely to be heard, seen and valued, and other services (education, social work, health, third sector and online supports) are likely to experience increased pressure, leading overall to greater inequity of service and support for young carers across Argyll and Bute.

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

The impact of reduced HSCP Carers (Scotland) Act funding on external match funding for young carer support is currently unknown, but recognised as a significant risk. To monitor this, commissioned carer organisations will be asked to report quarterly, through contract monitoring and the Joint Working Party (JWP), on changes to external grant awards, unsuccessful applications citing reduced core funding, and any resulting changes to the volume or type of support available to young carers.

The HSCP [lead officer/children and families lead] will collate this information and include it in regular performance and risk reports, with specific attention to any reductions in respite opportunities, groups, activities or hardship/wellbeing funds for young carers linked to loss of match funding. If monitoring shows that external funding losses are materially reducing young carers' access to support, the HSCP and Integration Joint Board will consider additional mitigation, which may include revisiting the distribution of available resources, seeking alternative funding routes, or further adjusting the service model.

Island Community

How many islands does your proposal affect?

All

Which islands are affected by your proposal?

All

Does your proposal impact on Island communities?

Island community	Impact
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Demography	Negative
Economy	Negative
Society	Negative

Describe any negative impacts you have identified.

Reduction in spend on Unpaid Carer services will impact the services delivered to Carers on our Islands due to the increasing costs experienced by providers delivering services to Islands (Time, Travel and staffing). Concerns were noted regarding the possible closure of the Isle of Bute centre.

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

Availability of staffing, increased costs, and increased demand on Island carers who have limited access to mainland services and have to add increased travel time and cost into their caring role that mainland carers do not need to do.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas?

The HSCP recognises that it will not be possible to guarantee fully equivalent levels of service for island communities under this proposal, given the scale of the funding reduction and the structural challenges of geography, travel and workforce on the islands. Island carers face higher travel costs, limited public transport, constrained local service options and variable digital connectivity, meaning that a digital offer alone cannot replace the value of local in-person support, outreach and peer groups.

The proposal therefore seeks to prioritise the retention of some face-to-face and outreach provision to island communities, alongside remote and digital support, with particular attention to islands where there are larger numbers of registered carers (for example Islay: 120 carers, Isle of Bute: 140 carers, Mull: 72 carers, Tiree: 23 carers; and smaller but important populations on Coll: 5, Colonsay: 4, Iona: 3, Jura: 9 and Gigha: 6). Providers will be asked to maintain a minimum level of on-island presence where possible, and to use blended models (telephone, online and periodic in-person visits) to mitigate the impact of reduced capacity.

However, the HSCP acknowledges that services for island carers may still be reduced compared to current levels, and that equivalent provision to all mainland areas cannot be fully assured within the available resources. This will be monitored through contract management, island-specific performance data and engagement with island carers and providers, so that any disproportionate negative impacts on island communities can be identified and, where possible, addressed over time.

Equality Impact

Equality impact on service users

Service users	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact

Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

The proposal is likely to have a negative impact on disabled carers and disabled cared-for people. Many unpaid carers support someone with a long-term condition, disability or mental health problem and rely on carer organisations for information, advocacy, planning (ACSPs/YCS) and short breaks that help them manage caring safely; reductions in these supports increase the risk of deterioration in both the carer’s and the cared-for person’s health, greater stress, and earlier or more frequent use of higher-cost services, running counter to the National Carers Strategy’s aim to sustain caring relationships while protecting carers’ health and wellbeing.

Age is also negatively affected. Older carers are more likely to have their own health problems, be digitally excluded, and depend on local, face-to-face support and income maximisation, so reductions in capacity are likely to impact them disproportionately; this conflicts with national commitments to improve support for older carers and carers most at risk of poverty. Children and young people who are young carers face reduced access to Young Carer Statements, respite and school-based support, with consequent risks to their education, mental health and participation, which sits at odds with the National Carers Strategy and UNCRC-aligned ambitions that young carers should have the same opportunities as their peers.

For the remaining protected characteristics (sex, pregnancy and maternity, gender reassignment, sexual orientation, race and religion or belief), no specific additional impacts have been identified beyond those experienced by carers as a whole. The proposal is therefore assessed as having no differential impact for these groups at this stage, although monitoring and engagement will continue to be used to identify any emerging issues for particular groups of carers and to inform future mitigation in line with national equality and carers policy.

Don't knows identified.

Most equality impacts on service users have been assessed as negative where evidence is available, and no protected characteristic has been rated as “Don’t know” overall. However, there are areas of uncertainty about the scale and timing of some downstream effects, particularly the longer-term impact of carer breakdown on the health and wellbeing of cared-for people (many of whom are disabled or older) and on patterns of hospital admission and care home use.

These uncertainties will be monitored through routine performance reporting and contract monitoring, including tracking carer breakdown indicators, crisis presentations, unplanned admissions and changes in packages of care for cared-for people, and by using qualitative feedback from carers and providers to identify any emerging equality issues for specific groups. Where monitoring suggests that impacts on particular protected groups are worse than anticipated, the HSCP will review mitigation and, where possible, adjust the model of support or the allocation of resources.

Equality impact on service deliverers

Service deliverers	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

The proposal is likely to have a negative impact on staff and volunteers within the six commissioned carer organisations, including anticipated job losses (around 5 FTE posts plus sessional hours), reductions in contracted hours and increased workloads for remaining staff. The workforce is predominantly female and concentrated in lower-paid third sector roles, so redundancies or reduced hours are likely to disproportionately affect women on modest incomes, some of whom may also have unpaid caring responsibilities themselves and limited alternative employment options in rural and island communities.

Staff with disabilities or long-term health conditions may be particularly affected by increased workload, reduced staffing and higher emotional pressure, with potential impacts on their own health and ability to remain in work. Younger staff and those in entry-level posts may face reduced opportunities for career development and progression if services contract, while staff in island and remote rural locations may struggle to find comparable local employment if posts are lost. Carer Organisation Impact Statement returns, including staff case studies, provide further detail on these equality impacts and highlight concerns about job security, stress, and the ability to continue delivering values-based, preventative support within a reduced resource envelope.

These workforce impacts also run counter to national ambitions to promote fair work, improve terms and conditions in social care and build a sustainable, skilled social care and third sector workforce, as reflected in the National Carers Strategy and wider Scottish Government workforce policy.

Due regard.

In developing this proposal, the HSCP has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations for people with protected characteristics. The impact assessment has identified clear negative impacts for disabled carers and disabled cared-for people, for older carers and young carers, and for a predominantly female, lower-paid third sector workforce, and these findings have been central to consideration of options and mitigations.

To mitigate these impacts as far as possible within the required savings, the HSCP has sought to prioritise the protection of core statutory functions under the Carers (Scotland) Act 2016 (including ACSPs and YCS, particularly for carers of people with terminal illness), applied a lower reduction for Crossroads Cowal and Bute in recognition of local vulnerability and limited alternatives. The proposal also aims to preserve, as far as practicable, support for young carers and carers with the

most complex caring roles, and to maintain a level of face-to-face and outreach provision in rural and island communities.

Equality impacts will be monitored through contract management and performance reporting, including data on carers and cared-for people by age and disability, waiting times and completion rates for ACSPs and YCS, crisis presentations, workforce changes, and feedback from carers and staff about their experiences. Where monitoring shows that outcomes for particular protected groups are worse than anticipated, the HSCP and Integration Joint Board will need to review the model of support and consider further adjustments or additional mitigation, within available resources, to better align the proposal with equality duties and the National Carers Strategy's commitment to improving outcomes for carers most at risk of disadvantage.

Argyll and Bute Council: Integrated Impact Assessment

About the proposal

Title of Proposal.

Reduction of funding for Care & Repair Contract (minor adaptations and telecare)

Intended outcome of the proposal.

The intended outcome is reducing the value of the Health and Social Care Partnership's contract with Care & Repair (C&R) for the delivery of minor adaptations and telecare installations/removals by 15%.

How does your proposal align with strategy?

The proposed reduction to the minor adaptations and telecare contract has arisen from the need to ensure financial sustainability for the Health and Social Care Partnership which is a strategic priority. However, there is a tension with the other strategic priorities around prevention. The minor adaptations and telecare installations that C&R provide enable people to remain in their homes for longer.

Description of proposal.

Budget papers submitted on 26 November 2025 proposed to "end or reduce non-statutory provisions such as....support for Care and Repair". It has since been suggested that the value of the contract should be reduced by 15%. This integrated impact assessment will look at the impact of this budget proposal.

Care and Repair have two main contracts with Argyll & Bute Council / Argyll & Bute Health and Social Care Partnership.

The charity provides minor adaptations for Occupational Therapy as well as all telecare installations, removals and fault checks. The proposal is about that contract.

Telecare is a chargeable service with service users paying a monthly fee (unless in receipt of a waiver). Installing minor adaptations such as grab rails and bannisters for the Occupational Therapy service is a statutory duty.

The statutory duty to provide minor adaptations cannot lawfully be reduced below the level required to discharge that duty. The 15% reduction will have to be managed in a way that does not compromise statutory delivery.

The second contract is with the Housing Services team within Argyll & Bute Council, who are responsible for the major grant adaptations. Whilst the proposal, only affects the funding the first contract, there could be impact on all services that C&R currently deliver.

Lead and Appropriate Officers

Lead officer.

Anke Roexe

Lead officer job title.

Senior Service Planning Manager

Lead officer service.

HSCP

Appropriate officer.

Kristin Gillies

Appropriate officer Job title.

Head of Planning, Performance and Technology

Who will deliver proposal.

If the 15% reduction in the C&R contract for telecare and minor OT adaptations is approved, this will be implemented by C&R, the OT and telecare departments (contract owners) and Argyll & Bute Council procurement team.

Signed off by. Kristin Gillies

Date. 17/03/2026

Evidence

Data – What data have you used to inform the IIA.

Information from the Telecare and Occupational Therapy service has informed the IIA. The HSCP's 2024 Joint Strategic Needs Assessment gives further detail and data on the aging population that predominantly receives services covered by this contract.

Telecare jobs (including installations, fault checks, uplifts):

2022/23 - 3638

2023/24 - 3896

2024/25 - 4094

2025/26 (full year not available yet) - 3742. Based on current trajectories, the overall number of telecare jobs for the current year will be below the figure for 2024/25. It is possible that this could be as a result of staff absence, but only a detailed analysis could support that conclusion.

From contract monitoring reports we know that minor adaptations account for around 25% of the overall contracted workload.

Other information – This may include reference to reports by other people / organisations relevant to the impacts you identified.

The council's Housing Services have provided the following information.

Although no savings are proposed to the Housing element of C&R funding there may be a knock-on impact to their contract. The C&R Officers provide practical advice and assistance to private sector households aged over 60 or households with a resident disabled person. Housing Services currently contract with Care and Repair to develop solutions for disabled clients.

Over the last 6 years there have been a total of 466 Disabled Grant Applications progressed by the Care and Repair Officers. This has resulted in funding of £3m being awarded for Disabled Adaptations.

Over the last 3 years the numbers and type of adaptations completed are:

Ramps - 14

Stairlifts - 23

Access - 30

Hoist - 8

Bathroom adaptations - 127

Wash/Dry unit - 12

The above information clearly highlights the importance of C&R working together with the HSCP and the Housing Service in delivering the statutory duty to provide Disabled Adaptations which enables clients to remain and live independently in their own homes.

Consultation – What consultation / engagement have you carried out to inform the IIA? We have spoken to the OT team, Housing team, the Integrated Stores Team and with Care and Repair directly. The proposal was included in the HSCP's budget engagement. Respondents highlighted the value of the telecare service in maintaining them at home safely for longer and that this service was important in their priorities. This was particularly noted as important as part of an island infrastructure

Gaps in evidence.

- The ongoing monitoring arrangements about the impact of this proposal will depend on what is agreed by the Integrated Joint Board. Turn Around Times are monitored as part of our ongoing contract management arrangements with C&R.
- The proportion of children receiving minor adaptations is very small but unquantified.
- Detailed information about the profile of the clients awaiting minor adaptations.

Knock on affect.

Yes

Knock on affect details.

The 15% reduction may impact the overall capacity of the service to carry out timely installations and other contracted activity. The service has been running with a long term staff absence/vacancy, which has impacted service levels. A 15% reduction in the contract value, would make this permanent.

Installing minor adaptations such as grab rails and bannisters for the Occupational Therapy service is a statutory duty. Whilst the Telecare Service is not a statutory one, it is recognised as being helpful in discharging patients from hospital, enabling people to stay in their homes for longer and reducing pressure on the emergency services.

There is another budget proposal looking at the possibility of savings within the Responder Service, this will be looked at within a separate IIA, however, the Telecare service can still function without a responder service. It cannot function without having a provider to oversee the installation of the equipment.

The proposed reduction in the HSCP contract could reduce C&R's overall organisational capacity, potentially affecting Housing's statutory delivery indirectly.

Monitoring – How will you monitor the impacts of your proposal.

A monitoring framework will be established following the IJB's decision. As part of ongoing contract management arrangements C&R already submits data on turn-around times and activity. How this information can be improved or cross referenced with information held by the HSCP to monitor the impact of the change, will be established following the IJB's decision.

Fairer Scotland

Impact on service users

Service users	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Don't Know
Low wealth	Don't Know
Material deprivation	Don't Know
Area deprivation	Don't Know
Socio-economic	Don't Know
Communities of place	Negative
Communities of interest	Negative

Impacts details.

The proposed reduction of the contract value could have a negative impact on service users in terms of turnaround times for installations, fault checks and removals. Minor adaptations are provided to either promote independence and/or reduce falls risk. This could result in increased hospital admissions and length of stay, delays in receiving telecare or minor adaptations to their homes or the possibility of not being able to return home without these being in place. All geographical areas of Argyll and Bute would be negatively impacted, while it should be recognised that some island communities already experience slower turn-around times.

As part of ongoing contract monitoring arrangements we will scope if data can be collected to understand local variation in terms of turnaround times for different kinds of jobs and if this is directly affecting hospital admission or discharge..

Impact on service deliverers

Service deliverers	Impact
Mainland rural population	Negative
Island population	Don't Know
Low income	Don't Know
Low wealth	Don't Know
Material deprivation	Don't Know
Area deprivation	Negative
Socio-economic	Don't Know
Communities of place	No Impact
Communities of interest	No Impact

Impacts details.

The negative impact is mainly in terms of workload, and this is likely to affect mainland and island resident staff equally. Although, only Bute has resident C&R staff. It is hoped that some of this might be mitigated through changes in process.

It is not envisaged at this stage that there would be redundancies as a result of this proposal. In terms of income, the advertised pay would put C&R below the UK median gross annual earnings for full-time employees (£39,039).

There is a risk that the proposed reduction could affect the viability for the charity in the longer term to remain operational. This would impact up to 10 members of staff in both mainland Argyll and on the Island of Bute.

Don't knows.

Socio-economic background, low wealth, low income, island communities and material deprivation

Due regard

This proposal may negatively impact the elderly and people with disabilities, due to the potential for longer waiting times for installations. The service will continue to apply its triage system, to ensure jobs are prioritised based on clinical need/urgency. The telecare and the OT services will also work with C&R to explore ways to increase operating efficiency.

Consumer duty

Does your proposal affect individuals, businesses or both?

Both

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer	Impact
Choice	No Impact
Fairness	Negative
Redress	No Impact
Safety	Negative
Information	No Impact
Access	Negative
Representation	No Impact

Positive impacts you have identified.

None identified

Negative impacts you have identified.

The work that Care and Repair does for the HSCP keeps people safe in their homes for longer.

A reduction in the finance provided would have an impact in the delivery times for installations to occur - increasing the risk that individuals could be in an unsuitable setting or less safe for a period of time until installation occurs.

It should be noted that telecare clients are not charged until installation has been completed and in some cases only 6 weeks after discharge. But once charging commences, telecare clients paying a monthly fee are entitled to expect a functioning service. While the triaging of jobs means that urgent requests will be prioritised, non-urgent requests may be subject to longer delays.

Delayed OT minor adaptations are not just a potential consumer harm, they represent a potential failure to discharge a statutory duty. There are no statutory turnaround times; however, once a work order is issued there is an expectation that it is completed within three weeks, although exact duration depends on the type of adaptation the urgency of the request.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

Consumers may choose to pay privately for minor adaptations, however, there is no

guarantee that this would happen or happen in an acceptable timescale as joiners are often very busy and may not consider taking on work of this nature. It should be noted that there is a duty for both minor and major adaptations to be provided/funded. For Telecare, self-install was trialled during Covid which was not a success due to the demography of the service users and the requirement to programme the units. There is small proportion of our service users who potentially could programme the units themselves, there are many with cognitive issues or who are fearful of technology who would require assistance in order to ensure success. Additionally, there are occasions where a two-way conversation needs to happen during the install where connection methods aren't immediately successful to change the sequence. This would not be practical between clients and TEC Technicians due to the level of understanding of connection methods and programming required. If the installation was removed by Care and Repair, this would have a substantial impact on the Telecare team.

How have you reduced harm to consumers through the development of your proposal?

This proposal does not actively reduce harm to consumers as this proposal is about reducing the value of the overall contract. The potential harm to users is not fully known. We will continue to monitor our turn-around times as part of our contract monitoring arrangements. We will continue to monitor complaints and scope regular surveys with service users to ascertain overall satisfaction with the service.

If you have not been able to reduce harm to your consumers, why not?

Implementing the 15% cut without affecting capacity may not be possible. As explained, there is a triage system in place to ensure that the most urgent cases are prioritised.

Both the OT and telecare services will work with C&R to scope any other mitigation though revision of process and workflows.

This approach may lead to slower response times for other jobs, which may negatively affects consumer satisfaction.

Response times for all jobs and consumer feedback through complaints and any other feedback from users will need to be monitored to ensure that trends are identified.

Children rights and wellbeing

DIRECT and INDIRECT impacts on children and young people

Direct refers to policies/measures where children are the focus of the proposed changes.

Examples include childcare, school breakfast clubs, child protection, looked after children or youth sports activities.

Indirect refers to policies/measures that are not directly aimed at children but will have an impact on them.

Examples include local welfare support schemes, work preparation classes for parents, housing supply and design, policies on air quality, or local transport schemes.

Are there any aspects to your proposal which directly impact on children?

Yes

Direct impact on children details.

Very occasionally, OT provide minor adaptations to children e.g .low height banister rails, grab rails at toilets etc. A reduction in funding could have an impact on children. Whilst this is a very small percentage of the work undertaken by Care and Repair, it should still be noted.

Are the any aspects to your proposal which indirectly impact on children?

No

Indirect impact on children details.

Children rights

This section asks you to think about how your proposal affects children's rights, first by considering the 'general principles' articles, and then by thinking about the rest of the articles.

Complete the options relating to the general principles.

You should check against these whether your proposal contributes in a positive or negative way to the rights of children, whether the impact will be neutral / won't have an impact at all, or whether you don't know what the impact will be.

Children rights	Impact
Article 2: (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	Don't Know
Article 3: (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.	Negative
Article 6: (life, survival and development) Every child has the right to life. The council must do all it can to ensure that children survive and develop to their full potential.	Don't Know
Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.	No Impact

In addition to the General Principles, you should consider whether any of the other articles are relevant to your proposal.

We have provided you with a list of UNCRC articles and descriptions of what they are. If you do not identify any of the other Articles as being of relevance, the assumption will be made that the proposal's impact on this right will be neutral.

Have you identified any other article as being relevant to your proposal?

Yes

Which articles are relevant to your proposal?

If you have identified any positive impacts, describe what these are?

None identified

If you have identified any negative impacts, describe what these are?

Delayed adaptations for children with disabilities have the potential to impact on the best interest principle. Delayed grab rails or bannisters for a child with a disability affect their ability to access their own home safely, which is contrary to their best interests.

What options have you considered to reduce negative impacts?

All referrals are prioritised based on need. The provision of minor adaptations is a statutory responsibility and will have to be prioritised.

If you cannot implement measures to mitigate impact why not?

If you have identified relevant articles for which you don't know what the likely impact will be, how will you monitor impact as your proposal progresses?

Children's wellbeing

For each wellbeing indicator, review whether your proposal will result in an improvement to children's wellbeing or not. List of Wellbeing Indicators, with an explanation of what they are.

Children wellbeing	Impact
Safe	Negative
Healthy	Negative
Achieving	Negative
Nurtured	No Impact
Active	Negative
Respected	Negative
Responsible	No Impact
Included	Negative

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

Safe - a child without grab rails or bannisters appropriate to their height and needs faces a higher falls risk at home

Healthy - delayed adaptations may delay the child's discharge from hospital or rehabilitation;

Achieving - if a child cannot move safely around their home they may be less able to participate in learning activities;

Respected – children without access to timely adaptations may feel that their needs are not being respected.

Included - children without access to timely adaptations will be less independent at home and less able to take part in family life.

For the indicators where you believe your proposal will result in improved children's wellbeing, explain what these improvements will be.

Not applicable

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

Given that overall the number of children who use the service will be small, the OT service will monitor turnaround times for these installations individually.

Island Community

How many islands does your proposal affect?

Some

Which islands are affected by your proposal?

Bute, Mull, Islay, Jura, Tiree, Coll, Colonsay, Seil, Luing, Lismore, Kerrera, Iona and Easdale

Does your proposal impact on Island communities?

Island community	Impact
Demography	Don't Know
Economy	Don't Know
Society	Negative

Describe any positive impacts you have identified.

There is the possibility that there may be a positive impact to the economy if local contractors are used rather than a central solution. However, this is likely to come at an increased cost to the Health and Social Care Partnership.

Describe any negative impacts you have identified.

The installation of minor adaptations and/or telecare equipment helps island residents to remain in their home and within their community. Any reduction or removal of the contract to install the above would result in additional delays and the potential for islanders to relocate to the mainland in order to access services. Many of the more remote islands already face longer installation times in comparison to the service received elsewhere in Argyll and Bute.

Overall, it may be difficult to link demographic developments for each island to the capacity of the C&R service to carry out installations and other related jobs. How this could be monitored in terms of data that is available to the HSCP/C&R will have to be scoped.

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

With the exception of Bute, the other named islands above already receive a slower service than mainland Argyll and the island of Bute. Bute has its own dedicated full-time resource and therefore is able to respond to requests within similar time frames to the mainland, as well as assist in other parts of Argyll as required.

The islands of Islay and Jura receive a visit approximately every 2 months, Mull is approximately every month and the other named islands are as and when a job line occurs. An internal review is considering whether there could be an alternative way of servicing the islands due to staff, logistics, costs and potential for duplication with NHS visits.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas? (In your answer you should include descriptions of: • alternatives you have considered to improve or mitigate the impacts identified, • how you have reduced negative impacts on islands communities, and • how your mitigations will vary between communities, if relevant.) .

With the exception of Bute, the other named islands above already receive a slower service than mainland Argyll and the island of Bute. Bute has its own dedicated full-time resource and therefore is able to respond to requests within similar time frames to the mainland, as well as assist in other parts of Argyll as required.

The islands of Islay and Jura receive a visit approximately every 2 months, Mull is approximately every month and the other named islands are as and when a job line occurs. An internal review is considering whether there could be an alternative way of servicing the islands due to staff, logistics, costs and potential for duplication with NHS visits.

If you have not been able to mitigate impacts, why not?

The level of service that the island communities receive is already below the level that mainland Argyll and the Island of Bute receive. Cuts to the provider may result in further delays unless an alternative local solution is found, which may be more expensive. How to provide a responsive service to the Island's is being considered as part of the wider review of the C&R contract.

Equality impact

Equality impact on service users

Service users	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

The protected characteristics which will be impacted are Age and Disability as this accounts for almost all of the service users/patients of both the Telecare service and those requiring Minor Adaptations. Reducing the capacity of the service provided by Care and Repair will mean that individuals could face delays in receiving equipment to enable them to be at home or may find that their home is unsuitable for their needs and are required to live in alternative accommodation e.g. long term care, supported living, a different house. There are no positive impacts that have been identified.

Don't knows identified.

Not applicable.

Equality impact on service deliverers

Service deliverers	Impact
Disability	Don't Know
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No Impact
Age	Don't Know
Sexual orientation	No Impact
Gender reassignment	No_Impact

Impact on service deliverers.

The negative impact is mainly in terms of workload, and this is likely to affect mainland and island resident staff equally. Although, only Bute has resident C&R staff. It is hoped that some of this might be mitigated through changes in process.

It is not envisaged at this stage that there would be redundancies as a result of this proposal. In terms of income, the advertised pay would put C&R below the UK median gross annual earnings for full-time employees (£39,039).

There is a risk that the proposed reduction could affect the viability for the charity in the longer term to remain operational. This would impact up to 10 members of staff in both mainland Argyll and on the Island of Bute.

Don't knows identified.

Overall, the age profile of the C&R employees is not fully known, but the third sector workforce often includes older worker. Information on age groups, and disability status can be incorporated into the ongoing contract management arrangements.

Due regard.

Due to the purpose of the telecare and OT services, the proposal has the potential to mainly impact people that are older than 65 an/or who have a disability.

The triaging of referrals will ensure that installations for those with the highest clinical need will continue to be prioritised. And the triaging framework will be kept under review and will be amended in light of an

Is there something that we can do through eclipse to monitor the

Given the duty to install OT minor adaptations, the contract owner for the OT side of the service will need to agree ongoing monitoring arrangement with C&R for minor adaptations to ensure that turnaround times remain acceptable.

HSCP 16 Alzheimer Community Outreach Programme

About the Proposal

Title of Proposal.

HSCP 16 Draft Alzheimer Community Outreach Programme

Intended outcome of the proposal.

Decommission the community outreach service with a budget saving of £118, 848 while protecting funding for statutory post diagnostic support.

How does your proposal align with strategy?

The HSCP recognises the value provided by third sector partner services and in respect of prevention does not consider that this aligns with national or local strategy. However we are required to work within a balanced budget and as such have had to undertake a review which prioritises services within the financial year. The proposal allows for the maintenance of some service rather than no service.

Alzheimer's have noted their position is that while decommissioning may offer short-term fiscal benefit, the resulting potential pressure on local GP services, A&E, and statutory social care may far exceed the cost of the Community Connections service delivered by Alzheimer Scotland

Description of proposal.

This service is currently provided by Alzheimer's Scotland alongside the statutory post diagnostic support which is a mandated service for a minimum of 12 months after diagnosis. Within the current financial situation the least worst option is to decommission the community outreach programme as this is not similarly mandated however it is part of the overall dementia strategy.

Alzheimer's operate two dedicated Dementia Resource Centres across the area, one in Helensburgh and the other in Oban. These Centres offer a comprehensive range of support, from expert advice to social activities for anyone living with a diagnosis and those who care for them. They are open Monday-Friday between 9am - 4:30pm, with a Community Cafe open in Helensburgh every Monday, Wednesday, and Friday between 1pm - 4pm. Highly trained staff are available throughout the week to provide confidential support and guidance.

We deliver a wide range of activities across the two Centres, including Football Memories, 'Dog Days', Gardening Groups, 'Tea & a Tune' sessions, and nature-inspired indoor activities among many others.

In review of the overall service, managers have explored multiple options in reduced funding with a reduced cost for reduced service.

This service currently runs in Oban and Helensburgh, there will be gaps that are identified and supported in the data section.

Lead and Appropriate Officers

Lead officer: Carol Jones

Lead officer job title: Clinical Services Manager - Older Adult Mental Health and dementia care

Lead officer service: Older Adult Mental Health and dementia care

Appropriate officer: Nicola Gillespie

Appropriate officer job title: Head of Service

Who will deliver proposal: Budget proposal to the IJB and decommissioned by the service and procurement.

Signed off by: Nicola Gillespie

Date: 17/03/2026

Evidence

Data - What data have you used to inform the IIA.

Alzheimer's Scotland have provided a service report, qualitative and quantitative service data and a subsequent proposal for reduced service and public engagement.

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

Options review undertaken by service improvement officer

Consultation - What consultation / engagement have you carried out to inform the IIA?

Considered as part of general consultation with online questionnaire, community conversations and working with the provider

Gaps in evidence.

Information concentrates on direct impacts to service users, service deliverers. Some indication of increased impact on unpaid carers noting socialisation as unofficial respite and additional strain in the overall system including increased requirements for primary care, A & E and social care.

Knock on affect.

Yes

Knock on affect details.

Impact to the financial position of the provider, impact on unpaid carers, potential systemic impacts on reduction of informal services

Monitoring - How will you monitor the impacts of your proposal.

Impact of reduction of one aspect of the service (outreach) will require to be monitored with concurrent monitoring of any impacts to statutory services or unpaid carer impacts

Fairer Scotland

Impact on service users

Category	Impact
Mainland rural population	Negative
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	No Impact
Communities of place	Negative
Communities of interest	Negative

Impacts details.

Fewer welcoming, stigma-reducing places for people with dementia to meet safely in Helensburgh and Oban.

Loss of a central point for informal support, advice and signposting

More isolation, especially for people unable to travel far

Community cohesion weakened as social interactions reduce
 Communities become less dementia-friendly and less connected
 Increased burden on families providing care alone
 Carers lose spaces to share experiences and reduce stress
 People with dementia lose peer contact and confidence-building social routines

Impact on service deliverers

Category	Impact
Mainland rural population	Negative
Island population	No Impact
Low income	Don't Know
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	Don't Know
Socio-economic	Don't Know
Communities of place	Negative
Communities of interest	Negative

Impacts details.

Potential increased workload for statutory services with increased case complexity, reduced capacity for Alzheimer's Scotland early stage service with potential for socio economic impact on staff, reduced capacity to recruit and workforce impact.

Don't knows.

We have no explicit information in relation to service delivers but in the context of the information provided we have addressed assumptions based on what we know in respect of place, interests and workforce.

Due regard

This service operates within both highly populated areas of Argyll & Bute, we know that it provides support to individuals, 'unofficial respite' and maintenance. We do not know if people are travelling widely to access the service and if individuals require to access other or different care if this may cause a socio economic disadvantage.

Worsening carer strain contributes to poorer health, reduced income stability, and increased risk of crisis. People in socio-economically disadvantaged groups are more likely to reach crisis sooner when early-intervention community supports are removed. Removing free, in-person, preventative support disproportionately harms people with fewer financial and digital resources. Both areas are geographically well served in comparison with other areas of Argyll & Bute and further work would be required to identify and address socio-economically disadvantaged groups across Argyll & Bute.

Consumer duty

Does your proposal affect individuals, businesses or both?

Both

On the basis of your assessment, what are the likely impacts of your proposal?

Category	Impact
Choice	Negative

Fairness	No Impact
Redress	No Impact
Safety	Negative
Information	Negative
Access	Negative
Representation	No Impact

Positive impacts you have identified.

This would be a reduction in service to support maintenance of statutory service.

Negative impacts you have identified.

Reducing the service could potentially worsen outcomes for people who previously relied on it with less choice, however there is potentially still alternative service in the area. There would potentially be less visibility of service and increased demand in the longer term on statutory services which would require to be monitored.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

The service offers supports in two highly populated areas in Argyll & Bute with a range of care providers. A number of the providers are subject to a percentage cut retaining service however there is no cumulative service plan that supports what the pathway of care, range of choice and approach to sustainability of commissioned service is on place.

How have you reduced harm to consumers through the development of your proposal?

There is recognition that reduction of service has potential to impact on consumers. There requires to be an overall commissioning review to look at the service offering available in each locality. All of the services commissioned provide value but there may be benefit in provided less choice if this provides better sustainability.

If you have not been able to reduce harm to your consumers, why not?

An action to look at commissioning approach for the longer term could potentially increase sustainability of service however there may be some harm through reduction of choice.

Children rights and wellbeing

Are there any aspects to your proposal which directly impact on children?

No

Direct impact on children details.

[blank]

Are the any aspects to your proposal which indirectly impact on children?

Yes

Indirect impact on children details.

the loss of:

carer support

emotional/practical support

community hubs and groups that reduce isolation

When these supports disappear, stress in the household increases.

For children living with a parent, grandparent or relative who has dementia, this can mean:

More emotional strain at home

Less attention from the caring parent (who is more stressed and unsupported)

Higher exposure to crisis points (falls, confusion, distress)

Potential difficulty concentrating at school due to home pressures

Even if children are not direct carers, they feel the knock-on effect of carer burnout and household pressure.

Children rights

Complete the options relating to the general principles.

Category	Impact
Article 2: (non-discrimination)	Don't know
Article 3: (best interests of the child)	Don't Know
Article 6: (life, survival and development)	Don't Know
Article 12: (respect for the views of the child)	Don't Know

Have you identified any other article as being relevant to your proposal?

Children's wellbeing

Category	Impact
Safe	Don't Know
Healthy	Don't Know
Achieving	Don't Know
Nurtured	Don't Know
Active	Don't Know
Respected	Don't Know
Responsible	Don't Know
Included	Don't Know

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

Where families must travel further or pay for replacement activities, this creates:

Reduced household resources

Less money available for children's activities, transport, or essentials

Higher stress for families already managing socio-economic challenges

potential for children to share the caring role with parents

Children in low-income households feel the ripple effect most strongly.

For the indicators where you believe your proposal will result in improved children's wellbeing, explain what these improvements will be.

[blank]

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

We have no data on the impact of Alzheimer's or other dementia directly on children through this engagement, however we can make some assumptions based on the knowledge and understanding of the unpaid adult carers role and what we learn from other reporting in Child Poverty. We do not know if this may also impact on a young person taking on caring duties they may not have otherwise undertaken.

Island Community

How many islands does your proposal affect?

None the service is only available in Helensburgh and Oban

Which islands are affected by your proposal?

This service is not available on islands however the other cumulative impacts could reduce access to statutory service with greater demand and highlights an inequality to a proportionate service on island.

Does your proposal impact on Island communities?

Category	Impact
Demography	Don't Know
Economy	No Impact
Society	Don't Know

Describe any positive impacts you have identified.

not applicable as no service exists

Describe any negative impacts you have identified.

Negative impacts would potentially be impacts from increased demand on statutory service.

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

We would require to monitor further reaching impacts however while this has reduced choice other services are available

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

No service is delivered on island and as such no impact on reduction of service however there may be impact on statutory demand. We don't know if this will happen.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas?

No service is delivered on island and as such no impact on reduction of service however there may be impact on statutory demand. We don't know if this will happen.

If you have not been able to mitigate impacts, why not?

Alzheimer's Scotland do not provide a comparable commissioned service on island.

Equality impact

Equality impact on service users

Category	Impact
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Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Don't know
Pregnancy and maternity	No impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

Removing this support primarily affects older adults, especially as dementia is age-related. Adults are also living with complex needs

Don't knows identified.

We do not know the full demographic of the current service user group.

Equality impact on service deliverers

Category	Impact
Disability	No Impact
Race	No impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No impact
Age	Don't Know
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

Potential increased workload for statutory services with increased case complexity, reduced capacity for Alzheimer's Scotland early stage service with potential for socio economic impact on staff, reduced capacity to recruit and workforce impact.

The health and social care third sector workforce, particularly at Alzheimer Scotland, is likely to be predominantly female. Where staff hours or posts are affected, a "No Impact" rating for Sex requires justification

Don't knows identified.

We do not know the workforce of the organisation and would require to monitor any impacts as part of the decommissioning process or transition planning

Due regard.

This proposal highlights areas which are identified within the workforce strategy. This will require a long term approach to sustainable workforce planning and commissioning. We are taking responsible proportionate action to ensure that we maintain some service to address the underlying

risks and impacts until we can take a wider look at the collective provision, stages of provisions and how this can be addressed sustainably. We will continue to work with the provider, potentially in an enhanced way to ensure that the breadth of care available in areas is signposted to individuals and unpaid carers.

We will monitor

Monitor:

Crisis demand increasing

Carer stress levels

Any increased staff sickness/attrition

Complaint themes

Island-specific issues

Gendered workforce impacts

Equality issues raised at forums

Sustainability and new charge to the Carr Gomm Responder Service

About the Proposal

Title of Proposal:

Sustainability and charging for the Carr Gomm Responder Service

Intended outcome of the proposal:

To generate income from this service to partially offset the cost of the contract to support budget constraint and long term sustainability

How does your proposal align with strategy?

This proposal is aligned to the HSCPs requirement to provide sustainable and affordable services and to deliver a balanced budget. There are a number of services which the HSCP applies a charge to, particularly those services which it does not have a statutory requirement to provide

Description of proposal.

It is proposed that the HSCP introduces a £5 per week charge for access to the responder service which is provided by Carr Gomm 24/7. This is a non-statutory service which was originally designed to provide an urgent response to clients activating their telecare alarm, and who had no named key holder who could respond to their needs. There are currently around 2500 telecare clients of whom around 800 have no identified key holder, but in the vast majority of cases it is the responder service who are tasked with responding to client's requests for assistance. Clients will be given the option of opting out of the responder service if they have a nominated key holder and in addition there will be fee waivers for those who meet the standard waiver criteria.

Fees and charges are not delegated to the IJB and would ultimately be decided by the council. A nominal charge alongside telecare which is also a chargeable service would support the ongoing sustainability of a service which has been identified through engagement as a key service for rural communities.

Lead and Appropriate Officers

Lead officer: James Gow

Lead Officer Title: Chief Finance Officer

Lead officer service: Finance

Appropriate officer: Nicola Gillespie

Appropriate officer Job title: Head of Complex Care & Registered Services

Who will deliver proposal: Simon Deveney

Signed off by: James Gow

Date: 17/03/2026

Evidence

Data - What data have you used to inform the IIA

We compared the provision of this service with the type of services being provided in other areas of Scotland, and specifically with the service being provided in Highland. In most areas responses to telecare are provided by individuals named by the client as key holders. This is how the service in

Highland operates. In those areas clients who cannot provide a named individual do not have access to telecare. In Argyll & Bute there are around 2500 telecare clients, of which around 800 have not provided a named key holder and would, if living in Highland, not receive this service. We have looked at the estimated income generated through various weekly charge options from £1/week to £5/week. We have also considered the number of current telecare clients who have payment wavers. This is generally between 15 - 25 out of 2500 clients.

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

No other relevant information used/identified

Gaps in evidence:

At this time we do not know how many clients (with named key holders) will choose not to have access to the Carr Gomm responder service if a payment is required. It is also not known how many of the 800 clients without a named key holder will opt out or be unable to afford the charge. Both of these gaps in evidence will be ascertained prior to implementation.

Knock on affect:

Some clients may choose to opt out of the responder service

There may be an impact on other means tested services income streams if this pushes the clients over the means test threshold.

Knock on affect details.

There will be an increase in the charge to telecare clients by £5 per week (£260 per year). This will be in addition to the £6.85/week currently charged for telecare equipment, giving a total weekly charge of £11.85

Monitoring - How will you monitor the impacts of your proposal.

All current telecare clients will be written to advising of this new charge and giving them the option to opt out if they do not wish to make this payment. The Telecare HQ team will monitor the opt out rate, and also the number of waiver requests and approvals and any risk. This will be disaggregated by equality characteristics, and will be reviewed and reported monthly. This will be reported through SLT, and the Finance and Policy Committee, and the IJB as required

Fairer Scotland

Impact on service users

Service users	Impact
Mainland rural population	Negative
Island population	No Impact
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	No Impact
Socio-economic	Negative
Communities of place	No Impact
Communities of interest	No Impact

Impacts details.

The impact would be financial for clients. The cost is being set as low as possible to ensure minimal impact. It is estimated that each visit by the Responder service costs the HSCP between £15-£30, based on the hourly rate for this service, so a weekly charge of £5 is well below the actual cost of a single visit. All clients will have the option to opt out and some will be covered by waivers. The majority of waivers at present are for DS1500 (terminal and end of life). Those clients would automatically have a waiver for this new charge. There will be no charge for most island clients as the responder service is only available on the mainland (and Bute)

Impact on service deliverers

Service deliverers	Impact
Mainland rural population	No impact
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	No impact
Communities of place	No Impact
Communities of interest	No Impact

Impacts details.

None

Don't knows

Not applicable

Due regard

The HSCP has kept the proposed charge as low as possible to cover the additional administrative costs, and allowing for opt outs and waivers. The majority of current telecare charge waivers are for DS1500/Terminal illness, and very few for financial or other reasons. Income maximisation will still be undertaken with all clients who are concerned about this additional payment and they will be supported to apply for a waiver if necessary. Clients and their families will receive written notification and sufficient time to consider whether to opt out or apply for a waiver. They will be also supported by telecare staff during this part of the process.

Consumer Duty

Does your proposal affect individuals, businesses or both?

This proposal affects individuals

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer Impact	Rating
Choice	Positive
Fairness	No Impact
Redress	No Impact
Safety	No Impact

Information	No Impact
Access	No impact
Representation	No Impact

Positive impacts you have identified:

This proposal for the first time gives clients the choice of how their unplanned care needs are met. Currently the default outcome of a telecare call activation is for Carr Gomm to be contacted and requested to visit. Clients will now have the option of only having their named key holder(s) visit when unplanned care is required. For the 800 clients without a key holder, they will be asked/ encouraged to provide one.

Negative impacts you have identified:

Additional cost to clients of £5 per week (£260 per year) which is in addition to the £6.85 per week payment for telecare (£357 per year). Total annual cost of £617. There is therefore a risk that some low income clients will opt out despite not having an alternative key holder who can respond

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

We had considered reducing the operating hours of the responder service. Prior to 2022 the service was provided over 20 hour per day with a 4 hours gap from 8pm to midnight. We have looked a various options to spread that gap over the day rather than as a block. This would have had a similar financial benefit to the HSCP but would have increased risk for clients. A small weekly payment should have the least impact on clients. We considered various lower weekly rates but concluded that to meet the administrative costs and to ensure a reasonable income allowing for opt out that £5 we the lowest level we could set the payment at. We ruled out means testing as this charge is directly aligned to the telecare charge which is not means tested.

How have you reduced harm to consumers through the development of your proposal?

As mentioned above we had considered reducing the operational hours of the Responder service. This would have increased the risk of harm

If you have not been able to reduce harm to your consumers, why not?

Children Rights and Wellbeing

Are there any aspects to your proposal which directly impact on children?

We have screened this proposal for relevance and concluded that a Children's Rights and Wellbeing Impact Assessment is not required because this proposal will not obviously impact, directly nor indirectly, children under the age of 18.

Direct impact on children details.

None

Are the any aspects to your proposal which indirectly impact on children?

No

Indirect impact on children details.

None

Children rights

Children rights	Impact
Article 2: (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	No impact
Article 3: (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.	No impact
Article 6: (life, survival and development) Every child has the right to life. The council must do all it can to ensure that children survive and develop to their full potential.	No impact
Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.	No impact

Have you identified any other article as being relevant to your proposal?

No

Children's wellbeing

Children wellbeing	Impact
Safe	No Impact
Healthy	No Impact
Achieving	No Impact
Nurtured	No Impact
Active	No Impact
Respected	No Impact
Responsible	No Impact
Included	No Impact

Island Community

How many islands does your proposal affect?

One

Which islands are affected by your proposal?

Bute. None of the other island are covered by the responder service and therefore no charge would be applied to those telecare clients. During engagement Bute has noted this service as a key part of the infrastructure of safe care on island.

Does your proposal impact on Island communities?

Island community	Impact
Demography	No Impact
Economy	No Impact
Society	No Impact

Equality Impact

Equality impact on service users

Service users	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users:

The main impact on any service user will be an additional weekly payment of £5. Older people and people with a disability are more likely to be users of this service than other groups in the community. Additionally as females make up a higher proportion of the older age group they are also more likely to be affected

Don't knows identified.

We do not know: how many service users will chose to opt out of having access to this service; how many will apply for a waiver; and how many will exceed the means test threshold for other paid for services

Equality impact on service deliverers

Service deliverers	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No Impact
Age	No Impact
Sexual orientation	No Impact

Gender reassignment	No Impact
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Impact on service deliverers.

None

Don't knows identified.

None

Due regard.

The majority of current telecare charge waivers are for DS1500/Terminal illness, and very few for financial or other reasons. Income maximisation will be undertaken with all clients who are concerned about this additional payment and they will be supported to apply for a waiver if necessary. Clients and their families will receive written notification and sufficient time to consider whether to opt out or apply for a waiver. They will be also supported by telecare staff during this part of the process

Cancellation of Carr Gomm Mobile Teams Contracts covering Cowal, Kintyre, and Oban & Lorn

About the Proposal

Title of Proposal:

Cancellation of Carr Gomm Mobile Teams Contracts covering Cowal, Kintyre, and Oban & Lorn

Intended outcome of the proposal:

This will bring these 3 areas back into line with the other area which had these services removed in April 2025. Generating a saving of £500k

How does your proposal align with strategy?

Efficiently and effectively manage all resources to deliver best value

Description of proposal:

Following discussion with Carr Gomm we have agreed to cancel the 3 remaining Mobile Team contracts. In Cowal & Kintyre the clients will be transferred to standard care @ home services in those areas over a period of up to 3 months. In the Oban & Lorn area the mobile team's contract will be replaced by C@H contract for the same number of hours. This will replace agency workers in that area. The rationale for the change is partly based on ensuring equity of services across the HSCP, as mobile teams have already been withdrawn from Mid Argyll, Helensburgh, and Bute, and have never been provided on the islands. In addition an analysis of the activity demonstrated that these mobile teams were not providing value for money and not fulfilling their intended purpose

Lead and Appropriate Officers

Lead officer: James Gow

Lead officer job title: HSCP Chief Finance Officer

Lead officer service: Finance

Appropriate officer: Nicola Gillespie

Appropriate officer job title: Head of Complex Care & Registered Services

Who will deliver proposal: Simon Deveney

Signed off by: James Gow/ Nicola Gillespie

Date: 17/03/26

Evidence

Data - What data have you used to inform the IIA:

A detailed review of Mobile Teams activity data for 2024/25 & 2025/26 was undertaken from October 25 - January 2026. This demonstrated that all 3 Mobile Teams were undertaking mainly C@H activity which could be covered by local Care@Home providers (Internal &/or External). In addition it was clear from the data that all 3 teams were operating below the contracted hours, with Kintyre in particular delivering only around 60% of the contracted hours, and the other 2 areas delivering around 70-80% of the contracted hours. The most recent data showed that there were 9 clients in Kintyre, 9 clients in Cowal and 13 clients in Oban & Lorn supported by these services. All clients have been assessed as requiring a package of care, with needs that can be supported at home. All 13 in Oban & Lorn will be immediately transferred to an alternative provider. In Cowal & Kintyre the 3 month transition period is expected to be sufficient to allow the transfer to an alternative C@H provision

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

Data provided by Carr Gomm was used as part of the overall analysis. This included data on the number of service users, their location and the number of visits per day

Gaps in evidence.

It remains unclear what the impact on delayed discharges will be other than to acknowledge that there may be an initial increase in delayed discharges in the Kintyre and Cowal area. This is unlikely to be the case in Oban & Lorn though. This may be mitigated by other HSCP work on delayed discharges.

The review did not consider the individual service user profile as all service users referred to the Mobile teams should either be discharged from the service within 6 weeks of admission to the service or transferred to local Care @ Home services if required.

Knock on affect:

Initially there will be a requirement to transfer the clients to other internal or external Care@Home providers, which could result in an increase in delayed discharges

Knock on affect details.

It is expected to take up to 3 months to transfer all of the clients to Care@Home, and funding has been identified to cover this period. During this time it is expected that there will be an increase in delayed discharges as these clients would be prioritised over clients awaiting new care packages in hospital.

No specific assessment of the impact on those awaiting new care packages has been undertaken as those awaiting discharge changes constantly. Therefore any assessment would be out of date very quickly and certainly before this proposal is implemented

Monitoring - How will you monitor the impacts of your proposal:

The transfer of the Mobile Team clients will be monitored by local teams and reported weekly to ensure that all clients are transferred within the 3 month target period. Delayed discharges will continue to be reported by the performance & planning team, and escalated to the Head of Service and SLT as required

Monitoring of client transfers to C@H will be undertaken by the Resources Team leads in each area supported by the HCO and HCPO for that area.

Fairer Scotland

Impact on service users

Category	Impact
Mainland rural population	Negative
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	No Impact
Communities of place	Negative
Communities of interest	No Impact

Impacts details.

Impact would be removal of an element of social care provision within 3 of mainland rural settings. The 3 affected areas are Kintyre, Cowal, and Oban & Lorn. However, the existing clients will still receive care from Care@Home services rather than from the mobile teams. All future clients who would have been referred to the mobile team will instead be referred to Care@Home services, so the longer term impact should be negligible

Impact on service deliverers

Category	Impact
Mainland rural population	Negative
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	Negative
Communities of place	No Impact
Communities of interest	No Impact

Impacts details:

There will be a loss of income for Carr Gomm from the loss of the contracts in Cowal & Kintyre. However, we have agreed a new Care@Home contract for the Oban Area with Carr Gomm which limits the impact on their income plus potentially allow them to expand that service to gain additional income over the coming year by replacing agency provision, which is the main provider of Care@Home in the Oban & Lorn area at present.

Don't knows:

Unclear if Carr Gomm will be able to expand their Care@Home provision in the Oban area beyond the initial 154 hours per week currently agreed, but if they can it will have a positive impact in that area. For the other 2 areas (Kintyre & Cowal), the small staff groups in those areas will either be redeployed by Carr Gomm or made redundant

Due regard

Through the review process the HSCP have tried to identify best option to delivering this change. We have considered all of the possible ways to redesign the service in a way that has the least impact on service users; the provider organisation; and their employees; and we believe that the option we have agreed with Carr Gomm achieves those objectives while meeting our obligation to ensure value for money

Consumer duty

Does your proposal affect individuals, businesses or both?

This proposal effects individual clients as their care will be future care will be delivered by another service provider, and it effects Carr Gomm as a business as they will loss income and has to deal with staff redeployment and/or redundancies

On the basis of your assessment, what are the likely impacts of your proposal?

Category	Impact
Choice	No impact
Fairness	No Impact
Redress	No Impact
Safety	No Impact
Information	No Impact
Access	Negative
Representation	No Impact

Positive impacts you have identified:

The reduction in agency use in the Oban & Lorn area should result in a positive impact on consumers of Care@Home services in that area with improved consistency of care and consistency of personnel.

Negative impacts you have identified:

A short term increase in delayed discharges has previously been noted in this IIA as a potential negative impact of this proposal. In addition current clients will have their care transferred from Carr Gomm to another local Care@Home provider which may be a concern or unsettling for those clients

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

All current customers will continue to receive care from the Carr Gomm team until they are transferred to alternative Care@Home services. This will minimise the risk of harm. No client will have a reduction in service provision either during the transition period or following transfers to an alternative Care@Home provider unless their care needs reduce.

How have you reduced harm to consumers through the development of your proposal?

This proposal should have a neutral impact on current consumers of the service, however it is recognised that some of those currently awaiting Care@Home services may face a delay in accessing that service while we prioritise the transfer of the mobile team clients to alternative Care@Home providers

If you have not been able to reduce harm to your consumers, why not?

We have minimised the risk of harm to current service users through negotiation with Carr Gomm on how this change will be implemented

Children rights and wellbeing

Are there any aspects to your proposal which directly impact on children?

We have screened this proposal for relevance and concluded that a Children's Rights and Wellbeing Impact Assessment is not required because this proposal will not obviously impact, directly nor indirectly, children under the age of 18

Direct impact on children details.

None

Are there any aspects to your proposal which indirectly impact on children?

No

Children rights

Complete the options relating to the general principles.

Category	Impact
Article 2: (non-discrimination)	No Impact
Article 3: (best interests of the child)	No Impact
Article 6: (life, survival and development)	No Impact
Article 12: (respect for the views of the child)	No Impact

Have you identified any other article as being relevant to your proposal?

No

Children's wellbeing

Category	Impact
Safe	No Impact
Healthy	No Impact
Achieving	No Impact
Nurtured	No Impact
Active	No Impact
Respected	No Impact
Responsible	No Impact
Included	No Impact

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

[blank]

For the indicators where you believe your proposal will result in improved children's wellbeing, explain what these improvements will be.

[blank]

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

[blank]

Island Community

How many islands does your proposal affect?

NONE – Mobile teams do not cover islands as this was not included in the contract with Carr Gomm

Which islands are affected by your proposal?

None, we have screened this proposal for relevance and concluded that an Island Communities Impact Assessment is not required because this proposal will not affect islands in a way which is different to other areas and will not disadvantage island communities relative to their mainland counterparts. Mobile team services have never been provided on islands, and the cancellation of mainland mobile team contracts does not alter the position for island communities. Nor will this proposal disadvantage some island communities relative to others

Does your proposal impact on Island communities?

Category	Impact
Demography	
Economy	
Society	

Describe any positive impacts you have identified.

[blank]

Describe any negative impacts you have identified.

[blank]

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

[blank]

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

[blank]

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas?

[blank]

If you have not been able to mitigate impacts, why not?

[blank]

Equality impact

Equality impact on service users

Category	Impact
Disability	No impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative

Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

For all service users there will be a short transition period when their care will be transferred from Carr Gomm to an alternative Care@Home provider. This may have a short term negative impact on some clients as they will be receiving their care from different staff. The majority of clients are older people and as a higher proportion of clients are likely to be female it could be considered that this change will have a disproportionate impact on older people and females.

Don't knows identified:

None specific to protected characteristics

Equality impact on service deliverers

Category	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

There are likely to be a small number of Carr Gomm staff in the Cowal & Kintyre area impacted by this proposal. As the workforce is predominantly female there will be a higher impact on female employees. Older staff may also have more difficulty finding alternative employment if made redundant

Don't knows identified.

The final number of staff who will be made redundant by Carr Gomm if they are unable to redeploy them to other parts of their service

Due regard.

We have worked closely with Carr Gomm to mitigate the impact of this proposal. Local teams are committed to ensuring that clients are transferred to alternative Care@Home providers as quickly and smoothly as possible. We have minimised the number of staff affected by agreeing to the retention of the staff based in Oban & Lorn to provide Care@Home services.

HSCP22 Draft Lorne Campbell Court

About the Proposal

Title of Proposal.

HSCP22 Draft Lorne Campbell Court

Intended outcome of the proposal.

Alignment of the social care model with the mainstream model of care has been proposed as an option for budget saving. This IIA will endeavour to assess the capacity of any impact to service users and service staff. The proposal has been amended to support continuity of care and an anticipated £250,000 while augmenting the social care service locally with reduced temporary staffing.

How does your proposal align with strategy?

Lorne Campbell Court was a welcomed outcome to the closure of Auchinlee, a residential care home. However a strategic decision was taken to purchase the previously HC1 owned Kintyre care centre when it failed to be purchased at market with its closure noted as having a catastrophic impact to the economy of care provision at that point in time.

With an alternative range of care available the Lorne Campbell Court "extra care" model is not financially sustainable given the wider provision and the budgetary pressures. This aligns with the strategic aim of Efficiently and effectively manage all resources to deliver best value

Description of proposal.

The proposal is to change the model of care delivered at Lorne Campbell Court and independent Living facility run by Cairn Housing Association. The current care model offers social care and overnight care to people who have an occupancy agreement with the council who are the tenants of the housing association. This model of care does not exist for older adults elsewhere in Argyll and Bute with the exception of Mull which is currently being reviewed as to a long term on island sustainable model.

Argyll & Bute benefits from dozens of independent living facilities run by a variety of providers and housing associations. All independent living residents including Lorne Campbell Court can access social care in their tenancy in the normal way through social work assessment and care can continue to be provided within the bounds of the registration of the social care service. We are unable to provide care in this environment that would be provided in a residential or nursing home as this requires an alternative registration.

In September 2025 The IJB approved a Threshold of care policy in the delivery of social care to ensure equity of access to care. This proposal is to implement the mainstream model of care available across Argyll & Bute. This would involve the continued delivery of social care as delivered both locally and elsewhere in Argyll & Bute and remove overnight care.

There are less than 5 individuals impacted by removing the extra care service. If someone is assessed against the policy as requiring above the threshold of 28 hours of care their care would require to be reviewed and there may be potential to access care residentially locally in Kintyre Care Centre, a facility which was not run by the HSCP at the time of the initial model being put in place. However this proposal would seek to cease the provision and some continuity of care until the need changed would be proposed to ensure individuals are not subject to any negative outcomes. This would be considered appropriate and affordable.

Lead and Appropriate Officers

Lead officer: Nicola Gillespie

Lead officer job title: Head of Adult Services

Lead officer service: Complex and Registered Services

Appropriate officer: Simon Deveney

Appropriate officer job title: Service Manager Care Homes and Care at Home

Who will deliver proposal: The proposal will be delivered by the leadership team with corporate supporting services

Signed off by: Nicola Gillespie

Date: 17/03/2026

Evidence

Data - What data have you used to inform the IIA.

Data required - staff demographic (female)

identified needs of the older adults and capacity to transition to mainstream services (all residents in receipt of any care assessed)

use of service and service delivered (less than 5 extra care, 14 standard care will be confidential)

Review, assessment and engagement (review and assessment will be confidential but reported generally where not identifiable). Direct consultation with affected service users/families. Direct consultation with non affected independent living residents and families

Public engagement, meeting with families and residents

Other information - This may include reference to reports by other people / organisations relevant to the impacts you identified.

Other desktop review information was reviewed in respect of legal and housing rights ensure a full scope of information and operating information

Consultation - What consultation / engagement have you carried out to inform the IIA?

General budget engagement and direct with service users and carers/families. Response was mixed with those in the geographical area vehement about retention of the service and those outwith either neutral or generally concerned.

Staff have participated in a formal consultation process with the employer

Gaps in evidence.

Engagement has been undertaken fairly rigorously with significant engagement and partnership working. Both technical and narrative evidence was collated and gaps are not known. There was some learning in the process on what the community perceived the facility to be as most perceived it to be a form of care home.

Knock on affect.

Yes

Knock on affect details.

Individuals may require to change their care arrangement if they are assessed as no longer able to live independently in their own home and cared for under the care at home registration. However extra care residents will be maintained above the threshold of care within deliverable care needs.

Staff will be able to work across the wider population potentially supporting the sustainability of social and residential care services.

Monitoring - How will you monitor the impacts of your proposal.

This will be reported bi-weekly to SLT, quarterly to Finance and Policy Committee and to the IJB for decision.

Fairer Scotland

Impact on service users

Category	Impact
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Mainland rural population	Don't Know
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	No Impact
Communities of place	Don't Know
Communities of interest	No Impact

Impacts details.

Socio economic circumstances would not be pertinent in this change as there would be no material change to circumstance. Extra care is not a substitute for residential care and social care at the highest point of its registration would not be comparable to residential or nursing care. We would require to monitor any impact to this change however mainstream services available in Argyll & Bute would be available to older adults who share the same characteristics of the wider older adult population.

Engagement recognised the value that the community of place had on the facility. Understanding of the facility was not clear and despite the interest in the facility it remains underutilised – many people would not choose that for themselves but would seek maintain it.

Impact on service deliverers

Category	Impact
Mainland rural population	No Impact
Island population	No Impact
Low income	No Impact
Low wealth	No Impact
Material deprivation	No Impact
Area deprivation	No Impact
Socio-economic	No Impact
Communities of place	No Impact
Communities of interest	No Impact

Impacts details.

Staff are employed by the council and it is not anticipated there will be any loss of employment. Staff already work in the wider community and a change of base is geographically unlikely to cause much impact. Staff needs and skills e.g. driving would be taken into account in respect of changed working patterns.

Don't knows.

[blank]

Due regard

The HSCP would seek to provide continuity of care within the registered service with existing extra care tenants, this is reviewed individually. There may be some socio economic impact of a change

of base however this can be covered through formal process and there is no anticipation of a large impact due to the social care requirement in general within the facility.

Consumer duty

Does your proposal affect individuals, businesses or both?

Individuals

On the basis of your assessment, what are the likely impacts of your proposal?

Category	Impact
Choice	Negative
Fairness	No Impact
Redress	Don't Know
Safety	Don't know
Information	No Impact
Access	No Impact
Representation	Don't Know

Positive impacts you have identified.

the alignment with the mainstream care model and the threshold of care policy could be presented as a positive in terms of equity of access across Argyll and Bute.

Negative impacts you have identified.

The proposal will reduce the choice of an individual in how they are cared for in their own home and potentially their ability to remain in their own home depending on their assessed care needs. Older Adults may not feel that they are suitably able to advocate for themselves and this will require careful and sensitive consultation and review.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

Alternative social care and residential care services are available locally, this may not be the choice of the person however is consistent with the models of care delivered across the rest of Argyll & Bute and with the threshold of care policy. We would aim to work with the <5 remaining extra care tenants to support their continued care.

How have you reduced harm to consumers through the development of your proposal?

We have worked with consumers on an individual basis in reassessing need.

If you have not been able to reduce harm to your consumers, why not?

Through consultation we have prepared to mitigate any harm to current tenants.

Children rights and wellbeing

No Impact Justification

We have screened this proposal for relevance and concluded that a Children's Rights and Wellbeing Impact Assessment is not required because this proposal will not impact, neither directly nor indirectly, children under the age of 18

Island Community

No Impact Justification.

This service is a mainland service however in a remote area of Argyll & Bute. It services local residents however a range of other services are available and provided by the council employer. It does not impact on other facilities run by other providers.

Mull is reviewed separately and not part of this proposal.

We have screened this proposal for relevance and concluded that an Island Communities Impact Assessment is not required because this proposal will not affect islands in a way which is different to other areas and will not disadvantage island communities relative to their mainland counterparts. Nor will this proposal disadvantage some island communities relative to others

Equality impact

Equality impact on service users

Category	Impact
Disability	Don't Know
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No Impact
Age	Don't Know
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

The number of individuals is <5 and we are unable to provide broad data without identifying individuals. We are at this stage unable to share any information specifically on disability however the care group reflects the older adult demographic.

Other care is available and while we note care choice may be reduced this would be in line with the care offer across the rest of Argyll & Bute. The proposal notes the model going forward and based on outcome a maintenance of a comparable service however this would require to be planned with families based on ongoing need and within the registration.

Don't knows identified.

Age :Services users are older adults and may have identified needs/disabilities which will require to be addressed in that they will continue to access services. If they are unable to continue to live in their tenancy without overnight support they may require to consider other care options working within the current registration without overnight care. Engagement has helped understand the needs of remaining extra care occupants and it would be recommended that we work with families and service users to ensure that we support a positive outcome, this may require some flexibility as the HSCP transition out of the service.

Disability: complex health issues can be present with age and due to small numbers we would seek not to disclose any details however care needs are addressed regardless of protected characteristics and if care can be delivered within the registered service it would be continued

Equality impact on service deliverers

Category	Impact
Disability	No Impact

Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	No Impact
Pregnancy and maternity	No Impact
Age	No Impact
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

Staff are employed by the council and it is not anticipated there will be any loss of employment.

Don't knows identified.

We know our social care workforce is primarily female however we require to confirm this and if it has a direct or indirect impact. There is no anticipation of loss of work. There will be a geographical change of base but the nature of the role would be within the scope of current roles and shift patterns are likely to be accommodated across the current care services with additional training provided if required.

Due regard.

After engagement we will work to maintain the best outcome for individuals in respect of their continued service as the HSCP transitions out of the service and we anticipate no job loss for staff.

Active consideration of how the proposal affects people with protected characteristics has been scoped; We have identified the steps we would take to mitigate this; Formal process and support is in place for the workforce and the decision is still recommended as it brings better value to the wider community in terms of addressing care need and in a more cost effective distribution of resource in the longer term.