

Summary of Draft Strategic Aims - August 2026 - Appendix 1

Utilising the Health and Social Care Renewal Framework structure, the five Principles have been considered against the delegated service areas and the role of the IJB in relation to set-aside services. The draft Strategic Aims for the IJB are for consideration by stakeholders and arranged to reflect the national principles.

If accepted for further consideration, that development of co-produced business cases will be undertaken with the relevant stakeholders. This will include the consideration of the expenditure and the budgetary provision associated with each service area.

Engagement planning will include the completion of equality impact assessments.

1 Prevention	Prevention across the continuum of care			
	Health and care is focused on prevention and proactive early intervention to realise long-term wellbeing and reduce the burden of disease. All parts of the community and health and social care system will work together to maintain better population health and reduce inequalities and stigma.			
Service	Strategic Aim	Changes	Enablers	
1.1 Primary Care; AHPs; Specialist and Community Nursing Services; Social Work	An ageing well approach is adopted to address the local demographics and underpins universal service planning.	Best practice and learning from IMPACT project and Ageing Well is factored into operational service planning for population health.	Scotland's Population Health Framework; NHS W Isles Health Needs Assessment; FFMOT; Ageing and Frailty Standards HIS.	
1.2 AHPs; Primary Care; Specialist Nursing; Mental Health; Substance Misuse Services; Dental Services	Clinical pathways/targeted services are sustained and enhanced to supplement the public health commitments to address inequalities, promote self-care and reduce the future demand for complex treatment and acute care.	Self-care opportunities are supported with enhanced targeted interventions to address risk factors within the population relating to obesity; oral health; smoking; physical activity; alcohol and drugs; social isolation.	MAT standards; DAISY; NHS W.Isles; Health Needs Assessment; Oral Health Improvement Plan; Alcohol and Drugs Partnership; Public Health and Local Authority Physical Activity Strategies; Primary Care Improvement Programme.	

1.3 Social Work	The Carer's Strategy is refreshed through engagement with stakeholders to ensure early intervention and proactive support for unpaid carers and the utilisation of associated resources is co-ordinated across the islands.	The learning from the previous carer's strategy and deployment of the associated resources is reviewed to help inform the immediate and longer-term priorities.	Carer Information Strategy and Group; Carer's Act 2016 and associated national guidance.
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2 People	Care designed around people rather than the ‘system’ or ‘services’			
	Health and care is responsive, respects individual needs and delivers outcomes that matter to people. People will be more in charge of their own health and wellbeing as we enable self-care. People will have the information they need to share decision-making about their own physical health, mental health and social care, and services will trust their choices. Services will be equitable (i.e. proportionate to need).			
Service	Strategic Aim	Changes	Enablers	
2.1 Community and Specialist Nursing	Palliative and Cancer care provision is reviewed to inform enhanced approaches to support person centred services.	A review of existing services and exploration of potential unmet need informs service planning.	NHS W Isles Health Needs Assessment; Palliative Care Matters for all 2025-2030; Cancer Care Strategy 2023-33; Effective Cancer Management Framework.	
2.2 Primary Care MDT, Community and Specialist Nursing; AHPs	Person centred provision for Long Term Conditions and Chronic Disease Management is enhanced through multi-disciplinary team co-ordination.	Review of existing services and the MDT skills sets to inform areas for improvement, focusing on developing planned care opportunities to mitigate the need for unscheduled care.	Primary Care Improvement Programme; Transforming Roles, Health and Care Improving Flow Plan 2026-2031.	
2.3 Primary Care, Mental Health Services, Social Work, Social Care	Neurodivergent pathways for assessment and treatment are evaluated to inform service development.	The pathways for assessment and treatment and the available resources are reviewed to define whole life pathways through whole system delivery of needs-based services.	Mental Health and Wellbeing Strategy and Delivery Plan; The ND Route- Map (in progress nationally).	
2.4 Social Work	Eligibility Criteria is reviewed locally and benchmarked nationally to ascertain the implications of any amendment to the current substantial and critical threshold to inform	Eligibility criteria are subject to national guidance with local implementation on thresholds – these thresholds set the access for statutory social work services and thus any change requires to be considered in terms of	National eligibility criteria, Comhairle social work policy and practice guidance.	

	demand projections for statutory services.	intended and unintended consequences.	
2.5 Specialist Nursing	A Dementia Strategy and Implementation Plan is approved and embedded across the Partnership.	Best practice and evidence-based research is used to inform a refreshed Dementia Strategy for the Western Isles with an associated implementation plan to support strategic and operational oversight of the key deliverables.	National Dementia Strategy; 8 Pillar Model and the 5 Pillar Model; Dementia Everyone's Story 2023-2033; NHS W Isles Workforce Plan.
2.6 Dental Services	Improve access to General Dental Services to reduce unmet need whilst safeguarding Public Dental Service access for Priority Groups.	To work with Scottish Government in tailoring service models and incentivisation for the dental workforce, ensuring the General Dental Service is attractive and sustainable in the Islands.	Oral Health Improvement Plan, Oral Health Needs Assessment NHS Western Isles, Population Health Framework, Value Based Health and Care Action Plan.

3 Community	More care in the community rather than a hospital focused model		
	Health and care is accessible, seamless, and equitable across settings. People will be able to access more services and support in the community – and hospitals will focus on the most acute and complex procedures or levels of care.		
Service	Strategic Aim	Changes	Enablers
3.1 Primary Care; AHPs; Unscheduled Care Services; Community and Specialist Nursing; Social Work and Social Care.	Managing and reducing the impact of frailty is developed to be community facing for people at home or in homely settings.	The Unscheduled Care Front Door Model is developed to expand service intervention for frailty within primary care and community care services; expanded education and training to support H&SC staff in community facing services; implementation of evidence-based interventions for prehabilitation and rehabilitation in long-term conditions; service development for communication rehabilitation for dementia.	Health and Care Improving Flow Plan 2026-2031. Primary Care Improvement Board; Hospital at Home; Health and Social Care local and national Workforce Plans; Dementia Strategy.
3.2 Social Work, Social Care, AHPs, Clinical Nursing Services; Unscheduled Care	Whole system response to improving flow to reduce delayed discharges through community rehabilitation bed provision.	Community resource expanded to provide intensive rehabilitation for medically fit patients to reduce length of stay and enable discharge to assess.	START; H@H; DWD; Health and Care Improving Flow Plan 2026-2031.
3.3 Senior Management Team	Strategic intent for service development interfaces with the asset investment procedures of the parent bodies.	The future requirements for service delivery are considered in line with the parent body associated governance to maximise the potential for timely investment.	IJB Strategic Pla; Parent body asset management plans, capital programmes and budgets, national capital investment strategies and grants, regulator design guidance and requirements.
3.4 Unscheduled Care	Unscheduled care service models are established across	Alternative pathways to admission are active across all islands with localised	Health and Care Improving Flow Plan 2026-2031.

	the Partnership to promote admission avoidance.	arrangements maximising the resources available for timely care and treatment.	
3.5 Mental Health Services	A service Level Agreement is established to provide a planned clinical pathway for patients requiring specialist mental health treatment not available on island.	The clinical pathways for mental health services are enhanced to support investment in more community facing services with the provision of local and national mental health beds. Clinical pathways are planned holistically to enable early intervention, assessment and treatment to be supported on island with specialist mainland services available when required.	Mental Health and Wellbeing Strategy; HIS and MWC APU Improvement Plans.

4 Population	Population planning, rather than along boundaries			
	Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level.			
Service	Strategic Aim	Changes	Enablers	
4.1 All services	Workforce plans address the current and futures needs of the delegated services to meet the demands of the local population.	Positively influence the development of local and national opportunities to expand the learn as you learn/ apprenticeship approach for career pathways across all delegated service areas.	National and local Health and Social Care Workforce Plans, Island's Deal.	
4.2 Social Work and Social Care	The investment in social care services and the promotion of the benefit to the wider health and social care system is maximised through robust local and national leadership and the priority for workforce developments.	The inherent value social care provides individuals, carers as well as the local, sub national and national systems is regarded as an investment and enabler, profiled accordingly in all associated planning.	National Workforce Plan Health and Social Care; Comhairle Social Work and Social Care Workforce Plans.	
4.3 Senior Management Team	The IJB's interests in factors limiting or positively influencing service and workforce development are robustly profiled through local, sub national and national governance arrangements.	The significance of the impact of childcare, housing and transport challenges and opportunities are central to the shared planning by local and national stakeholders influencing population planning for the Western Isles.	Population Health Assessment; Local Housing Strategy; Local and National Workforce Plans; Community Planning Partnership; Early Years Strategy; Clyde Gateway Partnership; Major Developers Forum.	
4.4 Senior Management Team	The progression of the Barra and Vatersay Community Campus is supported at a senior level through the project governance arrangements agreed by the parent bodies.	Investment in the physical assets for health and social care services on Barra.	Barra and Vatersay Community Campus Project Board.	

4.5 Primary Care	National investment opportunities to support the GP contract and to supplement core services are utilised to best effect to plan for the medium to longer term for the local system.	Local governance arrangements continue to attract and influence the best use of existing resources and bespoke funding to aid planning for the sustainability of primary care.	PCIB; Walk-In Service; Local Enhanced Services.
4.6 Adult Services	The capacity to provide 24/7 support and care for learning disability service users is enhanced through the expansion of the capacity of physical assets and the investment in the workforce	The on-island service capacity to support service users and their carers is enhanced to provide more opportunities for respite provision and permanent placements on island for young adults transitioning from children's services and adults living with family carers.	Capital programme, Exceptional Care Board; Keys for Life; Coming Home.

5 Digital	Reflecting societal expectations and systems needs		
	Using technology and innovation to change people's experiences of how they interact with services and better manage their own wellbeing, whilst simultaneously maximising the use of data and technology to make services as modern, joined up and efficient as possible.		
Service	Strategic Aim	Changes	Enablers
5.1 AHPs, Mental Health Services, Community and Specialist Nursing	Digital patient records system for community facing services incorporating service performance information to facilitate a consistent interface for the workforce and patients.	A comprehensive review of digital systems across all delegated community services is completed for systematic application and reporting; expansion of MyCare integrates with the local system processes.	Digital Health and Care Strategy; Health and Care Improving Flow Plan 2026-2031.
5.2 Senior Management Team	Maximise service innovation potential across all delegated service through the consideration of best practice across professions and specialisms in digital developments and technology enabled care.	Tested developments with sound governance are utilised to best effect across services to support service users, patients and the workforce in the access and delivery of health and care.	Corporate policy; National Health and Care Strategy; parent body Digital Strategies.

Abbreviations:

AAC – Alternative and Augmentative Communication

APU – Acute Psychiatric Unit

DAISY – Drug and Alcohol Information System

DWD – Discharge Without Delay

FFMOT – Functional Fitness MOT Project

GIRFE – Getting it Right for Everyone

H&SC – Health and Social Care

HIS – Health Improvement Scotland

MAT Standards – Medication Assisted Treatment

MDT – Multi Disciplinary Team

MWC – Mental Welfare Commission

PCIB – Primary Care Improvement Board

RCSLT – Royal College of Speech and Language Therapists

SLT – Speech and Language Therapy