

ARGYLL & BUTE HSCP



# Joint Strategic Plan

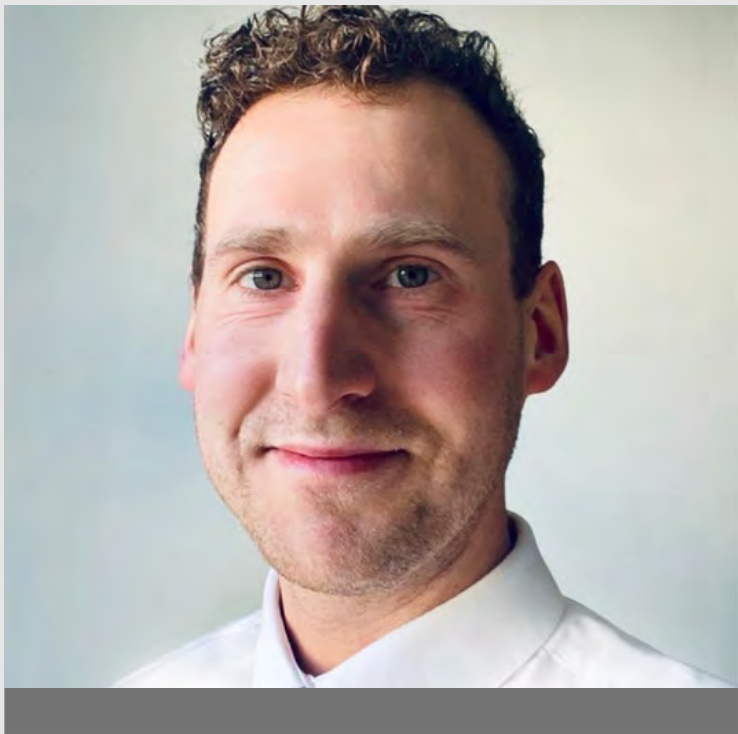
2026 to 2031



# CONTENTS

Foreword .....	1	<b>5. Our Strategic Priorities and Objectives .....</b>	<b>18</b>
Plan on a Page .....	2	Financial and System Sustainability .....	19
<b>1. Argyll &amp; Bute HSCP .....</b>	<b>3</b>	Preventative and Community-Based Care .....	20
How We Work .....	4	Integrated and Person Centred Care .....	22
Our Locality Planning Areas .....	5	Access to Care and Tackling Health Inequalities .....	23
<b>2. The Bigger Picture .....</b>	<b>6</b>	Our Health and Social Care Staff .....	24
A Population Health Approach .....	7	Digital Transformation .....	25
Our Role in Creating a Prevention Focussed System .....	10	<b>6. How are we going to get there? .....</b>	<b>26</b>
Our Population .....	11	Our Values .....	27
Finance .....	12	Service Quality and Improvement .....	27
<b>3. What you told us .....</b>	<b>13</b>	Service Planning .....	28
Key Themes from Roadshows and the Responses to the Survey About Communities' Health and Wellbeing Priorities .....	14	Collaboration and Whole System Working .....	29
Key Themes from the Third Sector Engagement .....	15	Service Transformation .....	30
Key Themes from the Children's and Young Person's Conference and Young Carers' Groups .....	15	Performance Management .....	32
<b>4. Our Vision for 2031 .....</b>	<b>16</b>	<b>7. Key Market Messages and Commissioning Intentions .....</b>	<b>33</b>
Vision Statement .....	17	Strategic Commissioning and Market Facilitation .....	34
		Legislation, Policy and Guidance about Service Commissioning .....	35
		Our Challenges .....	37
		Engagement with our Providers .....	37
		Key Market Messages and Commissioning Intentions .....	38

## FOREWORD



**Evan Beswick**  
Argyll & Bute HSCP  
Chief Officer

### **I am delighted to present the Argyll & Bute Health and Social Care Partnership's (HSCP) Joint Strategic Plan (JSP) for 2026 to 2031.**

The JSP establishes the vision, values and strategic priorities to which we are committed. It provides direction for how health, social work and social care services should be developed in Argyll & Bute over the next 5 years and describes the transformation that will be required to achieve this vision.

Scotland's health and social care system stands at a pivotal moment. As we continue to pursue our vision of integrated, person-centred services, we must do so within a landscape that is increasingly constrained and complex. This strategic plan sets out our priorities for delivering high-quality, sustainable care in a context shaped by demographic pressures, public sector policy and reform, as well as tightening public sector finances.

In this context, our strategic approach must be both ambitious and pragmatic. We remain committed to the integration of health and social care services, ensuring that individuals experience seamless support across organisational boundaries. Through close collaboration within our Health and Social Care Partnership and with our wider partners, we will continue to plan services using a whole-system approach to improve outcomes.

We will prioritise person-centred care, placing individuals, families and carers at the heart of service design and delivery. Our focus on prevention and early intervention will help mitigate demand for our hospital services and support people to live independently and well

in their communities while supporting those who care for them.

We also know that many of our services have built dependency and reduced people's capabilities. We will transform services so that they maximise people's independence in the knowledge that this goes hand in hand with positive outcomes for people. This will mean that we will not provide some aspects of service for which an expectation previously existed. All of these choices will be challenging but must be focused on outcomes for people.

Given the fiscal constraints, we must make difficult compromises and ensure that every service delivers maximum impact. This means embracing digital transformation, redesigning services for efficiency, and investing in data-driven planning to target resources where they are needed most. We will also ensure that our decisions are evidence-based and that they focus on positive outcomes for the population.

We will uphold our commitment to equity and quality, ensuring that services are accessible and responsive, particularly for those most affected by poverty, isolation, poor health or remote geography. This means more of our

services will be targeted, in preference to universal. At the same time, we will strengthen governance and accountability to monitor progress and provide information on decisions.

Partnership must be at the heart of what we do. As a Health and Social Care Partnership, we play a vital role in helping people in Argyll & Bute live the lives to which they rightly aspire. However, we cannot achieve this on our own. We will collaborate with our partners - in the statutory sector, the independent sector and communities - to address poverty, inequality, loneliness and lack of adequate housing.

This strategic plan reflects our determination to deliver better lives through better services, even in the face of financial constraints. By aligning our priorities with Scotland's financial realities, we will build a resilient, inclusive and future-ready health and social care system. In doing so, we will keep services safe and sustainable for the future.

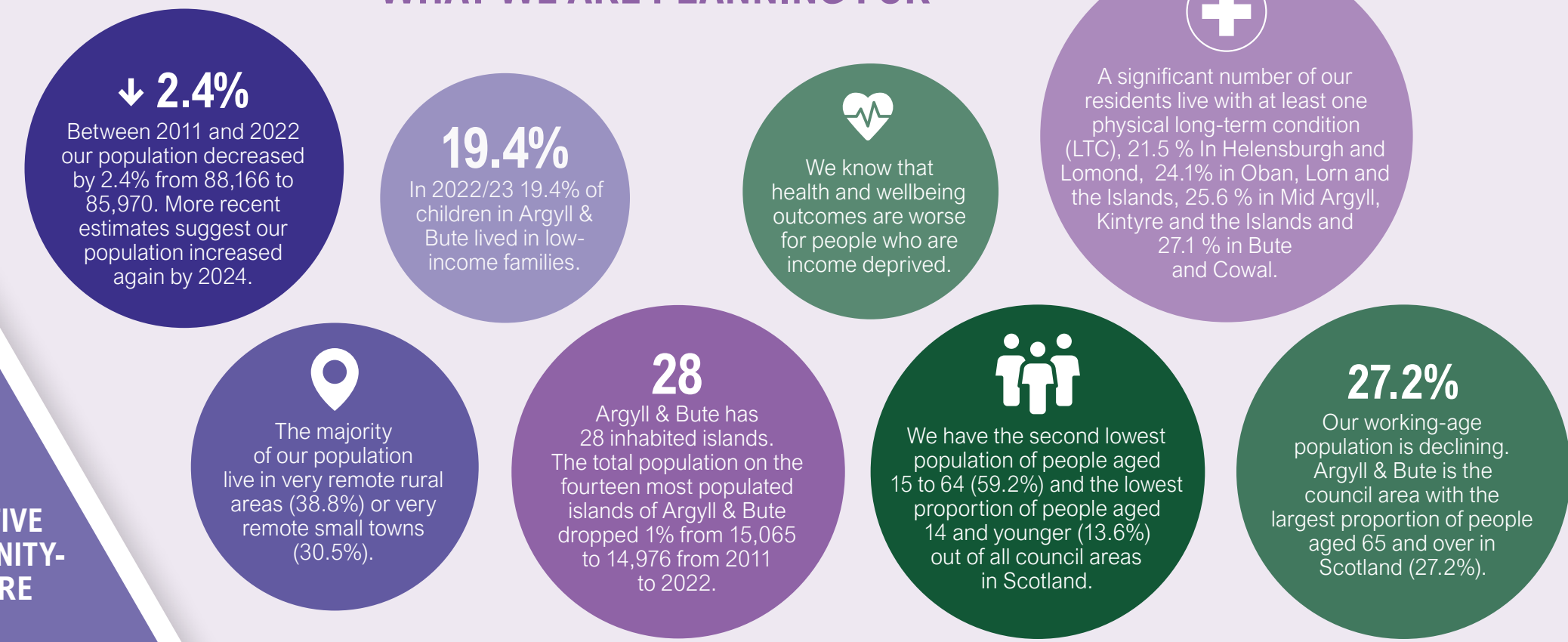
OUR VISION

People in Argyll & Bute live healthy, independent lives in resilient communities. Individuals are enabled and supported to thrive and fulfil their potential through integrated, person-centred health and social care that is delivered close to home, focused on prevention, and informed by the people who use it.

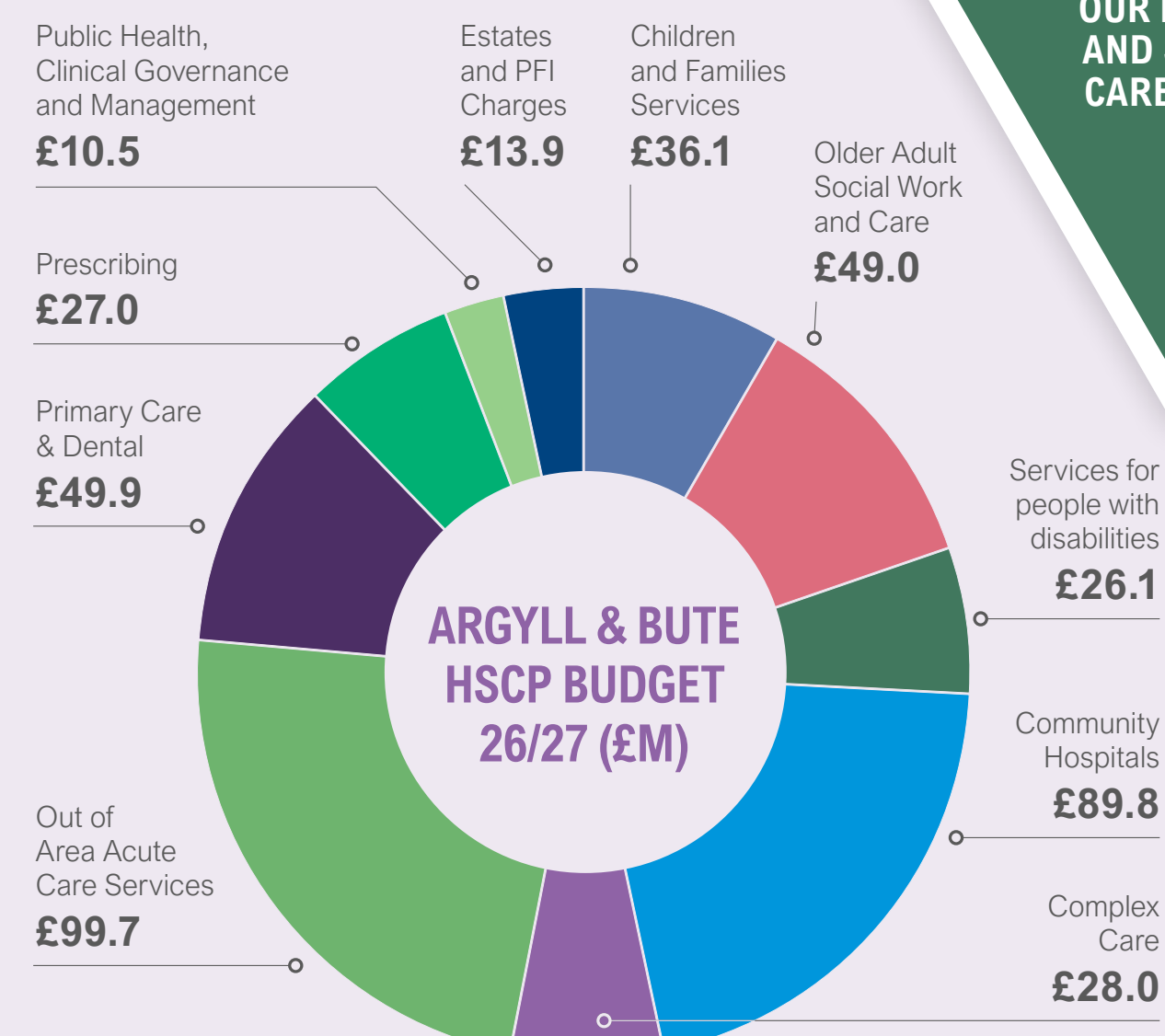
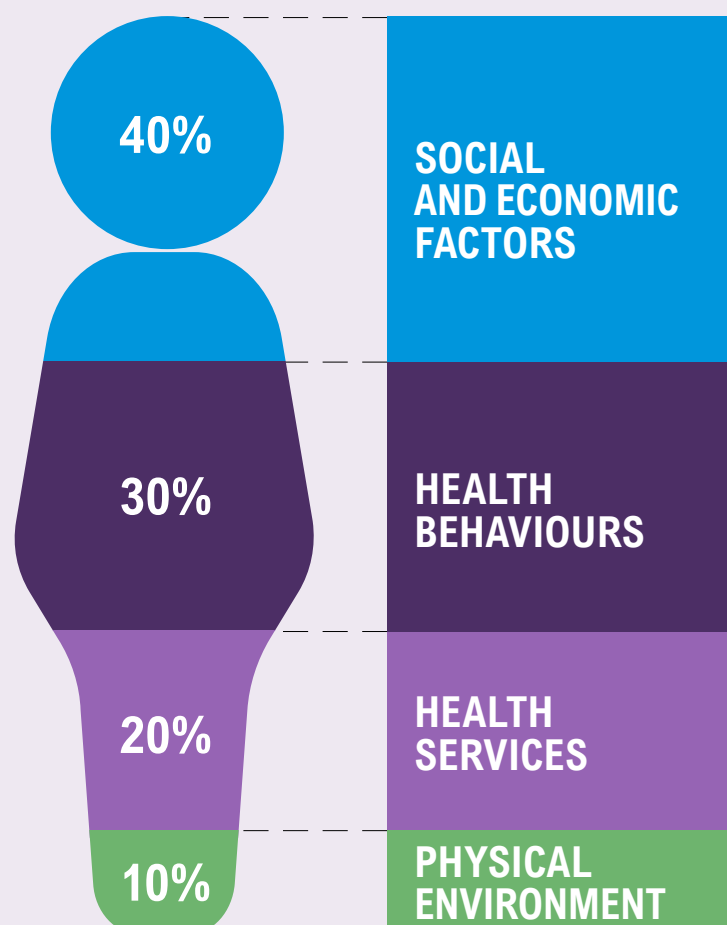
OUR VALUES

COMPASSION | EXCELLENCE | LEADERSHIP | INTEGRITY | CONTINUOUS LEARNING

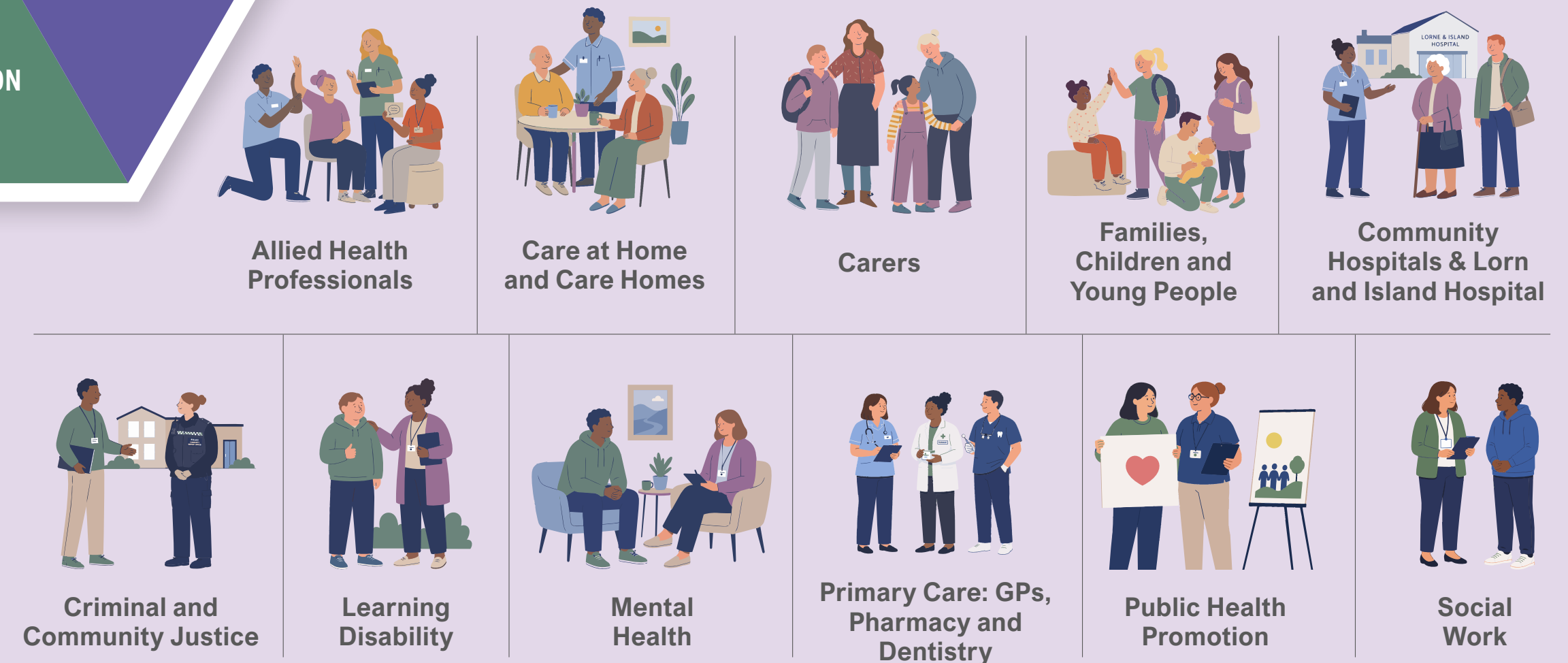
WHAT WE ARE PLANNING FOR



WHAT SHAPES OUR HEALTH?



HSCP SERVICE AREAS



1

# Argyll & Bute HSCP

PICTURED:  
Ardrishaig Harbour



## HOW WE WORK

**Our mission is to deliver integrated, person-centred health and social care that improves accessibility, shifts appropriate care closer to people's homes and supports people to live well in their own communities.**

Our work is overseen by an Integration Joint Board (IJB) which also allocates a budget to support the objectives set out in the Joint Strategic Plan. The IJB includes members from NHS Highland, Argyll & Bute Council, alongside representatives of the voluntary and independent sectors, staff representatives, and public members who represent the interests of service users and carers. The governance arrangements for the HSCP and IJB are described in detail within the Integration Scheme between [Argyll & Bute Council and NHS Highland](#). The IJB and the HSCP's Senior Leadership Team (SLT) and organisational strategy are described in this plan.

We are responsible for delivering the following services, which have been delegated to our IJB by NHS Highland and Argyll & Bute Council.



### SERVICES DELEGATED BY ARGYLL & BUTE COUNCIL:

- Adult Social Care Services
- Children & Families
- Social Care Services
- All Justice Social Care Services



### SERVICES DELEGATED BY NHS HIGHLAND

- Hospital Inpatient and Outpatient Services (scheduled and unscheduled)
- Mental Health Services
- Paediatric Services
- GP Services
- NHS Community Services
- General Dental, Opticians and Community Pharmacy
- Public Health Improvement Services
- Support Services

## OUR LOCALITY PLANNING AREAS

Argyll & Bute HSCP covers a population of around 87,000 people (NRS 2024 Mid-year Estimate) and a land area of 690,946 hectares, which is almost 9% of the total Scottish land area<sup>1</sup>.

The average population density is 13 persons per hectare, compared to a Scottish average of 71 persons per hectare (NRS 2024 -Mid-year Estimate).

We have two locality planning areas (see Table 1). Within each locality area, there are further divisions into 'local areas' which consist of groupings of natural geographical communities and/or service provision. As most of our population live in very remote rural areas or very remote small towns, many of our services currently focus on a specific area within each locality.

HSCP LOCALITY PLANNING AREA	POPULATION	LOCAL AREAS		SETTLEMENT OF 500 AND MORE RESIDENTS
EAST	21,031	Bute and Cowal (B&C)	Bute	Rothesay, Port Bannatyne
			Cowal	Dunoon, Hunter's Quay, Inellan, Tighnabruaich
	25,477	Helensburgh and Lomond (H&L)		Helensburgh, Cardross, Garelochhead, Rosneath, Kilcreggan
WEST	20,370	Mid Argyll, Kintyre and Islay (MAKI)	Mid Argyll	Lochgilphead, Tarbert, Ardrishaig
			Kintyre	Campbeltown
			Islay and Jura	Bowmore, Port Ellen
	20,812	Oban, Lorn, and the Islands (OLI)	Oban and Lorn	Oban, Dunbeg
Mull, Iona, Coll, Tiree and Colonsay			Tobermory	

**Table 1:** NRS 2024 Small Area Population Estimates

<sup>1</sup> 2022 Census data

2

# The Bigger Picture



PICTURED:  
Carnasserie Castle

Argyll & Bute HSCP faces significant challenges. These are: stalling improvements in people’s health and wellbeing, demographic change, workforce shortages, rising demand for our services and increasing costs.

## A POPULATION HEALTH APPROACH

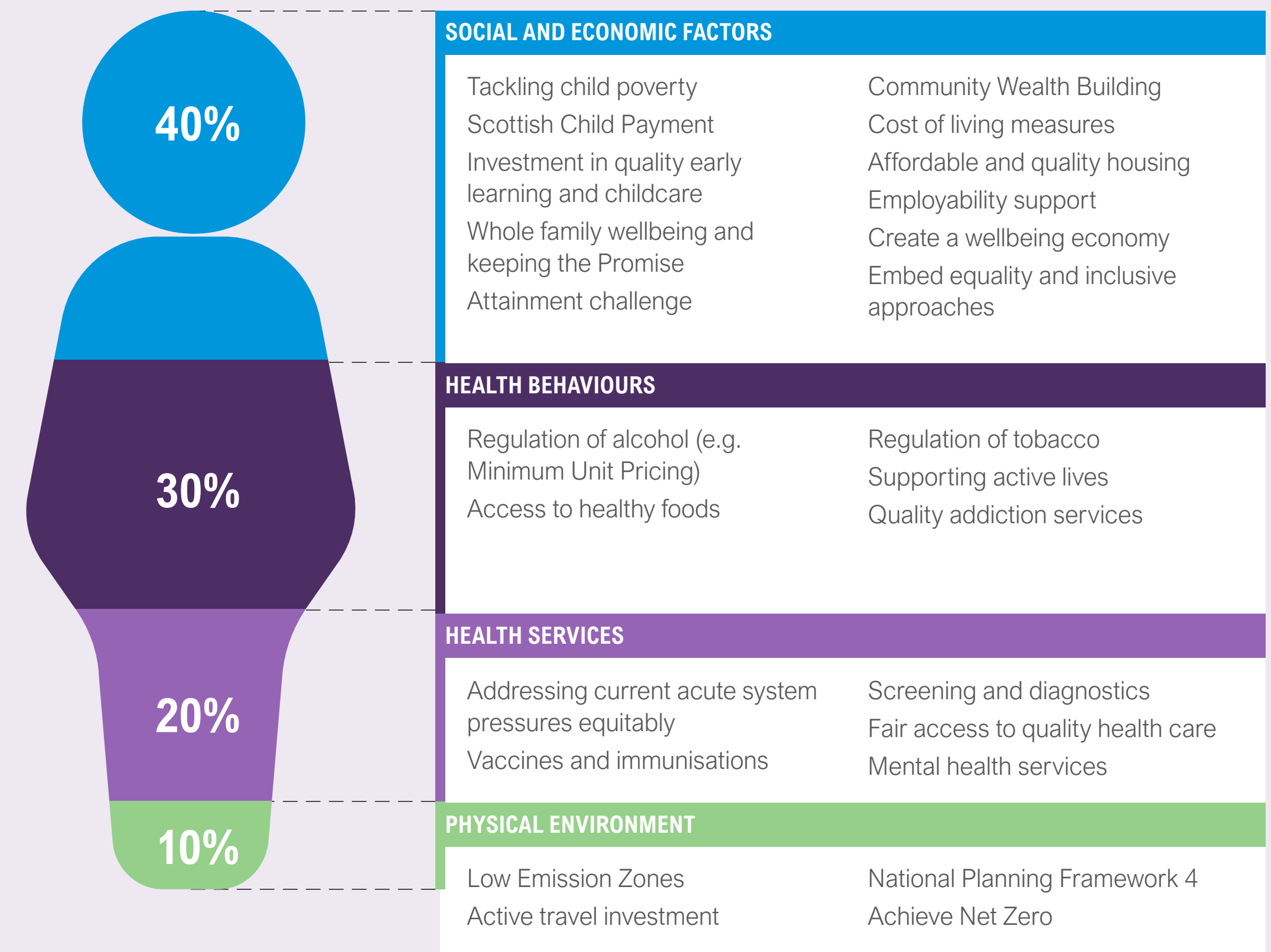
The Scottish Government’s [Population Health Framework 2025–2035](#) recognises that people’s health and wellbeing are shaped by far more than formal services. The Four Pillars of Health show that economic and social factors, where people live, individual behaviours, and access to and quality of services all shape people’s health and wellbeing. (see Figure 1).

Only by taking a whole-system approach and focusing on prevention can we continue to improve the health and wellbeing of our population. This entails public services, communities and businesses working together to tackle the root causes of poor health. Many health challenges can be avoided or mitigated through timely, community-level interventions that address the root causes of poor health, such as social isolation, poverty and housing insecurity.

The framework is built around five key themes: shifting the system towards prevention; addressing the social and economic conditions that influence health; creating healthy, connected places and communities; enabling people to live healthier lives; and ensuring equitable access to high-quality health and care services.

[Public Health Scotland](#) has set out a ‘public health approach to prevention’ to provide a common language for partners within health and social care and the wider system to use. There are three types of prevention: primary, secondary and tertiary which address poor outcomes.

## What shapes our health?



Adapted from The King’s Fund <https://www.kingsfund.org.uk/publications/vision-population-health>

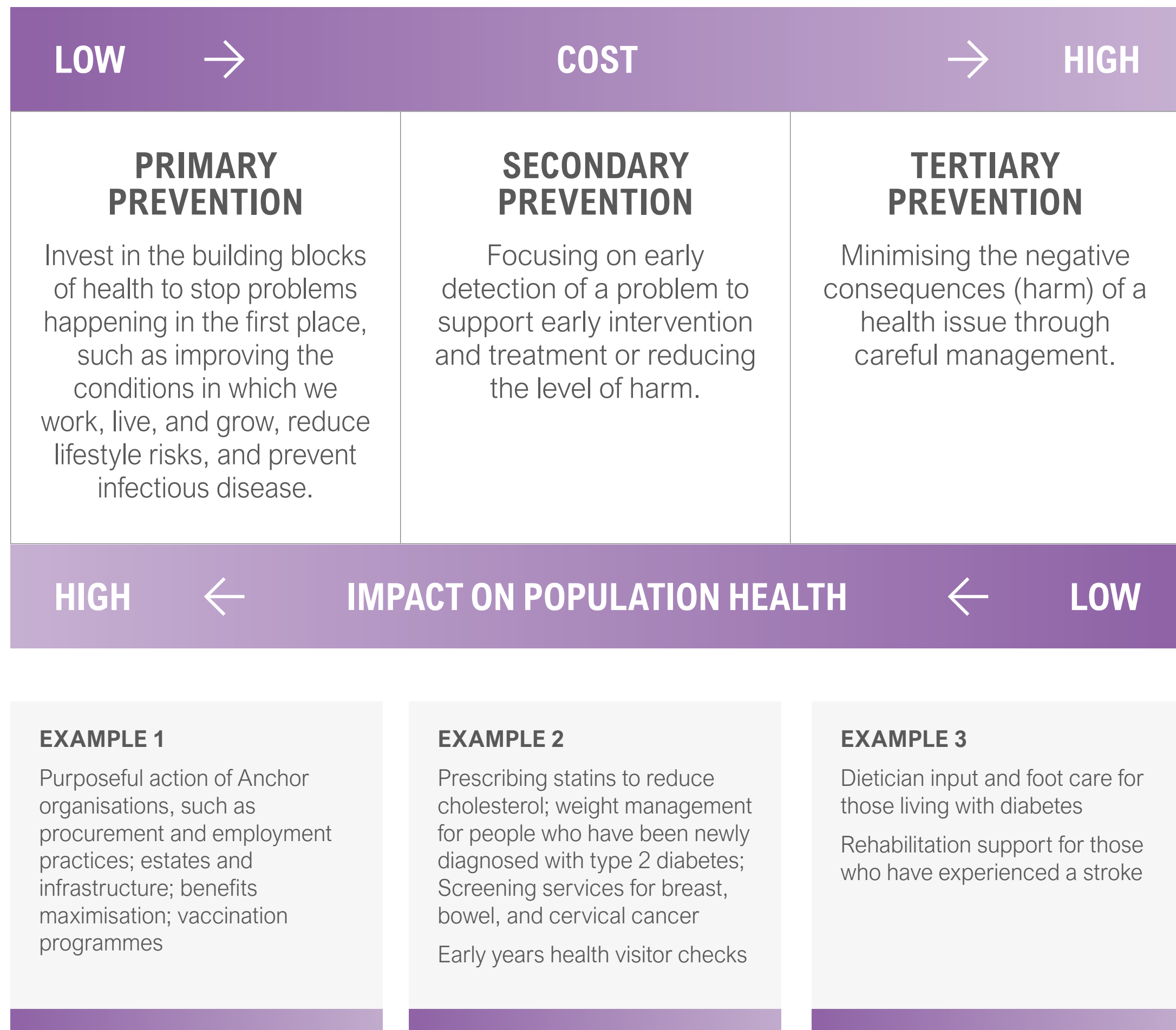


Figure 2 - Prevention

The [Health and Social Care Service Renewal Framework \(2025–2035\)](#) builds on the Population Health Framework and sets out a national vision for a sustainable, equitable, and person-centred health and care system in Scotland. The Service Renewal Framework is built around five core principles:

- 1. PREVENTION:** Emphasising early intervention and reducing the burden of disease.
- 2. PEOPLE:** Designing care around individuals, empowering self-care and shared decision-making.
- 3. COMMUNITY:** Shifting from hospital-centric to community-based care models.
- 4. POPULATION:** Planning services based on population needs rather than administrative boundaries.
- 5. DIGITAL:** Leveraging technology and data to improve access, efficiency and outcomes.

Together, the Population Health Framework and the Health and Social Care Renewal Framework outline what must change in Scotland’s health and social care system.

[Realistic Medicine](#) is the clinical and professional ethos that underpins and enables the ambitions of the Population Health Framework and the Health & Social Care Reform Framework. While the concept was first developed for the NHS it is applicable to health and social care.

It focuses on delivering care that people truly value, reducing harm and waste, and ensuring resources are used wisely. The concept was introduced by Scotland’s Chief Medical Officer (CMO) and has been developed through successive annual CMO reports.

Realistic Medicine centres on changing the relationship between professionals and the people they care for, promoting shared understanding, better conversations, and better shared decision making.

**The Realistic Medicine principles can be summarised as follows:**

- A personalised approach to care: Care should be tailored to what matters to an individual, recognising unique needs, goals, preferences and circumstances.
- Shared decision making: Professionals and service users work together, combining clinical/professional evidence with the person's own values and preferences. This involves improved communication and enabling people to ask informed questions.
- Reducing harm and waste: We need to find ways to avoid tests, treatments, and interventions that offer little or no benefit, may cause harm, or do not align with what matters to the person.
- Tackling unwarranted variation: We need to identify and reduce variations in clinical and professional practice and outcomes that cannot be explained by demand, specific circumstances or best practice guidelines.
- Managing risk: We need to support people to understand and navigate risk, rather than attempting to eliminate it entirely. This includes recognising the emotional and legal concerns professionals may have.
- Encouraging improvement and innovation: We will encourage staff to continuously improve services, try new approaches, and contribute to system-wide innovation.



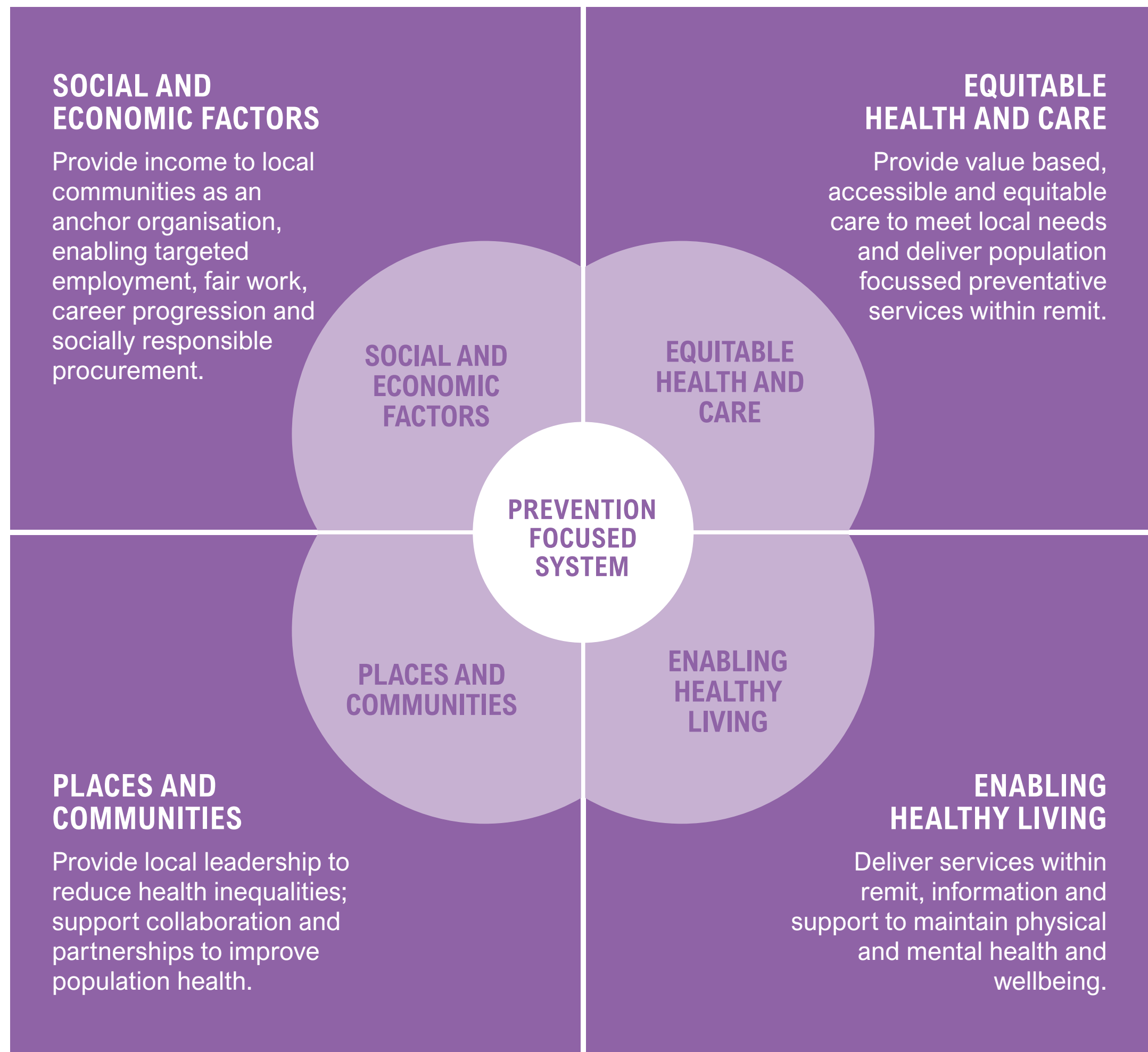


Figure 3 - The HSCP and the Prevention Focussed System

## OUR ROLE IN CREATING A PREVENTION FOCUSED SYSTEM

**The HSCP plans and delivers integrated social care, social work and health services. This is our main purpose. Our priorities and objectives for 2026-2031 will focus on planning and delivering our core business with a focus on prevention, equity and population health.**

The HSCP is an Anchor Organisation. The term refers to large, typically non-profit, public-sector organisations. Their long-term sustainability is tied to the wellbeing of the populations they serve. They are anchors within their local communities because they are unlikely to relocate, given their connection to the local population. The HSCP can contribute to Argyll & Bute in many ways beyond providing social care, social work and health services. We work in partnership to address the wider pillars of health outlined in the Population Health Framework (figure 1) – the social, economic and environmental conditions that influence good health. We have a significant role to play in capacity building and supporting the development of community based provision that is sustainable, equitable and rooted in preventative principles.

As a major public body we also have an impact on the natural environment and the climate, mainly through our commissioning, service planning and investment decisions. Throughout this plan, we will ensure that climate change mitigation, adaptation and sustainability are embedded within all strategic planning, commissioning and investment decisions of the Integration Joint Board.



## OUR POPULATION

A **Joint Strategic Needs Assessment (JSNA)** was carried out in 2024 with the aim of identifying the health and social care needs of the population of Argyll & Bute.

Profiles are also available for **four smaller areas**. Furthermore, we carried out a bespoke analysis for our Islands (Appendix 1) because we know that islands often have unique needs and models of service delivery.

The JSNA describes our population in terms of characteristics such as age, where people live, their health outcomes and other life circumstances that can impact health and wellbeing. The aim is to describe current and future needs for social care, social work and health services.

The JSNA pulls together a substantial amount of data and intelligence and will be used by the HSCP and individual services to inform service planning and transformation work. It is also a valuable resource for third and independent sector partners in their service planning.

	SCOTLAND	ARGYLL & BUTE
Population	5.4 Million	85,970 There are 28 inhabited islands in Argyll & Bute. 17 % of our population live in island communities.
Population Density	69.8	12.5 (residents per square kilometre)
Proportion of population over 65	20.1%	27.2%

	SCOTLAND	ARGYLL & BUTE
The 3-year average for the female life expectancy at birth in 2019-2021	81.1 years	81.9 years.
The 3-year average life expectancy for men at birth in 2019-2021	77.2 years	78.1 years

	SCOTLAND	ARGYLL & BUTE
Rate of people receiving Social Work and Social Care services or support	42.8 people per 1,000 people	50.9 people per 1,000 people
Rate of population receiving care at home for all ages	16.4 per 1,000 people	23.3 per 1,000 people
Percentage of people who have a long-term illness, disease or condition	21.4%	23.6%
Percentage of the population with a prescription for anxiety, depression or psychosis	19.3 %	18.8 %
5-year average (2018-22) percentage of people providing unpaid care	15%	13%

	SCOTLAND	ARGYLL & BUTE
2023 the median gross weekly pay for a full-time worker	£703	£658
Percentage of children under 16 living in low-income families 2022/23	21.8%.	19.4%
Percentage of population in SIMD decile 20% (most deprived)	19.2%	9%

## £ FINANCE

Our finances remain under severe pressure due to service demand and increasing costs. The HSCP budget for 2026/27 is around £430m to fund all NHS and social care services for the people of Argyll & Bute. Figure 4 illustrates the main services we allocated our resources to.

The pressure on our budget is severe and we are legally required to operate within a balanced budget. This means that the HSCP, in line with much of the health and care sector has not been operating on a financially sustainable basis in recent years and this issue is expected to continue.

The HSCP has been able to balance its budget in recent years, but this has been achieved through using up our reserves. We will not be able to draw on this kind of funding in the coming years and we are forecasting significant budget gaps as a result (see figure 5).

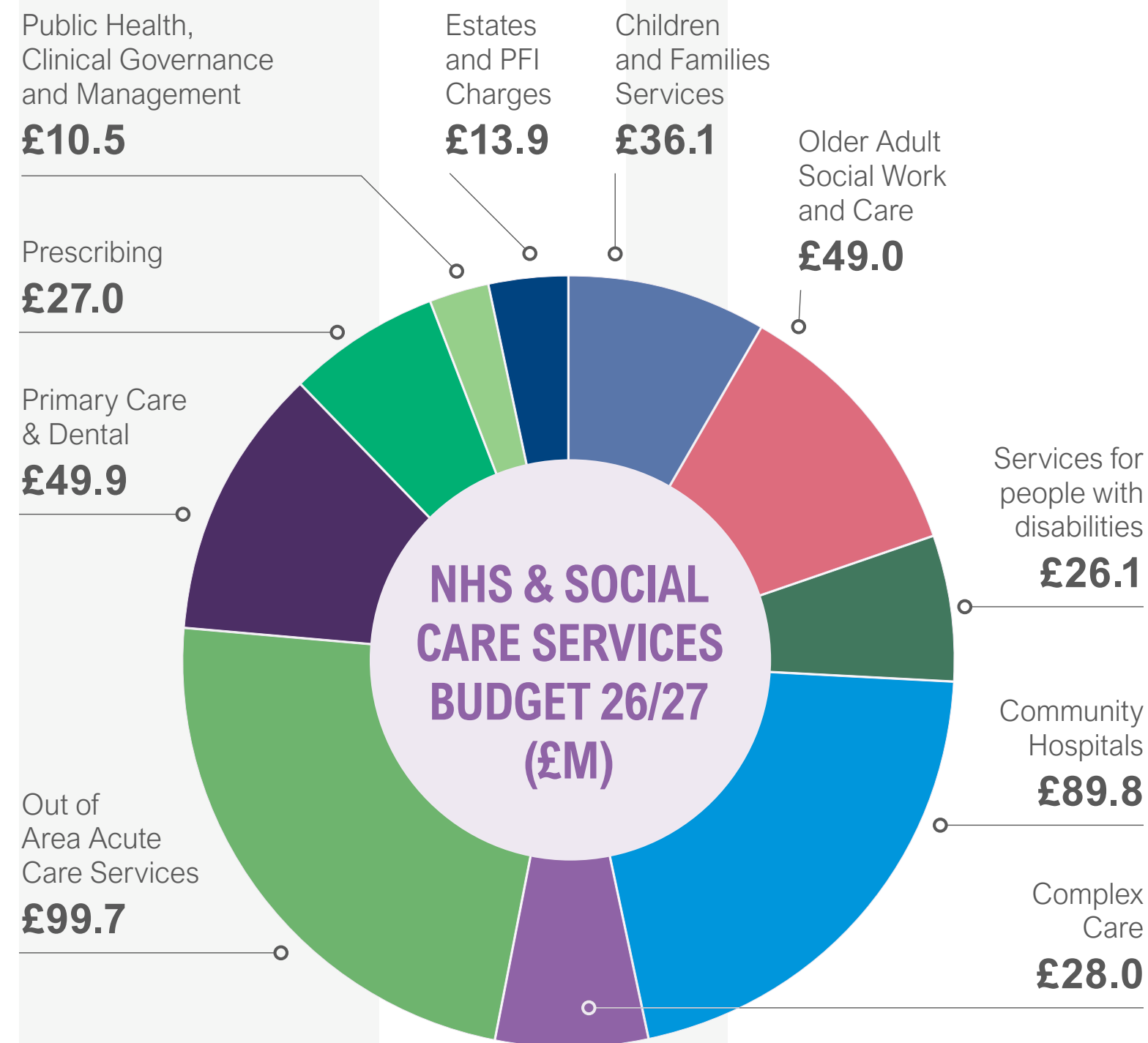


Figure 4: NHS & Social Care Services Budget 2026/27 £m

Closing the gap will be challenging due to demographic changes and the increasing demand for our services.

Managing service costs and re-designing the way our services operate are key challenges in the coming years. This is a key theme throughout our Joint Strategic Plan. We do not expect to have available to us all of the resources we need to continue to deliver services in the way that we have in the past.

Using a whole system approach will allow us to better balance our budget alongside our health and social care statutory duties whilst delivering on the National Health and Wellbeing Outcomes.

### MP SPEND VS RESOURCING (£M)

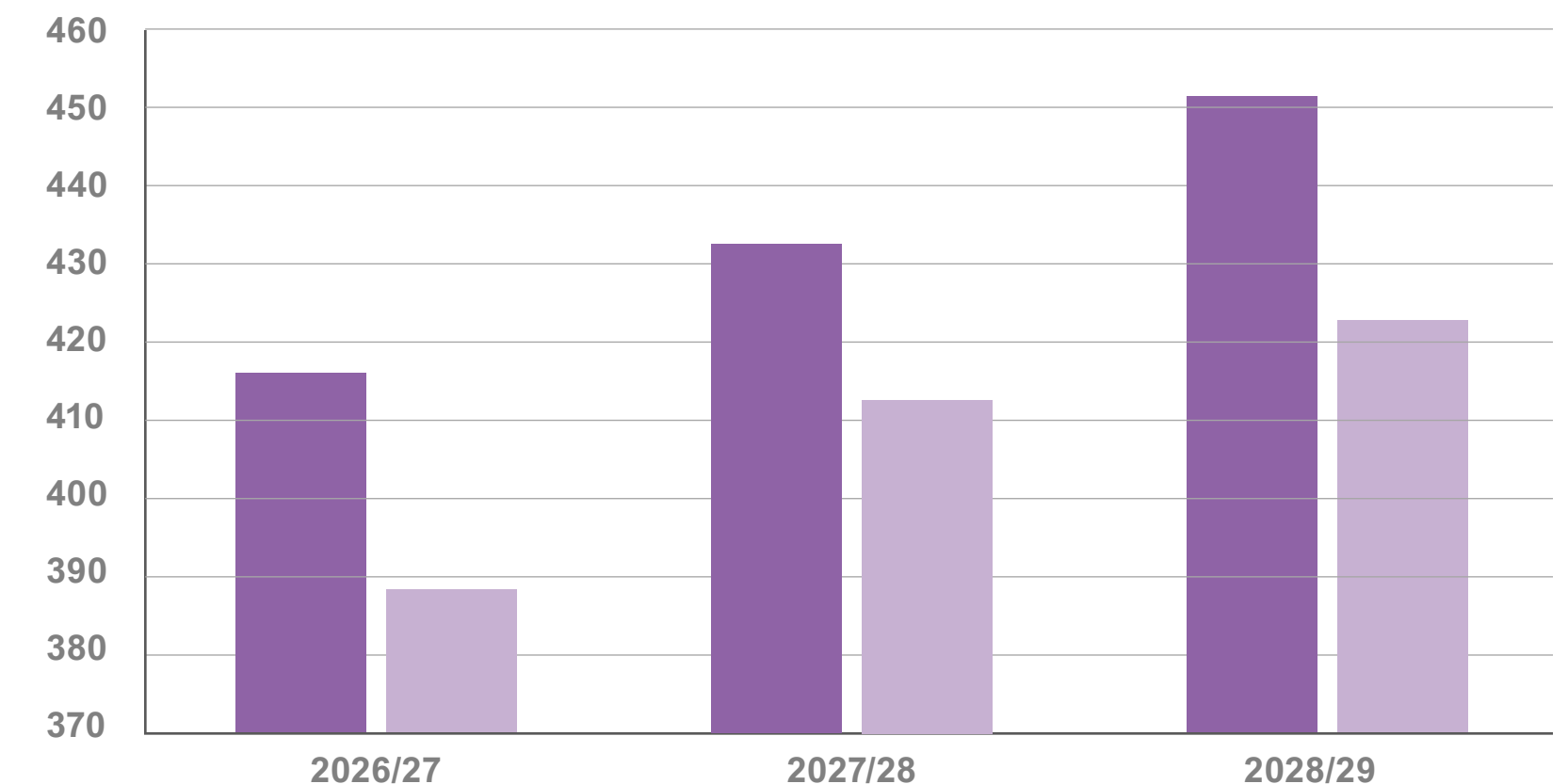


Figure 5: Projected Funding Gap Spend £m Resourcing £m

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# What you Told Us

PICTURED:  
Helensburgh



**We took our draft priorities to communities across Argyll & Bute between October 2025 and January 2026.**

- We published the draft strategy on the [NHS Highland Engagement Hub](#) along with a survey to better understand our communities' health and wellbeing priorities.
- We also issued a survey about our draft Commissioning Intentions and Key Market Messages via the hub, which was shared with our providers.

We held roadshow events in:

- Helensburgh
- Dunoon
- Rothesay
- Campbeltown
- Lochgilphead
- Oban
- Islay

We held an online event for the Third and Voluntary Sector. We also attended the Children and Young People Conference in Lochgilphead and the Young Carers held sessions which they reported back on.

## Key themes from roadshows and the responses to the survey about communities' health and wellbeing priorities

### PREVENTATIVE & COMMUNITY BASED CARE

- Argyll & Bute has a strong community spirit and third sector assets
- Prevention and early intervention are key, including social prescribing
- Community hubs and the importance of non-medical approaches
- Housing and financial security as health enablers

### INTEGRATED & PERSON CENTRED CARE

- “One size doesn’t fit all”
- Better integration across health, social care and third sector
- Continuity of care, especially at discharge
- Support is needed for unpaid carers, reablement and neurodevelopmental pathways

### FINANCIAL & SYSTEM SUSTAINABILITY

- Need for honest conversations about affordability and value for money
- Need for long term planning
- Reduce duplication of effort between partners; improve efficiency within HSCP
- Third sector is recognised as vital but financially fragile
- Set clear outcomes and Key Performance Indicators
- Improve transparency of decision making and protect the most vulnerable

### WORKFORCE

- Recruitment, retention and burnout pressures
- Pay, recognition and career pathways are key
- “Grow your own” and shared training models
- Housing and transport are critical for rural workforce



### ACCESS & HEALTH INEQUALITIES

- Transport, waiting times and digital exclusion are barriers
- Desire for care closer to home
- Strong focus on vulnerable groups
- Better signposting and clear information

### DIGITAL TRANSFORMATION

- Digital exclusion is a key risk
- Preference for hybrid (digital + face-to-face) models, over digital only
- Digital skills, infrastructure and support needed
- Community hubs as access points

### Key Themes from the Third Sector Engagement

- Prevention priority is important and recognition that financial circumstances are challenging
- Lack of continuity of funding is undermining sustainability of voluntary organisations
- Duplication of effort between the voluntary and statutory sector, as the former is not brought into discussions at the start or seen as key partner in the delivery of integrated and person-centred care

- We need to look at overlapping services and referral pathways
- Self-Directed Support (SDS) policy is not embedded within the draft Joint Strategic Plan (JSP)
- We need shared principles to develop joined up working across all sectors
- Implementation planning is key to achieving the aim of the JSP

### Key Themes from the Children's and Young Person's Conference and Young Carers' Groups

#### CHILDREN AND YOUNG PEOPLE SPOKE ABOUT:

- Needing safe spaces and access to trusted adults
- Lack of transport
- Lack of clubs and community facilities (especially out of hours and winter)
- Adults not being the best role models for alcohol
- Easy access to drugs and cheap alcohol in our communities
- Access to health and wellbeing support
- Schools being good for health accessibility
- Role of trusted teachers

The full engagement report is available here ([Appendix 2](#)).



4

# Our Vision for 2031

PICTURED:  
Oban Bay



**Our vision is that people in Argyll & Bute live healthy, independent lives in resilient communities. Individuals are enabled and supported to thrive and fulfil their potential through integrated, person-centred health and social care that is delivered close to home, focused on prevention, and informed by the people who use it.**

**Our Partnership will become a more effective and efficient organisation that leverages innovation and cross-sector collaboration to provide timely, high-quality, safe and sustainable care.**



5

# Our Strategic Priorities and Objectives

PICTURED:  
Crinan Canal



## FINANCIAL AND SYSTEM SUSTAINABILITY

### **Demand for health and social care services is increasing at a rate that is not matched by funding increases, and the resulting cost inflation puts additional pressure on our budgets.**

To ensure the long-term sustainability of our services, we must change how we deliver care and allocate resources, shifting towards prevention and community-based approaches rather than reactive, hospital-focused services.

Over the next three to five years, we need to make significant progress in addressing our financial deficit, ensuring that our decisions deliver a sustainable foundation for the HSCP. Where there is evidence, this will involve scaling back our contribution to some services and ceasing funding for others, particularly so that we can consider how investment can be made in community level provision that will reduce demand on statutory services.

Achieving this, however, requires a shift in approach. Where previously the HSCP has sought to be the sole provider of services impacting health, we must work with our partners to address the root causes of ill health and unfulfilled potential.

The HSCP will have limited capacity to statutory services, but we will work with public and voluntary sector partners to find ways to support prevention initiatives led by local community organisations.

Financial sustainability requires us to shift towards value-based investment, meaning service planning decisions are guided by evidence about their impact on population and wellbeing. This shift is not solely focused on reducing costs; there is also focus on achieving better outcomes and promoting equity.

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- In the short to medium term, we will deliver a credible and ambitious financial recovery plan to ensure the long-term sustainability of the HSCP. This will involve working closely with our partner bodies in NHS Highland and A&B Council to maximise the opportunity and impact for service transformation.
- We will reinforce all aspects of public sector financial stewardship including control measures and budget management. For example, we will further embed recent changes to how we manage our Care at Home Budget and allocate and review care packages.
- We will review and redefine internal organisational and management structures to improve consistent oversight, resilience and efficiency. This work has already begun within our Care at Home Service, but all services will be asked to review their operating models, with a focus on demonstrating the impact of every pound spent.

- We will redefine partnership working in line with wider public sector reform, supporting the development of shared services and efficiencies.
- During the life of this plan we will work in partnership with third sector organisations and others to develop collaborative approaches to commissioning and delivery.
- We will embed a value-based approach to service planning and commissioning. We will ensure that any local variation in services is justified and that the Partnership offers an equitable service across Argyll & Bute.
- We will plan for sustainable delivery sites and estate. For example, this includes our ongoing review of our Care Home Services, and administrative office spaces.
- We will share resources between localities in Argyll & Bute and use technology to support cross-locality working where appropriate.

## PREVENTATIVE AND COMMUNITY-BASED CARE

**Preventative and community-based care shifts the focus of health and social care away from crisis intervention and towards early support and prevention.**

Through preventative measures, such as support for self-management and anticipatory care planning, we can improve long-term outcomes and reduce pressure on acute services. We will work to strengthen local services and embed care within communities. An increasing number of hospital-based treatments and services can now be delivered in a community setting.

Our services will enable people to live well and safely in their own homes for as long as possible. We will continue to reduce unnecessary hospital admissions by ensuring our residents can access the right care in the right place.

Overall, a preventative system depends on empowered communities, sustained and meaningful multi-sector collaboration, and long-term investment in the social conditions that keep people well. We will work together across public services, third sector organisations and local groups to build shared aspirations and deliver real change.



### SUPPORTING AND BUILDING A PREVENTATIVE SYSTEM

- We will build on work already done through the Community Planning Partnership and our Communities Working Together Programme. We will develop an Argyll & Bute-wide approach to preventing ill health and reducing inequalities, through prevention-focused decisions about community wellbeing, housing, transport and economic development.

### SELF-MANAGEMENT AND COMMUNITY SUPPORT

- We will continue to deliver our [Living Well Strategy](#) with the aim of supporting people to live healthy and good lives in Argyll & Bute, and empowering residents with long-term conditions, or those at risk of developing them, with the skills, knowledge and confidence to manage their condition effectively and improve their health and wellbeing.

### ALCOHOL AND DRUG PARTNERSHIP

- We will continue to deliver our [ADP Strategy](#), preventing harm and deaths through awareness raising, diversion and

early intervention and reducing the harm of substance use e.g. through the distribution and availability of naloxone, needle exchange and medication assisted treatment.

### ACCESS TO GPS AND OTHER PRIMARY AND COMMUNITY CARE CLINICIANS

- We will increase capacity in general practice and develop new service models which will support practices to deliver enhanced services aimed at prevention and improving local access.
- We have introduced an enhanced service to target key cardiovascular disease (CVD) risk factors, such as high blood pressure and cholesterol, to identify those at highest risk and enable early interventions that significantly reduce long-term health impacts. Additionally, a Frailty Enhanced Service will support the earlier identification and management of frailty in General Practice.
- We will also progress work to improve access to sexual health and contraception services in General Practice.

- We will continue our work to implement the Community Glaucoma Service in Argyll & Bute, which will help people with stable glaucoma to be followed up and monitored by community optometrists rather than in hospital.
- We will promote the use of Community Pharmacies for self-management advice and treatment of common conditions via the NHS Pharmacy First service.



### PREVENTING UNNECESSARY ADMISSION TO HOSPITAL

- We already have Hospital at Home and Virtual Ward Services in Oban and Lochgilphead. We will expand the total number of virtual beds, as well as the range of conditions and treatments covered, to allow more people to receive care and treatment at home rather than in hospital.
- We will develop Extended Community Care Teams (ECCT) to prevent deterioration by responding rapidly to patients in the community, with a commitment to assessing and supporting people based on their abilities rather than their deficits. We will first ask 'what's strong' rather than 'what's wrong'.
- We will target medication reviews for patients to reduce harm and maximise the benefits of their treatment and ensure the outcomes are aligned to what is important to them.



## INTEGRATED AND PERSON CENTRED CARE

**The way we deliver services has not always kept pace with patient needs or with developments such as technological change. There is a long way to go in delivering truly integrated and person-centred services. Over the course of this plan, we will need to strengthen integration across health, social care, and, wherever possible, third sector provision.**

We will review how our services operate and innovate to develop more effective, person-centred delivery models, ensuring high-quality, truly integrated care. We will need to further improve information-sharing practices that support safe, timely, and person-centred care across organisational boundaries.

Services should be designed around people, not systems or institutions. We aim to embed co-production with individuals, carers, and communities into service planning and delivery to ensure services reflect real needs and preferences. We will adopt co-production processes to work with community organisations and people with lived experience in defining pathways, governance arrangements, and performance measures to make a meaningful difference in everyday lives.

### URGENT AND UNPLANNED CARE

- We are developing new community frailty response models in Cowal, linking primary, secondary and community teams to provide proactive, preventative support and reduce avoidable admissions.

### DISCHARGE PLANNING

- We will support Multi-Disciplinary Teams to fully implement Early & Dynamic Planning and take a strength-based approach to discharge planning. This approach seeks to remove barriers to discharge and identifies the best route for each patient, taking a 'Home First' and Reablement First approach.
- We will improve post-discharge support and follow-up through General Practices, community teams and enhanced support for carers.

### CHILDREN AND YOUNG PEOPLE

- S3 and S4 across the 10 secondary schools in Argyll & Bute have taken part in the Planet Youth Survey in September 2025. Each of the 10 local areas will have

a coalition group that will work in the communities and have a joint action plan with the schools to help promote the Health and Wellbeing of our young people in order to reduce risk taking behaviours.

- We will also co-design support for children and young people and one of our priority areas is improving support for those with neurodevelopmental conditions.
- We will introduce a Single Point of Access (SPA) for mental health and neurodevelopmental pathways and introduce What Matters to Me plans.



### ALCOHOL AND DRUG PARTNERSHIP

- Through our Alcohol and Drug Partnership we will be putting lived and living experience at the heart of what we do.
- We will promote a recovery-oriented system of care and support more people into treatment and recovery.

### PLANNED CARE

- Through the Planned Care Portfolio Board, we will work with the rest of NHS Highland to improve and enhance planned care services. The areas in scope include how we deliver:
  - Outpatient Hospital Appointments
  - Neurodevelopmental Assessment Services
  - Child and Adolescent Mental Health Services
  - Diagnostics
  - Operating theatre design and efficiency

## ACCESS TO CARE AND TACKLING HEALTH INEQUALITIES

**A commitment to fairness and equality is at the core of the IJB's purpose, strategy and vision. Most health and social care services are aimed at all people and social groups, despite differences in need.**

However, services are often disproportionately used by people whose needs are lower. People and communities with the greatest health and social care needs frequently experience poorer access to support. Addressing inequity requires us to shift resources towards those with the greatest needs in the longer term.

This approach is known as proportionate universalism i.e. targeting services at those most in need. Given our geography, we must also ensure that services are accessible to all residents; including island communities and those who live in remote mainland locations. We will work towards fairer health and social care for everyone and improve access, particularly for people who face additional barriers or experience poorer health outcomes.



- We will ensure that services are accessible for island and remote mainland communities, recognising the extra costs and challenges of geography
- We will strengthen links between transport planning, health access and community provision
- We will work alongside people, especially those often left out of decision-making, to help shape local services.
- We will engage and co-produce with communities, particularly those with poorer health outcomes or who face barriers to participation, to design and implement outcomes frameworks that measure impact on access and inequalities.
- We will build services that feel safe, inclusive and respectful. We want everyone, service users and staff, to feel welcome, respected and supported in our services.
- We will work with others to tackle the wider issues that affect people's health and wellbeing, inclusion and access to services.
- We will deliver against Argyll & Bute's [Child Poverty Action Plan](#)
- We will integrate the rights of children into our statutory Integrated Impact Assessment processes
- We will embed trauma-informed practice and inclusive communications across all services. We will meet the requirement of the United Nations Convention on the Rights of the Child and develop child friendly versions of our strategies
- We will implement The Promise - Scotland's national initiative to ensure that all children and young people grow up loved, safe and respected.
- We will recognise the impact of poverty on health and wellbeing and ensure our services are joined up with money advice and support.
- We will track and report progress against [HSCP Equality Outcomes](#)
- We will provide evidence and data to help us and our partners identify the local actions most likely to improve population health outcomes and reduce inequalities.



## OUR HEALTH AND SOCIAL CARE STAFF

**The challenges of the current system are acutely felt by our staff. Our workforce is our most important resource and represents one of our greatest strategic risks.**

The wellbeing of health and social care staff is essential for ensuring our services are safe and of high quality. Our workforce planning must shift to support staff wellbeing, to ensure retention and system sustainability.

We strive to be a great place to work, where staff thrive, feel listened to and are empowered to think differently and innovate, with workforce-led change supported by effective management. We will value and support staff, promoting wellbeing, training and shared leadership.

We must also equip health and social care staff to support the redesign of care models, prevention, digital expansion, value based health and social care, and community-based services.

### WORKFORCE PLANNING

- We will carry out a workforce skills gap analysis to inform our workforce planning
- We will comply with safe staffing legislation
- We will further develop rural and island workforce models, including joint posts and integrated teams
- We will promote shared learning and development across social care, social work and health

### SHARED LEADERSHIP

- We will involve our staff in shaping service redesign, recognising staff expertise as essential to delivering sustainable reform.
- We will encourage staff to identify and act on opportunities to remove waste, reduce unwarranted variation, and implement changes that make services more sustainable without compromising quality or equity.
- We will ensure staff have access to the right training to support innovation and service change

### COLLABORATION

- We will recognise and strengthen our role in supporting partnership working across the third and independent sectors. This will focus on capacity building, organisational development and collective leadership approaches
- We will share learning and development approaches across sectors
- We will support volunteering as a key workforce pipeline and as a meaningful form of community contribution.

## DIGITAL TRANSFORMATION

**Digital tools and technologies are key enablers of the transformation of the health and social care system in Argyll & Bute.**

Digital transformation must support, not replace, relationships, community presence and person-centred care. Digital services should enhance access, equity and self-management. We will continue to expand the use of telecare, remote consultations and digital therapies to support people where they are.



### SELF-MANAGEMENT AND SELF-GUIDED SUPPORT

- We will empower people to self-manage their health through digital tools. We will expand the use of SilverCloud and Connect Me digital platforms. We will roll out new national digital services when they become available, such as the My Care app which will improve access to health and social care services.

### TELECARE (COMMUNITY ALARMS)

- As the UK transitions from analogue to digital telephone systems, we will ensure that all of our telecare clients have the right equipment by 31 January 2027. The new telecare devices facilitate communication through both 4G/5G networks and broadband.

### EFFICIENCY AND BUSINESS PROCESSES

- We will support the ongoing roll-out of a scheduling tool that boosts operating theatre productivity by optimising theatre use, prioritising patients more effectively and reducing treatment wait times.



- We will introduce an electronic system within our Care at Home Service to enable better scheduling and online, real-time recording of client visits and staffing.
- We will participate in NHS Highland's Digitally Enabled Workspace Programme to optimise our business processes, enhance the digital literacy of our staff, and ensure the effective adoption and governance of digital tools and platforms. This will include working with our partner bodies to take advantage of all safe Artificial Intelligence (AI) solutions to drive business efficiency and accuracy.

### IMPROVING ACCESS AND AVOIDING TRAVEL

- Virtual consultations (Near Me) are now widely available for healthcare appointments but are not always offered consistently and proactively. We will work with all services to understand barriers and improve appropriate uptake.
- We will complete the roll-out of Ophthalmology Imaging Hubs in Argyll & Bute. The hubs will enable residents to receive specialist eye scans locally which can be reviewed remotely by specialist ophthalmology teams in Greater Glasgow & Clyde, reducing travel and improving access.

6

# How Are We Going to Get There?

PICTURED:  
Kilberry, Knapdale



## OUR VALUES

Compassion, Integrity, Excellence, Leadership and Continuous Learning are the key values of the HSCP. We apply these values as we work with our staff and partners to develop our services and strengthen the partnership.



## SERVICE QUALITY AND IMPROVEMENT

**In line with principles of Realistic Medicine, we always put safety and quality first, using the resources available to us to make evidence-based decisions and changes.**

We strive to deliver the best possible care, efficiently and compassionately. While the concept was developed within the context of the NHS it is relevant to health and social care.

We will continue to foster a culture of continuous improvement to ensure our services deliver safe care and support. We will work with our staff and partner organisations to promote effective leadership across the HSCP, creating the right conditions for continuous improvement and ensuring that quality remains everyone's priority.

We will treat our staff with compassion and respect so they can provide the best possible care to others. This will be supported by the introduction of a HSCP-wide Quality Management System.

We will invest in relationships - with people who use our services, our staff and our partners. This includes building trust, being open and transparent, really listening, reflecting on how things can be improved and working collaboratively. Our Engagement Strategy will ensure consultation and engagement is embedded in our way of working and bespoke engagement is carried out before policy changes are agreed.

We ask the people of Argyll & Bute to work with us and share what matters to them about the services we provide and the opportunities they see to deliver them differently.

- We will listen to what is important to everyone accessing health and care services in Argyll & Bute and put what matters to people at the heart of what we do
- We will develop the principles of the Whole Family Approach across our services and localities
- We will use qualitative as well as quantitative data - listening to stories, relationships, and lived experience to understand what helps people to feel better.

- We will publish how engagement feedback has been used (“you said, we did, we learned”)

We ask people who need our help to follow professional advice, attend scheduled appointments, and treat staff with kindness, dignity, and respect. Where they can, we ask people in Argyll & Bute to take an active role in doing as much as they can to look after their health and wellbeing, making informed choices and self-managing their health conditions where possible to support better health outcomes and the sustainability of services. People live good lives in strong and vibrant communities. We all have a role to play in making our local communities good places to live.

## SERVICE PLANNING

**It would be easy to think how we deliver services is a straightforward choice: either provide services very locally or concentrate them in a smaller number of locations.**

In practice, services are planned and delivered along a spectrum that ranges from very local service delivery to some services that can only be delivered in a small number of places.

Where a particular service 'lands' along this spectrum depends on several factors, such as:

- How many people need to use it or will need to use it in future
- How many staff we need to provide the service safely and their level of training
- Equipment and accommodation needed
- Geography
- The overall funding available

To ensure all our services are sustainable in the long term, we will have to change how we deliver some services over the course of this plan in order to make the best use of the resources we have. This may change how and where you access some of our services. This will also require a refreshed strategic relationship with our key partners within NHS Greater Glasgow and Clyde, that puts patient experience and best practice at the heart of every pathway.

People in Argyll & Bute can expect us to work with them to plan and deliver the best possible services within the resources available. This involves open and honest dialogue about what can be delivered close to home, what needs to be delivered in a smaller number of locations, and what will be delivered in partnership with other organisations.



## COLLABORATION AND WHOLE SYSTEM WORKING

**We know we must work closely with our partners and communities to deliver improvements in health and wellbeing.**

To achieve the best outcomes for the population of Argyll & Bute we need to ensure we are aligned with Argyll & Bute Council's plans, strategies and programmes of work.

- [The Local Housing Strategy \(LHS\)](#)
- [Argyll & Bute Outcomes Improvement Plan 2024-2034](#)
- [Argyll & Bute Economic Strategy 2024-2034](#)
- [The Child Poverty Action Plan](#)
- [The Manifesto for Rural Change](#)

Argyll & Bute Council has also prepared a Housing Contribution Statement for the JSP (see Appendix 3). In June 2023, the council was the first local authority in Scotland to declare a housing emergency.

Our other key statutory partner, NHS Highland, is currently updating its strategy in line with the Population Health Framework.

Argyll & Bute has a vibrant and diverse third sector with a track record of effective collaborative working. We are committed to supporting our communities and a thriving voluntary and third sector, although we may not always be able to do this as the funder or primary funder of non-statutory services.



We are working with TSI Argyll & Bute to develop our approach to partnership working and supporting the third sector beyond our role as a commissioner and purchaser of external services. This will include:

- Contributing to an Argyll & Bute collaborative approach to navigate the challenges of increasing demands for support alongside reducing budgets
- Supporting partners to sustain community based services for example in bidding for additional funding sources.
- Improving strategic coordination on issues that require collective action and maximising the use of resources across the public and independent sectors.

We will strengthen our collaboration with all our partners throughout this plan. We will be an active partner in Argyll & Bute's [Community Planning Partnership](#) (CPP), helping to create a more prevention-focused system. Community Planning is how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives.

It drives public service reform by bringing together local public services with the communities they serve and provides a focus for partnership working to target specific local circumstances. CPPs include police, fire and rescue services, colleges and universities, councils, health boards and HSCPs. Partners are asked to focus their collective efforts and resources to add the most value to local communities, with particular emphasis on reducing inequality.

We will work collaboratively across boundaries, with other HSCPs and health boards such as the Scottish Ambulance Service, NHS Greater Glasgow & Clyde, and the West of Scotland Planning Region, to deliver healthcare services.

We will ensure the needs of our population are considered and built into regionally and nationally driven service redesign and commissioning decisions by ensuring strong representation in subnational service planning, such as the West of Scotland Planning Group and relevant national groups.

We will also work nationally to inform a tangible route map to implement the 10-year Population Health Framework and ensure the lessons of the failure of the Christie Commission are considered.



## SERVICE TRANSFORMATION

**Planning the kind of change required of us is complex. We need to strike a balance between meeting immediate pressures, developing emerging service models, and preparing for long-term transformation.**

At the moment, much of our focus is on the current system: delivering safe care, maintaining essential social care support, and managing ongoing operational pressures such as waiting times, staffing shortages, and financial constraints. We are striving to ensure stability and to improve the effectiveness of the system that exists today.

This is about keeping the system reliable, safe, and functioning as effectively and efficiently as possible.

Over the course of this plan, we want new models of care to take shape. This involves pilots, prototypes, and early-stage redesign work. This includes our Hospital at Home work, integrating multidisciplinary community teams, and trialling digital and remote monitoring tools. These are the stepping stones toward more substantial transformation. Some of this work will feel disruptive and be challenging for all stakeholders: the public, our staff, service managers and our partners.

The long-term transformative vision for health and social care - a sustainable, prevention-oriented, digitally enabled system with effective cross-sector coordination in relation to the social determinants of health - may seem a long way off.

We are trying to address challenges that, in effect, span decades in the form of demographic change, workforce sustainability, and the shift towards population health and prevention. But it is this vision that sets the direction of travel, helping us and our partners develop a shared understanding of what the system could become.

Argyll & Bute HSCP's Transformation Board will oversee our service transformation programmes and projects. It will agree annual priority programmes and ensure the HSCP understands the progress being made and any causes of delays are addressed.

We will work with our partners (Council, NHS Highland, third sector and providers) to scope joint projects and programmes, with the aim of maintaining and strengthening preventative services during the transition to a new model of care. This will ensure that transformation reduces demand, improves outcomes and delivers long-term financial sustainability.

## The Transformation Board has agreed the following areas of focus for 2026-27:

### SHIFTING THE BALANCE OF CARE

- Care Home Review: A strategic review of all our care homes and developing a business case for the final option on the future vision and requirements to seek significant capital investment in the Care Home infrastructure across Argyll & Bute.
- Care at Home Finance: Implementation of monitoring processes and review of allocations and individual care packages to ensure care is at the right place, at the right time and within current resources.
- Care at Home Organisational Redesign: A redesign of the internal care at home service is ongoing, including the introduction of new staffing models.

- Electronic Care Monitoring and Scheduling System Implementation

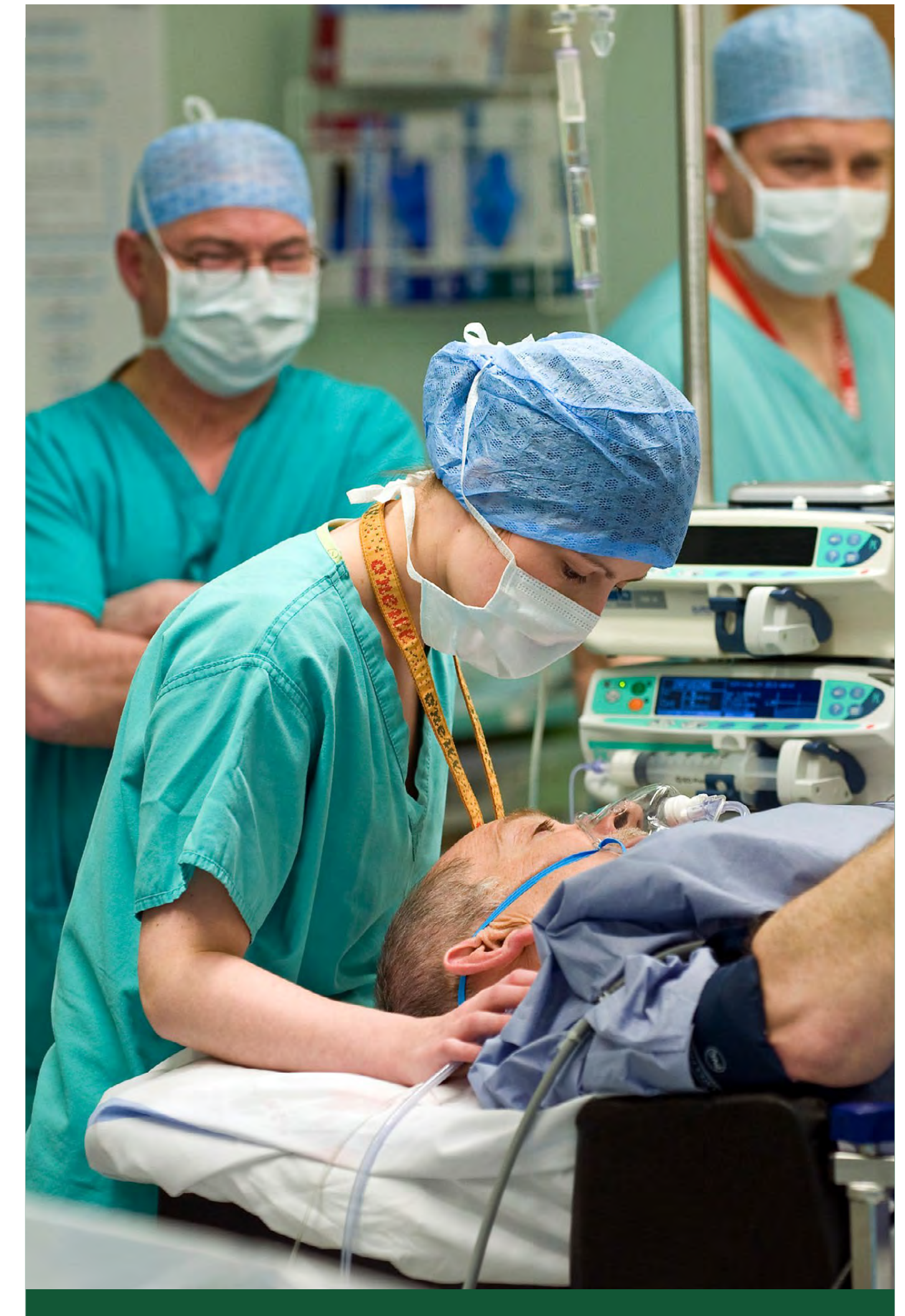
### DIGITAL AND TECHNOLOGIES

- We will participate in NHS Highland's Digitally Enabled Workspace Programme to optimise our business processes, enhance digital literacy among staff, and ensure the effective adoption and governance of digital tools and platforms.
- Digital Dermatology: Formalisation of a new national pathway allows for faster diagnosis and assessment of skin conditions using a secure mobile app. This approach aims to streamline the referral process, reduce waste and improve patient care. Implementing the pathway locally for photo triage will help future-proof the service, reduce Consultant appointments and support faster treatment.
- Implementation of Eclipse Case Management System – with bespoke system builds for Community Nursing, Podiatry, Physiotherapy, Occupational Therapy, Speech & Language, Mental Health, and Child Health to fully provide an integrated digital system.
- The roll out of Open Eyes as our hospital electronic patient record
- Analogue to digital Telecare upgrades – deliver a digitally capable device ahead of the deadline of 31st January 2027 for the national transition from analogue to digital telephone systems. These devices facilitate communication through both 4G/5G networks and broadband.
- Artificial Intelligence (AI): work in partnership with NHS Highland and Argyll & Bute Council to scope key areas for the development and use of AI. The HSCP will align with the governance and policy of NHS

Highland and Argyll & Bute to ensure compliance with both partners' governance arrangements and policy decisions.

### PLANNED CARE

- We will work through NHS Highland's Planned Care Portfolio Board to progress a range of strategic change programmes, with a primary focus on enhancing models of care for acute hospital-based services. In scope are:
  - Diagnostic services
  - Outpatient services
  - Operating theatre design and efficiency
  - Child and Adolescent Mental Health Services
  - Neurodevelopmental Assessment Services
  - Medical staffing models



## PERFORMANCE MANAGEMENT

We will make decisions based on evidence and data. All service areas will have access to management information and will use these data to refine their operating models and inform continuous improvement.

We will work with our external providers to improve the quality of performance information they provide about the services we commission. We will ensure this information is used consistently to guide service planning, commissioning, and contracting.

We will report performance holistically through our Integrated Performance Management Framework (IPMF). We will review the IPMF to ensure it effectively supports proactive performance monitoring and drives our transformation projects.

We will report annually on our performance against the JSP as part of our Annual Performance Report.

All service areas will have plans in place outlining how they intend to develop over the next five years. These plans translate our priorities and national policy objectives into specific actions for each service area, ensuring they are suitable for Argyll & Bute.

We recognise that the quality of our services and outcomes for the people who use these services are not just measured by data and numbers. Our staff have appraisals and time for reflective practice and we will continue to act on feedback from people who use our services.



7

# Key Market Messages and Commissioning Intentions

PICTURED:  
Duntrune Castle



## STRATEGIC COMMISSIONING AND MARKET FACILITATION

**A key mechanism through which we work with other organisations to provide services on our behalf is called commissioning.**

Strategic commissioning involves assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range, and quality of future services, and working in partnership to put these in place.

Market facilitation entails commissioners working closely with providers, supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and types of support in an area.

Many of our services are not delivered directly by the HSCP. In fact, we work with a wide range of third sector and commercial providers to source appropriate social care services for the population of Argyll & Bute. There are services purchased from outside the HSCP area, called out-of-area placements. We support some providers through grants, which are payments to

voluntary organisations to support activities that would otherwise not be viable.

It is important to note a large part of the unscheduled and scheduled care activity for a variety of specialist secondary care services is accessed in or provided by NHS Greater Glasgow & Clyde (GG&C), along with some more specialist community services for the population of Argyll & Bute.



Our geography means there are very few patient pathways linked to NHS Highland secondary care services, and we work with NHS GG&C and a number of other NHS boards to source both frontline and back-office services through service level agreements.

All HSCPs are asked to develop market facilitation plans or statements to support the development of sustainable social care markets for their area and to ensure current and potential providers are equipped to deliver effective services to meet the needs of local populations.

The main aim of this section is to give clarity for current or potential service providers on our approach to commissioning social care services within Argyll & Bute and how we aim to support a functioning social care market through our commissioning and procurement arrangements.





## ➔ LEGISLATION, POLICY AND GUIDANCE ABOUT SERVICE COMMISSIONING

### **PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

The Act places a duty on IJBs to produce market facilitation plans and involve a range of service providers, service users, representative bodies, and professionals in the commissioning process.

All HSCPs are asked to develop Market Facilitation Plans and Key Market Messages to support the development of sustainable social care markets for their area. The aim is to provide clarity to current and potential service providers about our approach to commissioning social care services in Argyll & Bute and how we plan to support a functioning social care market through our commissioning and procurement arrangements.

### **CARE REFORM (SCOTLAND) BILL**

This legislation will have implications for the delivery and commissioning of community health and social care services commissioned by A&B HSCP. Proposed changes include:

- Specific procurement routes/arrangements for third sector organisations
- Potential for ministers to amend the light-touch threshold for procurement
- Rights to breaks for carers
- Independent advocacy and advice for service users and the public
- Provisions for improved information-sharing and information sharing standards

- Introduction of Anne's Law to give formal recognition to some family and friends and their role in providing care, support and companionship.
- Creation of a National Care Advisory Board to support the creation of a national Support & Improvement Framework for local services, including delegated children's and justice social work services.

### **SELF-DIRECTED SUPPORT (SDS) ACT 2013**

SDS aims to deliver choice and control to individuals receiving care. Our approach to commissioning services will be aligned with the **principles and values of SDS** as set out by the

Scottish Government. We will make use of the flexibility afforded by the Procurement Reform (Scotland) Act 2014, to ensure our contracts and procurement processes have the flexibility to enable SDS effectively.

### **HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019**

We must ensure our commissioning activities comply with our duties under the Act when planning or commissioning social care services.

## BEST VALUE

The Local Government in Scotland Act 2003 sets out a statutory framework for Best Value for local authorities and in 2020 the Scottish Government published revised statutory guidance on best value within which Public Bodies should work.

Public bodies must be able to demonstrate a focus on continuous improvement in performance around the themes of:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Equality
- Sustainability

## ANCHOR ORGANISATIONS AND ETHICAL COMMISSIONING

Argyll & Bute Council and NHS Highland are anchor institutions. By sourcing and procuring services locally, from organisations that operate ethically and sustainably, the HSCP can help bring economic benefit to Argyll & Bute. The HSCP is aware of the forthcoming Community Wealth Building legislation in 2026 and will meet all obligations of the statutory guidance that is published.

## HEALTH AND SOCIAL CARE RENEWAL AND POPULATION HEALTH FRAMEWORKS

As outlined in Section 2, the frameworks set out ambitious objectives in terms of shifting towards prevention and improving access to services in the community. This means

that some activity currently delivered in hospital sites will, over time, move to community settings. However, there will always be a requirement for very complex treatments, which must be delivered from a limited number of modern hospital sites, sometimes outside the area, with the necessary equipment, infrastructure, and workforce. Health boards and HSCPs are also asked to shift their approach to service planning and commissioning towards population-based approaches and away from planning services around specific boundaries.



## OUR CHALLENGES

### BUDGET PRESSURES

As highlighted throughout the plan, demand for health and social care services is outstripping available funding and rising costs continue to put pressure on the HSCP and our providers. Ensuring financial viability and keeping people safe will shape our approach to commissioning for the foreseeable future.

### WORKFORCE

Recruitment and retention of skilled staff is an issue for the HSCP and our providers. This is exacerbated by demographic change, competition from other sectors and the ongoing impact of changes to immigration rules and regulations.

### SERVICE GAPS AND MARKET FAILURE

Our geography and relatively small population base means it is difficult to attract providers to fill specific service gaps. This is illustrated by the fact that the HSCP provides a higher proportion of social care services in house in our more remote localities compared to our localities closer to the central belt.

## ENGAGEMENT WITH OUR PROVIDERS

To support the development of this plan, we shared a consultation survey with all our social care providers and held engagement events. Feedback was sought on the priority areas for our commissioning.

The responses that we received support the HSCP's direction but stress that successful implementation requires rural-sensitive commissioning, realistic expectations, adequate funding, and continued partnership with locally embedded providers.

The responses highlight urgent concerns about the sustainability of unpaid carer support and preventative services, calling for realistic resourcing, meaningful engagement with third-

sector partners, and commissioning decisions that balance financial pressures with person-centred, preventative outcomes.

The responses recognised financial pressures but warned that further cuts will significantly harm vulnerable people, urging the HSCP to protect preventative and person-centred services to safeguard wellbeing and reduce long-term demand on acute care.



## KEY MARKET MESSAGES AND COMMISSIONING INTENTIONS

### **PRIORITY: FINANCIAL AND SYSTEM SUSTAINABILITY**

Our commissioning must help bring about the radical system shift that we all require, driving a smaller service footprint that realises better outcomes for people by being asset-based, independence maximising and technologically enabled. Our partners must be part of this journey.

We will take action to bring spending into alignment with the available funding. This will have an impact on our commissioned services and providers. We will need to ensure we can continue delivering the services that are our statutory obligations. This will limit the funding available to support non statutory, preventative services delivered by third and voluntary sector partners. We will also need to seek savings within our commissioned statutory services.

The Third and Voluntary Sector undoubtedly provides valuable services to our population and supports the health and wellbeing of people in Argyll & Bute in ways that cannot always be measured or quantified. Without the contribution

of volunteers, family members, and unpaid carers, the system would grind to a halt. The HSCP remains committed to supporting our communities and a thriving voluntary and third sector, although we may not be able to do this as a funder or main funder of non-statutory services. Over the course of this strategic plan, we will review, redesign or withdraw funding from some services.

- We will set up a Commissioning Oversight Group to provide oversight and ensure a coordinated, whole system approach to service commissioning. The group will agree which services are likely to benefit most from focused review and redesign.
- We will engage providers proactively
- We will create a central commissioning function to support individual teams within the HSCP with their commissioning projects, and we will implement a consistent process for contract monitoring and service review and audit ourselves against it.
- All commissioned services will have clear

and up-to-date service specifications that reflect current guidelines and best practice. Service specifications will include indicative activity, quality, and performance metrics, which are regularly reviewed and updated.

- We will simplify reporting and make it proportionate; provide templates; align monitoring across programmes.
- We will have a consistent process for the assessment and review of individual care packages. We will review and update internal policies, procedures, and our scheme of delegation for approving individual care packages.
- We will ensure all commissioned care packages are regularly reviewed to confirm they continue to meet individuals' needs.

### **PREVENTATIVE AND COMMUNITY-BASED CARE**

We want people to be supported earlier, before problems become serious. Allocating HSCP funding to non-statutory

preventative services will be challenging, but this does not mean we will cease supporting prevention and early intervention altogether. We will seek, wherever possible, to support and facilitate services to reduce demand on acute care and promote independence.

- We will develop a standardised process for allocating temporary grant funding aligned to national and local priorities, particularly for prevention and early intervention.
- For the services we continue to commission, we will work with providers to maximise opportunities for service redesign and co-production of new models to promote reablement, self-management, and the prevention of further interventions.
- We will work with local communities and providers to ensure commissioned services are responsive to local needs and take account of local context. We will engage communities and localities actively in planning and commissioning health and social care services.

## INTEGRATED AND PERSON-CENTRED CARE

Our commissioned services should enable individuals to be active participants in their care planning and delivery.

- We will work with providers to embed GIRFE (Getting it Right for Everyone) and GIRFEC (Getting it Right for Every Child) approaches, supporting holistic, coordinated care.
- We will ensure third sector providers are treated as partners, and their contribution to the care and support of individuals is fully recognised. This entails the inclusion of partners in multi-disciplinary discussions where appropriate and improved mechanisms for information sharing.

## OUR HEALTH AND SOCIAL CARE STAFF

Commissioning must consider the skills and capacity needed to deliver integrated, person-centred care in Argyll & Bute.

- We will ensure our approach to commissioning supports the workforce of our provider organisations. We will maximise opportunities for joint and collaborative training. We will create joint

training frameworks; invest in local training access; support digital/remote learning solutions.

- We will work towards the signing of The Ethical Care Charter, recognising safety, quality and dignity of care is directly linked to employment terms and conditions. This will be challenging. As an organisation we want to be able to commission higher value services, but this will only be possible if providers collaborate with us to reduce duplication and service demand.
- We are also looking to implement more collaborative commissioning arrangements that bring smaller providers together into consortia, to realise economies of scale.

## ACCESS TO CARE AND TACKLING HEALTH INEQUALITIES

In line with the Scottish Government's Population Health Framework, we want to address health inequalities and work with providers to ensure support reaches those who need it most, especially vulnerable groups and communities who often face barriers to accessing services.

- We will ensure all our commissioning decisions will be assessed for their impact on communities across Argyll & Bute. We will refer to the Fairer Scotland Duty, the Islands (Scotland) Act and Equalities & Islands Impact Assessment to protect the most vulnerable to ensure we are inclusive across all areas and for people with protected characteristics.
- We take our role as an Anchor Organisation and our role in supporting Community Wealth Building seriously.
- We will aim to maximise opportunities for local providers wherever possible.
- We will give providers the opportunity to highlight their contribution to local communities through assessments of added value and community benefits. This will be proportionate, recognising existing contributions and avoid rigid models.

## DIGITAL TRANSFORMATION

Digital tools are helping us to improve care, access, and efficiency. From remote appointments and health apps to better data sharing and mobile working, we want

to use technology to support people, staff, and innovation - while making sure no one is left behind through digital exclusion. Many of our provider organisations have adopted and embraced technology (such as scheduling systems).

- We ask providers to work with us to trial and roll out new technology and systems such as remote welfare checks, medication prompts and solutions to support self-management.
- We will work with providers to ensure any digitally supported service models are safe. We will set assessment criteria for when digital contact is appropriate and specify regular in person reviews.
- We will ensure that needs assessments consider digital access and ability.
- We will prioritise tools with proven benefits.
- We will set up co-design groups; ensure frontline testing and publish learning from pilots.

# Argyll and Bute Health and Social Care Partnership



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If you would like to share feedback on the Joint Strategic Plan, please contact us at [nhsh.strategicplanning@nhs.scot](mailto:nhsh.strategicplanning@nhs.scot)