Introduction
The Islands (Scotland) Bill was laid in the Scottish Parliament on the 9th June 2017. Scrutiny of the draft Bill will be led by the Rural Economy and Connectivity Committee and further detailed information in relation to the Bill is available here: http://www.parliament.scot/parliamentarybusiness/Bills/105168.aspx

The call for evidence by the Committee opened on 30th June 2017 with a deadline set for 25th September 2017. The call for evidence specifically seeks feedback on the following issues covered in the Bill:

- A duty to publish a national islands plan and lay it before the Scottish Parliament
- Requirement for Scottish Ministers and certain Scottish public authorities to prepare island impact assessments
- To protect the Scottish Parliamentary constituency of Na h-Eileanan an Iar (Western Isles) from change
- Allowing an exception to the rules for local government electoral wards to allow areas with inhabited islands to return 1 or 2 members
- Provide a regulation-making power for the Scottish Ministers to create a marine licencing scheme for coastal waters

The Argyll and Bute HSCP has been asked to give evidence to the committee on the specific requirement regarding “Island Impact Assessment or Island Proofing”

Requirement for Scottish Ministers and certain Scottish public authorities to prepare island impact assessments
This specific duty is the one which potentially has a significant implication for the HSCP with regard to its strategic plan and operational delivery.

The duty created under the Bill is often referred to as island proofing. The importance of island-proofing was recognised in Empowering Scotland’s Island Communities. The principle of island proofing is one of building a broad based islands awareness into the decision making process of all parts of the public sector.

Island proofing consists of considering the particular needs and circumstances of island communities when the Scottish Government and other relevant public authorities are exercising their functions and making decisions.

The Bill seeks to ensure that island communities are not unreasonably disadvantaged due to their location. Island proofing raises awareness of the needs and circumstances of island communities and the process will cover:

- identifying the potential direct or indirect consequences that new or revised legislation, policies, strategies or services might have on the inhabited islands of Scotland
- ensuring a proper assessment of those consequences, if likely to be significant, is undertaken;
adjusting legislative, policy and service proposals where appropriate to help ensure they address the needs of island communities

**Argyll and Bute’s Islands**

In Argyll and Bute there are 23 populated islands each with their own distinct identity. The HSCP clearly provides a range of health and care services to all people on these islands.

Some of these islands have a “designated resident presence” providing health (GP and Nursing) or care services; this is summarised in the table below. It also provides information on the planning intention for sustainable services particularly with regard to GP provision for our islands in Argyll and Bute.

<table>
<thead>
<tr>
<th>Island/ population*</th>
<th>Locality Health and Care Service</th>
<th>Status</th>
<th>Future planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isle of Bute (circa 7000)</td>
<td>1 GP practice providing Primary Care, Hospital, A&amp;E and Out of Hours service. On island Care services</td>
<td>Stable</td>
<td>Strengthen existing model, provide on-going training and aid recruitment</td>
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<tr>
<td>Isle of Gigha (170)</td>
<td>Day time visiting service from Kintyre Medical Group practice. GP Out of hours Campbeltown. Resident Nurse &amp; visiting island Care services</td>
<td>Stable</td>
<td>GP practice Federated with Campbeltown practice. Future nurse model on Island likely to be visiting service</td>
</tr>
<tr>
<td>Isle of Lismore (124)</td>
<td>Weekly day time GP visiting service from Port Appin, GP Out of Hours Oban Visiting island Care services</td>
<td>Stable</td>
<td></td>
</tr>
<tr>
<td>Isle of Jura (215)</td>
<td>1 resident GP 24/7 on-call Mix of on and visiting island care services</td>
<td>Stable - Concerns over ability to find and pay for locum cover reduce burden of isolation/on-call</td>
<td>Federated/ Integrated with Islay practice</td>
</tr>
<tr>
<td>Isle of Islay (circa 3000)</td>
<td>1 resident GP practice providing Primary Care, Hospital, A&amp;E and Out of Hours service 24/7 Mix of on and visiting island care</td>
<td>Stable</td>
<td>Strengthen model integrated hospital and community nursing teams, enhance local education/training-</td>
</tr>
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<td>Island/ population*</td>
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<td>Status</td>
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<tr>
<td>Isle of Mull ( circa 3200)</td>
<td>1 GP practice providing primary care and Hospital in hours. Out of hours (Tobermory &amp; Salen) 1 GP Bunessan-visiting service Isle of Iona , Mix of on and visiting island care services</td>
<td>2 GP Vacancies-locum cover 3 salaried GPs and OOHs rota cover from mainland 4 Community first responder teams in operation since Jan 2016</td>
<td>Single GP practice/Rural health and care team supported from Oban practice peer, mentoring, training, reciprocal cover. Mix of on Island and off island GP out of hours service</td>
</tr>
<tr>
<td>Isle of Colonsay (123)</td>
<td>1 GP practice 24/7 on-call Visiting nursing service and Mix of on and visiting island care services</td>
<td>GPs nearing retirement age-replacement service</td>
<td>Clinical Cluster development to promote service sustainability and enhance recruitment being explored. Engagement with community on their future service model. Initiatives to develop community resilience.</td>
</tr>
<tr>
<td>Isle of Coll (209)</td>
<td>1 GP practice 24/7 on-call Mix of on and visiting island nurse and care services</td>
<td>Stable - GPs resident on Island circa 15 years Recent difficulties recruiting nurse to island</td>
<td>Clinical Cluster development to promote service sustainability and enhance recruitment being explored. Engagement with community on their future service model. Initiatives to develop community resilience.</td>
</tr>
<tr>
<td>Isle of Tiree (708)</td>
<td>1 GP practice 24/7 on-call</td>
<td>Stable – recent recruitment replacing GPs resident Concern over GP out of hours cover in future as remuneration levels not attractive for future recruitment</td>
<td>Clinical Cluster development to promote service sustainability and enhance recruitment being explored. Engagement with community on their future service model. Initiatives to develop community resilience.</td>
</tr>
<tr>
<td>Isles of Kerra, Luing, Scarba, Seil</td>
<td>No resident presence. Mix of</td>
<td></td>
<td>Existing arrangements to</td>
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</table>
Specialist (Consultant) hospital in patient and daycase services are all provided in NHS Greater Glasgow and Clyde (GG&C). Specialist consultant outpatient services are provided both in Glasgow and Clyde and as an outreach consultant services in Argyll and Bute Hospitals.

The Rural General Hospital in Oban provides consultant led General Medicine and General Surgery services to the West of Argyll (Oban to Campbeltown).

Acute Inpatient Psychiatric services with the exception of the Helensburgh Locality which is provided by NHSGG&C, is provided from the Mid Argyll Hospital in Lochgilphead

**Island Proofing**

The Bill requires Scottish Ministers and certain Scottish public authorities, to prepare island communities impact assessments, when they are preparing a new or revised policy, strategy or service especially where it is likely to have a significant different effect on Island Communities compared to other communities including other Islands.

It is understood Scottish Government officials have advised that it is likely that organisations will be expected to undertake an initial screening to determine whether there might be an impact and only undertake a full impact assessment if a negative differential impact appears. The draft Bill however, does not set out what constitutes “having regard to or what is deemed reasonable” re island impacts

The Argyll and Bute HSCP supports the principle of “Island Proofing” to ensure there is not a significant or inequitable impact on patients or clients receiving health or care services on our islands.

The HSCP also recognises that there could be a potential wider impact than a single agency service or policy change. This is particularly important to our most remote and fragile island communities with a fear of an escalating domino effect as there may be interdependent factors e.g. transport or housing.

The HSCP when considering the impact of a policy or a service change on its island communities will apply any guidance issued on how a process should be conducted, who and what should be involved in such an assessment.

At the present time the HSCP follows a service change process which takes the following into account:

- Engagement and involvement of public, user and communities at as early a stage as possible of planning or policy development
- Benchmarking to other services both Island and mainland including delivery methods
- Service safety, quality and sustainability
- Accessibility to service be it local or specialist
• Patient/care assessed need and consequent and projected demand
• Wider stakeholder involvement e.g. Scottish Ambulance Service etc
• Community resilience
• Funding, cost and value for money
• Identification of alternative service models or options to mitigate impact

The question posed by the committee
• How would you decide that something might have a “significant effect” and what would you expect to be done about it?

It is not clear what is meant by significant effect, it is possibly to simplistic to give a simple quantitative benchmark or target e.g. 50% of a community, for it to be meaningful it must be an assessment of a number of factors possibly incorporating those listed above.

Health and Social Care Challenges and current Policy
Communities and individuals in our most remote and Island communities have become reliant on their very local service, be it doctor, nurse, police, fire and rescue, small school or post office. A dependency has therefore been created, and it is little wonder that some of these communities find change difficult.

Expectations of communities that have been in receipt of these local services, specifically those delivered through the NHS, are understandably high but for many reasons recruitment and retention is challenging (reasons include training, revalidation, governance, and importantly, personal). Even where recruitment is possible, single handed, isolated practice is no longer deemed to be desirable or safe.

There are significant challenges facing health and care delivery in our remote and Island communities. NHS Highland has been at the forefront of developing solutions to this to ensure a safe, responsive and sufficiently trained and equipped health and care team meet island community’s needs.

Some of the key challenges include:
• Changing health and care need
• Recruitment and retention of single handed practitioners
• 24/7 on-call commitment
• Deskilling due to low volume of work and consequent ability to access training and revalidation of standards
• IT and broadband infrastructure
• Ageing workforce
• Housing availability
• Access - Transport and isolation particularly in the winter
• Partner Employment opportunities
• Safety, Quality, Sustainability of services
• Value for Money, cost and asset utilisation

Further information on the “Being Here” project which details how NHS Highland has looked to address these challenges to sustain and enhance health and care services to remote rural and Island communities can be found from the link below:

The flowing national government policy announcements will directly affect the future shape of health and care services in Scotland and clearly will also impact on Island communities. There would be an expectation that these would need to be taken into account within an “Island Community Impact assessment”

**National Health and Social Care Delivery Plan**

2020 Vision – people live longer, healthier lives at home or in a homely setting, launched in December 2016, describes the approach to be followed to ensure that Health and Social Care is transformed in the next few years.

The Delivery plan is action orientated, and sets out a significant list of deliverable objectives which include a focus on regional and national planning of services where appropriate.

- Health and Social Care Integration
- Daycase treatment as the norm which promotes prevention, anticipation and supported self management; working across health and social care to improve patient care
- Highest standards of quality and Safety (Quality Strategy 2010)
- Person centred care
- Health and Social Care Workforce Plan
- Investment - matched to reform and transformation – considering workforce planning and development
- Digital Strategy to facilitate access to services and promote independence

**The National Clinical Strategy** (February 2016)

- Planning and delivery of primary care services around individuals and their communities published in February 2016 set out areas for change:
  - Planning hospital networks at a national, regional or local level based on a population/ availability of appropriately skilled workforce paradigm
  - Providing high value, proportionate, effective and sustainable healthcare (linked with Realistic Medicine)
  - Transformational change supported by investment in eHealth and technological

Two current pieces of work which are falling out of the National Health and Social care delivery plan which will have an impact on health care in island communities are:

- New National GP Contract – publication November 2017
- Regional Delivery Plans for the West, East and North of Scotland – November 2017 to March 2018

It is possibly too early but it is not known if a Islands Community impact assessment has been considered within their development process.

**Argyll and Bute HSCP Governance Implications**

**Contribution to IJB Objectives**

The Island Bill will support delivery of some of the IJB objectives as detailed in its strategic plan.

**Financial**

There are potential resource implications for the HSCP arising from the duty because, although the draft Bill currently does not impose a requirement to ensure there are no
differential impacts arising from changes in policies or services, having regard may mean that mitigating actions are required in some cases which could potentially come at an increased cost.

**Staff Governance**
There could be staff/workforce implications meeting standards of service or addressing inequalities if identified through an impact assessment.

**Planning for Fairness:**
The Islands Bill and its duty on Island proofing will support addressing health inequalities.

**Risk**
There is a service delivery sustainability and resource risk to any duty imposed on the HSCP as a result of this Bill. The interdependency of other services on Islands poses a further risk if impact assessments are conducted in isolation of other partners.

**Clinical and Care Governance**
There could be extra requirements regarding service safety and quality with consequent health and care governance implications.

**Public Engagement and Communication**
There will be a requirement to engage with our island communities with regard to any additional duty to conduct an Island Communities Impact Assessment.

Argyll & Bute Health & Social Care Partnership
October 2017