

How can Scottish island communities support the delivery of health and social care services in their communities?

This briefing note outlines the challenges to delivery of health and social care services in small island communities and identifies some potential for addressing these challenges through community innovation, and through actions taken by statutory authorities.

BACKGROUND

Ageing populations and the impact on health and social care services are of concern across the UK. In Scottish island communities these concerns are amplified, with patterns of migration and demographic change resulting in proportionally more older adults over the age of sixty-five than in mainland communities¹. In addition, in islands with small populations delivery of health and social care services can be challenging because of economies of scale, and in some cases, a lack of working age population. In a recent Scottish Islands Federation survey of islanders both 'access to health care' and 'access to social and elderly care' were identified as challenges facing Scottish islands².

Health and Social Care Services in Scottish Islands

For older people in island communities access to a range of healthcare services and services to support daily living are important. Since legislation was introduced in Scotland in 2014, work has been underway to integrate health and social care services across Scotland³. The integration agenda recognises that services provided in the community (including social care) can reduce the need for hospital or residential care.

The provision of health and social care in Scottish Island communities varies in extent and nature. The larger island communities including Mainland Orkney, Mainland Shetland and the Isle of Lewis all have Rural General Hospitals, alongside residential care facilities, and a range of health and social care services provided in the community.

¹ Scotland's census shows that "while 21 per cent of island residents were aged 65 or over, the proportion nationally was 17 per cent" – Scotland's Census (2015) *Inhabited Islands Report* http://www.scotlandscensus.gov.uk/documents/analytical_reports/Inhabited_islands_report.pdf

² Scottish Islands Federation (2016) *What matters most to the Islands* http://www.scottish-islands-federation.co.uk/what-matters-most-to-the-islands-sif-survey/#_ftn2

³ Public Bodies (Joint Working) (Scotland) Act 2014: <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

Smaller community hospitals are located in a number of islands including Skye, Mull, Islay, Arran, Rothesay, Uist and Barra⁴.

Some of the smaller islands also have access to residential care facilities and day care facilities. However, provision varies greatly by the size and relative connectivity of an island, with smaller islands typically being heavily reliant on transportation of patients or professionals between the island and other island or mainland communities.

Legislation around provision of social care services introduced in 2013 has allowed for flexibility and choice in how services are delivered: allowing a service user request services through statutory providers, agencies, or through receiving direct payments to allow them to arrange their own social care provision⁵.

Where social care is provided by a statutory provider or agency, these services are required to be registered with the Care Inspectorate, and staff may be required to hold certain qualifications (depending on their role). If a service user employs staff directly (using direct payments) then there is no requirement for registration or for care staff to have certain qualifications.

What is Social Care?

Social care services are those which provide personal care and other practical assistance for people who need additional support. One form of social care is home-care – that is services provided to older people to help them remain in their own homes, including personal care (washing, dressing, toileting), meal preparation and light housework. Other social care interventions might include the provision of aids and adaptations to help with daily living. In Scotland a person's requirement for social care is assessed using a single shared assessment, performed by a health and social care professional (commonly a social worker).

Key Considerations in the care provision for small island communities

POPULATION DEMAND: in general the smaller the population of the island, the lower demand there is likely to be for health and social care services and the less likely these are to be provided on the island itself⁶.

Accessibility of services depends on the level of specialism (with more specialist services typically requiring larger populations to sustain them).

TRANSPORTATION: health and care services in small islands depend on transporting patients or professionals in and out of island communities.

This leads to a reliance on sea and air transport, most often provided as public transport except in the cases of emergency evacuations.

Travel can be time-consuming, costly, difficult for those with reduced mobility, and can lack flexibility. Older patients

⁴ <http://www.gov.scot/Resource/0039/00391837.pdf>

⁵ Social Care (Self-Directed Support) (Scotland) Act 2013
<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

⁶ This is a broad generalisation, it is important to note that the relative needs of island populations is also a result of the demographic profile of the island (for example the relative proportion of older people).

with complex needs may find travel particularly challenging and require accompaniment in order to be able to safely make their way to appointments in other locations.

Transportation within the island to a pier or airstrip can also be very challenging where scheduled bus services are not offered and on-island taxi services are not available, leading to a reliance on friends and family for lifts.

Where services are delivered by staff based outwith island communities who need to be transported to the island, the impact will be different for different services, with home-care services particularly badly affected as, by their nature, these services have to be delivered regularly, in a service user's home and are frequently delivered late at night and early in the morning (outwith the usual availability of scheduled transport).

LACK OF AVAILABILITY & CHOICE OF SOCIAL CARE: despite social care legislation offering a range of options for how individuals can access to social care, there is some evidence that in small islands (as in remote mainland areas) a lack of available options results in individuals being required to arrange their own social care provision (using direct payments) or to do without⁷.

As not all service users will want to, or have the capacity to become employers, the reliance on direct payments may result in significant

inequalities of access to social care. Further, challenges in finding appropriately skilled and qualified staff may result in these individuals accessing unregulated and lower quality services.

Where an individual does not want, or is not able to arrange their own provision, then they may either be required to manage without, or to move to a location where these services are available.

STAFF RECRUITMENT: due to restricted demand, part time and zero hours contracts for health and social care staff are more likely in small communities.

These contracts provide flexibility to service providers, but often unpredictable and infrequent hours to those who deliver them.

Working in small communities can also be professionally challenging, with staff often working in isolation, and with patients or service users who are known to them both professionally and personally.

This can impact on the attractiveness of the work. Challenges in recruitment of medical staff in remote and rural areas is well documented⁸.

Social care staffing challenges are also acute, especially given the poor status, terms and conditions and pay within this sector more widely⁹.

⁷ AuditScotland (2017) *Self-directed support: 2017 progress review*: p.16. Available from: http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf

⁸ General Medical Council UK (2018) <https://www.gmc-uk.org/education/how-we-quality-assure/sharing-good-practice/general-practice-training-for-remote-and-rural-areas>

⁹ Scottish Care (2017) *Bringing Home Care: A vision for reforming home care in Scotland*. Available from: www.scottishcare.org/wp-content/uploads/2017/05/SC-Bringing-Home-Care-FINAL-LoRes.pdf

STAFF TRAINING: access to ongoing Continuous Professional Development (CPD) in island communities can be challenging due to limited staff cover, and the time and cost implications of travelling for training.

In addition, the introduction of social care legislation requiring individuals who provide personal care for an organisation to hold a qualification in social care¹⁰ are likely to exacerbate the challenges of delivering home care services in small-island communities.

The costs of the training, and the vocational nature of the qualification (which requires individuals to be currently practicing as carers) is likely to pose challenges in communities where demand on services is low.

TELECOMMUNICATIONS

INFRASTRUCTURE: technological innovation offers some possibilities for overcoming the challenges of distance in the delivery of health and social care. This may be through offering medical consultations through videoconference or telephone or using technology to allow patients to monitor

their own health conditions (telehealth) or utilising alarm systems to allow service user safety to be monitored (telecare)¹¹.

These innovations offer substantial potential; however they require sufficient wider telecommunications infrastructure which may not always be available in small island communities.

In addition, effective telecare systems remain reliant on having suitably qualified individuals to respond if an alarm is triggered.

HOUSING QUALITY &

AVAILABILITY: small islands rarely have options for sheltered housing or residential care facilities. They also have small housing markets, with limited choice of housing, and typically characterised by older properties.

This can impact on the ability of an older resident to access suitable housing for their needs – e.g. housing which is closer to an island’s services (e.g. in the main village), adapted for a service user’s needs, smaller or more modern.

Overcoming the Challenges – the Role of Community Innovation

The Christie report (2011) emphasised the value of community involvement in co-design and co-delivery of health and care services to enable more effective and efficient services. Community involvement in design and delivery of services is often termed ‘co-production’, and although widely recognised as valuable, it is also recognised that there may be significant challenges that need to be overcome to allow statutory authorities and communities to truly co-produce services¹².

¹⁰ Scottish Government (2017c) *National Health and Social Care Workforce Plan: Part 2 – a framework for improving workforce planning for social care in Scotland*. <http://www.gov.scot/Resource/0052/00529319.pdf>

¹¹ Age UK (2018) *Using Technology for Independence* <https://www.ageuk.org.uk/information-advice/care/adapting-your-home/using-technology-for-independence>

¹² Munoz, S. A (2014) *Involving Rural Communities in Health and Care Services Co-Production: Promoters and Barriers as reported in the Academic Literature*. Healthcare Improvement Scotland. http://www.scottishhealthcouncil.org/publications/research/involving_rural_communities.aspx

In practice, communities around Scotland are already delivering services that effectively support health and social care services. Common forms of service provision focus on addressing issues of social isolation, transport and aspects of daily living. These include:

- Community transport and lift sharing schemes
- Community home-help services (providing services such as cleaning, gardening and other light domestic duties)
- Lunch clubs and meals services
- Befriending or visits services

These services effectively build on the existing community values and 'neighbourliness' – often perceived as a real strength of island communities. Community involvement in the delivery of regulated aspects of health and social care is less common, partly because of the additional administration and responsibility of providing these services (and the costs involved). However, there are examples of day care services and home care services in particular being delivered at least in part by communities (see examples below).

Where regulated care services are provided by communities, this is normally alongside the provision of wider services designed to support older people. The examples given below are from mainland Scotland communities, but demonstrate models that could be applied in island settings.

Example: Day Care Services

After the local authority expressed an intention to close the local residential care home, the Assynt community arranged to take over the centre. The registration with the Care Inspectorate was changed to reduce the range of services the centre offered, and to reduce the overheads and responsibility taken on by the community. Community Care Assynt now runs the Assynt centre and offers a daily lunch service and a befriending service. Core funding for the centre is provided by statutory authorities but can be supplemented by other income.

<http://communitycareassynt.org.uk/>

Example: Home Care Services

Boleskine community care is a community organisation set up to provide voluntary care and support to older people within the Boleskine community. Services include a lunch club, social activities and a handyperson scheme. Following the set-up of the organisation, the community identified a need for provision of home care services, with neither the statutory authorities or local agencies able to deliver these services themselves. The community went into partnership with a local care agency (Highland Home Carers) to provide a service. In this partnership the Boleskine community helps to identify and recruit potential carers, but the registration with the Care Inspectorate is the responsibility of the care agency.

<http://www.boleskine-communitycare.org.uk/>

Overcoming Challenges – the role of statutory authorities

The two examples given in the preceding section of communities providing regulated care services demonstrate the importance of a partnership working approach, with statutory authorities providing some funding and support (in the Assynt example), and a care agency providing support with registration and administration (in the Boleskine example).

Despite the focus on community co-delivery and co-design of services in health and social care legislation and policy, in most cases statutory authorities are yet to develop effective mechanisms for engaging with communities to enable true co-design and delivery.¹³ Community co-design and delivery is likely to be particularly valuable in island communities given the challenges of economies of scale for statutory authorities,¹⁴ the strength of community in many islands, and the fact that island communities can be valuable sites for innovation¹⁵. Given that health and social care services available on islands will differ between islands (being dependent on the size and relative connectivity of each community) it is particularly important that adequate consideration is given to each island and its specific context, rather than always grouping islands together.

Models of care provision which emphasise community involvement, and locally based forms of practice such as the Nuka model from Alaska and the Buurtzorg model from the Netherlands may be worth further consideration by statutory authorities. Addressing challenging problems such as the recruitment, training and retention of health and social care staff are unlikely to be effectively addressed by any one body on its own. Therefore pooling the resources (including knowledge, financial, and human resources) of communities, agencies and statutory authorities may offer some solutions.

Considering health and social care services in island communities, wider island infrastructure (particularly transportation, telecommunications and housing) are all of central importance. This suggests that where possible statutory authorities should work with other statutory bodies, and cross-departmentally to consider the wider impacts of community development and infrastructure projects on health and care services, and also the potential wider impacts (for example in terms of job-creation) of developments in health and social care services.

The recently passed Islands (Scotland) Bill makes several provisions which may have a positive impact on the ability of statutory authorities to consider, and plan for, provision of services within island communities¹⁶. This includes an intention for a

¹³ Munoz, S. A (2014) *Involving Rural Communities in Health and Care Services Co-Production: Promoters and Barriers as reported in the Academic Literature*. Healthcare Improvement Scotland. Available from: http://www.scottishhealthcouncil.org/publications/research/involving_rural_communities.aspx

¹⁴ Macaulay, B. (2016) 'Considering social enterprise involvement in the commissioning of health services in Shetland', *Local Economy* 31(5) pp.650-659

¹⁵ Baldacchino, G. (2007) 'Islands as novelty sites' *Geographical Review* 97(2): 165-74

¹⁶ Scottish Parliament (2018) *Current Bills: Islands (Scotland) Bill*: <http://www.parliament.scot/parliamentarybusiness/Bills/105168.aspx>

national island's plan which will aim to 'link the various policies, strategies and services which support outcomes for island communities together.'¹⁷

In addition, when authorities such as the NHS or local authority introduce a new or revised policy, strategy or service, they will be required to create an island communities impact assessment (when there is likely to be a significant difference in impact on island communities compared to other communities).

However, how the islands bill impacts on service provision in island communities, especially smaller island communities which may be part of a larger island archipelago and administrative area (such as Orkney, Shetland or the Western Isles), remains to be seen.

Conclusions and Recommendations

In practice, compared to those living in mainland communities, older island residents may experience reduced health and social care services, a delay in receiving services, or be required to travel to receive services. These issues are more acute in smaller islands and in those with limited connectivity to mainland or other island communities.

Potential impacts include an increase in risk to older people in island communities, and out-migration of older residents in order to improve access to health and social care. Finding ways to improve the support of older populations in island communities to allow them to remain in their communities safely and for longer is therefore important.

Recommendations for addressing health and social care needs in the Scottish islands are:

- **Statutory health and care providers** should identify ways of engaging more effectively with individual island communities in a process of service co-design and delivery.
- **Communities** should, where possible, reinforce existing informal community support for older residents and develop social enterprises to deliver further community led services.
- **Island communities** should continue to work together through the Scottish Islands Federation or other means, to share good practice in community led care initiatives.
- **The Scottish Islands Federation** and other representative bodies should continue to raise awareness of policy makers in terms of the island-specific issues surrounding the delivery of health and social care.

¹⁷ Scottish Parliament (2017) *Islands (Scotland) Bill: research briefing*
<https://digitalpublications.parliament.scot/ResearchBriefings/Report/2017/9/4/Islands--Scotland--Bill-1>

- **Policy makers** should ensure, where possible, and in line with the Islands (Scotland) Act, that the development of legislation, policy and practice does not impact unfairly on island communities, and should consider flexibility in the application of policy to small island communities.

FIND OUT MORE

This briefing paper was prepared by Rosie Alexander <https://www.rosiealexander.co.uk/> on behalf of the Scottish Islands Federation (S.I.F). S.I.F is a network of islanders sharing solutions and innovation to further the sustainability of Scotland's island communities and providing a forum and voice for issues of common concern. <http://www.scottish-islands-federation.co.uk/>