

Argyll & Bute HSCP Joint Strategic Plan Consultation Report

1. Overview of JSP Consultation Activity

The HSCP undertook multi-method consultation from October to January, combining online engagement, surveys, and targeted stakeholder engagement, with face-to-face roadshow events across Argyll & Bute.

The HSCP also undertook significant consultation activity before and after JSP consultation in the form of the Fair Access to Care at Home consultation in the summer of 2025 and the consultation on the HSCP budget for 2026/27.

NHS Highland Engagement Hub

We published the draft strategy on the NHS Highland Engagement Hub (<https://nhsh.uk/engagementhq.com/argyll-and-bute-joint-strategic-plan-consultation>) along with a survey to better understand our communities' health and wellbeing priorities.

The engagement hub received 652 visits over the course of the consultation and the draft JSP was downloaded over 128 times. We received 42 questionnaire responses.

Place Based Roadshows (residents and staff)

Roadshow engagement was undertaken in:

- Helensburgh
- Dunoon
- Rothesay (Bute)
- Campbeltown
- Lochgilphead
- Oban
- Islay

These events enabled open discussion, qualitative feedback, and place-specific exploration of issues across all six draft priorities. Feedback was captured through facilitated discussion rather than formal surveys, prioritising depth, nuance, and local context.

Planned events in Mull were cancelled twice, first due to a power cut and then due to adverse weather.

Targeted engagement

Third Sector

- Third sector online event: 21 attendees
- Commissioning Intentions and Key Market Messages survey (7 responses and 17 downloads)
- Argyll and Bute Third Sector Interface (TSI) consultation submission

This engagement focused particularly on commissioning intentions, sustainability of preventative services, rural delivery challenges and partnership working.

- Attendance at Children and Young People's Conference and facilitated sessions with Young Carers Groups, engaging both primary and secondary-aged children

Themes explored:

- What helps young people stay well
- Barriers to wellbeing
- Access to support, transport, activities, and trusted adults
- Particular pressures linked to caring responsibilities

2. Place based insights from the roadshows

Islay

- Strong community resilience
- Challenges accessing mainland services
- Concerns about centralisation

Bute (Rothesay)

- Strong informal networks
- Transport barriers and digital exclusion
- Limited local service provision

Dunoon

- Strong prevention initiatives
- Fragmented services and discharge challenges
- Need for better integration and follow-up care

Helensburgh

- Strong third sector contribution
- Concerns about access (e.g. pharmacy, transport)
- Need for improved alignment across systems

Campbeltown

- Strong peer and community support
- Concerns about sustainability and poverty impacts
- Desire for more prevention and local services

Oban

- Focus on prevention and community support
- Access and hospital service challenges

- Need for more localised services

Lochgilphead

- Strong community engagement
- Gaps in children’s and neurodevelopmental services
- Workforce and resource constraints, can the scale of transformation required be delivered

3. Main Themes Across All Modes of Engagement

Across all methods, strong consistency emerged around core themes. Differences lay less in what people said and more in the level of detail, emphasis and contextual specificity.

Preventative and Community-Based Care

- There is strong consensus that prevention and community-based care are essential, but currently undermined by short-term funding, workforce shortages, and rural service withdrawal
- Prevention viewed as more effective than crisis response
- Concern that services are increasingly reactive rather than proactive
- Strong preference for local, community-embedded provision
- Worry that prevention rhetoric is not matched by investment or delivery capacity
- Recognition of the third sector’s critical preventative role
- Transport barriers and digital exclusion in rural and island areas
- Need for community hubs and better service visibility
- Desire to involve carers more actively in planning and delivery

Integrated and Person-Centred Care

- Broad support for the principle, but persistent concern about how integration works in practice, particularly around role clarity, leadership and continuity of care.
- “Person-centred” should be standard, not aspirational
- Fragmentation between health, social work and third sector persists
- Poor transitions (especially hospital to home) repeatedly highlighted
- Inconsistent communication and duplication of assessments
- Carers often not adequately involved in planning or discharge.
- Roadshows and third-sector input emphasised:
- Need for “connective tissue” between services
- Risk that integration is structural rather than experiential
- Importance of recognising external and third-sector providers as equal partners

Financial and System Sustainability

- Participants strongly reject short-term “gap-filling” and favour long-term, value-based investment, even where upfront costs are higher
- Prevention and workforce investment reduce long-term system pressure
- Perception that management costs are prioritised over frontline delivery
- Concern that savings targets drive decisions rather than desired outcomes
- Deep anxiety about sustainability of rural and island services.
- Providers and partners added: commissioning proposals felt too vague to support confidently

- Cuts to preventative services likely to increase hospital demand and impact vulnerable and unpaid carers
- Trust damaged by perceived lack of transparency around budgets

Our health and social care workforce

- Workforce is critical enabler of all priorities.
- Insufficient frontline capacity
- Pay and conditions not competitive, especially in rural areas
- Recruitment and onboarding delays exacerbate shortages
- Need to “grow local” workforce pipelines
- Staff morale affected by workload pressure and lack of recognition.
- Roadshow events highlighted wellbeing, morale, and leadership visibility
- Third sector and providers focused on Fair Work, funding models, and sustainability
- Community respondents focused on availability and continuity of staff

Access to Care and Tackling Health Inequalities

- Rural, island, and socioeconomic inequalities are widely recognised.
- Transport as a fundamental barrier to access
- Homecare capacity in crisis
- Unpaid carers under extreme strain
- Lack of clear, up-to-date information about how to access support.
- Children and young people emphasised: transport and lack of local activities, Gaps during transition points, importance of trusted adults and schools for access to support

Digital Transformation

- Generally supported if implemented carefully, but strong caution against digital-first approaches that exclude vulnerable groups.
- Digital is not always better than face-to-face
- Significant digital exclusion, particularly for older people and rural areas
- Need for hybrid models with clear criteria
- Poor interoperability between systems
- Need for process mapping before technology adoption.

4. Overall Conclusion

There was consistency of themes across methods and audiences. Differences between engagement modes relate primarily to depth, perspective, and emphasis, not contradiction. There is support for:

- Shifting from crisis response to prevention
- Investing in workforce and carers
- Addressing rural inequality explicitly
- Delivering integration that people can experience
- Being transparent about constraints while co-designing solutions

5. How this links to the Joint Strategic Plan

Prevention & Community-Based Care

You said:

- Prevention and early intervention must be prioritised
- More non-medical and community-based support is needed
- Housing, poverty and isolation are key drivers of health

We did / will do:

- Made prevention a core strategic priority
- Shift our services toward early intervention and community provision
- Strengthen our collaboration with all our partners to address wider determinants of health (housing, transport, poverty)
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Integrated & Person-Centred Care

You said:

- Services are fragmented; better integration is needed
- Care must be tailored – “one size doesn’t fit all”
- Improve discharge planning and continuity of care
- Greater involvement of service users, third sector and carers

We did / will do:

- Strengthen integration across health, social care and third sector
- Improve discharge pathways and continuity of care
- Embed co-production and person-centred design
- Improve coordination and information sharing across services

Financial & System Sustainability

You said:

- Need honest conversations about affordability
- Invest for long-term outcomes, not short-term savings
- Improve efficiency to support frontline delivery
- Third sector is essential but underfunded and not always involved early
- Duplication and lack of coordination across partners
- Need stronger collaboration and shared principles

We did / will do:

- Develop a sustainable financial recovery and transformation plan for the HSCP
- Shift our resources toward prevention and services that have a proven positive impact
- Reduce duplication and improve system efficiency by working with our partner organisations and third sector

- Improve transparency, outcomes monitoring and use of data to make decisions

Workforce

You said:

- Workforce shortages and burnout are major concerns
- Pay, recognition and career pathways need improvement
- Recruitment is difficult due to rural challenges
- Need to “grow your own” workforce

We did / will do:

- Prioritise workforce wellbeing, recruitment and retention
- Develop rural workforce models and training pathways
- Expand local training and “grow your own” approaches, including volunteering as a workforce pipeline
- Strengthen joint working and shared training with partners

Access & Health Inequalities

You said:

- Transport, waiting times and rurality limit access
- Inequalities affect vulnerable groups disproportionately
- More care should be delivered locally
- Need clearer information and signposting

We did / will do:

- Target services towards those with greatest need
- Strengthen links between transport, communities and services
- Improve information, communication and engagement

Digital Transformation

You said:

- Digital exclusion is a major risk
- Digital should complement, not replace face-to-face care
- Need better digital infrastructure and support

We did / will do:

- Promote hybrid (digital and face-to-face) service models
- Invest in digital infrastructure, access and training
- Use digital to improve access and efficiency, not replace relationships