

Evidence of Need and support for the Skye and Lochalsh HWWWS Collaboration September 2023 – April 2024

This document presents a comprehensive evidence base supporting the development and implementation of the Skye and Lochalsh Health, Wellbeing, Welfare and Social Care (HWWWS) Collaboration. It draws on direct feedback from third sector organisations, strategic consultation sessions, and community-led visioning activities to highlight the urgent need for a more coordinated, inclusive, and sustainable approach to health and social care in the region. The evidence reflects the lived experiences of service providers and users, identifies systemic challenges—particularly around funding, training, and partnership working—and outlines the opportunities for co-produced solutions that place communities at the heart of service design and delivery.

Evidence 1: Third Sector Feedback on Highland Health and Social Care Partnership 3 year strategic plan for adult services, September 2023

In September 2023, SLCVO facilitated two consultation sessions with third sector organisations in Skye, Lochalsh and Wester Ross to gather feedback on the Highland Health and Social Care Partnership's draft Strategic Plan for Adult Services (2024–2027). The session highlighted key challenges faced by local groups, particularly around access to training, limited capacity, and the need for stronger collaboration. In response, SLCVO committed to developing a shared training requirements survey and exploring capacity-building funding to support a more hands-on service for third sector providers. A proposal was introduced for a shared development officer role to help groups navigate funding, contracts, and partnership working with NHS Highland—aiming to reduce pressure on staff and volunteers. Feedback from this session was collated and submitted to NHS Highland as part of the formal consultation process, ensuring the voices of local third sector organisations were represented in strategic planning.

Email feedback on the Highland Health and Social Care Partnership 3 year strategic plan for adult services

From: Jo-Anne - SLCVO
Sent: Monday, October 2, 2023 2:50 PM
To: 'nhsh.pmoadmin@nhs.scot' <nhsh.pmoadmin@nhs.scot>

Hi nhsh.pmoadmin@nhs.scot

Please find below feedback from Skye, Lochalsh and Wester Ross Third Sector in relation to the Highland Health and Social Care Partnership 3 year strategic plan for adult services

On the 21st September Skye and Lochalsh Council for Voluntary Organisations along with the NHSH Single Point of Contact Team brought together third sector groups delivering social care services in the area and NHSH staff to discuss what the Highland Health and Social Care

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Partnership 3 year strategic plan for adult services means to them. We also discussed this at the Third Sector Conference in Wester Ross on the 26th September.

The following points are to feed into your consultation.

It is recognised the plan could be an opportunity for the third sector going forward however, there are concerns as to how the third sector will be funded to deliver this, the emphasis on unpaid carers and the support NHSH give to the third sector.

Sustainability and Funding of services

Third sector groups in Skye and Lochalsh do not have consistent and stable funding. This is a key component if the Plans vision for community led support is to be realised. The message, there is no additional funding to deliver vision and aims of the Plan, concerns the third sector in Skye and Lochalsh because:

- They are not able to sustain and grow services with current NHSH funding/commissioning models.
- The type of contracts offered by NHSH are very mixed, and communications with the contracts team are very poor.
- The complexities of the commissioning process make it very difficult for third sector group and a lot of money (NHSH) is wasted in this process.
- Third sector delivery and development is hampered by the short-term nature funding. Staff retention and service user confidence & trust in an organisation are severely impacted by the 'not knowing a service will still be there next year'.
- There are difficulties when groups try to re-negotiate contracts in a changing environment and some contracts stop completely after three years, with groups having to enter into a competitive open bid process to continue services.
- Expectations on groups to define in detail what part of a service NHSH fund is challenging as all groups must seek other funds to sustain their services and many staff so not do just one role they do many within an organisation. Groups are often small in staff numbers but provide large social care services.
- The situation of always having to seek funding (which is always short-term) be it from NHSH or other funders is a slog for groups. Many third sector staff have to spend more time seeking funding than delivering their services. This is not an efficient way of using staff time.

There is a willingness from on ground NHSH staff to support the development of community services, use funds for what is needed locally and make the best of the money they have to look after our communities. It is hoped that as NHSH improve their commissioning processes the savings will be redistributed to the people who will give the best value for the money, which is the third sector.

Unpaid Carers

- There are concerns about the emphasis in the plan on unpaid carers and that family members are going to be asked to deliver support that was previously provided by the public sector. This concern is heightened as there is very little local support for unpaid carers at the moment.

Support from NHSH to the Third Sector

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Third sector groups delivering services for NHSH need to have better support and dialogue from NHSH including:

- **Training.** It is to the advantage of NHSH to ensure all the groups delivering services are trained. Currently NHSH only provide basic training (to the point where group sees no value in it) or information sharing.
 - There is a real need for third sector groups providing services to access training without it being an additional funding and resource burden on them. NHSH provide significant training to their staff, enabling third sector to access this would be of great benefit to all.
 - It was noted there are legal issues around responsibilities of those who have been trained and this could be one of the barriers for NHSH

Giving third sector groups access to internal NHSH training is an action where NHSH could see some of the aims of the plan delivered including, enabling community organisations to thrive, consistency and quality to build resilience, and growing strong partnerships

- **Recognition of the third sectors work and worth.** NHSH staff have reward schemes such as the Blue Light Card, they got national recognition during the pandemic with clapping for carers and a bonus payment. Third sector staff and volunteers who provide key community led health and social care services and were the cornerstone of community resilience during the pandemic have nothing that equates to this. There needs to be a real worth place on third sector provision, staff and volunteers by NHSH.
- **Knowing the groups.** NHSH need to know the groups better, they need to connect to the people using services. They need to be invested in the groups delivering services for them.

What next?

- There needs to be a real investment of funding in third sector groups to deliver services, there also needs to be investment in training, working relationships and relevant long-term contracts.
- There needs to be more action coming out of the Plans and not just consultations and conversations
- It is hoped NHSH will take this opportunity to really look at what they are doing and how they can support third sector organisations.
- NHSH should look at the quick wins, opening training would be a step in the right direction
- The third sector have a flexibility and ability to test change quick, something the NHSH cannot. The third sector do not have the red tape of the public sector and the Plan could be an opportunity for this.

If there are any other opportunities for Third Sector Groups to take part in future consultations in relation to Health and Social Care please contact me as local group would like to participate.

Best wishes

Jo Ford | Chief Officer | Skye and Lochalsh Council for Voluntary Organisations

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Evidence 2: Notes from Third Sector Visioning session 6th March 2024

Groups in attendance

Scottish Community Development Centre (SCDC) Facilitator
Skye and Lochalsh CVO – Host
Counselling Care Skye and Lochalsh x 2
Skye and Lochalsh Young Carers,
Viewfield Garden Collective,
Kyleakin Connections,
Tag and Textile,
Skye and Lochalsh Mental Health Association,
Alzheimer's Scotland
Kyle and Lochalsh Community Trust

Introduction/Context

David from SCDC gave some background on the development of co-production and SCDC's work on this through the Scottish Co-production Network – [Scottish Co-production Network \(coproductionsotland.org.uk\)](https://coproductionsotland.org.uk)

Key context for co-production:

- It is being developed as a different way of designing and delivering public services (based on the original Christie Commission report in 2012).
- It is part of a general policy shift in Scotland towards prevention, engagement and empowerment (particularly through the Community Empowerment Act – 2015).
- It has an emphasis on a power shift from service provider/user to an equal relationship between services, individuals and communities.
- There is now a thriving Scottish Coproduction Network (SCN) of over 1,000 people across public sector, third sector and community organisations.

What is Co-production?

There was a discussion on what co production is and what it looks like. From the post-it's the main views of the group were:

Co production is about ...

- **Sharing** – common goals and outcomes, knowledge, training, and resources
- **Working together** – team working, co-ordinated (e.g. for accessing SDS), how things click together, not doubling up
- **Mutual support** - supporting each other, enjoyable, trusting relationships
- **Being productive** – solving unresolved issues, getting things done, providing best service

Co production is not about ...

- **Competition** – for funding or resources
- **Offloading** – of statutory services, activities services that can't be provided by other organisations, third sector being a dumping ground

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David then shared the Scottish vision for co-production and a couple of definitions which reflect much of what the group came up with.

SCN Vision statement (developed in 2017) - Our vision for co-production in Scotland is that all people are valued and supported to meaningfully participate in shaping services, building their communities and creating change.

Co production definitions

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.” - *New Economics Foundation*

“It is about involving people not only in the rowing and the steering of the boat, but also in actually building it.” - *Mr Sandy Watson, ex-Chairman NHS Tayside*

What needs to change?

There was a full discussion about health and social care in Skye and Lochalsh and what needs to change if we're to move towards a community/third sector led co-produced model.

- Relationships with the NHS – power dynamics – need for open and honest conversations
- Contracts and Funding - competitive environment
- Shared knowledge and collective strength
- Increased evidence for change
- Reducing top down initiatives!

What would 'good' look like?

We then discussed what a good co-produced health and social care system in Skye and Lochalsh would look like in 5 years time.

- A strong, locally-led collaborative/consortium with clear roles of all those taking part and clear joint planning of health and social care based on strong (locally-generated) evidence of need
- A 'golden pot' of funding for local health and social care services which would allow the local collaborative/consortium to spend money on meeting need, tackling inequalities
- A joined up approach to funding with shared knowledge of and access to local and national funding sources (plus other sources such as windfarm community benefit funding)
- Succession planning in the local community/voluntary sector to ensure continuing robust governance of local services
- Shared ideas and expertise
- Shared knowledge and a solid working relationship between community/voluntary sector and the statutory sector with regard to service provision and funding
- Community/voluntary sector influence over wider service provision through a trusting relationship.
- Easy contact with and equal relationships with statutory services – experts 'on tap' not 'on top'!

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- Well-funded and resourced, paid work in health and social care – with good quality volunteering as an added extra to complement this
- Joined up, responsive and accessible local services
- Wide involvement in the collaborative/consortium – from small groups to the larger voluntary organisations
- Transparent service user feedback and communication about any changes that take place as a result.

What actions are needed?

We finished by looking at what actions are needed to achieve the desired changes and move towards our 'good' locally-led co-produced health and social care system in Skye and Lochalsh.

Role of the community and voluntary sector

It is clear that local community and voluntary sector groups coming together in a consortium will make them stronger together. The role of this consortium should include:

- making strategic decisions with actions to be taken forward by specific groups e.g. SLCVO
- identifying needs, mapping current provision and identifying gaps
- producing evidence of the need for change

Who else should be involved?

- Other groups that Jo (SLCVO) is currently speaking to: CAB, Crossroads
- Smaller community groups
- Independent/community care services
- Community housing organisations
- Community trusts
- National voluntary organisations that have a local focus (and/or a local development worker)
- Statutory services

It was agreed that the involvement should be layered with a core layer of local groups/orgs who have a specific health and social care focus, a secondary layer of voluntary sector organisations with a broader remit and a wider geographical coverage, and an outer layer of statutory service providers.

How should all this work?

- There should be an established and on-going process with specific funding for collaborative working.
- There should be first point of contact – with responsibility for signposting and referral
- SLCVO to develop their outreach to ensure there is good 2-way communication with and involvement of the local groups/projects.
- Start with the local community/voluntary sector and then move out across the layers as appropriate and/or required.

What needs to happen now?

- David (SCDC) will write up this session and disseminate as soon as possible.

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- SLCVO to hopefully secure funding for a 6 month research post which will help to generate robust evidence for the development of the local health and social care co-production consortium. EoI has been submitted – local groups/projects to endorse any applications that are submitted.
- SLCVO will start to go round the projects picking up on how they want to see things develop – the groups/projects can act as a critical friend on the process, the shape of the research, etc.
- David (SCDC) and Jo (SLCVO) will meet to discuss the shape of SCDC support for the process over the coming year.



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