



Argyll and Bute Island Strategy 2024



Foreword

As Chief Officer of Argyll & Bute Health & Social Care Partnership (A&B HSCP) I am delighted to introduce our first Island Strategy. Argyll & Bute HSCP is responsible for the planning and delivery of all health and social care services for adults and children in Argyll and Bute, and ensuring good health and social care outcomes for all our residents, whether they live on an island or the mainland, is important to us.



This document was produced by a short life working group which was established in late 2023 to deliver on our previously stated ambition to develop a high level strategic plan to inform the delivery of health and social care services for our island communities, reflecting our overall strategic ambitions for Argyll & Bute HSCP.

We are aware of the challenges of delivering services to our remote and island communities and hope this piece of work further contributes to our understanding of living on an island and the barriers to accessing services which are attached to this.

For this strategy we have mapped all services for islands with a population of at least 100 residents, including information about pathways to services that are only available on the mainland. We have also looked at how the islands fare in terms of national outcomes that we monitor. We will use this information to work with our island communities to develop asset-based approaches and solutions, to set out a list of actions and recommendations for the HSCP and our partners to improve outcomes for the people who live on our islands.

In terms of data, we focused on Islands with a population of 100 people or more, however we are aware that we have many other islands within our area which will also benefit from the recommendations within the Strategy. The data collection and analysis was limited to islands with 100 or more residents due to the limited conclusions that can be drawn from very small data sets.

Delivering health and social care services to remote communities is operationally complex and as a HSCP we have to square the circle between local access, ensuring safe staffing, delivering best practice and best value for money.

The HSCP is committed to working with islanders to develop realistic, safe and sustainable models and pathways for each island. However, the ambitions of this strategy have to be realised with a challenging financial framework. There are other drivers for change, such as demographics, workforce as well as evolving professional practice to which health and social care services have to respond. It is therefore even more relevant to employ asset-based approaches so that communities and the people within them can be empowered to work with the HSCP to develop innovative solutions that deliver good outcomes.

Thank you to colleagues and partners for their work and contribution to the Island Strategy and to the communities for their engagement.

- **Evan Beswick**

Chief Officer, Argyll & Bute Health and Social Care Partnership

Accessibility

If you require this document in an alternative format, such as large print or on a coloured background, please contact us to discuss your needs.

Contact us

@ nhsh.strategicplanning@nhs.scot

Acknowledgements

Contents

1. Introduction.....	6
2. Summary – what we know and what we are doing.....	7
3. Strategic Context.....	10
3.1 Argyll and Bute HSCP Joint Strategic Plan.....	10
3.2 Scottish Government Island Plan and Implementation Route Map.....	11
3.3 Purpose and Vision for this strategy.....	11
4. Demographics.....	12
4.1 Population.....	12
4.2 Deprivation and Poverty.....	12
5. Island Asset Maps.....	13
5.1 General Medical Practices and Primary Care.....	13
5.2 Community Hospitals.....	13
5.3 Scottish Ambulance Services.....	14
5.4 Outpatient and Secondary Care.....	14
5.5 Digital Solutions- Telecare and Telehealth.....	14
5.6 Allied Health Professionals (AHP).....	15
5.7 Care at home.....	15
5.8 Residential Care - Older Adults.....	16
5.9 Children, Young People and Families.....	16
5.10 Health Visiting.....	16
5.11 Child Poverty Action Plan.....	16
5.12 Maternity Services.....	17
5.13 Community Justice and Justice Social Work Services.....	17
5.14 Services and Support for Carers.....	17
5.15 Living Well Networks.....	18
5.16 Alcohol and Drug Services.....	18
5.17 Mental Health.....	18
5.18 Dentistry.....	19
6. Health and Social Care Outcomes.....	20
6.1 Life Expectancy.....	20
6.2 Bowel Screening.....	20
6.3 Residential care.....	20
6.4 Compliance with A&E Targets.....	20
7. Housing.....	21
8. Seasonal Pressures.....	23

CONSULTATION DRAFT

9. Transport 24

10. Workforce 25

11. Case studies 26

 11.1 Bowman Court – Mull 26

 11.2 Coll..... 26

 11.3 Jura Out of Hours Care 26

 11.4 Tíree – Community Care Hub Programme..... 27

12. Engagement..... 28

13. Commitments and Action Plan..... 29

1. Introduction

Argyll & Bute HSCP has the privilege of providing health and social care services in the 23 inhabited islands within the partnership area. We are aware that provision on these islands is not uniform and has often evolved without data or evidence. Every island is unique and service provision should meet the needs of their populations, however there are similar challenges and barriers. This strategy reflects the overall strategic ambitions set out by the HSCP and national plans set out by the Scottish Government. These include:

- Argyll & Bute HSCP's Joint Strategic Plan¹ and individual service plans
- National Health and Wellbeing Outcomes²
- The Scottish Government's National Islands Plan and Implementation Road Map³

Island communities require access to health and social care services delivered by multidisciplinary teams but how this is achieved for individual islands may vary depending on local circumstances. Challenges include demographics (more older people and fewer younger residents in most islands), workforce (difficulty of attracting workforce due to competition and lack of housing), transport (some islands with quicker access to the mainland report fewer challenges), housing and pressure on some of our services during peak holiday periods usage.

There is also a need to work towards resilient solutions that do not rely on single persons and therefore present single points of failure. We also know that islanders are extremely resilient and innovative and are determined to play their part in ensuring the overall wellbeing of their communities and shaping services.

The Island Short Life Working Group took the decision to focus data collection on Islands with 100 residents or more (see Annex 1 for Island profiles), however many other Islands within our area will also benefit from the actions and recommendations within this document. The proximity of Bute to Inverclyde makes it unique among the islands, however we have included Bute in the strategy as it faces the same island specific risks around resilience, and it has been shown that models of care in operation there can be replicated within our other island communities with success.

A large amount of data about current services and community assets (Annex 1), outcomes (see Annex 2 and 3), good practice (Section 11) and the views of island populations in Argyll and Bute [Section 12 – to be written following consultation] have been brought together to inform this strategy and its recommendations. These recommendations/actions for the short, medium and long term are set out in Section 13 [to be updated following consultation].

Depending on the source, data is not always available for each island individually. Some data is presented for multiple islands together or describes both an island and part of the mainland. The availability of data for individual islands depends on the population size. In addition, there is no exact population data for individual islands, only best estimates. This has made it difficult in places to draw firm conclusion about health and wellbeing outcomes for the Islands.

¹ <https://www.nhshighland.scot.nhs.uk/about/argyll-and-bute-health-and-social-care-partnership/publications/argyll-and-bute-hscp-joint-strategic-plan-2022-2025/>

² <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

³ <https://www.gov.scot/publications/national-plan-scotlands-islands/> and <https://www.gov.scot/publications/national-islands-plan-implementation-route-map-2023/>

2. Summary – what we know and what we are doing

What we know

- There is an ageing population in many of the islands, although some are starting to increase their younger age populations.
- While there are reported pockets of deprivation on the Islands, the Scottish Index of Multiple Deprivation is not an ideal way to capture and measure rural deprivation.
- While we have looked at data about the health and wellbeing of island communities. It is sometimes difficult to draw concrete conclusions about outcomes. Overall, however there is no systematic evidence that island communities experience worse outcomes than other Argyll & Bute residents.
- There is a lack of affordable housing, which impacts overall community wellbeing and health, but also makes it difficult to attract and retain staff to work to come and work in Argyll and Bute from outside the area.
- Many islands experience an influx of seasonal visitors, especially over the summer months, increasing pressure on health and social care services provided by the HSCP.
- There is variance across Islands in accessing services locally: Islands with Community Hospitals have more services locally and those with quick access to Oban, Lorn and the Isles Hospital do not have the same travel issues. Many smaller islands rely on visiting services.
- Reliable and convenient travel options to access services that are only available on the mainland or outside of Argyll and Bute HSCP area is a central concern.
- GP Practices, including GPs and primary care practitioners play a central role in island communities and often have remits wider and more variable than mainland GPs.
- Many Islanders support multiple essential services, which makes it easier to come up with multi-disciplinary and multi-agency solutions. However, people can only fulfil a limited number of roles at the same time and there is a risk that individuals become overstretched.
- Social Care including Care at Home and Supported Living is fragile on some islands. Internal provision is often the only way to ensure services are available and sometimes Option One of SDS (Self Direct Payments) are used as a last resort rather than a positive choice.
- Technology will be critical for ensuring that we can continue to meet the health and social care needs of people living on islands.

What are we doing/planning to do

- We have developed an asset map for each Island (Annex 1)
- We have a workforce development group which is looking at how we can attract more people to work in Argyll and Bute HSCP, including the Islands.
- We will work with our partners such as A&B council departments, Community Planning Partnerships, Community Councils and the Voluntary Sector to address the economic, housing, and transport challenges affecting our island communities. We will ensure that new developments and changes to services delivered by other statutory partners are assessed for their impact with regard to health, social care and general community wellbeing.
- Alternative models of care delivery are being developed to explore the use of different disciplines working in a more generic and flexible ways thereby reducing the demand on multiple services delivering different aspects of care to the same client. We are piloting this scheme (see best practice section).
- Community resilience approaches are being developed by the HSCP Prevention Group and the Third Sector Interface to reduce the need for formal services or compliment statutory services. Loneliness needs to be addressed to consider the impact on health and well-being for older adults.
- The Carers Strategy has been published which commits to providing information, support and advise to anyone who is caring for someone and the cared for person can have their care package increased to support the carer travelling for appointments, to support island communities.
- A strategic care home and housing group is reviewing both care home repairs short term and longer term what are the sustainable models of care. On islands we need to ensure sustainability of these models.
- A Care at Home strategy is currently being developed to ensure clarity of direction for the services, enabling changes to be made to provide a quality and cost-effective service for the future. This must include digital models to support sustainable delivery.
- We will promote the travel scheme where all patients are entitled to financial assistance with their travel costs if they live more than 30 miles from the hospital they are attending.
- As part booking appointments for island residents takes cognisance of travel arrangements so are fitted in around the middle of the day to reduce overnights stays on the mainland.
- We will promote the Urgent Medical Appointment protocol priority booking with Caledonian MacBrayne ferries which enables island residents to travel to a medical appointment at a mainland NHS location with three weeks' notice or less.
- We are working with Scottish Ambulance Service to evaluate service response, vehicles and drivers across all islands.
- The Empty Homes Officer HSCP post is working with employees and owners to identify suitable options for HSCP staff across Argyll and Bute and there are specific initiatives taking place in some islands
- Whilst recognising that there are challenges around assessment and pathways for children with neurological difficulties, there is currently work being undertaken on identifying these children and embarking on tests of change to consider the needs of the children and their families using in a multi-

agency approach.

DRAFT

3. Strategic Context

3.1 Argyll and Bute HSCP Joint Strategic Plan

The Joint Strategic Plan (JSP) establishes the vision, strategic objectives and priorities and outlines the local and national outcomes which we are committed to. The JSP is underpinned by a number of national and local policies, strategies and action plans. It provides the strategic direction for how health and social care services should be shaped in this area and describes the transformation that will be required to achieve this vision.

The current plan covers the period from 2022 to 2025. It translates the National Health and Wellbeing outcomes into the Strategic Priorities and Objectives for the HSCP.⁴



Work on the new JSP (2025 to 2030) is currently underway and will be published before 1 April 2025.

Given the wider determinants of health there are Argyll and Bute Council plans and programmes of work that relate to supporting the health and wellbeing of our island populations, these are:

- The Local Housing Strategy (LHS)⁵
- The Child Poverty Action Plan⁶
- Argyll and Bute Outcomes Improvement Plan 2024-2034⁷
- Argyll and Bute Economic Strategy 2024-2034

⁴ <https://www.nhshighland.scot.nhs.uk/about/argyll-and-bute-health-and-social-care-partnership/argyll-and-bute-hscp-publications/argyll-and-bute-hscp-joint-strategic-plan-2022-2025/#:~:text=People%20in%20Argyll%20and%20Bute%20will%20lead>

⁵ https://www.argyll-bute.gov.uk/sites/default/files/migrated_files/argyll_bute_local_housing_strategy_2022-2027.pdf

⁶ <https://www.argyll-bute.gov.uk/moderngov/documents/s198102/A%20B%20Child%20Poverty%20Action%20Plan%202022-23.%20indd.pdf>

⁷ <https://www.argyll-bute.gov.uk/sites/default/files/2024-03/ABOIP%202024-2034%20-%20Support%20Document.pdf>

3.2 Scottish Government Island Plan and Implementation Route Map

The National Islands Plan is the Scottish Government's framework for improving outcomes for island communities across most policy areas. The Plan has 13 overarching Strategic Objectives, one of which is to improve and promote health, social care and wellbeing for island residents.⁸

The Scottish Government's Island Plan states that access to health and social care should be as local as possible for the whole population of Scotland, no matter where they live but recognises that the changing nature of care and the increasing complexity of needs are just some of the challenges that must be met to ensure fair and accessible healthcare for those on islands.

The Scottish Government also commits to building more affordable homes by 2032⁹ in this Rural and Islands Housing Action Plan and in 2024 launched a public consultation to inform the Islands Connectivity Plan which looks at resilient and affordable travel.

There was a commitment to funding a number of projects, one of which is the modernisation of care home facilities on Tiree (see best practice section).

There was also commitment to provide funding of £25 million towards the Rural Growth Deal which is a ten year programme to develop Argyll and Bute economic potential.¹⁰

3.3 Purpose and Vision for this strategy

This strategy aims to:

- give an overview of how we deliver health and social care services to our island communities, including structural challenges
- assess what we know about health and social care outcomes for our island communities
- demonstrate what actions the HSCP is taking, either alone or with partners to maximise the health and wellbeing of island communities

We have the same vision for our island residents as for the population of Argyll and Bute as whole, which is to ensure that all residents have access to high quality and responsive services. We aim to take a preventative approach, intervene early and enable individuals to look after their health. We will focus on control, choice and innovation where possible.

Health and care services for island communities are operationally challenging to plan and deliver. There is no one size fits all approach and solutions may have to be unique for each island. The HSCP commits to working with islanders to develop realistic, safe and sustainable models and pathways for each island.

⁸ <https://www.gov.scot/publications/national-islands-plan-implementation-route-map-2023/>

⁹ <https://www.gov.scot/publications/rural-islands-housing-action-plan/>

¹⁰ <https://www.argyll-bute.gov.uk/my-council/plans-and-policy/rural-growth-deal>

4. Demographics

4.1 Population

The table below compares the population at the last census and the one which took place in 2022. The total population for the twelve islands included in this report was 14,886.

Argyll and Bute Island Population as by census 2011 and 2022

Island name	Population census 2011	Population census 2022	Percentage change in population 2011- 2022
Bute	6498	6070	-7
Islay	3228	3172	-2
Isle of Mull	2819	3083	9
Tiree	653	695	6
Seil	551	578	5
Jura	196	252	29
Lismore	192	190	-1
Isle of Gigha	163	187	15
Iona	177	181	2
Luing	198	181	-9
Coll	195	175	-10
Colonsay	132	122	-8
Total	15,002	14,886	-1

Source: Census 2011 – Table LC1117SC; census 2022 – Table UV102b

4.2 Deprivation and Poverty

Annex 2 outlines information about deprivation based on data collected for the Scottish Index of Multiple Deprivation. It highlights that there is a significant amount of heterogeneity among the islands with regard to overall rank and across the different domains of deprivation.

The table below illustrates the percentage of people who are income deprived and who are employment deprived by Island. It shows that Bute has the highest percentage of both income and employment deprived inhabitants among all islands and to Argyll and Bute as whole.

Area	Percentage income deprived	Percentage employment deprived
Scotland	12%	9%
Argyll and Bute	10%	8%
Bute	17%	14%
Isle of Gigha (+Mainland)	8%	5%
Islay	8%	7%
Jura, Colonsay, Oronsay, Scarba	5%	3%
Coll and Tiree	7%	6%
Iona and Isle of Mull	6%	5%
Lismore (+Mainland)	6%	4%
Luing, Insh, Slate Island, Seil, Esadale, Isle of Shuna	8%	4%

5. Island Asset Maps

Asset maps has been developed for each the 12 islands with a population of 100 or more residents. These asset maps (Annex 1) include:

- Population estimates and age demographics
- Statutory health and social services which are available on each island including pathways to services on the mainland
- Information about other assets and services, including schools

While Bute is an outlier in that it has health, social care and social work services which look more like a mainland town, it is included within the Island strategy and asset map as it demonstrates the level of services within one of our islands.

5.1 General Medical Practices and Primary Care

GP Practices, including GPs and Primary Care practitioners play a central role in island communities. Island General Medical Practices provide a more extensive service than most of their mainland counterparts, especially those in urban areas. More than half of the 12 islands covered by the analysis have General Practice services on the island and the rest are served by visiting General Practitioner (GPs) arrangements

GPs, and in some places specialist nurses provide out of hours and first responder services including pre-hospital emergency procedures. Some practices also dispense medicines if there is not a pharmacy on the island.

5.2 Community Hospitals

Community Hospitals host a number of visiting and on-site health and social care services as well as inpatient beds and A&E and/or minor injuries clinics.

There is variance across Islands in accessing services locally: Islands with Community Hospitals have more services locally and those with quick access to Oban, Lorn and the Isles Hospital do not have the same travel issues.

There are 3 Community Hospitals with A&E or minor injuries services. These are:

- Victoria Hospital in Rothesay
- Mull and Iona Community Hospital
- Islay Hospital

Islay Hospital is categorised as a Minor Injuries Unit (MIU), Mull and Iona Community Hospital as an Accident & Emergency Department and Victoria Hospital has both an MIU and A&E department. MIUs are equipped to deal with a range of non life-threatening conditions including strains and sprains and wounds and minor burns. However, due to the remote nature of these island MIUs, it may be the case that they are faced with more A&E appropriate injuries.

All three A&E departments/MIU of the community hospitals in Bute, Islay and Mull are non-bypass A&E meaning that whatever medical emergency arises on the island, the patient is brought directly to our A&E for assessment/stabilization before any onward transfer to a mainland hospital.

It is of note that all A&E services are likely to have limited waiting times compared to mainland MIU/A&E services.

5.3 Scottish Ambulance Services

Ambulances with crews that are capable of providing clinical interventions are based on Islay, Mull and Bute. Scottish Ambulance Services (SAS) has transport vehicles with volunteer drivers on Colonsay, Coll, Luing, Lismore and Gigha. Tiree has a transport vehicle with a paid employee, but they are not trained to provide clinical interventions.

5.4 Outpatient and Secondary Care

Depending on their location, medical specialty and treatment required Island residents are required to travel to Oban, the Greater Glasgow and Clyde (GGC) Health Board area, and to lesser degree North Highland (Belford and sometimes Raigmore) and for outpatient treatment under a large number of specialties (see Annex 3).

5.5 Digital Solutions- Telecare and Telehealth

Telecare (TEC), Connect Me and Near Me are solutions which can reduce the need to travel and support frail people in their own homes.

Telecare can help people stay independent for longer in their homes. This includes community alarms, door and motion sensors and other smart technology. Near Me can reduce the need to travel off the island to attend NHS appointments. Connect Me enables remote health monitoring. Silvercloud is also currently being used by HSCP to help people living on islands to access confidential mental health services.

Telecare is available to all residents of Argyll and Bute's islands communities. But a responder service is currently only available on the mainland (with the exception of Bute) and as a result, telecare can currently only be provided on the islands where someone has a keyholder who can respond in the event of an activation.

On the island of Easdale there are a small group of community volunteers who act as the responders for Telecare clients for the purposes of falls and property exit alarms.

Connectivity and signal strength can impact the operational ability of telecare equipment although we are awaiting a connection method over Broadband.

Remote health monitoring for blood pressure through Connect Me is available on some of the islands with Tiree, Jura and Easdale linked in with the platform.

Near Me enables patients to attend NHS appointments via video and is available to all island communities. In recent months the HSCP has set up dedicated Near Me Hubs on Coll and Tiree to complement the existing ones on Mull. The Near Me Hub on Colonsay is still awaiting identification of a suitable venue by the community to take this forward.

We need to ensure that Near Me is considered and offered as standard for patients that live in the Islands, particularly for clinics in the Greater Glasgow & Clyde area.

5.6 Allied Health Professionals (AHP)

The larger islands within Argyll & Bute (Bute, Islay and Mull) have several AHP services on site including; Occupational Therapy, Physiotherapy and Radiography. Radiography is not available 24/7 but is usually a day time service without weekend or bank holiday cover. The larger islands also have either resident or visiting Audiology, Podiatry, Orthotic, Dietician, Speech and Language Therapy services.

Of the smaller islands within Argyll & Bute only Tiree has any on island physiotherapy. All the other smaller islands have either visiting AHP services or residents travel to other islands or mainland AHP departments.

Depending on demand, AHP clinics will either be arranged regularly or planned as required. Some patients may be offered off island appointment options but only if this suits the patient. This may reduce AHP waiting times for appointments or make better use of staffing capacity.

5.7 Care at home

The majority of islands had some requirement or demand for care at home during the timeline that we pulled data for. The number of care at home clients per 100 residents for each island highlights notable differences between the islands.

Care at Home for older people was the most common care type and was in place across all of the islands, activity for physical disability and learning disability is much lower (see Appendix 5).

There is a mixed economy of internally and externally provided care at home services with pressure on all of them. Most islands, especially those that are more difficult to reach rely on services that are run by the HSCP as opposed to services provided by external providers.

There are limited supported living opportunities in the islands and therefore people with a complex physical or learning disability may have to move from their island.

There may be opportunities for greater choice for island residents through greater use of Self-Directed Support payments. This would allow people to manage their own budgets and innovative solutions may need to be found including choice of who provides the care. Self-Directed Support allows anyone who has been assessed as requiring care or support choice about how that support can be sourced and paid for. People have four options, including direct payments where personal assistants can be employed or an individual budget can be provided which can also include funding for technology to support the delivery of care.

5.8 Residential Care - Older Adults

There are three islands with residential care homes (Bute, Tiree and Islay) and a Progressive Care Unit on (Mull). There are developments on each of these sites (see best practice section). The principle with all sites, where residential care is available, is to promote clear access to different types of care and maximise the most flexible use available with staff skills.

5.9 Children, Young People and Families

The overviews of each island in Annex 1 show where there are nurseries, primary and secondary schools. Many schools also have counselling services and school nurses and there are pathways for referral into child and adolescent mental health services (CAMHS).

Whilst recognising that there are challenges around assessment and pathways for children with neurological difficulties, there is currently work being undertaken on identifying these children and embarking on tests of change to consider the needs of the children and their families using in a multi-agency approach.

Children and Family social work services are based in Bute, Mull and Islay with visiting and outreach services to other islands. Looked after children are often placed out of area due to lack of care home and supported accommodation, however this mirrors the situation on the mainland of Argyll & Bute.

Looked after children from Bute, Islay, Mull and Tiree were recorded during the reporting period. The number of looked after children has remained relatively constant in Bute, Islay and Tiree. Mull has seen an increase in the number of looked after children.

The number of children on the Child Protection Register varied across the islands but the numbers are overall small.

5.10 Health Visiting

There are Health Visitors based on Islay and Bute that deliver the Universal Pathway, this is an evidence-based service designed to improve outcomes for Children and Families. The pathway focuses on the therapeutic relationship between a Health Visitor and a family and the Scottish Government mandated that all eleven contacts on the universal pathway should be undertaken by a qualified Health Visitor, commencing in pregnancy, with the antenatal contact. This recognises the advanced assessment skills of the Health Visitor and the critical contribution of relationship building to secure positive outcomes and optimal engagement with families.

5.11 Child Poverty Action Plan

In 2017 the Child Poverty (Scotland) Act came into force as an attempt to put in place measures that would reduce the concerning increase in child poverty, both on a national and local level. The Act also introduced a requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year.

The currently action plan has a commitment to carry out data analysis that will allow the HSCP/council to better target those in need of additional supports and contribute to a more

informed map of child poverty across Argyll and Bute, including the islands. It is hoped that this will mean in future we will be able to better focus what resources we have.

Other key developments include:

- the Employability Partnership employing a Child Poverty Coordinator
- the creation of one-stop-shop information website information on advice services, housing, debt and benefits etc., which will be developed further
- The UNCRC Innovations fund has provided £53k for a series of engagements to take place in 2024 talking to children and young people about their rights and what is important to them.
- Work with the Poverty Alliance and their Taking Action on Rural Poverty Project (TARP) which will seek to set up a lived experience citizen's panel to talk about poverty and ask what people would like to see happening

5.12 Maternity Services

Access to Midwifery care is available on Bute, Islay, Tiree and Mull. There is a Community Maternity Unit (CMU) in Bute Community Hospital, however this is the only island location where low risk birth can be supported. If a woman/birthing person wishes a home birth, the HSCP must source accommodation and provide a minimum of two midwives from the mainland to cover 24 hours on call from 38-42 weeks of pregnancy/until birth or transfer for induction of labour. Birth trends show that fewer births occur locally or at home, due to a range of factors, and that the majority of expectant parents are travelling to alternative maternity settings on the mainland, for example, one of the other CMUs within Argyll & Bute or to Greater Glasgow & Clyde hospitals to give birth (see Annex 3).

Three midwifery teams cover the island communities and the midwives can provide an on-call service for local births from 38-42 weeks' gestation, however this is risk assessed on a case by case basis due to staffing availability and complex geography. The midwives would also provide support to women/birthing people who do not wish to leave their island of residence at the recommended 38wks and are choosing to give birth outside of recommended guidelines. For home births requested on Coll & Colonsay the HSCP must again try to and source accommodation and provision of a minimum of two midwives from the mainland to cover 24 hours on call from 38-42 weeks of pregnancy/until birth or transfer for induction of labour. All women/birthing people are advised to come off their island of residence at 38 weeks gestation if they plan to birth on the mainland.

5.13 Community Justice and Justice Social Work Services

There are visiting services from central social work departments.

5.14 Services and Support for Carers

The Carer Centres support island communities either through staff based on specific islands (Bute, Coll, Jura, Islay, Mull and Tiree) or through outreach services. Carer support workers will have knowledge of local challenges and an understanding of the specific issues for carers relating to island life.

They provide emotional support and information services in the form of:

- One to one support or peer and group support

- Advice about income maximisation, carers rights, emergency and future care planning, power of attorney and guardianship
- Emotional support including bereavement, holistic therapies, befriending services

When someone caring for a friend, neighbour, or family member makes contact with their local Carer's Centre, an identified plan of support will be tailored to their needs.

5.15 Living Well Networks

There are four Living Well Networks (LWN) throughout Argyll & Bute, with a dedicated LWN Coordinator for each Locality funded by the Public Health Team. The purpose of the Networks is to develop local partnership working and planning for health improvement activity. In 2023-2024, the Living Well Networks have continued to promote their work and provide information, network and engage with local communities. In 2024 a series of LWN events have been organised, including four community events being held at Jura Hall, Islay High school, and a further event planned for Tiree. Events provide information and advice from many sources, including support that is available from charities, NHS & Argyll and Bute Council. In some events taster sessions and activities were provided to promote local health and wellbeing resources.

The Living Well Networks cover the islands of Islay and Jura, Mull, Iona, Coll, Colonsay, Tiree and Bute.¹¹

5.16 Alcohol and Drug Services

Across Scotland Alcohol and Drugs Partnerships (ADP) bring together local partners including health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery.

The Argyll & Bute ADP has facilitated the creation of a Recovery Hub and Café in Cowal. Run as a charity the hub has continued to develop and attract funding from other sources and provides a wide range of resources, training and support.

The ADP has also agreed to contribute £50K to support with the renovations and rental of the hub premises on Bute, the building work is almost complete and anticipated to open before the summer of 2024. The Bute Hub project, led by commissioned third sector providers, WeAreWithYou (WAWY), will help and support recovery in Bute and include all partners.

WeareWithYou have also supported the set-up of a Recovery Group in Islay and Jura and are currently looking for premises for the group to use.

Scottish Families Affected by Drug and Alcohol have been commissioned to help support the set up on family support groups across the whole of Argyll & Bute, including the islands.

5.17 Mental Health

The primary care mental health team provides comprehensive mental health assessments and short-term psychological interventions for individuals over 16 years old, unless they are still in school. Referrals can be made through GP practices. The team is equipped to assist

¹¹ <https://www.ablivingwell.org/living-well-networks>

with a variety of common mental health issues with mild to moderate symptoms, including low mood or depression, anxiety and panic attacks, stress and worry, and obsessive-compulsive symptoms.

All islands have equal access to video and telephone treatment, as well as digital therapy programs and text-based cognitive behavioural therapy. In-person sessions are available on the islands of Bute and Mull, with plans to resume face-to-face treatment on Islay in the near future.

5.18 Dentistry

Scoping of a Mobile dental service in collaboration with Coll and Colonsay Communities continues, alongside estates and H&S colleagues in NHSH. In Tiree the Dental Officer and Dental Hygienist Therapist visit regularly throughout each calendar month. This service relies on local air transport from Oban, which is subject to weather conditions.

The Mull clinic remains extremely busy with over 3000 patients registered and a long waiting list. There are issues with mechanical equipment and staffing which is reducing capacity for clinical provision. Work is underway to replace dental chairs, one chair has been replaced, one awaiting replacement imminently. X-Ray unit has been replaced.

DRAFT

6. Health and Social Care Outcomes

We have carried out an analysis of key public health data and indicators (Annex 2) used to assess the overall health of populations for the 12 islands for which data was pulled. Depending on the source, data is not available for each island individually. Some data is presented for multiple islands together or describes both an island and part of the mainland. The availability of data for each Island depends on the population size. These caveats make it difficult to draw concrete conclusions from the data with respect to all 12 islands or individual islands.

We have also provided an overview of data in relation to key indicators which are used to assess the performance of Health and Social Care Partnerships (Annex 3).

The SLWG has identified no systematic evidence that island communities experience worse health and social care outcomes than other Argyll and Bute residents. Below are some key findings from the data analysis:

6.1 Life Expectancy

Life expectancy provides a high-level measurement of the health of a population. The life expectancy for women is higher than for men in all of Argyll and Bute's island areas, which follows the same trend as in Argyll and Bute and Scotland overall. Compared to the Argyll and Bute average the life expectancy at birth for women is significantly higher in the areas of Mull, Iona, Coll and Tiree, the less densely populated areas of Bute, the Isle of Gigha and the island cluster including Luing and Seil (Figure 7, Annex 2). It has to be noted that the intermediate zone for the isle of Gigha and the island cluster including Luing and Seil both cover parts of the mainland and the observed trends do not describe the islands alone.

In the male population none of the island areas show a significantly higher life expectancy at birth than the Argyll and Bute average (Figure 8, Annex 2). However, Rothesay Town, the more densely populated area of Bute, had a significantly lower life expectancy at birth in 2017- 2021 than Argyll and Bute overall.

6.2 Bowel Screening

Bowel screening uptake in three of island areas is significantly higher than in Argyll and Bute overall. The only island area with a significantly lower screening uptake is Rothesay Town on Bute (Annex 2).

6.3 Residential care

Island residents are more likely to be placed outside their area if they require residential care than A&B residents as a whole (Annex 3).

6.4 Compliance with A&E Targets

Compliance with the 4 hour A&E target is variable across the hospital sites included in the analysis however it is likely that these are considerably better than many mainland hospitals.

7. Housing

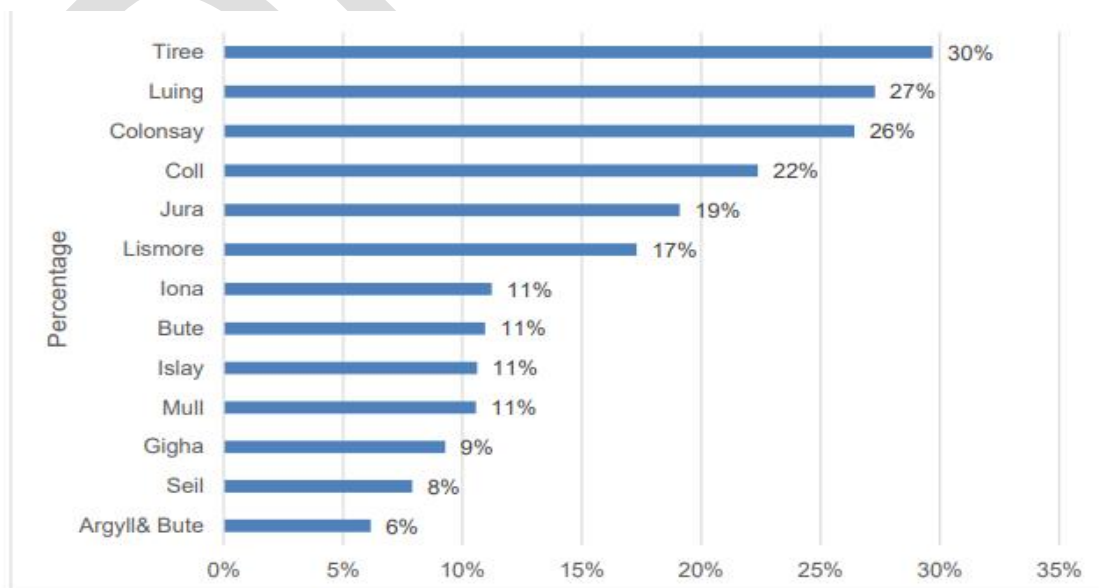
Access to affordable and suitable housing is a main challenge for the islands. It affects individual and community wellbeing.

This was recognised when delivering the Island Housing Market Failure Report which is a high-level market study exploring issues related to housing demand and delivery across the three main island Housing Market Areas (HMA) of Coll & Tiree; Mull & Iona; and Islay, Jura & Colonsay which was undertaken in autumn 2023 to help inform the Rural Growth Deal projects.

The study evidenced that current housing market on our Islands is unable to satisfy the local need and demand for affordable housing. Key issues reported:

- Median house prices across each island HMA increased significantly over the 10-year period between 2012 and 2022;
- High proportion of housing stock on the islands is classified as ‘ineffective’;
- High demand for affordable housing of varying types and tenures;
- Long waiting lists and high demand for social/community/worker housing;
- Lack of available shared equity, mid-market rent or specialist housing stock to support different household choices and attract / retain economically active people to live and work on the islands;
- No ‘private sector’ residential development sites across the island HMAs;
- Traditional private sector led model of housebuilding does not occur and no speculative housing development takes place on the islands;
- Inability for people to access housing is limiting local economic development, business success, and the delivery of public services – a significant constraint on island economic growth.

All islands have a higher percentage of second homes than Argyll and Bute overall. Tiree has the highest percentage, with 30%.



Source: Council Tax Register, November 2023

The lack of appropriate housing affects Argyll and Bute overall, it has also become a central theme for the HSCP in relation to attracting the right workforce. Lack of suitable housing is an ongoing issue and risk to HSCP with regard to staffing and retention.

In June 2023 Argyll and Bute Council declared a Housing Emergency due to a consistent reduction in supply of housing, a steady increase in demand for housing across all tenures and increasing levels of un-affordability.

Declaring a housing emergency in Argyll and Bute is a call to action for government, public bodies and partners. It is intended as the catalyst to bring partners, stakeholders, investors and communities together to prioritise and commit to the collective action needed to tackle housing shortage. The Council is working hard with partners to programme a broad range of activities, both in the short term and long term, to target this collective action where it is needed most.

The Local Housing Strategy (LHS) for Argyll and Bute¹² aims to delivery positive impacts across all Housing Market Areas and individual communities in Argyll & Bute, including the islands. There is a commitment to increase supply via other initiatives, which are impacting on the islands. The Action Plan details a number of solutions which are currently being worked on.

Significant additional investment is likely to be required to deliver services and outcomes on the islands and the LHS is designed to facilitate this. The council's Strategic Housing and Investment Plan (2024 – 2029)¹³ outlines a number of proposed community housing projects in each island.

The Council is committed to supporting the HSCP to upgrade properties to meet the needs of HSCP staff and to look at housing options for key workers. There has been investment to upgrade Council and NHS owned buildings on Coll and Tiree to create staff accommodation.

Action is required at Scottish Government level to support remote and island boards and HSCPs with this issue, where it is most acutely felt. The development and implementation of the new National Centre for Remote and Rural Health and Social care is a very welcome development but needs to be supported by a parallel development of the underlying infrastructure to support inward migration to remote, very remote and Island areas.

The rural and island housing action plan was published in 2023 by Scottish Government and Argyll and Bute Council are supporting the implementation.¹⁴

¹² https://www.argyll-bute.gov.uk/sites/default/files/2023-05/argyll_bute_summary_lhs_2022-2027.pdf

¹³ <https://www.argyll-bute.gov.uk/sites/default/files/2023-12/STRATEGIC%20HOUSING%20INVESTMENT%20PLAN%20%28SHIP%29%202024%2025%20to%202028%2029%20FINAL%20approved%20231123.pdf>

¹⁴ <https://www.gov.scot/publications/rural-islands-housing-action-plan/>

8. Seasonal Pressures

An increase of visitors to the island can lead to an increased demand on services during this time. The highest passenger numbers and the clearest seasonal peak were reported for the lines from Wemys Bay to Rothesay on Bute and Oban to Craignure on the Isle of Mull (see Annex 2).

In the last three years the number of temporary registrations for some but not all island General Practices peaked over the summer months, July to September, suggesting an increase of demand on General Practice services during that time (see Annex 2).

There is seasonal variation in regard to A&E attendances across the three island hospital sites with an increase in attendances over the summer months (see Annex 3). There is a great deal of complexity that contributes to this increase in activity and goes above the usual weather and heat related ailments such as sunburn and heatstroke and an increase in cuts and sprains that are generally seen over the summer months nationally. An increase in visitors to the island at this time places increased demand on A&E departments. This influx of people may include for example, holiday makers who have forgotten to bring essential medication with them or those receiving palliative care and who choose the islands of Argyll & Bute as a holiday destination.

9. Transport

We know that the cost and reliability of travel options is a main concern to island communities (see Annex 4 for transport routes). The concentration of healthcare services and the logistics of accessing appointments on the mainland in Argyll and Bute and beyond is a real worry to many. Particularly access to more specialist healthcare services is often dependent on reliable ferry and sometimes flight services (in the case of Islay and Tiree). At peak times it is sometime difficult to book ferry tickets within the required time frames. In addition, large events further squeeze availability.

There is also anecdotal evidence that people with caring responsibilities often put off seeking advice and help about their own health due to the requirement to travel off island and the time away from home. In principle a cared for person can have their care package increased to support their carer travelling for appointments. But the recruitment and retention of care at home workers is an issue across Argyll and Bute and may be a barrier to providing this kind of support.

The Highlands and Islands Patient Travel Scheme recognises that patients who are resident in the Highlands and Islands may be required to travel significant distances to attend hospital appointments given the geography of the area.¹⁵ Under this scheme all patients are entitled to financial assistance with their travel costs if they live more than 30 miles from the hospital they are attending.

There has been a lot of work done in ensuring that booking appointments for island residents takes cognisance of travel arrangements so are fitted in around the middle of the day.

There is also an Urgent Medical Appointment protocol priority booking with Caledonian MacBrayne ferries if someone lives on an island and who need to travel to a medical appointment at a mainland NHS location with three weeks' notice or less.¹⁶

¹⁵ <https://www.nhshighland.scot.nhs.uk/your-services/related-services-and-accessibility/travel-and-transport/financial-assistance-with-patient-travel/>

¹⁶ <https://www.calmac.co.uk/article/7330/What-is-the-Urgent-Medical-Appointment-Protocol>

10. Workforce

Recruitment of suitable staff is a significant challenge for remote health, social work and social care services. From GPs and GP practice staff to social care staff, the requirement to often cover extended remits, lack of suitable housing and the remoteness from major population centres magnify Scotland and UK-wide workforce shortages. In addition, in some island communities the levels of pay offered by other employers increases competition for candidates, especially in the area of social care.

The HSCP's current workforce plan¹⁷ recognised the risks and issues in relation to attracting and retaining staff to work in island communities and supporting their clinical and professional development.

Specific issues include:

- Professional isolation and difficulties in providing support and professional supervision
- Maintaining clinical skills due to caseloads across all job roles that require a registration and or exposure to minimum caseloads
- Sustainability of teams due to size, age profile and ongoing vacancies

In 2023 the HSCP formed a Workforce Development Group with the aim to attract people to Argyll and Bute by increasing advertising promotional activities. Argyll and Bute vacancies are promoted on the careers section of the NHS Highland website, ensuring #abplace2b hashtag and logo is used on all recruitment materials.

Additional funding has been made available to promote and boost posts on social media which increase the reach of the posts. There is also investment in advertising on CalMac ferries in particular targeting the key ferry routes that have high passenger numbers and investigating digital advertising on local media websites or clinical speciality websites.

Community engagement sessions with prospective candidates were held in Mull, giving the candidates the opportunity to experience Island life and recognise that the community are willing to invest in them.

Specific work was led by the Chief Officer to deliver a sustainable service delivery model for the Isle of Coll. This includes scoping alternative job roles and targeted recruitment drives based around the lifestyle on the Island is also in progress.

There will be links with NHS Highland which is looking at a small isles model within the Western Isles.

¹⁷ <https://www.nhshighland.scot.nhs.uk/media/0sxorccv/argyll-and-bute-hscp-workforce-plan-2022.pdf>

11. Case studies

11.1 Bowman Court – Mull

In 2023 a short life working group was established to consider the need for care home provision on the island of Mull. The group looked at data to understand the number of people who have had to leave Mull when they need to move into a care home and the level of identified need. Future population projections were also considered.

There is currently a progressive care unit in Mull (Bowman Court) and an option to re-provision this to provide a hybrid model of independent living and long-term care is being scoped. Respite provision and the use of Technology Enabled Care will also be part of this model.

This project is currently undertaking consultations with the community and staff as well as financial modelling.

11.2 Coll

A short life working group was established in 2022 to plan for a high quality, person centred, sustainable and affordable integrated health and care service for the Isle of Coll population. There were a number of concerns raised from Coll residents, so the HSCP decided to set up this group with representatives from Coll Community Council and key strategic leads. The group was chaired by the Chief Officer.

A Strategic Needs Assessment and a survey was undertaken with Coll residents. The survey included specific questions about carers. Current service provision and gaps were also identified.¹⁸

A detailed action plan was developed with roles for the HSCP, the community and other partners. A Health and Wellbeing sub-group of the Community Council was established.

The risk is that momentum is lost, and staff changes may delay some actions and work with the sub-group. The feedback from Coll residents was that they appreciated being listened to and given a chance to use their voice. The Health and Well Being Group structure reporting to the Community Council is a conduit for regular communication with the HSCP.

11.3 Jura Out of Hours Care

Argyll & Bute HSCP previously had a Business to Business contract with Jura Medical Practice to provide out-of-hours (OOH) primary care services on the island of Jura. This contract concluded on March 31, 2023, and has not been renewed since. Currently, a locum rota is temporarily handling the OOH care. A project is underway to establish a new, cost-effective, and sustainable OOH care model that caters to the local population's needs.

The next steps include developing an options appraisal to present to the working group, which includes community counsellor representatives and local councillors.

¹⁸ <https://www.nhshighland.scot.nhs.uk/media/gaqoum0y/coll-community-survey-2022-results-public-report-30-nov-2022.pdf>; <https://www.nhshighland.scot.nhs.uk/media/0bjqejkj/coll-health-and-social-care-needs-assessment-2022-results-30-nov-2022.pdf>

11.4 Tiree – Community Care Hub Programme

A multi-agency, multi-disciplinary short life working group has been established in Tiree and work is progressing to introduce a test of change opportunity on Tiree with the appointment of generic staff who would deliver a mix of services of care and support in the community and as a support to GPs.

The hybrid approach to the delivery of care across the island fits with rural and remote circumstances rather than attempting to conform to existing models.

The staff team at the local care home would be utilised for this test of change with the addition of an increased staff team. The group have developed a risk management tool and a success evaluation criterion.

This is part to the overall Tiree Community Care Hub Programme, which focusses on modernising and reconfiguring the Tigh-a -Rudha Care Home. This project aims to better address current and future care needs, supporting population growth plans. Tigh- a -Rudha will be transformed into a modern, flexible hub with key worker accommodation, care facilities, and GP bed.

DRAFT

12. Engagement

To be written following public engagement.

DRAFT

13. Commitments and Action Plan

In this document we have articulated the strategic context and the principles that we use to guide our service planning and decision making for our island populations. We have also brought together information about how the HSCP delivers services for island communities and what we know about outcomes. We have described the context and structural challenges (demographics, transport, housing, seasonality) including what we and our partners are doing to address these. We have also highlighted individual projects that are being progressed. While there are unique circumstances, overall the challenges experienced by the Islands are similar to the ones experienced by other remote areas of Argyll and Bute.

Progress in areas such as housing, transport, poverty and overall economic development are outside of the direct responsibility of Argyll and Bute HSCP but we are committed to working with our partners at strategic and operational level to achieve better outcomes for Island communities.

The Island Strategy aims to:

- give an overview of how we deliver health, social care and social work services to our island communities, including structural challenges
- assess what we know about health, social care and social work outcomes for our island communities
- demonstrate what actions the HSCP is taking, either alone or with partners to maximise the health and wellbeing of island communities
- Ensure equitable access to services by looking at existing pathways to services; supporting travel when needed; collaborating with communities and working in partnership

We want to ensure that this strategy is realised through actions. Progress in a large number of areas such as housing, transport, poverty and overall economic development is outside or not solely within the remit of Argyll & Bute HSCP but we are committed to working with our partners at strategic and operational level to achieve better outcomes for Island communities.

To be updated following – public engagement.

Theme/Issue	Action
<p>Understanding the needs of our island communities when planning services</p>	<ul style="list-style-type: none"> • We mapped service provision for this strategy and we hope that this information will help support service planning for island communities. • We will ensure that an Island Impact Assessment is carried out for any changes in service or policy. • We will work with other statutory partners to ensure that new developments and changes to services delivered by them are assessed for their impact with regard to health, social care and general community wellbeing. • We will work with our partners such as A&B council departments, Community Planning Partnerships, Community Councils and the Voluntary Sector to address the economic, housing, and transport challenges affecting our island communities. • We are working with the Scottish Ambulance Service to monitor and evaluate service response, vehicles and drivers across all islands.
<p>Accessibility</p>	<ul style="list-style-type: none"> • We will ensure that pre-op appointments are carried out nearer to home. • Promote Near Me video consulting and other digital solution were appropriate to reduce the need to travel to access services which are not available on islands. • Ensure patients are aware of the Highland and Island Patient Travel Scheme which provides financial assistance with certain healthcare related travel costs. • We will scope if additional support should be made available women who travel off island to give birth. • We will work Caledonian MacBrayne to evaluate how the Urgent Medical Appointment Protocol. • Reliable and convenient travel options to access services that are only available on the mainland or outside of Argyll & Bute HSCP area is a central concern and we will continue to work in partnership with community planning partners to ensure referral pathways are taken into account when transport services are changed.
<p>Workforce</p>	<ul style="list-style-type: none"> • We have a workforce development group which is looking at how we can attract more people to work in Argyll and Bute HSCP, including the Islands. • We are working with A&B Council to improve the availability of key work accommodation • There has been investment to upgrade Council and NHS owned buildings on Coll and Tiree to create staff accommodation. • The Empty Homes Officer HSCP post is working with employees and owners to identify suitable options for HSCP staff across Argyll and Bute and there are specific initiatives taking place in some islands. • We are trialling more generic roles in certain areas to ensure that our workforce can respond more flexibly to local demand.

<p>Social Care and Care at Home</p>	<ul style="list-style-type: none"> • A strategic care home and housing group is reviewing both care home repairs short term and longer term what are the sustainable models of care. On islands we need to ensure sustainability of these models. • We are developing alternative models of care. This involves exploring the use of different disciplines working in a more generic and flexible ways thereby reducing the demand on multiple services delivering different aspects of care to the same client • There is currently a progressive care unit in Mull (Bowman Court) and an option to re-provision this to provide a hybrid model of independent living and long-term care is being scoped. • Test of change on Tiree with the appointment of generic staff who deliver a mix of services of care and support in the community and as a support to GPs. • This is part to the overall Tiree Community Care Hub Programme, which focusses on modernising and reconfiguring the Tigh-a -Rudha Care Home. This project aims to better address current and future care needs, supporting population growth plans. • A Care at Home strategy is currently being developed to ensure clarity of direction for the services, enabling changes to be made to provide a quality and cost-effective service for the future. This must include digital models to support sustainable delivery.
<p>Children’s Services</p>	<ul style="list-style-type: none"> • Work is being undertaken on identifying children and embarking on tests of change to consider the needs of the children and their families using in a multi-agency approach.
<p>Primary Care Services and Out of Hours</p>	<ul style="list-style-type: none"> • Implementation of the options appraisal for a new service delivery modal for Out of Hours Services on Jura • We have also recruited a project manager to scope and roll out appropriate solutions to ensure the sustainability of Out of Hours Services on other islands • We will work with stakeholders to ensure that the implementation of the General Practice Contract will take into account the unique challenges of providing primary care services to island communities
<p>Community Response</p>	<ul style="list-style-type: none"> • The HSCP Prevention Group and the Third Sector Interface are developing community resilience approaches to reduce the need for formal services or compliment statutory services • Loneliness needs to be addressed to consider the impact on health and well-being for older adults

A&B || Transforming HSCP || Together

Argyll & Bute Health & Social Care Partnership

Email

Contact



nhsh.strategicplanning@nhs.scot

Websites



<https://argyll-bute.gov.uk/health-and-social-care-partnership>

[About Argyll & Bute \(scot.nhs.uk\)](https://www.scot.nhs.uk)

Twitter



<https://twitter.com/abhscp>

Facebook



<https://www.facebook.com/abhscp>