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24 October 2023

## **NOTICE OF MEETING**

A meeting of the **BUTE AND COWAL COMMUNITY PLANNING GROUP** will be held **BY MICROSOFT TEAMS** on **TUESDAY, 31 OCTOBER 2023** at **10:00 AM**, which you are requested to attend.

Douglas Hendry  
Executive Director

## **BUSINESS**

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES**
  - (a) Meeting of the Bute and Cowal Community Planning Group held on Tuesday 15 August 2023 (Pages 3 - 12)
- 4. COMMUNITY PLANNING PARTNERSHIP MANAGEMENT COMMITTEE UPDATE**  
(Pages 13 - 16)  
Report by Committee Manager
- 5. COMMUNITY WELLBEING**
  - (a) Public Health Team - Local Adult Health Area Profile (Pages 17 - 84)
- 6. PARTNER UPDATES**
  - (a) Police Scotland Update (Pages 85 - 88)
  - (b) Scottish Fire and Rescue Service Update (Pages 89 - 94)

- (c) Argyll and Bute Health and Social Care Partnership - Public Health Update (Pages 95 - 98)
- (d) Argyll and Bute Health and Social Care Partnership - GP Relocation Project (Pages 99 - 102)
- (e) Argyll and Bute TSI Update (Pages 103 - 106)
- (f) UHI Argyll Update (Pages 107 - 108)
- (g) Live Argyll Community Learning Services Update (Pages 109 - 110)
- (h) Argyll and Bute Citizens Advice Bureau Update (Pages 111 - 112)
- (i) Opportunity for Verbal Updates

## **7. SHAPING PLACES FOR WELLBEING**

Update by Project Lead - Dunoon

## **8. SANDBANK ROAD SAFETY**

Discussion facilitated by Committee Manager

## **9. COMMUNITY FOCUS**

- (a) Heartstart Cowal (Pages 113 - 122)

Presentation by Heartstart Nurse Lead / Training Supervisor

## **10. CLIMATE CHANGE**

- (a) Climate Change Working Group Update

Verbal update by Representative

- (b) TSI/ACT Climate Change Hub

Verbal update from Angela Anderson

- (c) Opportunity for verbal updates on community based initiatives

## **11. DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 6 February 2024.

## **Bute and Cowal Community Planning Group**

Reeni Kennedy-Boyle (Vice-Chair)      Charles Dixon-Spain (Chair)

Contact: Julieann Small, Senior Committee Assistant - 01546 604043

**MINUTES OF THE MEETING OF THE BUTE AND COWAL COMMUNITY PLANNING GROUP  
HELD BY MICROSOFT TEAMS  
ON TUESDAY, 15 AUGUST 2023**

**Present:**

Reeni Kennedy-Boyle, Fyne Futures (Vice-Chair)  
Stuart McLean, Committee Manager, Argyll and Bute Council  
Ailie Law, Community Development Officer, Argyll and Bute Council  
Antonia Baird, Community Development Officer, Argyll and Bute Council  
PS Eddie McGunnigal, Police Scotland  
Martin Gerrish, Grow Food, Grow Dunoon  
Rhona Grant, Community Learning Services, Live Argyll  
Susan MacRae, Skills Development Scotland  
Rhona Altin, UHI Argyll  
Alex Wilde, Shaping Places for Wellbeing, Improvement Service  
Becky Hothersall, Shaping Places for Wellbeing, Improvement Service  
John Parker, Sandbank Community Development Trust  
Ann Campbell, SURF  
Councillor Liz McCabe, Argyll and Bute Council  
Jim Osborne, Bute Community Council  
David Clough, Dunoon Community Council  
Gordon Ramsay, Transport Scotland  
Angela Anderson, Time for Change Argyll and Bute  
Christopher Spence, Scottish Fire and Rescue Services  
Angela Coll, Argyll and Bute Health and Social Care Partnership  
Jen Broadhurst, Citizens Advice Bureau  
Lauren Worrell, NFU Scotland

**Attending:**

Robin Webster, Friends of Glenan Wood  
Gordon Ross, Western Ferries  
Charlie Murphy, Centre for Local Economic Strategies (CLES)  
Ross Gunn, Atkins WSP Joint Venture  
Iain Adams, Atkins WSP Joint Venture  
Mali Gravell, Project Lead for Food Policy and Delivery, Argyll and Bute Council

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting and general introductions were made.

Apologies for absence were intimated on behalf of:

Charles Dixon-Spain (Chair);  
John McLuckie, Community Planning Partnership Lead, Argyll and Bute Council;  
Sue McKillop, Scenic Sandbank;  
Juliette Gill, Hunters Quay Community Council;  
Councillor Gordon Blair, Argyll and Bute Council;

Councillor Daniel Hampsey, Argyll and Bute Council;  
Councillor Audrey Forrest; and  
Tom McFarlane, Department for Work and Pensions (DWP)

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

**3. MINUTES OF THE MEETING OF THE BUTE AND COWAL COMMUNITY PLANNING GROUP HELD ON TUESDAY 2 MAY 2023**

The Minutes of the Bute and Cowal Area Community Planning Group meeting held on Tuesday 2 May 2023 were approved as a correct record.

**4. COMMUNITY PLANNING**

Antonia Baird, Community Development Officer Argyll and Bute Council, provided the Group with an overview of Community Planning in Argyll and Bute. The presentation included information on the Community Empowerment (Scotland) Act 2015; the roles and responsibilities of the Community Planning Team; where the Area Community Planning Groups fit into the partnership and their relationship with the Management Committee; cross cutting themes and principles of effective community planning.

The presentation also included information on the development day which is held once a year; action plans for each of the Area Community Planning Groups as well as the Argyll and Bute's Outcomes Improvement Plan and how the Community Planning Team communicate with partners and members of the groups.

**Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Community Development Officer, Argyll and Bute Council)

**5. COMMUNITY PLANNING PARTNERSHIP MANAGEMENT COMMITTEE UPDATE**

Consideration was given to a briefing note which provided information on matters discussed during a meeting of the Community Planning Partnership (CPP) Management Committee, held on 22 June 2023.

The Committee Manager highlighted that the CPP Management Committee recognised the issues raised by the Dunoon Gourock Ferry Action Group at the last Area Community Planning Group meeting and that the Management Committee were uncertain on what action the Group wanted.

The Committee Manager advised that the Community Planning Team have offered to facilitate a discussion between the Chair of the CPP Management Committee, the Chair of Bute and Cowal Area Community Planning Group and the Chair of the Dunoon Gourock Ferry Action Group if the Group deemed this appropriate.

## **Decision**

The Bute and Cowal Community Planning Group:

1. considered and noted the briefing note; and
2. agreed that a discussion, facilitated by Community Planning Team, involving the Chair of the CPP Management Committee, the Chair of Bute and Cowal Area Community Planning Group and the Chair of the Dunoon Gourock Ferry Action Group be organised.

(Reference: Report by Committee Manager, Argyll and Bute Council, dated 15 August 2023, submitted)

## **6. TRANSPORT INFRASTRUCTURE**

### **(a) Transport Update - Argyll and Bute Council**

Consideration was given to a Transport Update by the Contract Officer at Argyll and Bute Council. The update provided information on the work being done in preparation of pupils returning to school after summer; the continued operation of the call centre team in Berwick in handling Pingo calls and the planned replacement of damaged bus stops in greater Dunoon.

#### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Contract Manager, Argyll and Bute Council, dated 15 August 2023, submitted)

### **(b) Access to Argyll and Bute (A83)**

The Group gave consideration to a presentation by Transport Scotland and Atkins WSP Joint Ventures on the permanent solution for the A83. The presentation included information that had been delivered at both virtual and in person public exhibitions within in the locality, specifically key features and benefits of the preferred route; the preferred route plan; the scheme assessment process and the next stages of the assessment and construction phases.

#### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Transport Scotland and Atkins WSP Joint Ventures)

### **(c) Western Ferries**

Gordon Ross of Western Ferries provided the Group with an overview of the service provided. Gordon advised that in June 2023 Western Ferries celebrated 50 years of service and that they were currently celebrating the 10<sup>th</sup> anniversary of the naming

ceremony of their newer boats the Sound of Seil and the Sound of Soay.

Mr Ross advised that Western Ferries provide approximately 32,000 sailings a year from 6am until midnight, 365 days a year adding that they provide a reliable, frequent and flexible service to the community. It was also highlighted that Western Ferries provide a free out of hour's service for emergency services in Dunoon and have a stand by crew permanently on call.

Discussion took place in relation to the lack of joint working with bus operators to provide a bus link at Hunters Quay into Dunoon.

### **Decision**

The Bute and Cowal Area Community Planning Group:

1. considered and noted the information provided; and
2. requested that the Committee Manager relay the concerns of the Group regarding the lack of connectivity between ferry services and bus services to the Contract Officer.

(Reference: Verbal Report by Managing Director, Western Ferries)

## **7. CLES - COMMUNITY WEALTH BUILDING**

The Group gave consideration to a presentation on Community Wealth Building from Charlie Murphy from CLES (Centre for Local Economic Strategies). Charlie highlighted that the CLES mission is to develop local economies which work for people, planet and place and that it is the lead organisation for Community Wealth Building in the UK.

Charlie advised the Group that CLES have been commissioned by the TSI on behalf of the CPP to conduct research on Community Wealth Building in Argyll and Bute.

It was highlighted that CLES would be running a workshop in Dunoon on the 5<sup>th</sup> September exploring Community Wealth Building in Argyll and Bute.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Researcher, Centre for Local Economic Strategies)

## **8. PARTNER UPDATES**

### **(a) Police Scotland Update**

Consideration was given to an update which included information on the ongoing work of the Service and provided information on the expansion of the Partners intelligence portal; the emergency services day held in Dunoon; youth engagement activities; the 'Move in May' challenge which Police Scotland staff took part in; Progress Pride flag's journey around Argyll and West Dumbartonshire Division and

the Keep Safe scheme.

**Decision**

The Bute and Cowal Area Community Planning Group:

1. considered and noted the information provided; and
2. noted that in the absence of a representative from Police Scotland, any questions could be forwarded to them following the meeting and any responses circulated to the Group.

(Reference: Report by Police Scotland, submitted)

**(b) Scottish Fire and Rescue Service Update**

The Group gave consideration to a report highlighting the Scottish Fire and Rescue Service's (SFRS) FQ1 review of local performance across Bute and Cowal for the period 2023-24. The report included information on the local firefighter training plan; incidents during this time period; unwanted fire alarm signals; road and water safety campaigns; community engagement activities; East and West Dunbartonshire and Argyll and Bute Local Senior Officer Activities and home fire safety.

**Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Scottish Fire and Rescue Service, submitted)

**(c) Argyll and Bute Health and Social Care Partnership - Public Health Update**

The Group considered a public health update from Angela Coll, Argyll and Bute Health and Social Care Partnership on the ongoing wellbeing and prevention activities overseen and delivered by the HSCP Public Health Team in Argyll and Bute. The update highlighted information on the Public Health Intelligence Team (PHIT); the Money Counts Level 1 awareness raising sessions; the Living Well Networks and the merge of the Living Well Strategy and Prevention Board.

**Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Health Improvement Lead, Argyll and Bute Health and Social Care Partnership, submitted)

**(d) Live Argyll - Community Learning Services Update**

The Group gave consideration to an update from Rhona Grant, Live Argyll - Community Learning Services. The update provided information relating to youth work in the Bute and Cowal area such as the GIVE summer programme; the Friday night football being run once a month in partnership with Police Scotland and Black

Park cages; the Police Scotland Youth Volunteers (PSYV); the work with Developing Young Work Force (DYW) and the summer exchange programme.

The update also provided information on adult learning with it being highlighted that both Bute and Cowal now have a Community Learning Worker who works as an Adult Learning Lead in a part time capacity.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Team Leader – Community Learning Services, Live Argyll, submitted)

#### **(e) UHI Argyll Update**

Consideration was given to an update by Rhona Altin, UHI Argyll. The update highlighted that all UHI centres held an open day on the 14<sup>th</sup> June in which people were encouraged to drop into their local centres to enquire about courses and find out what support is available to them and information on new NQ, NC and Access courses that are available.

It was noted that UHI Argyll staff have been attending some local events during the summer months and are currently preparing for the new academic year and the intake of new students.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by UHI Argyll, dated 2 August 2023, submitted)

#### **(f) Skills Development Scotland Update**

The Group gave consideration to an update from Susan MacRae, Skills Development Scotland. The update included information on the work that career advisors have been doing in Dunoon Grammar School and Rothesay Joint Campus; the support they have been providing to school leavers; the Partnership Action for Continuing Employment initiative and the annual participation measures which are due to be published on 31st August.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Area Manager, Skills Development Scotland, submitted)



(g) **Opportunity for Verbal Updates**

Argyll and Bute Citizens Advice Bureau

Jen Broadhurst highlighted that Argyll and Bute Citizens Advice Bureau (CAB) have been very busy and have supported just under 800 clients in the last 3 months with 370 of those being new to the bureau with the majority being in relation to welfare rights. Of those clients 218 were provided with welfare rights support, 41 were supported to access digital, food or fuel crisis funding.

Jen added that the overall client financial gain, generated from the advice provided was just under £360,000 with 78% of the funding being generated by Welfare Rights.

Jen also provided information on other areas such as the new data hub which provides statistical data on the range of clients that they support across the region; debt advice; the Armed Services advice project which has been extended until the end of the year; energy advice; the adviser training programme; the cost of care research; the updating of the Bureau's business plan and the wellbeing networking event which is to be held on the 13<sup>th</sup> September.

It was also highlighted that CAB have partnered with Dunoon Foodbank to offer appointments and drop ins every couple of weeks.

Dunoon Community Development Trust

Ann Campbell highlighted that Dunoon Community Development Trust has just completed a recruitment phase following a successful grant application and advised that she has been appointed as Partnership and Development Manager with there also being a part time information engagement co-ordinator and a part time volunteering for wellbeing co-ordinator. Ann added that they are currently in the process of establishing the Trust as an employer and once confirmed as such further information will be shared with partners.

**9. SHAPING PLACES FOR WELLBEING**

The Group considered an update from Alex Wilde and Becky Hothersall, Shaping Places for Wellbeing Dunoon. The update provided information on the recent work of the service, with it being highlighted that they can support organisations create their own Place and Wellbeing Assessment and that they are also planning to work with local partners on exploring active travel plans for Dunoon.

It was also highlighted that since the last meeting the team has co-ordinated a Place and Wellbeing assessment of the Health and Social Care Partnership's Joint strategic plan and joint commissioning strategy, and the Argyll and Bute Local Policing Plan 2023-26.

**Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Report by Community Link Lead, Shaping Places for Wellbeing, Dunoon, submitted)

## 10. BUTE COMMUNITY COUNCIL - CONSULTATION EXERCISE

Jim Osborne from Bute Community Council provided the group with an update on the consultation exercise currently being undertaken by the Community Council. Jim advised that the new Community Council agreed last year to revisit a conversation that took place in 2015 on how the Community Council can improve Bute and reverse depopulation on the Island.

Mr Osborne advised that the Community Council had organised a public meeting in Rothesay at the end of March where around 60 people attended and presented their views on how to improve the Island with 7 main themes emerging, the top 3 being, facilities for visitors, town regeneration and facilities for young people.

Jim advised that a couple of follow up meetings with other communities on Bute had been organised with similar outcomes emerging, with facilities for the elderly being added as a main theme.

It was also highlighted that the Community Council are still in the process of Community engagement and at this time need to set up meetings with other communities and with young people on Bute to find out their thoughts and what they would like to see in the area.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Verbal Report by Jim Osborne, Bute Community Council)

## 11. COMMUNITY FOCUS

### (a) **Sandbank Community Development Trust**

The Group considered a presentation by John Park, Director of Sandbank Community Development Trust which was established in 2002 to provide social and community facilities, environmental improvements, preservation of local heritage and support for local businesses. Mr Park also provided information on the Community Action plan and the ongoing activities of the Trust such as the Ardnadam Community Park and Holy Loch Nature Reserve.

### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Director, Sandbank Community Development Trust, dated August 2023, submitted)

## 12. CLIMATE CHANGE

### (a) **Climate Change Working Group Highlight Report**

Consideration was given to a report which highlighted the ongoing work of the Climate Change Working Group. The report outlined the proposal to produce a strategic Action Plan as a means to address the climate emergency in Argyll and Bute; the approved governance arrangements to support the Climate Change Project Manager post and the ongoing work on the recruitment of a Project Manager.

#### **Decision**

The Bute and Cowal Area Community Planning Group:

1. considered and noted the information provided; and
2. noted that in the absence of a representative from the Climate Change Working Group, any questions could be forwarded to the Committee Manager following the meeting and any responses circulated to the Group.

(Reference: Report by Chair of the Community Planning Partnership Climate Change Working Group, dated 2 August 2023, submitted)

### (b) **Friends of Glenan Wood**

Consideration was given to a presentation by Robin Webster of Friends of Glenan Wood which provided information on the woodlands which is 148 hectares of unique Atlantic temperate rainforest located in Portavadie. Robin highlighted that the woods were acquired by the local community from Forestry Scotland via the Scottish Land Act in 2019 and now has approximately 80 local members and 7 local trustees.

The presentation also included information on what visitors can expect to find in the woodlands; grants that they have received; work parties for volunteers; the weekly 'brew and blether' and the challenges they are facing.

More information can be found at: <https://www.glenanwood.org.uk/>.

#### **Decision**

The Bute and Cowal Area Community Planning Group considered and noted the information provided.

(Reference: Verbal Report by Secretary, Friends of Glenan Wood)

### (c) **Progress on Argyll and Bute Climate Hub**

It was noted that a written update from Argyll and Bute TSI would be circulated to the Group following the meeting and that any questions should be sent to the Committee Manager to forward to the Argyll and Bute TSI for consideration and response as appropriate.

(d) **Opportunity for verbal updates on community based initiatives**

There were no verbal updates provided under this item.

**13. DATE OF NEXT MEETING**

The Chair thanked everyone in attendance at the meeting, and thanked all partners for their continued proactive work in the community.

The Group noted that the next meeting of the Bute and Cowal Area Community Planning Group would take place on Tuesday 31 October 2023.

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**Argyll and Bute Community Planning Partnership****Bute and Cowal Area Community Planning Group****31 October 2023**

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**Community Planning Partnership Management Committee Update**

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This briefing relates to the meeting of the Community Planning Partnership (CPP) Management Committee which was held on 7 September 2023. The briefing is for noting and relevant discussion.

**Summary**

The CPP Management Committee met on the 7 September 2023 with the meeting being held on a hybrid basis from the Council Chambers, Kilmory and via MS Teams. This update provides an overview of the discussion which took place.

Reports which were discussed at the meeting can be found by following this link - [Agenda for Argyll and Bute Community Planning Partnership - Management Committee on Thursday, 7 September 2023, 10:30 am - Argyll and Bute Council \(argyll-bute.gov.uk\)](#)

**HIGHLIGHTS****Matters Arising from Area Community Planning Groups**

An update was provided on the discussions which had taken place at all 4 Area Community Planning Groups during the August 2023 cycle of meetings. The Management Committee noted the report highlights, the changes to the Chair and Vice Chair positions for both the Oban Lorn & The Isles and the Mid Argyll, Kintyre & the Islands ACPGs, and the request from the Bute and Cowal ACPG for a meeting to discuss the Dunoon-Gourock car ferry.

**CROSS CUTTING THEMES****Climate Change**

Stan Philips gave a presentation in addition to his paper on "Addressing the Climate Emergency in Argyll and Bute project by the Climate Change Working Group (CCWG)". Mr Philips advised that recruitment is underway for the Argyll and Bute Climate Action Project Manager who will undertake the development of the Argyll and Bute Climate Change Mitigation, Adaptation and Engagement Strategy and

Action Plan. Interviews have been held and a preferred candidate has been selected.

The Project Manager post will be hosted by Argyll and the Isles Coast and Countryside Trust who will provide day-to-day line management. A Steering Group will be established to provide support and guidance to the Project Manager and oversight of the Project. The Steering Group will report to the Climate Change Working Group, which reports to the CPP.

### **Financial Inclusion**

Fergus Walker submitted a written update that highlighted the range of work being delivered around financial inclusion, including Crisis Grants, Community Care Grants, Discretionary Housing Payments, Flexible Food and Fuel Fund, and School Clothing Banks.

The report also advised that the Council Tax team had processed applications from customers for the Energy Bill Support Scheme and Alternative Payment Fund on behalf of the UK government. These schemes, which are now closed, were aimed at people who do not have a direct relationship with an energy supplier and therefore hadn't benefitted from the £400 grant that reduces energy bills or the £200 for those using oil or gas central heating.

### **Community Wealth Building (CWB)**

Takki Sulaiman presented an update on the mapping exercise being undertaken by CLES, funded by TSI on behalf of the CPP. Takki advised that CLES have conducted key informant interviews and held community based workshops in each of the administrative areas.

### **UPDATE ON THE ARGYLL AND BUTE OUTCOMES IMPROVEMENT PLAN DEVELOPMENT**

Rona Gold provided an update on the development of the new 10-year Argyll and Bute Outcomes Improvement Plan. Short presentations were delivered by Miss Gold, Lucy Dunbar and John McLuckie on the three priority themes of Community Wellbeing, Housing and Transport Infrastructure respectively.

### **UPDATE ON PRESENTATION OF THE DIRECTOR OF PUBLIC HEALTH REPORT ON PREVENTION TO THE IJB HIGHLIGHTS**

The Management Committee considered and noted a public health report on the ongoing wellbeing and prevention activities overseen and delivered by the HSCP Public Health Team in Argyll and Bute. Sam Campbell, Health Improvement Principal, presented a number of key messages from the 2022 annual report of the Director of Public Health on Prevention. The full report can be found at:- [NHS DPH Annual Report 2022 \(adobe.com\)](#)

**For further information, please contact:**

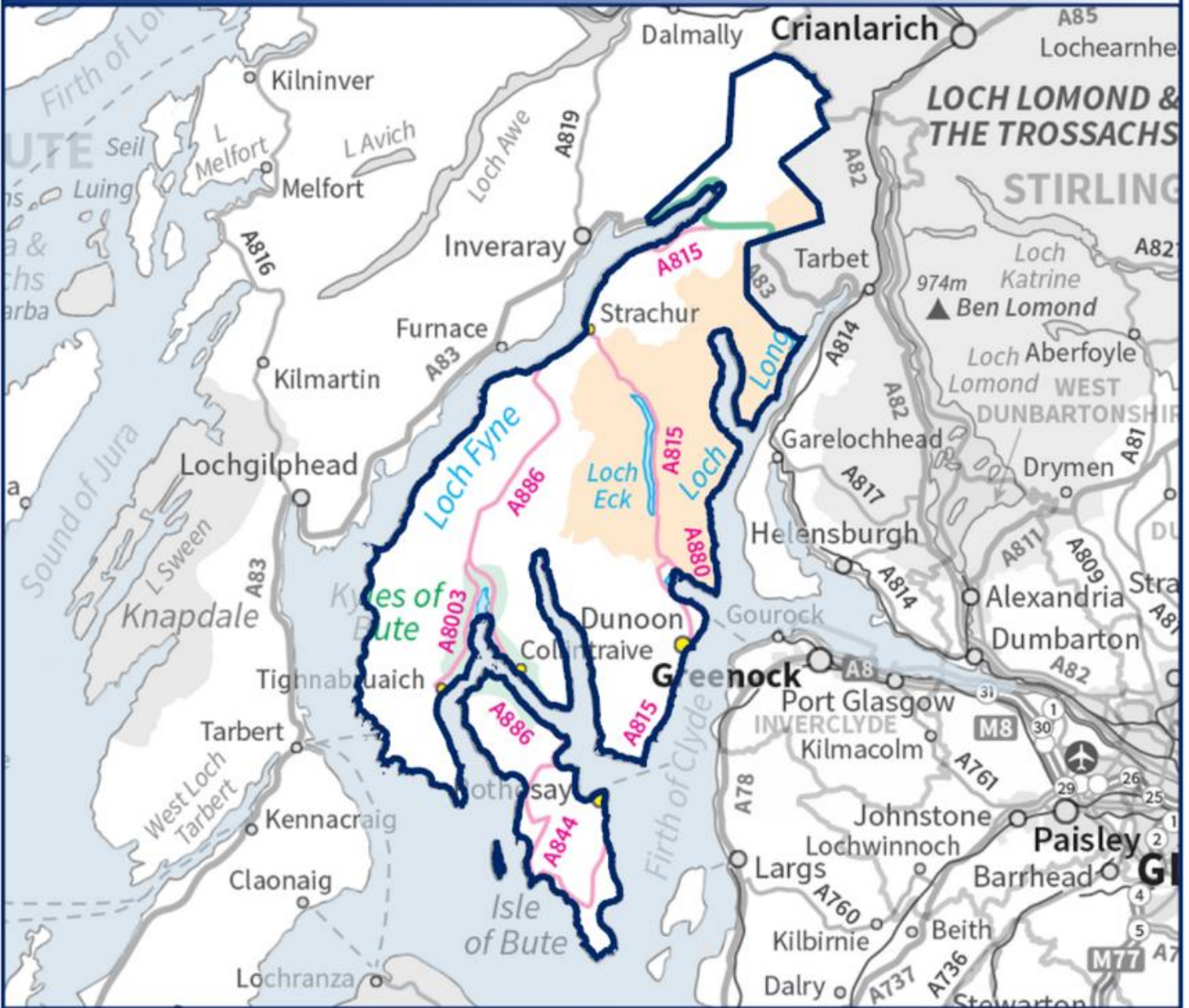
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# BUTE & COWAL

## Partnership Profile Adult Health & Wellbeing



Public Health Intelligence  
March 2023



The Public Health Intelligence team are part of the Directorate of Public Health of NHS Highland and provide an expert resource on epidemiology, demography and population health evidence.



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Version	Issued	Next review	Prepared by	Authorised by
1	31/03/2023		Public Health Intelligence	C Hunter-Rowe, Public Health Intelligence Manager
2				
3				

Distribution	Method
Distributed to NHS Highland stakeholders, Public Health Directorate staff, community planning partners and Public Health Intelligence intranet page	Intranet with email link

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## **Introduction**

This report provides an overview of adult population health and wellbeing in Bute and Cowal. Evidence for the health of the population is drawn from multiple sources including deaths, disease registrations and hospitalisations. It is a companion volume to a profile of demography and deprivation published in November 2022.

All data are presented for Bute and Cowal and, where available, intermediate zones or neighbourhoods within Bute and Cowal. Comparisons are made to the Argyll and Bute local authority and Scotland.

Further profile reports will present information covering a range of topics relating to the health of infants, children and young people and health inequalities. The reports do not cover information on the use or provision of health or social care services which other colleagues in NHS Highland may provide.

## **Geographies and populations**

Profile reports are available for nine community planning partnerships in Highland local authority and four community planning partnerships in Argyll and Bute local authority. These partnership areas are the focus of action to improve the health of the people and communities in the area covered by NHS Highland Health Board.

This report uses four levels of geography: local authority, partnership area, intermediate zone and datazone. Local authorities, intermediate zones and datazones are nationally agreed geographical areas with defined boundaries. Partnership areas are locally defined geographies created without reference to national geographies. Therefore, partnership areas and national geographies may not neatly align.

The intermediate zone is the smallest spatial unit most commonly used for releasing and presenting potentially sensitive statistical data and reporting measures of population health. Most measures and figures presented in this report are aggregations from datazones to higher geographical levels. The number of events in the intermediate geographies that best align with a partnership area may not sum to the exact total.

## **Deprivation and Inequalities**

This report presents some information on deprivation using the Scottish Index of Multiple Deprivation (SIMD)<sup>1</sup>. The SIMD is an area-based measure of relative deprivation rather than household or

individual deprivation. The SIMD can help to understand the life circumstances and health outcomes of people living in areas identified as experiencing high levels of deprivation.

Health inequalities have been defined as the “unjust and avoidable differences in people’s health across the population and between specific population groups”<sup>2</sup>. Inequalities are not caused by a single issue, and can occur by gender, income, deprivation, ethnicity, disability, geography and other factors.

The SIMD is used to monitor health inequalities by dividing the population into five groups (quintiles) or ten groups (deciles) based on their area deprivation level.

The SIMD represents deprivation less accurately in rural areas<sup>3</sup>. The statistical indicators used in the index do not capture the nature of rural disadvantage, and poor households in rural areas are unlikely to be spatially concentrated. Rural areas tend to be less socially homogeneous than urban ones in terms of deprivation, and deprived households in rural areas are unlikely to make much statistical impact on a small area (datazone) basis. A consequence is that rural disadvantage is less visible and ‘less easily tractable’ than in urban areas.

### **Indicator Definitions**

Many of the indicators presented in this report are published by the Scottish Public Health Observatory (ScotPHO). Full details of the indicator definitions used by ScotPHO are available within the ScotPHO online profiles tool<sup>4</sup>.

Further information on the geographies, populations and other terms used within the report are available in the [Glossary](#).

## **Bute and Cowal Summary**

Male and female life expectancy in the partnership area is similar to Scotland. Long-term trends for increasing male life expectancy have stalled in recent years. Female life expectancy has declined. It is a significant concern that a sentinel measure of population health and social progress is not improving.

Social and economic inequalities in health and wellbeing are evident within the partnership area. Small areas with a higher proportion of people experiencing income deprivation generally rank more poorly according to the Scottish Index of Multiple Deprivation (SIMD) health domain.

By presenting data for small areas, the profile highlights that systematic differences in population health are associated with income deprivation across a range of measures, providing further evidence of current health inequalities within the partnership and across the local authority.

In common with other partnership areas, leading causes of death include ischaemic heart disease, dementia and Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases and certain cancers. There have been decreases in early deaths from coronary heart disease, but improvements have stalled in recent years. Early deaths from cancer have also decreased over time, although rates fluctuated during the period reported.

Common long-term conditions include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders<sup>5</sup>. The prevalence of many conditions and the number of people with frailty will likely increase as the number of older people increases.

Rates of cancer registrations have remained relatively constant, indicating earlier diagnosis and treatment may have driven improvements in premature deaths from cancer.

Hospitalisations due to coronary heart disease (CHD) show decreases over time. Asthma admissions also show decreases over time, although rates fluctuated during the period reported. Rates of chronic obstructive pulmonary disease (COPD) admission closely parallel those of the local authority with a reduction in more recent years. All remain significant causes of poor health.

Psychiatric patient hospitalisations have markedly decreased over time, reflecting a change in the provision of care towards supporting people in the community.

Prescriptions for anxiety, depression or psychosis have increased over time.

Problem alcohol and drug use can significantly impact physical and mental health and have long-term social impacts, including family break-ups, domestic abuse, unemployment, homelessness and financial problems. There are increased risks of accidents, injuries, violence and antisocial behaviour.

Standardised rates of alcohol admission for the partnership area are relatively low compared to Scotland, with significant variation in alcohol-related admissions by intermediate geography area. Drug-related admission rates are not significantly different from the local authority and exhibit a similar upward trend.

As the number of older people in the population increases, the number of people requiring support at the end of life is likely to increase.

Trends have shown increases in deaths occurring in a homely setting. Increased primary, community and palliative care resources will be needed to support families and individuals at home if this pattern is sustained.



## Life Expectancy

Life expectancy provides a high-level measurement of the health of a population. Life expectancy at birth measures the average number of years a newborn is expected to live if they experienced the period's age and sex-specific mortality rates.

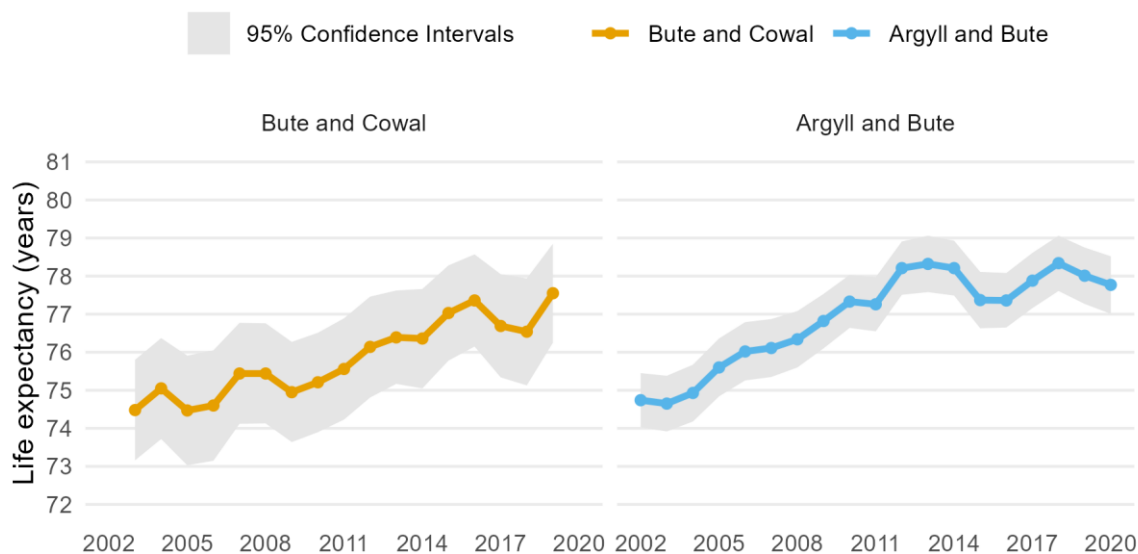
Areas in which the population experience more significant ill health and where people die at a younger age have a lower life expectancy. Male life expectancy in the UK is generally lower than female life expectancy. Across the UK and Scotland, life expectancy has tended to increase over time, except for the World Wars and the Spanish flu pandemic of 1918-19. This improvement in life expectancy has stalled in recent years (since around 2012-2014), and some areas have seen a decrease in life expectancy predating the COVID-19 pandemic<sup>6</sup>. It is a significant concern that a sentinel measure of population health and social progress is not improving.

**Table 1:** Male life expectancy at birth by area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Argyll and Bute	77.8	77.0	78.5	+	
NHS Highland	77.7	77.2	78.1	+	
Scotland	76.6	76.5	76.7		-
Helensburgh and Lomond	80.2	79.3	81.2	+	+
Mid-Argyll, Kintyre and Islay	78.0	76.8	79.2	+	
Bute and Cowal	77.5	76.2	78.8		
Oban, Lorn and the Isles	77.4	76.3	78.5		

Source: ScotPHO Online Profiles  
2019-2021 (3-year aggregate for Scotland, Council and Board); 2017-2021 (5-year aggregate for other areas)

**Figure 1: Male life expectancy at birth over time**



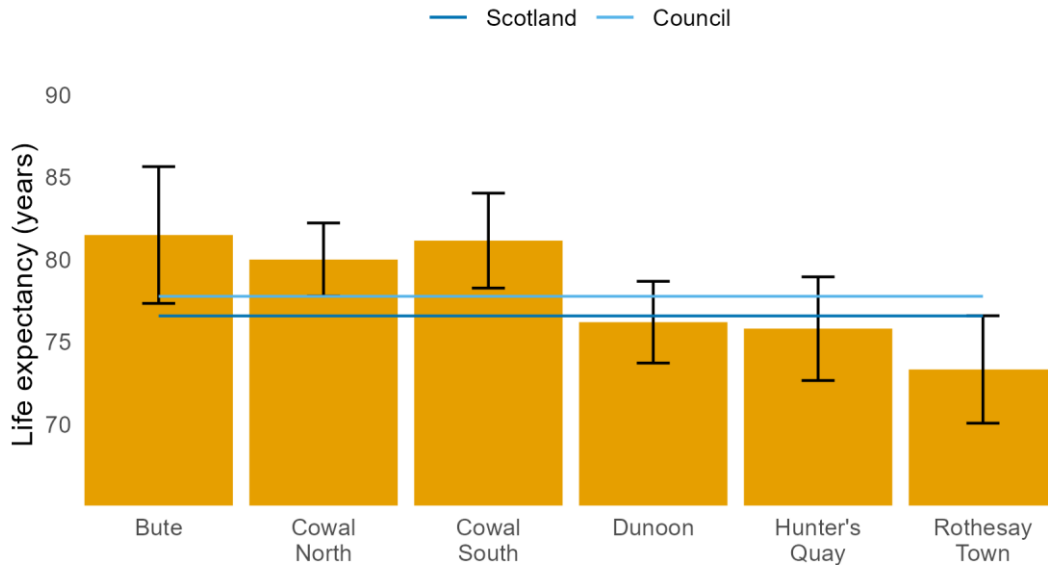
Source: ScotPHO Online Profiles  
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)  
 2001-2005 to 2017-2021 (5-year aggregate for other areas)  
 The vertical-axis does not start at zero.

**Table 2: Male life expectancy at birth by intermediate geography in the area**

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Bute	81.5	77.3	85.6	+	
Cowal South	81.2	78.3	84.0	+	
Cowal North	80.0	77.8	82.2	+	
Dunoon	76.2	73.7	78.7		
Hunter's Quay	75.8	72.7	79.0		
Rothsay Town	73.3	70.1	76.6		-

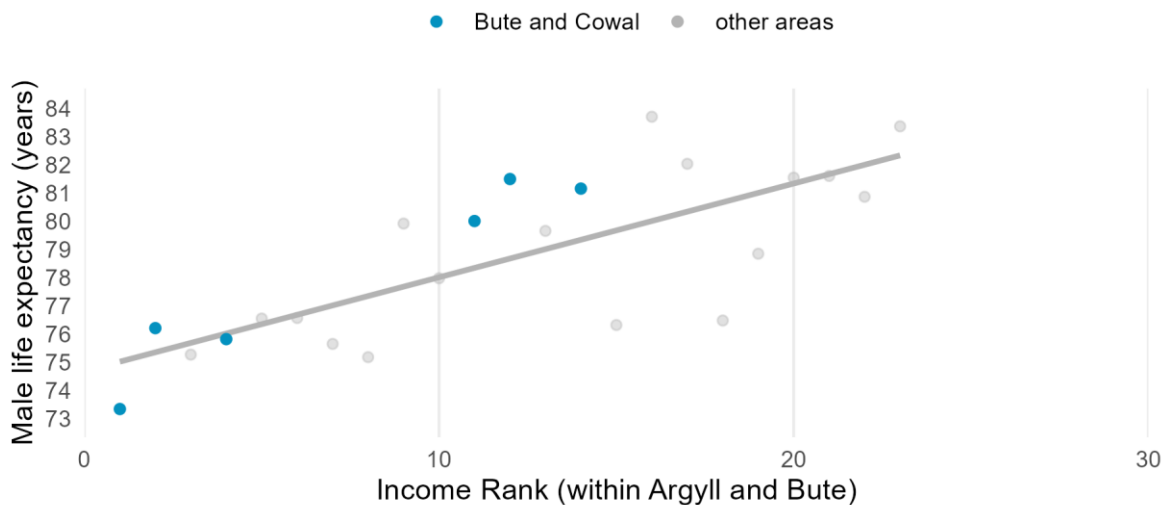
Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

**Figure 2:** Male life expectancy at birth by intermediate geography in the area



Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 3:** Variation in male life expectancy associated with income deprivation by intermediate geography



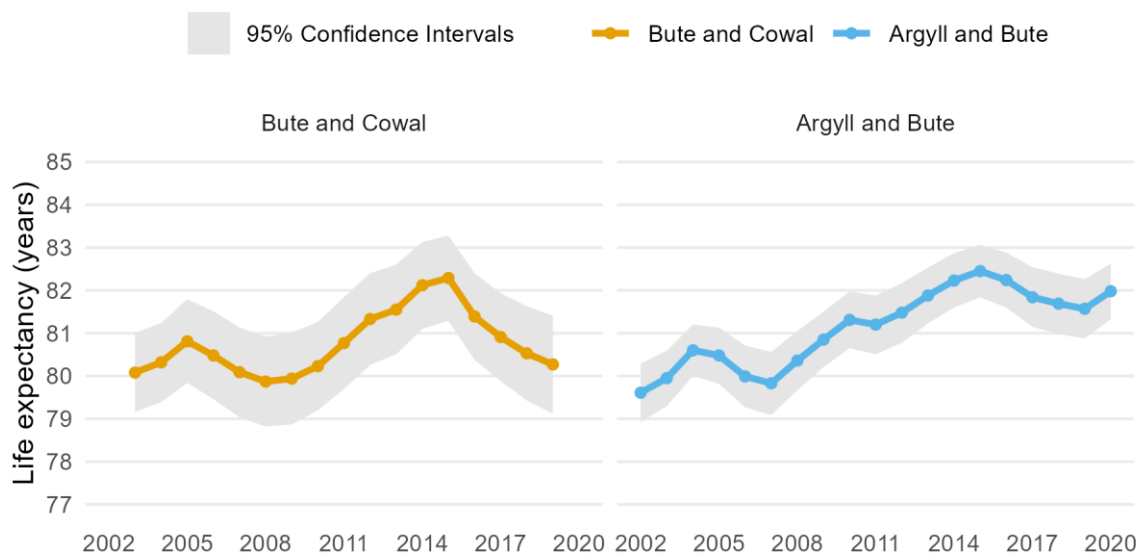
Source: ScotPHO Online Profiles Life Expectancy 2017-2021 (5-year aggregate)  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

**Table 3:** Female life expectancy at birth by area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Argyll and Bute	82.0	81.3	82.6	+	
NHS Highland	82.0	81.6	82.4	+	
Scotland	80.8	80.7	80.9		-
Helensburgh and Lomond	82.6	81.7	83.5	+	
Mid-Argyll, Kintyre and Islay	82.6	81.7	83.5	+	
Oban, Lorn and the Isles	82.5	81.5	83.6	+	
<b>Bute and Cowal</b>	<b>80.3</b>	<b>79.1</b>	<b>81.4</b>		

Source: ScotPHO Online Profiles  
 2019-2021 (3-year aggregate for Scotland, Council and Board); 2017-2021 (5-year aggregate for other areas)

**Figure 4:** Female life expectancy at birth over time



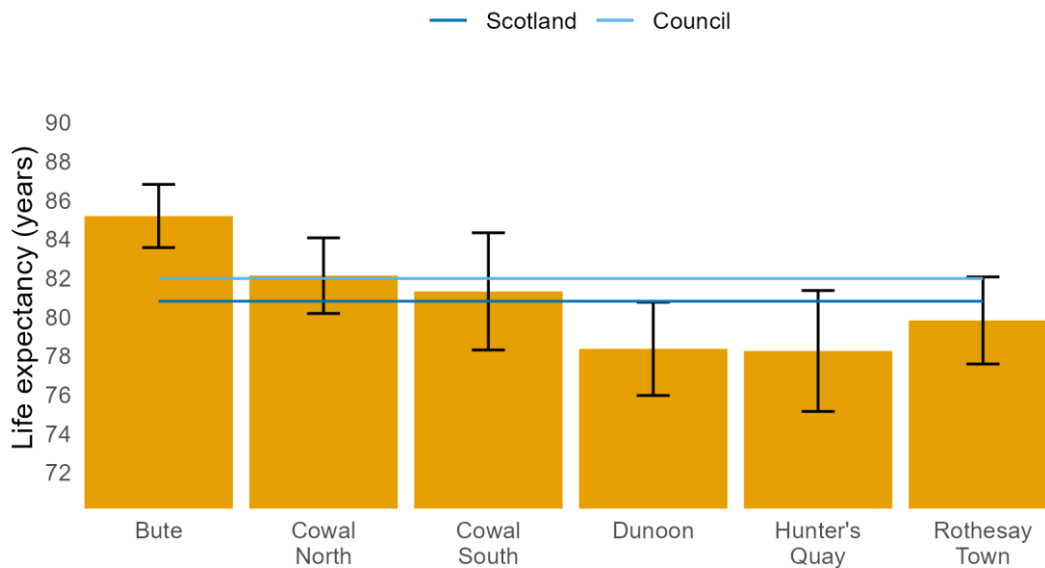
Source: ScotPHO Online Profiles  
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)  
 2001-2005 to 2017-2021 (5-year aggregate for other areas)  
 The vertical-axis does not start at zero.

**Table 4:** Female life expectancy at birth by intermediate geography in the area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Bute	85.2	83.6	86.8	+	+
Cowal North	82.1	80.2	84.1		
Cowal South	81.3	78.3	84.3		
Rothesay Town	79.8	77.6	82.1		
Dunoon	78.4	76.0	80.8		-
Hunter's Quay	78.2	75.1	81.4		

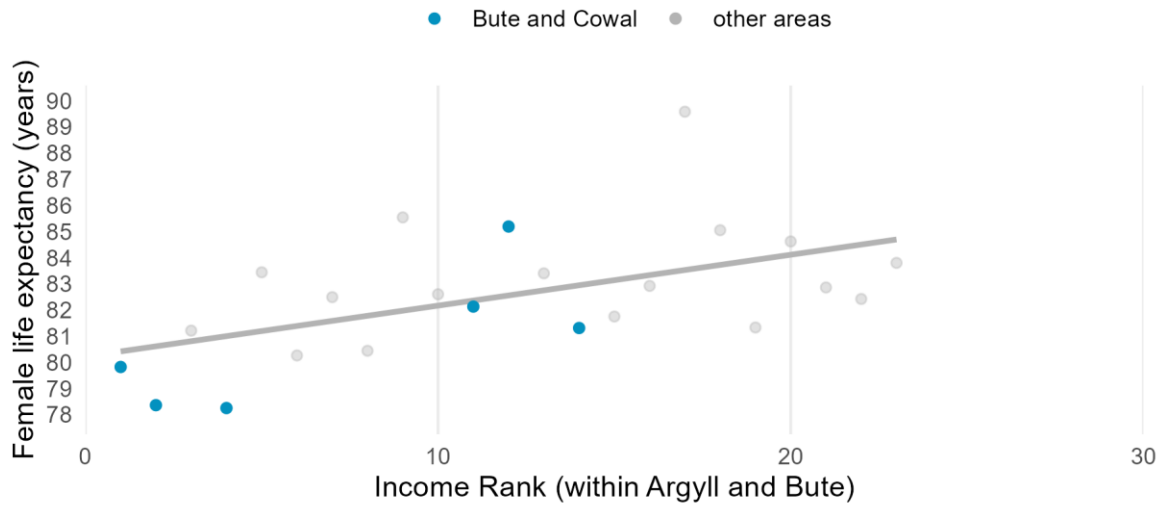
Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

**Figure 5:** Female life expectancy at birth by intermediate geography



Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 6:** Variation in female life expectancy associated with income deprivation by intermediate geography



Source: ScotPHO Online Profiles Life Expectancy 2017-2021 (5-year aggregate)  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

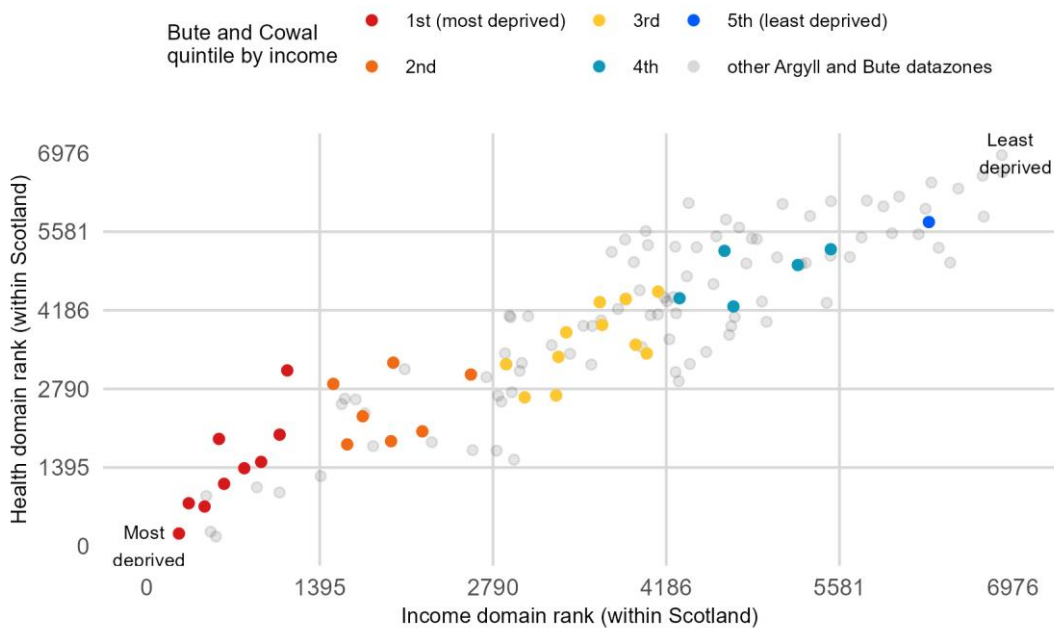
### Health and income

The Scottish Index of Multiple Deprivation (SIMD) health domain combines multiple population health measures to create a summary statistic for every small area (datazone) in Scotland. Areas are ranked from 1 (most deprived) to 6976 (least deprived).

The SIMD income domain ranks datazones by estimating the proportion of the population who are income deprived.

We highlight the correlation between the ranking of areas on the health and income domains. Those most income-deprived areas are also more likely to be amongst the most overall health deprived.

**Figure 7:** Health domain rank by income domain rank for datazone geography



Source: SIMD 2020v2  
Each point represents a datazone

**Table 5:** Datazones in the most health deprived 20 percent in Scotland by area

	Total number of data zones in the area	Areas in the 20% most deprived in Scotland	Local share of the 20% most deprived areas in Scotland
Argyll and Bute	125	11	8.8%
Bute and Cowal	33	5	15.2%
Helensburgh and Lomond	36	3	8.3%
Mid-Argyll, Kintyre and Islay	29	2	6.9%
Oban, Lorn and the Isles	27	1	3.7%

Source: SIMD 2020v2

**Table 6:** Bute and Cowal datazones within the most health deprived 20 percent in Scotland

Datazone	Intermediate zone	Datazone name
S01007366	Dunoon	Dunoon - 01
S01007368	Dunoon	Dunoon - 03
S01007345	Rothesay Town	Rothesay Town - 02
S01007364	Hunter's Quay	Hunter's Quay - 06
S01007346	Rothesay Town	Rothesay Town - 03

Source: SIMD 2020v2



## Mortality

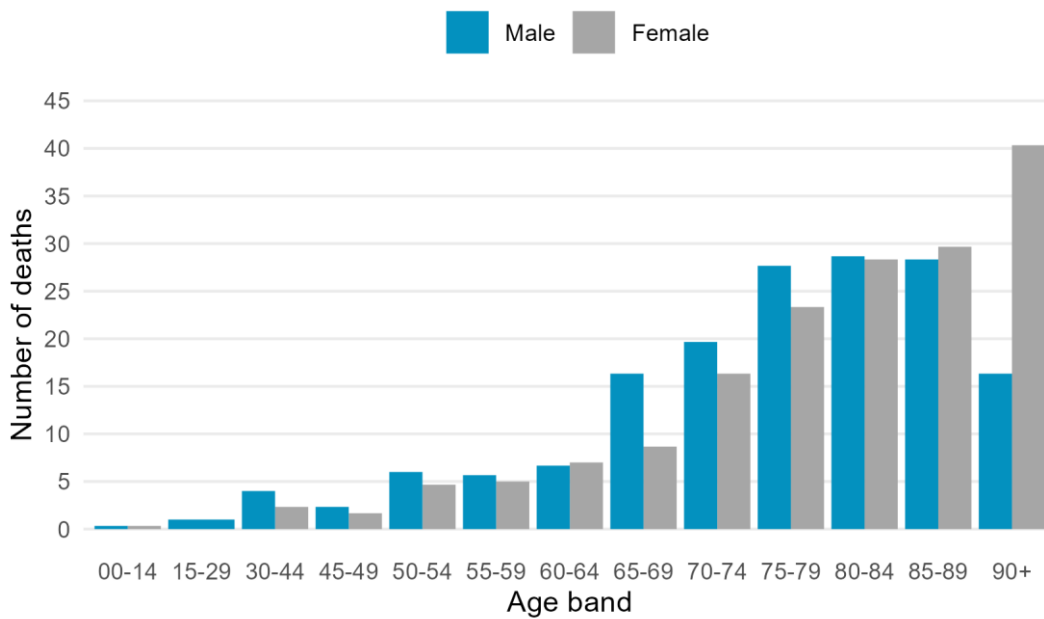
Mortality data provides information on causes of death and provides valuable insights into the general health of an entire population. The primary source of death data in Scotland (death registrations) is the National Records of Scotland (NRS).

**Table 7:** Average annual deaths all ages by sex

	Number	Percent
Female	168	50.7
Male	163	49.3
Total	331	100.0

Source: National Records of Scotland; 2019-2021

**Figure 8:** Average annual deaths by age group and sex



Source: National Records of Scotland; 2019-2021

### Deaths by Age Group and Sex

The number of deaths in an area depends on the population's size, health, and external factors, e.g. traffic accidents and the environment. The number of deaths generally increases with age. We highlight all-cause mortality in those aged 15-44. Deaths in this age range typically result from external causes that are most likely preventable.

**Table 8:** Deaths aged 15-44 years by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	26	101.8	65.9	150.2		
NHS Highland	117	115.5	95.4	138.4		
Scotland	2,300	117.1	112.4	122.1		
Bute and Cowal	8	149.0	61.1	302.5		
Oban, Lorn and the Isles	7	109.7	42.7	229.9		
Mid-Argyll, Kintyre and Islay	5	94.8	30.3	221.6		
Helensburgh and Lomond	7	73.7	26.8	159.1		

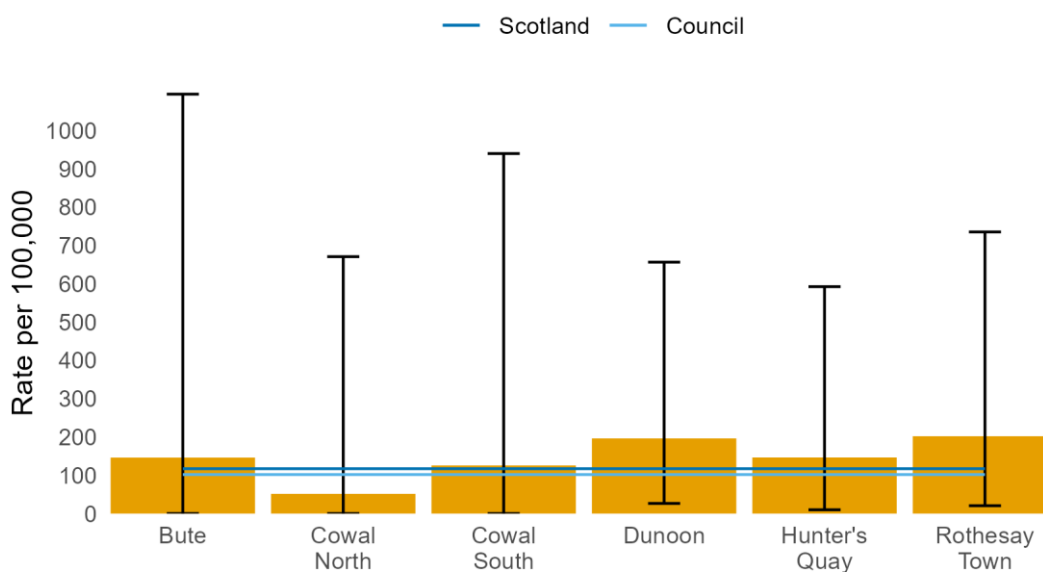
Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Table 9:** Deaths aged 15-44 years by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Rothesay Town	2.0	201.9	20.6	735.1		
Dunoon	2.3	196.2	26.5	656.2		
Hunter's Quay	1.7	146.5	9.9	592.3		
Bute	0.7	146.1	0.0	1,094.7		
Cowal South	0.7	125.6	0.0	939.6		
Cowal North	0.3	51.5	0.0	670.6		

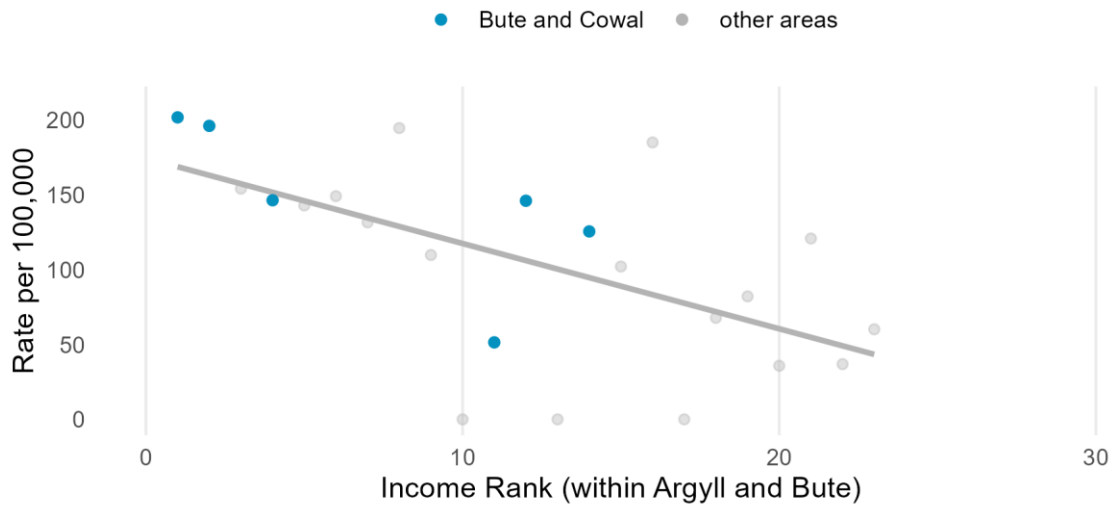
Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 9:** Deaths aged 15-44 years by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 10:** Deaths aged 15-44 years by income deprivation rank for intermediate geography

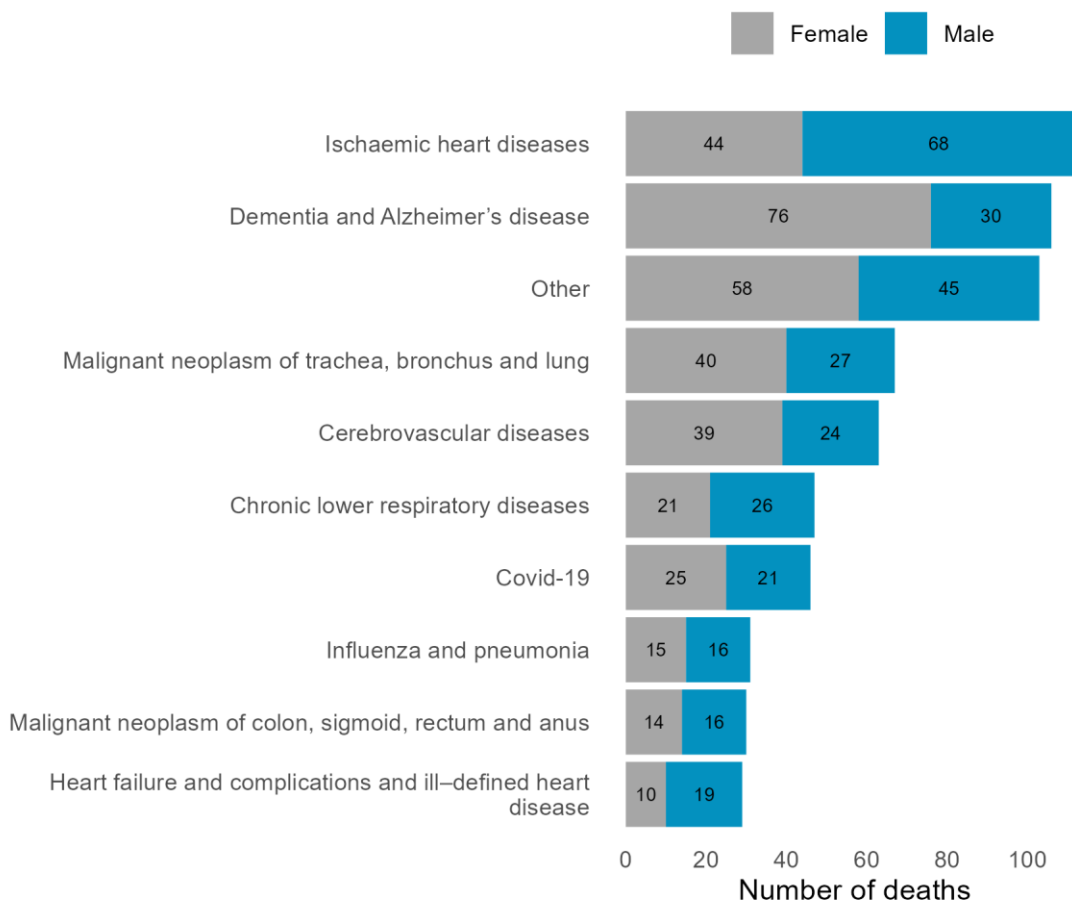


Source: ScotPHO Online Profiles; Deaths aged 15-44; annual data calculated from 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

**Leading causes of death**

The leading cause of death analysis uses a World Health Organisation (WHO) categorisation. There are over 60 categories, and cancers are reported according to the site. Lung, breast and bowel cancers are therefore assigned and counted separately. If all cancers were grouped, cancer would account for the most significant cause of death. Ischaemic heart disease, chronic lower respiratory diseases (including chronic obstructive pulmonary disease, COPD) and cerebrovascular disease (including stroke) are among the leading causes of death. Over recent years, the number of deaths caused by dementia and Alzheimer’s disease has increased.

**Figure 11:** Top ten causes of death in the area

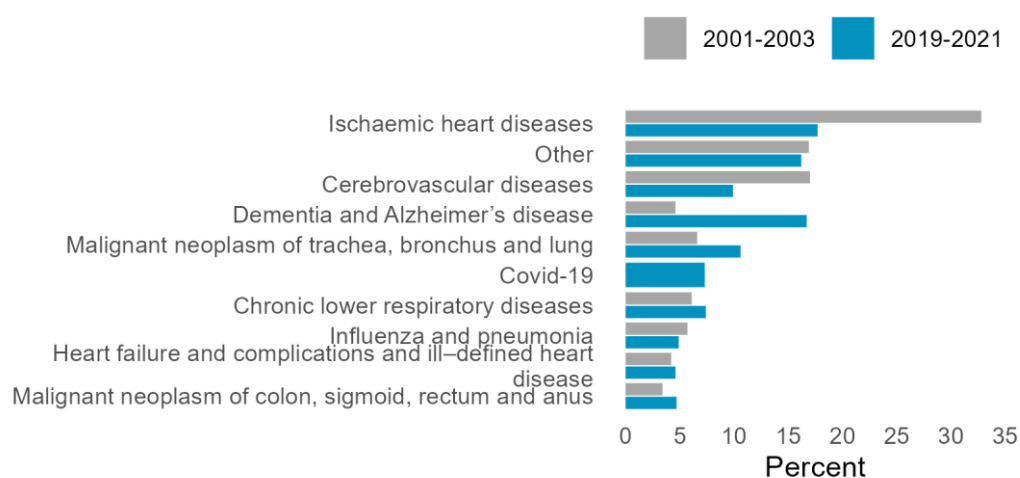


Source: National Records of Scotland; number of deaths over 3 year period, 2019-2021

**Table 10:** Top ten causes of death in the area in 2019-2021 compared to 2001-2003

	2019-2021	2001-2003	Percent change
Ischaemic heart diseases	112	258	-57
Dementia and Alzheimer's disease	106	36	194
Other	103	133	-23
Malignant neoplasm of trachea, bronchus and lung	67	52	29
Cerebrovascular diseases	63	134	-53
Chronic lower respiratory diseases	47	48	-2
Covid-19	46		
Influenza and pneumonia	31	45	-31
Malignant neoplasm of colon, sigmoid, rectum and anus	30	27	11
Heart failure and complications and ill-defined heart disease	29	33	-12

Source: National Records of Scotland; number of deaths over 3-year period

**Figure 12:** Top ten causes of death in the area in 2019-2021 compared to 2001-2003

Source: National Records of Scotland  
Deaths by cause as a percentage of total deaths calculated over each 3 year period

## Cause specific early deaths

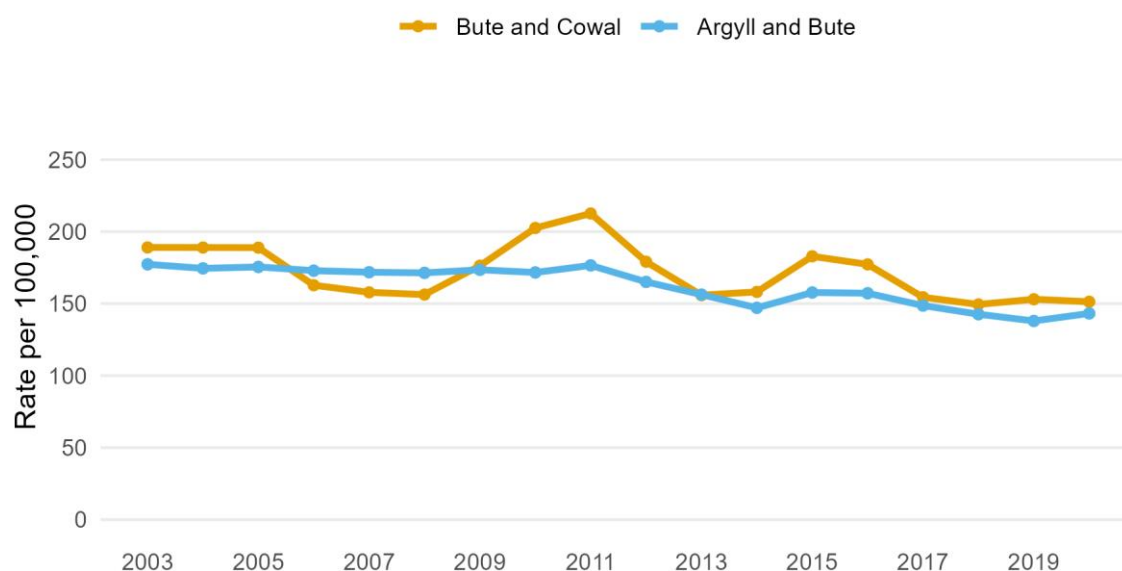
Early deaths from cancer, coronary heart disease (CHD) and deaths from suicide, although not all preventable, can be influenced by appropriate interventions, provision of services and changes in health-related behaviours.

### Early deaths from cancer

**Table 11:** Early deaths from cancer by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	146	143.2	120.6	168.8		
NHS Highland	501	141.3	129.1	154.3		
Scotland	7,677	149.6	146.2	153.0		
Oban, Lorn and the Isles	38	166.6	117.0	229.8		
<b>Bute and Cowal</b>	<b>41</b>	<b>151.3</b>	<b>107.0</b>	<b>207.4</b>		
Mid-Argyll, Kintyre and Islay	34	140.6	96.9	196.9		
Helensburgh and Lomond	34	119.6	82.2	168.0		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Figure 13:** Early deaths from cancer over time

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

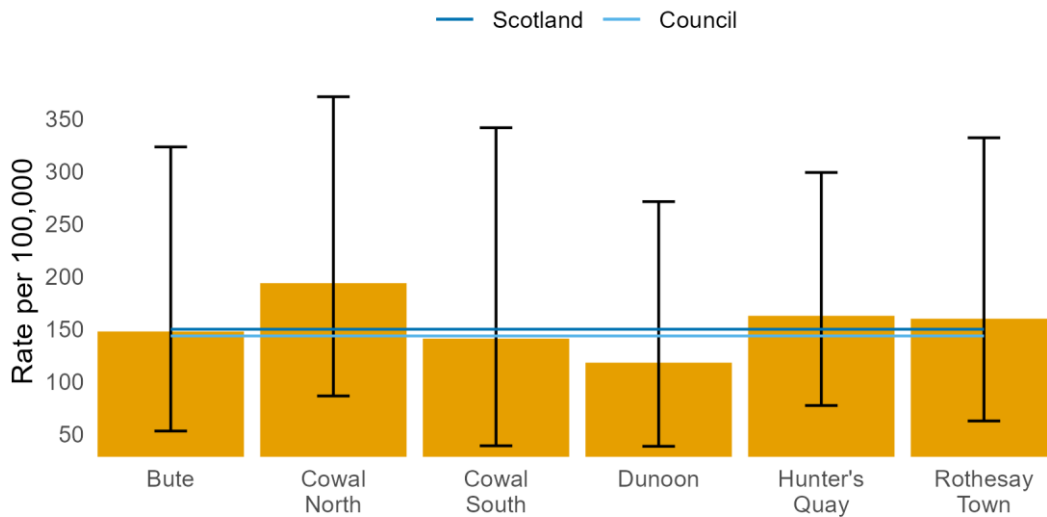
**Table 12:** Early deaths from cancer by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Cowal North	9.0	193.4	86.1	370.7		
Hunter's Quay	10.3	162.4	77.0	298.7		
Rothesay Town	7.0	159.6	62.3	331.7		
Bute	6.0	147.4	52.8	323.0		
Cowal South	5.0	140.7	38.7	341.2		
Dunoon	5.3	117.8	38.2	271.0		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

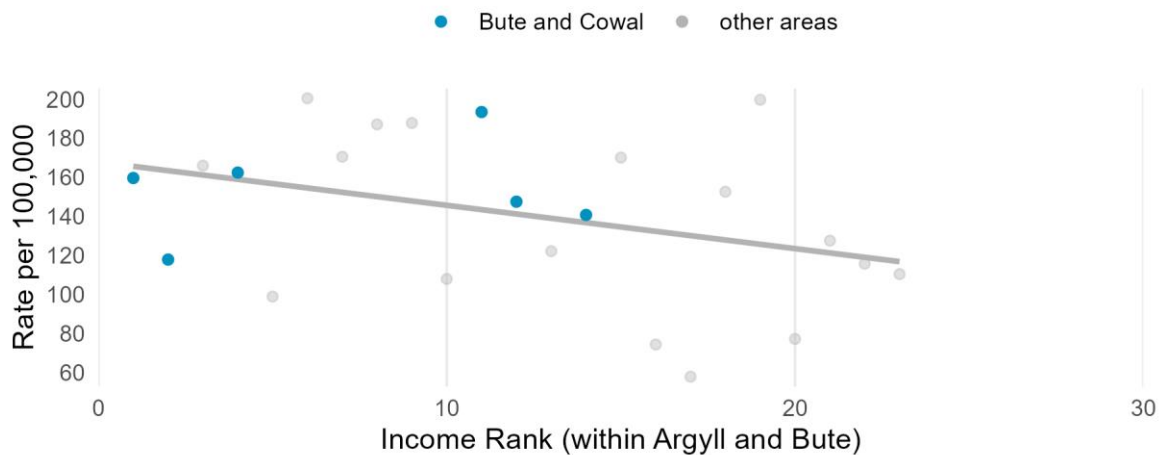


**Figure 14:** Early deaths from cancer by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 15:** Early deaths from cancer by income deprivation rank for intermediate geography

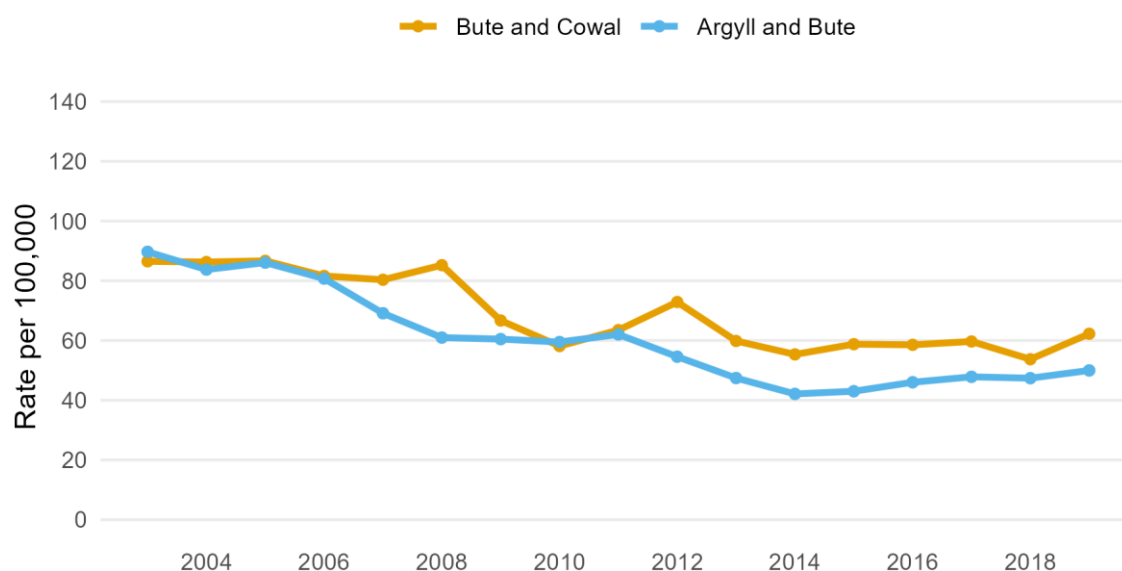


Source: ScotPHO Online Profiles; Early deaths from cancer; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.  
 Early deaths are defined as those occurring in people aged under 75 years.

**Early deaths from coronary heart disease (CHD)****Table 13:** Early deaths from coronary heart disease by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	49	50.0	36.8	66.3		
NHS Highland	159	45.9	39.0	53.7		
Scotland	2,528	50.6	48.6	52.6		
Bute and Cowal	16	62.2	34.1	103.6		
Mid-Argyll, Kintyre and Islay	14	59.3	31.2	101.7		
Helensburgh and Lomond	12	41.3	20.8	73.3		
Oban, Lorn and the Isles	9	41.2	18.6	78.4		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population  
Early deaths are defined as those occurring in people aged under 75 years.

**Figure 16:** Early deaths from coronary heart disease over time

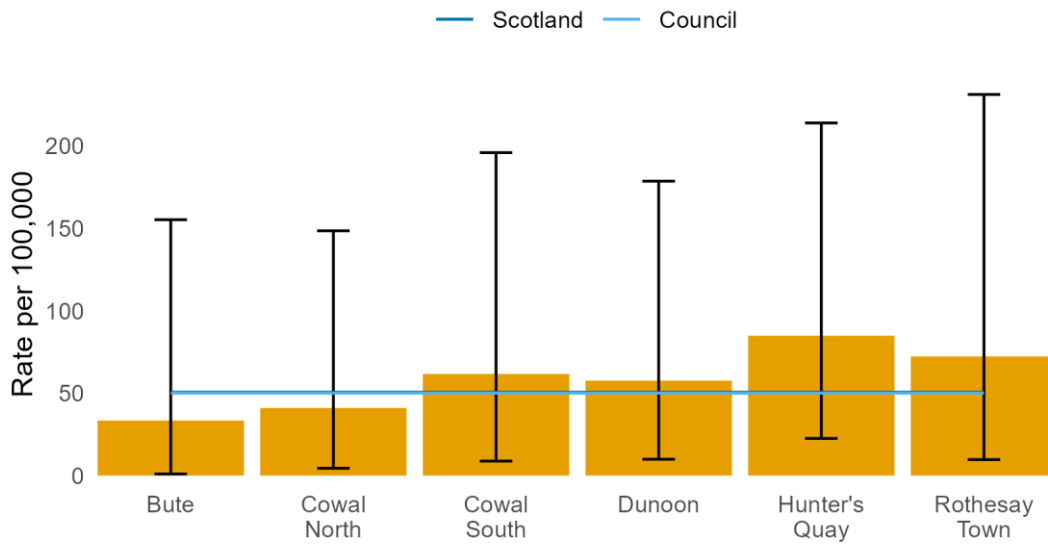
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002-2004 to 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Table 14:** Early deaths from coronary heart disease by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Hunter's Quay	4.3	84.9	22.5	214.0		
Rothesay Town	2.7	72.3	9.7	231.3		
Cowal South	2.7	61.7	8.8	196.0		
Dunoon	2.7	57.6	9.9	178.7		
Cowal North	2.0	41.0	4.4	148.6		
Bute	1.3	33.4	1.0	155.3		

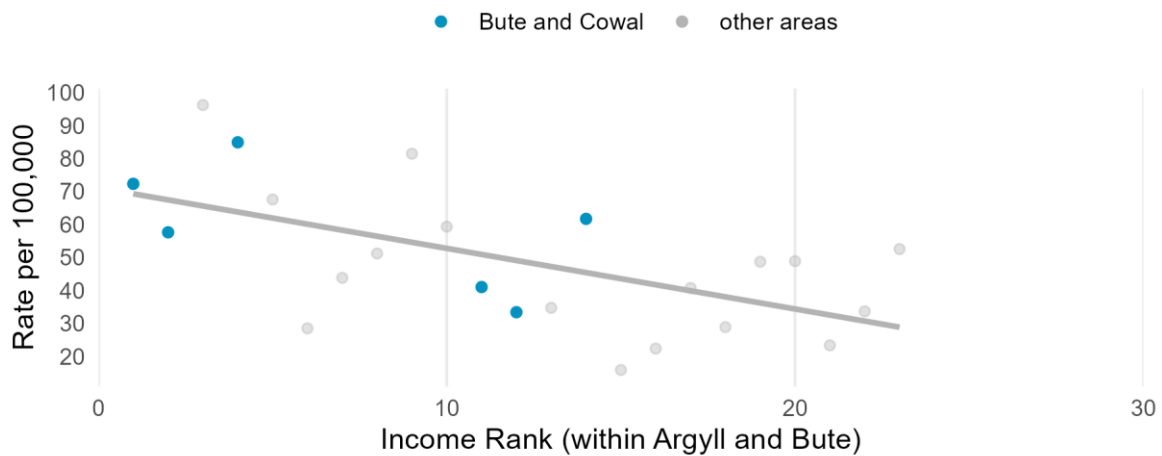
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Figure 17:** Early deaths from coronary heart disease by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 18:** Early deaths from coronary heart disease by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Early deaths CHD; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.  
 Early deaths are defined as those occurring in people aged under 75 years.

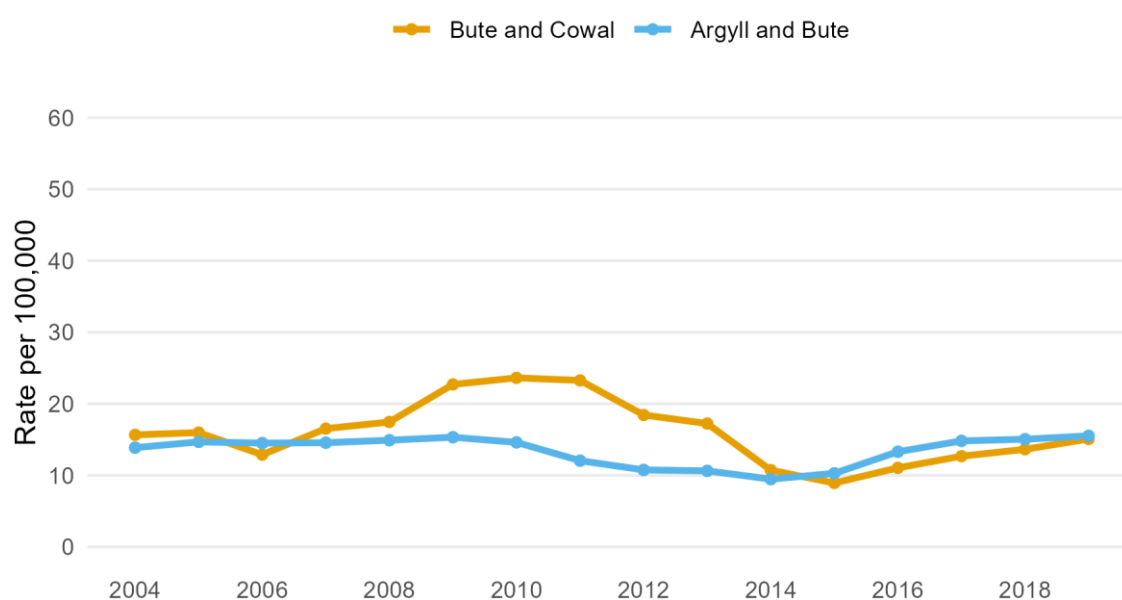
## Deaths from suicide

Table 15: Deaths from suicide by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	13	15.5	8.1	26.8		
NHS Highland	62	19.8	15.1	25.5		
Scotland	759	14.1	13.1	15.2		
Oban, Lorn and the Isles		20.6	5.3	53.2		
Bute and Cowal		15.1	2.3	45.8		
Mid-Argyll, Kintyre and Islay		14.7	2.5	43.8		
Helensburgh and Lomond		11.6	2.2	34.0		

Source: ScotPHO Online Profiles; annual data calculated over 5 year time period, 2017-2021  
Age-sex standardised rate per 100,000 population.  
Some potentially disclosive values have been suppressed.

Figure 19: Deaths from suicide over time



Source: ScotPHO Online Profiles; annual data calculated over 5 year time period, 2002-2006 to 2017-2021  
Age-sex standardised rate per 100,000 population.

## Chronic disease and long-term conditions

As life expectancy has improved, the number of people living to older ages with chronic diseases and long-term conditions has increased<sup>7</sup>. This section looks at the number of people recorded with or estimated to have selected common conditions and those hospitalised as a result.

### Cancer registrations

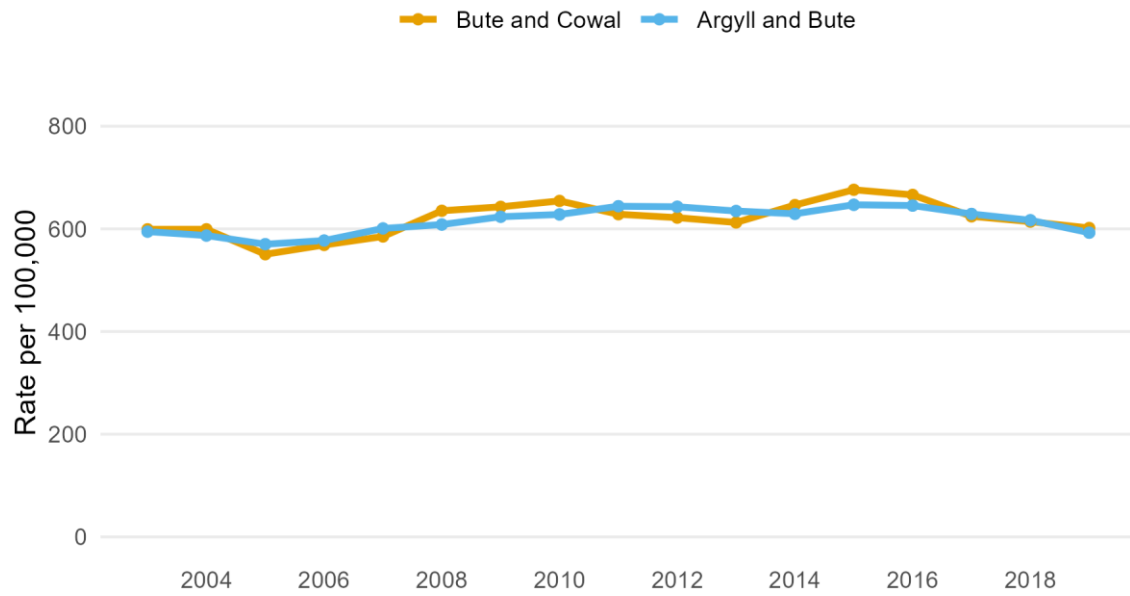
Most cancer cases occur in older age groups. Therefore, we show age and sex-standardised rates to allow a fairer comparison of cancer registration across areas and between periods. The differences in rates between areas might still be due to other influencing factors rather than an actual difference in cancer incidence. Higher levels of deprivation are associated with some types of cancer<sup>8</sup>. Differences in smoking prevalence and other risk factors may also contribute.

**Table 16:** Cancer registrations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	626	592.6	545.9	642.2		
NHS Highland	2,217	601.0	575.8	626.9		
Scotland	33,473	625.2	618.4	632.0		
Oban, Lorn and the Isles	142	637.7	532.8	756.7		
Bute and Cowal	173	601.7	511.2	703.0		
Helensburgh and Lomond	174	598.5	511.5	695.8		
Mid-Argyll, Kintyre and Islay	138	550.9	459.8	654.3		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

Figure 20: Cancer registrations over time



Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002-2004 to 2018-2020  
Age-sex standardised rate per 100,000 population.

## Type 2 diabetes prevalence

Type 2 diabetes is an important cause of morbidity. The condition is progressive and increases the risk of coronary heart disease and other health problems. Type 2 diabetes is more common at older ages and in deprived areas. Prevalence of type 2 diabetes is linked to continuing inequalities in diet, weight and physical activity that need to be addressed<sup>9</sup>.

**Table 17:** Prevalence of type 2 diabetes by area

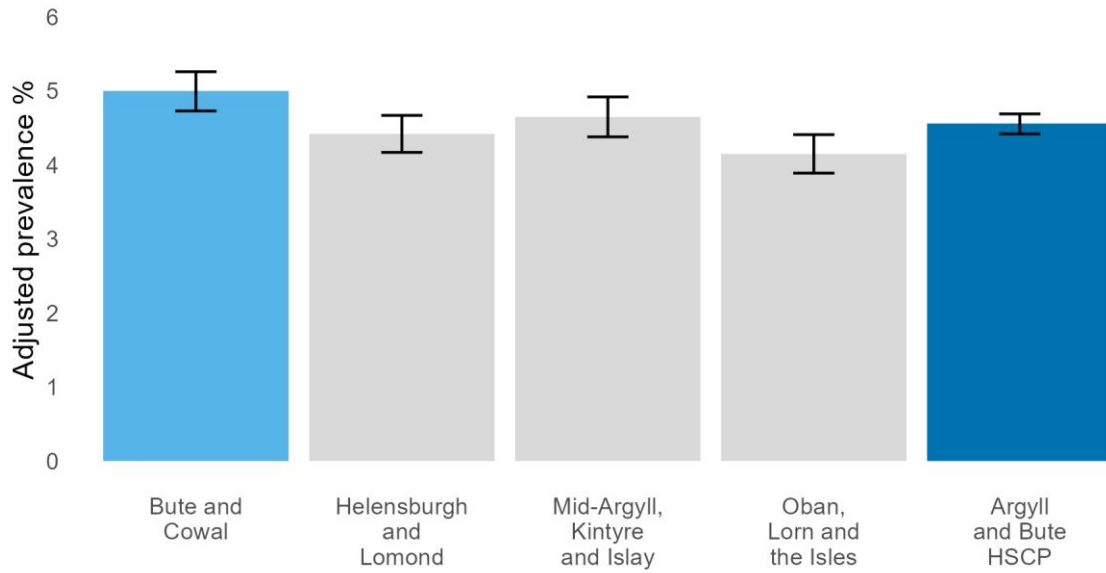
	Number on type 2 diabetes register	Crude prevalence (%)	Age-adjusted prevalence (%)	Lower bound	Upper bound	Significance	
						Health board	Council
NHS Highland	17,719	5.46	4.59	4.51	4.66		
Argyll and Bute	4,902	5.69	4.56	4.42	4.69		
Bute and Cowal	1,482	6.99	5.00	4.73	5.26	+	+
Helensburgh and Lomond	1,256	5.03	4.42	4.17	4.67		
Mid-Argyll, Kintyre and Islay	1,193	5.96	4.65	4.38	4.92		
Oban, Lorn and the Isles	971	4.85	4.15	3.89	4.41	-	-

Source: SCI-Diabetes as at January 2023.

Age-adjusted prevalence based on direct age-sex standardisation using NRS mid-2021 population estimate for Scotland as the reference population.



**Figure 21:** Prevalence of type 2 diabetes by intermediate geography in the area



SCI-Diabetes as at January 2023.

Age-adjusted prevalence based on direct age-sex standardisation using NRS mid-2021 population estimate for Scotland as the reference population

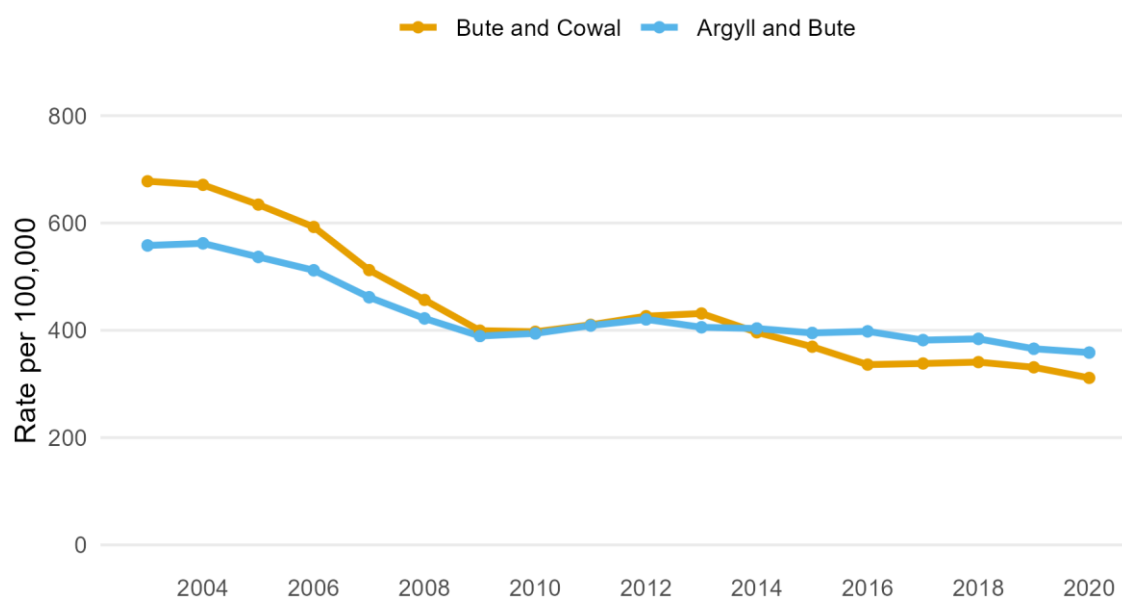
## Coronary Heart Disease (CHD) patient hospitalisation

**Table 18:** Coronary heart disease patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	381	358.4	322.6	397.1		
NHS Highland	1,274	341.8	323.0	361.3		
Scotland	18,414	341.6	336.6	346.6		
Oban, Lorn and the Isles	110	485.8	396.2	589.1	+	
Mid-Argyll, Kintyre and Islay	89	352.2	281.1	435.4		
Helensburgh and Lomond	96	324.4	262.0	397.0		
<b>Bute and Cowal</b>	<b>86</b>	<b>311.3</b>	<b>245.7</b>	<b>388.2</b>		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 22:** Coronary heart disease patient hospitalisations over time



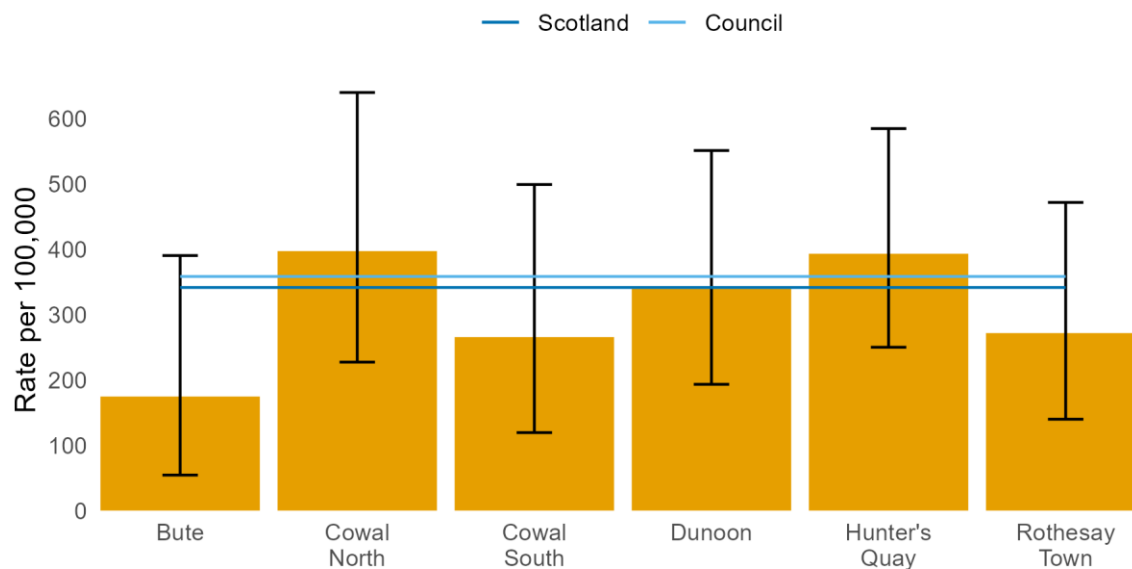
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Table 19:** Coronary heart disease patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Cowal North	17.7	397.3	227.3	640.1		
Hunter's Quay	26.3	393.2	250.1	584.9		
Dunoon	16.7	339.8	193.3	551.3		
Rothesay Town	13.0	271.8	139.9	471.8		
Cowal South	10.3	265.6	119.4	499.3		
Bute	6.7	174.6	54.4	390.5		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 23:** Coronary heart disease patient hospitalisations by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

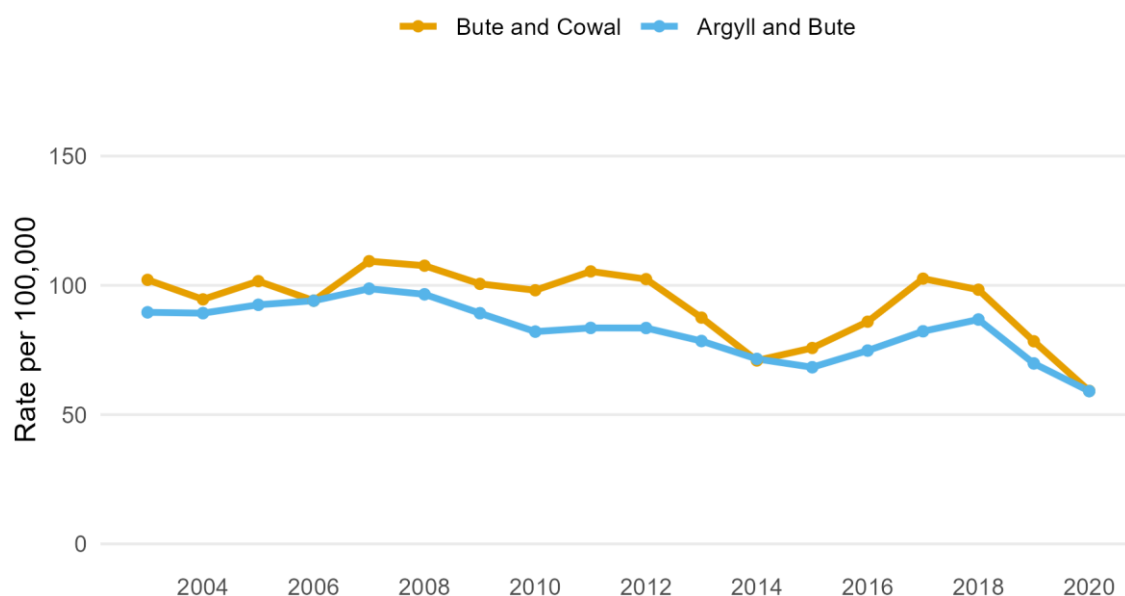
### Asthma patient hospitalisation

Asthma is a common chronic disease of the small airways in the lung. Public Health Scotland, experimental prevalence data suggests that in 2021/22, 6.3% of the Scottish population registered with a GP had a diagnosis of asthma. The disease can affect anyone but usually begins in childhood. Hospital admission represents a loss of control of a person's asthma and is a significant adverse outcome. Around three-quarters of emergency, admissions are estimated to be preventable. Higher rates of hospital admission are related to deprivation.

**Table 20:** Asthma patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	49	59.1	43.2	78.8		
NHS Highland	212	67.9	58.9	77.9		
Scotland	3,753	68.4	66.3	70.7		
Mid-Argyll, Kintyre and Islay	14	73.3	38.8	124.8		
Oban, Lorn and the Isles	12	63.0	32.1	110.8		
Bute and Cowal	11	59.2	27.8	108.6		
Helensburgh and Lomond	12	47.6	23.7	84.7		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 24:** Asthma patient hospitalisations over time

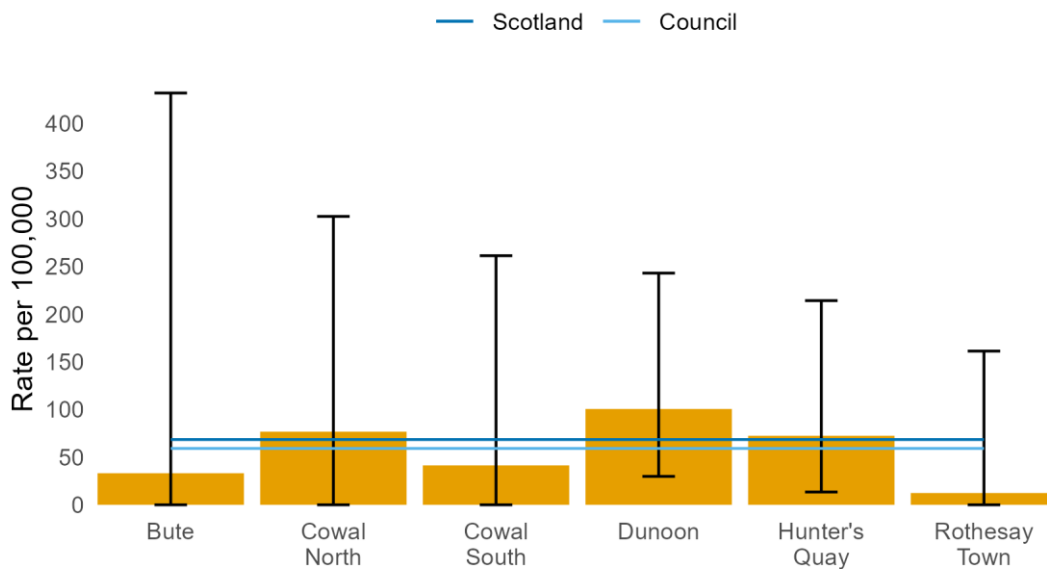
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Table 21:** Asthma patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Dunoon	4.7	100.5	29.8	242.9		
Cowal North	2.0	76.7	0.0	302.4		
Hunter's Quay	3.0	72.4	13.4	214.1		
Cowal South	1.0	41.3	0.0	261.2		
Bute	0.3	33.1	0.0	431.8		
Rothsay Town	0.3	12.4	0.0	161.2		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 25:** Asthma patient hospitalisations by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
 Age-sex standardised rate per 100,000 population.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## COPD patient hospitalisation

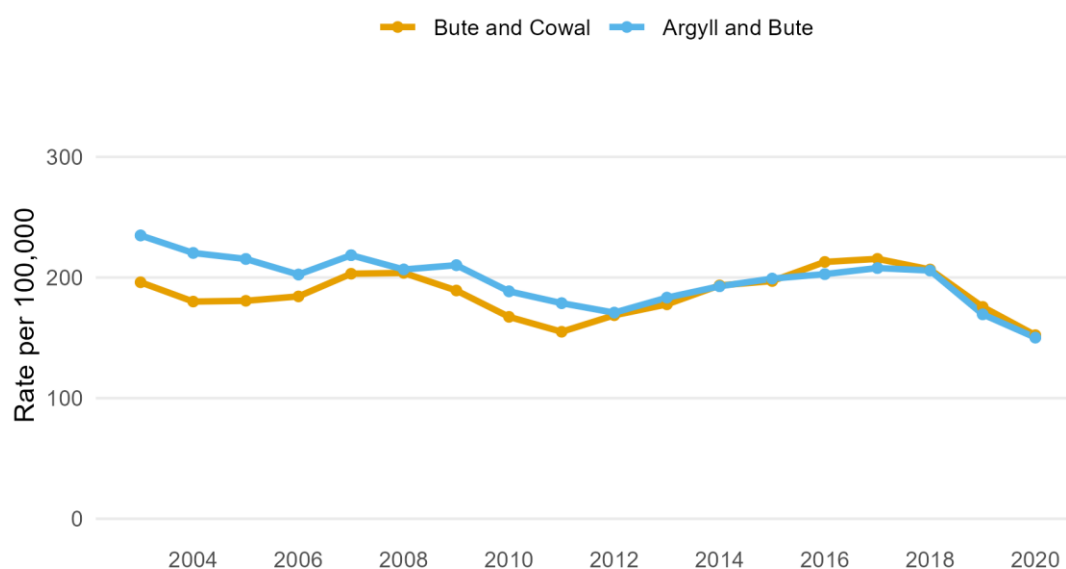
Chronic Obstructive Pulmonary Disease (COPD) is a smoking-related respiratory condition and a significant cause of hospital admission and mortality. The primary treatment is smoking cessation.

**Table 22:** COPD patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	138	150.2	125.7	178.0	-	
NHS Highland	428	134.6	122.0	148.1	-	
Scotland	9,463	207.4	203.2	211.7		+
Oban, Lorn and the Isles	34	165.5	113.7	232.5		
Bute and Cowal	38	152.2	106.5	210.5		
Mid-Argyll, Kintyre and Islay	32	143.0	96.5	203.7		
Helensburgh and Lomond	35	139.6	96.5	195.2	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 26:** COPD patient hospitalisations over time



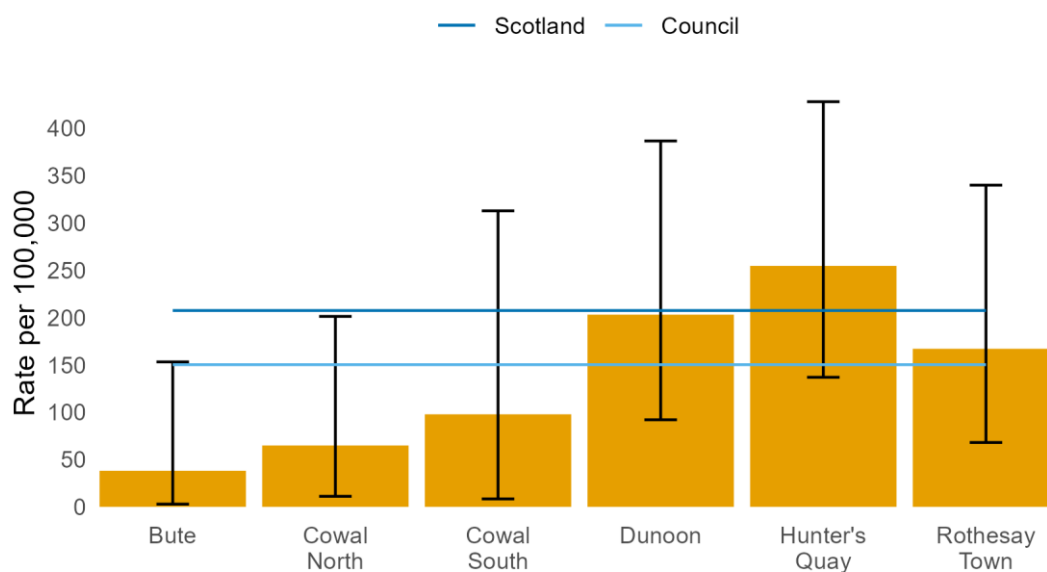
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Table 23:** COPD patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Hunter's Quay	15.0	254.6	136.9	428.0		
Dunoon	9.0	203.0	92.0	386.5		
Rothesay Town	7.3	167.0	68.0	339.8		
Cowal South	3.0	97.8	8.4	312.7		
Cowal North	2.7	64.8	11.1	201.2	-	
Bute	1.7	38.1	2.9	153.1	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 27:** COPD patient hospitalisation by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.



## Dementia and frailty

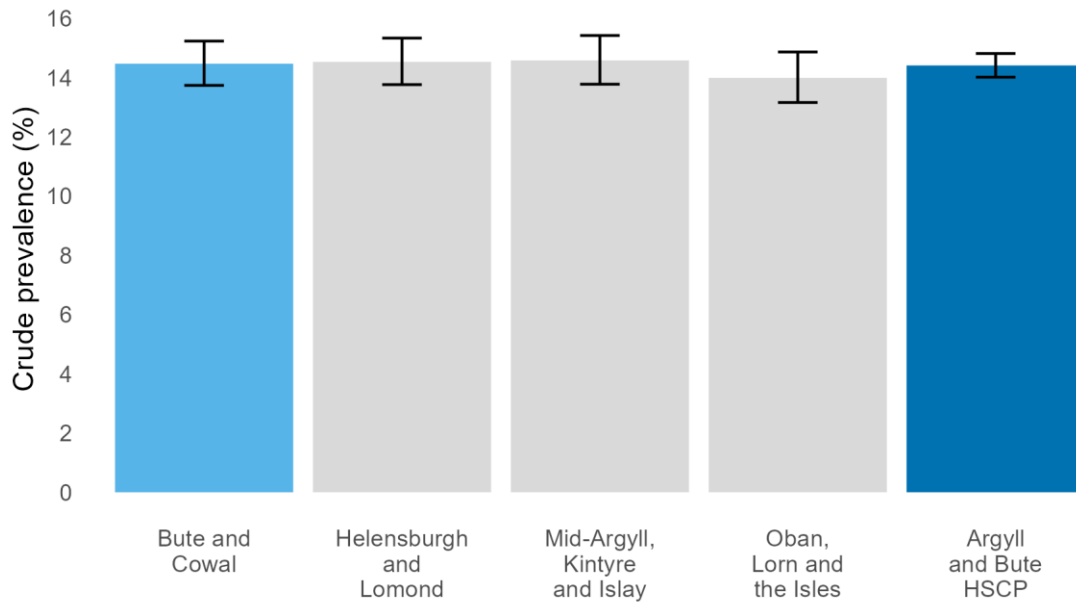
Dementia and frailty are a major cause of disability and dependency among older people. Frailty is a state of health and is related to the ageing process. It refers to a person's mental and physical vulnerability and ability to recover from changes in health resulting from relatively minor injury and illness<sup>10</sup>. Prevalence estimates are based on recent population studies<sup>11 12</sup>. Being able to identify and assess dementia and frailty allows early intervention to increase independence, slow progression and reduce the risk of adverse outcomes.

**Table 24:** Estimated prevalence of frailty in people aged 60 and over by area

	Estimated number	Crude prevalence (%)	Lower bound	Upper bound	Significance	
					Health board	Council
NHS Highland	14,707	14.35	14.14	14.57		
Argyll and Bute	4,274	14.41	14.01	14.81		
Bute and Cowal	1,230	14.47	13.74	15.23		
Helensburgh and Lomond	1,124	14.53	13.76	15.33		
Mid-Argyll, Kintyre and Islay	1,032	14.58	13.78	15.42		
Oban, Lorn and the Isles	889	13.99	13.16	14.86		

Source: Gale C et al. Age-sex specific prevalence of frailty for people living in the community applied to NRS mid-2021 population estimates. Excludes residential care homes.

**Figure 28:** Estimated prevalence of frailty in people aged 60 and over by area



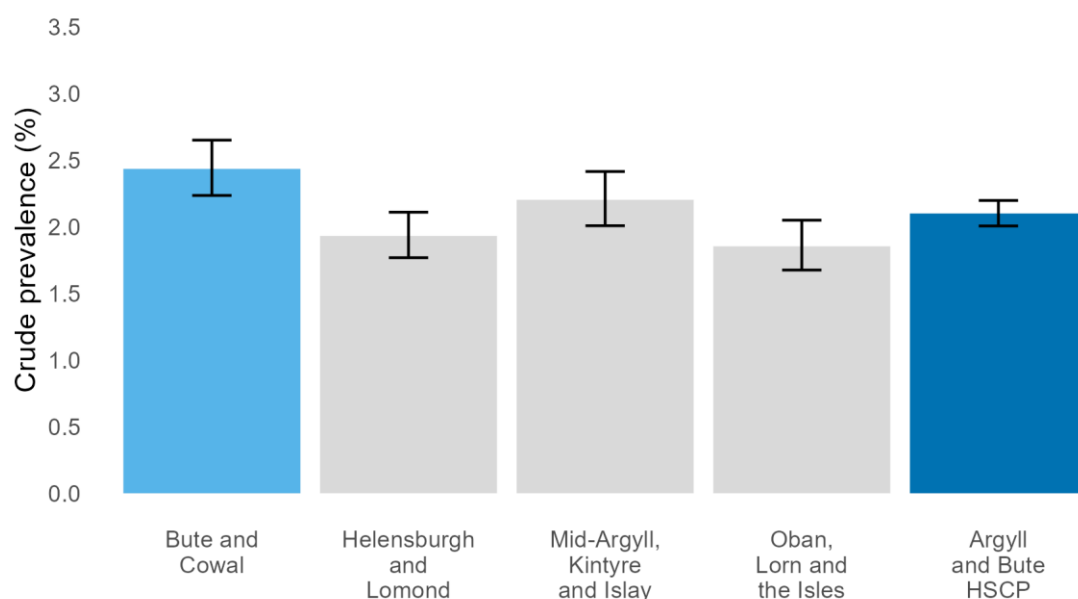
Source: Gale C et al. Age-sex specific prevalence of frailty for people living in the community applied to NRS mid-2021 population estimates. Excludes residential care homes.

**Table 25:** Estimated prevalence of dementia by area

	Estimated number	Crude prevalence (%)	Lower bound	Upper bound	Significance	
					Health board	Council
NHS Highland	6,242	1.92	1.88	1.97		-
Argyll and Bute	1,810	2.10	2.01	2.20	+	
Bute and Cowal	516	2.43	2.23	2.65	+	+
Helensburgh and Lomond	483	1.93	1.77	2.11		
Mid-Argyll, Kintyre and Islay	441	2.20	2.01	2.41	+	
Oban, Lorn and the Isles	371	1.85	1.68	2.05		

Source: Alzheimer Europe.

Age-sex specific prevalence of dementia applied to NRS mid-2021 population estimates.

**Figure 29:** Estimated prevalence of dementia by area

Source: Alzheimer Europe.

Age-sex specific prevalence of dementia applied to NRS mid-2021 population estimates.

### Population prescribed drugs for anxiety, depression or psychosis

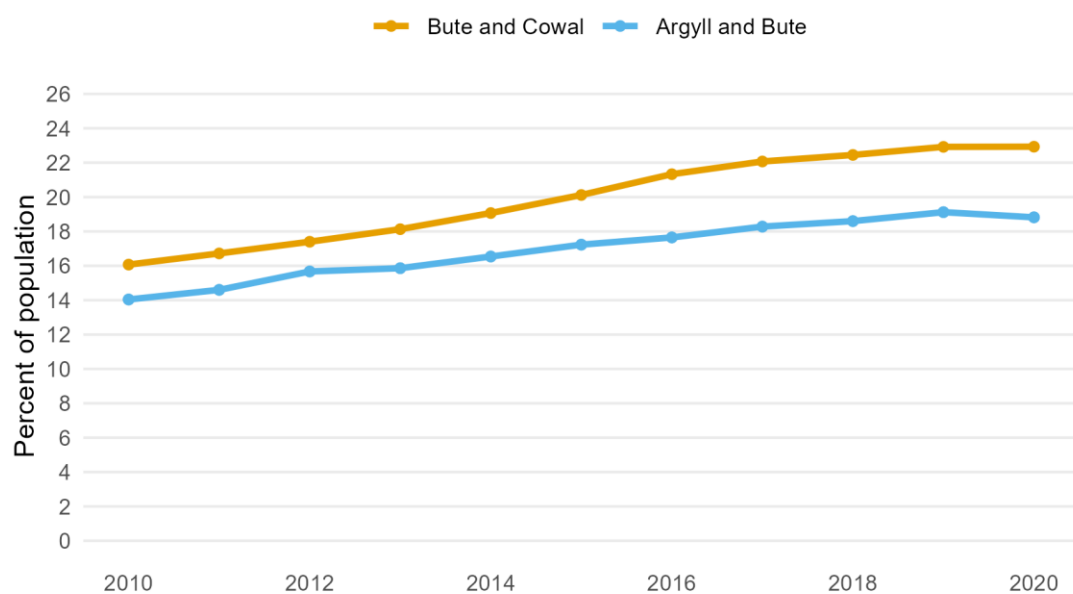
The data are derived from prescriptions dispensed in the community. The prescribing rate has increased over the period, with higher levels seen with increasing levels of deprivation.

**Table 26:** Population prescribed drugs for anxiety, depression or psychosis by area

	Number	Percent of population	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	16,081	18.8	18.6	19.1	-	
NHS Highland	57,125	17.8	17.7	17.9	-	-
Scotland	1,054,374	19.3	19.3	19.3		+
Bute and Cowal	4,587	22.9	22.4	23.5	+	+
Mid-Argyll, Kintyre and Islay	3,894	19.6	19.1	20.1		
Oban, Lorn and the Isles	3,465	17.5	16.9	18.0	-	-
Helensburgh and Lomond	4,135	16.1	15.6	16.5	-	-

Source: ScotPHO Online Profiles; 2020/21

**Figure 30:** Population prescribed drugs for anxiety, depression or psychosis over time



Source: ScotPHO Online Profiles; 2010/11 to 2020/21

### Psychiatric patient hospitalisations

The indicator only includes patients treated in a psychiatric hospital or unit. There has been a long-term strategic shift in the care of people with mental health problems from inpatient treatment towards various forms of community care.

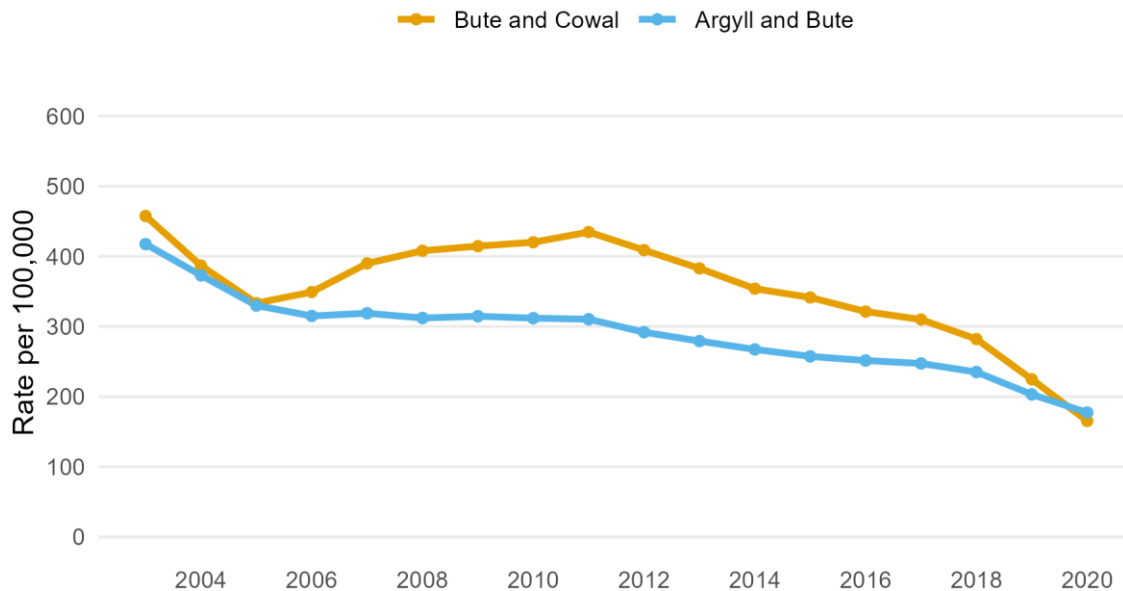
Patients discharged from psychiatric specialties will have a range of diagnoses recorded. More common diagnoses will include mood (affective) disorders, diagnosis of schizophrenia and delusional disorders, mental disorders due to substance misuse and organic mental disorders, including conditions like dementia and delirium which predominantly affect older people.

There is a profound socio-economic gradient with psychiatric admission rates known to increase with area deprivation.

**Table 27:** Psychiatric patient hospitalisations by area

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	146	177.3	148.8	209.6	-	
NHS Highland	573	181.2	166.4	196.9	-	
Scotland	12,442	229.8	225.8	233.9		+
Mid-Argyll, Kintyre and Islay	38	197.9	137.4	275.1		
Helensburgh and Lomond	48	189.6	137.6	254.3		
Bute and Cowal	30	165.3	108.0	240.6		
Oban, Lorn and the Isles	31	164.1	110.6	234.1		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 31:** Psychiatric patient hospitalisations over time

Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22. Age-sex standardised rate per 100,000 population.

## Harm to health from alcohol and drug use

Reducing the use of and harm from alcohol, drugs and other substances is a national public health priority<sup>9</sup>. There is no safe level of drinking alcohol and no completely safe level of drug use. People's use of alcohol and drugs may incur harm from many issues.

Alcohol and drug use can have a significant impact on physical and mental health, as well as long-term social impacts, including family break-ups, domestic abuse, unemployment, homelessness and financial problems. There are increased risks of accidents, injuries, violence and antisocial behaviour. Substance use by parents and carers can also have a huge adverse effect on children and young people's health and wellbeing.

There is a clear socio-economic gradient with alcohol and drug-related admission rates known to increase with area deprivation. For many people, multiple disadvantage contributes to substance use, which in turn contributes to further disadvantage.

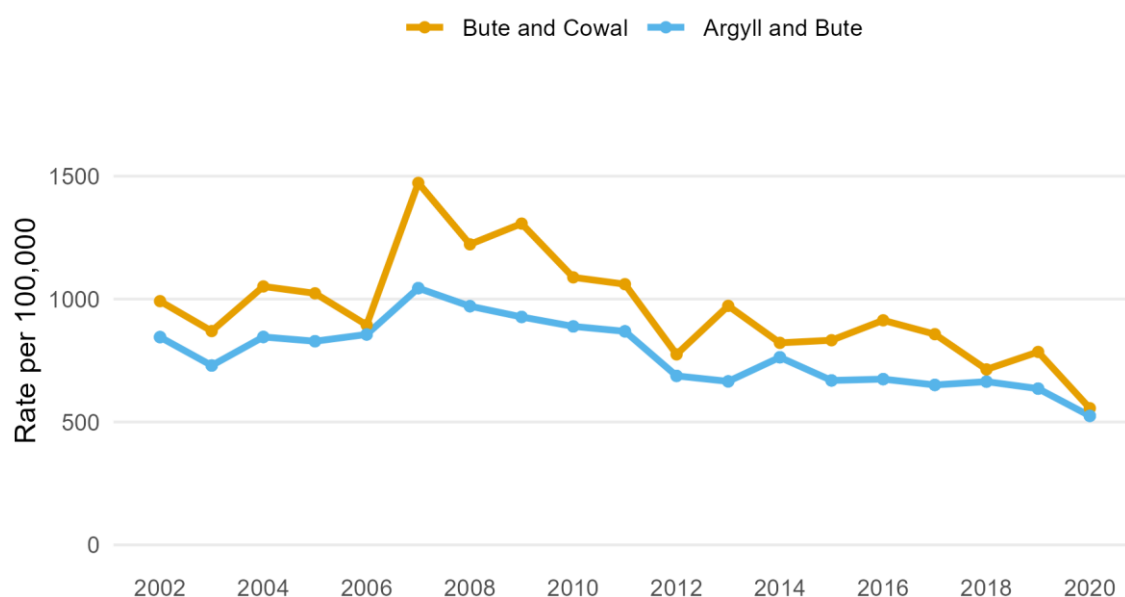
## Alcohol-related hospital admissions

**Table 28:** Alcohol-related hospital admissions by area

	Number	Rate	Lower bound	Upper bound	Scotland	Council	Significance
Argyll and Bute	468	524.9	476.8	576.4	-		
NHS Highland	1,974	606.5	579.6	634.4			+
Scotland	33,432	621.3	614.6	628.0			+
Bute and Cowal	108	556.0	448.5	680.1			
Helensburgh and Lomond	150	552.9	465.5	651.5			
Mid-Argyll, Kintyre and Islay	108	532.6	432.0	648.9			
Oban, Lorn and the Isles	105	505.9	411.9	614.4	-		

Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population

**Figure 32:** Alcohol-related hospital admissions over time



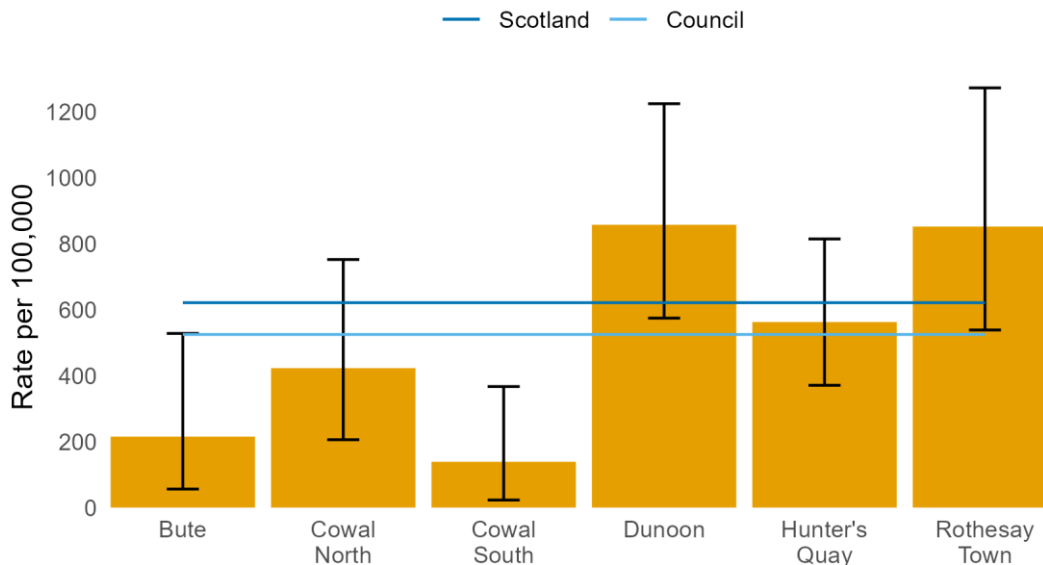
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population

**Table 29:** Alcohol-related hospital admissions by intermediate geography in the area

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Dunoon	33	857.5	574.4	1,224.6		
Rothesay Town	27	852.0	538.5	1,272.6		
Hunter's Quay	30	562.5	370.8	814.5		
Cowal North	12	422.8	205.8	752.1		
Bute	6	215.2	56.2	528.0	-	
Cowal South	6	138.8	22.8	367.0	-	-

Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population

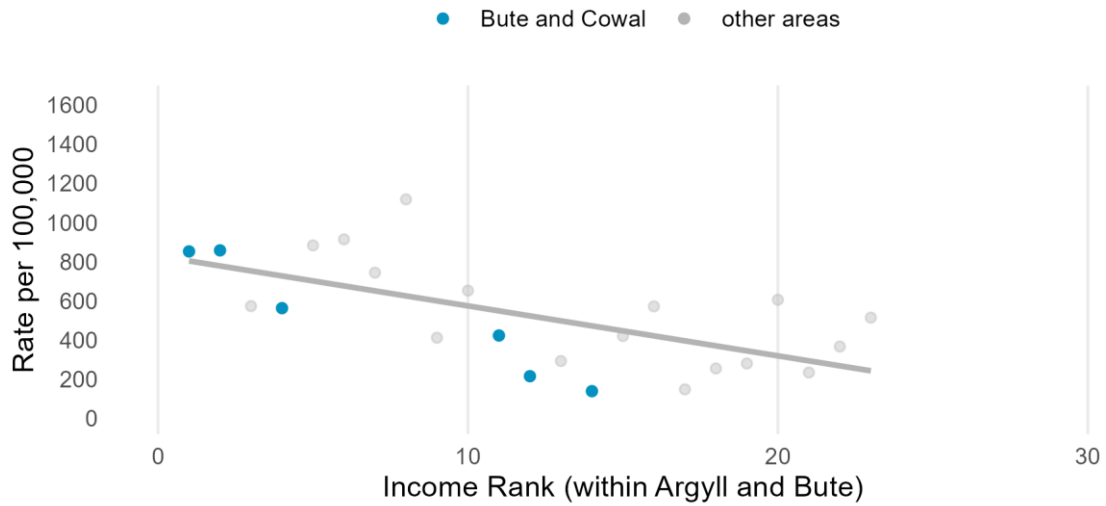
**Figure 33:** Alcohol-related hospital admissions by intermediate geography in the area



Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.



**Figure 34:** Alcohol-related hospital admissions by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Alcohol-related hospital admissions; 2020/21  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

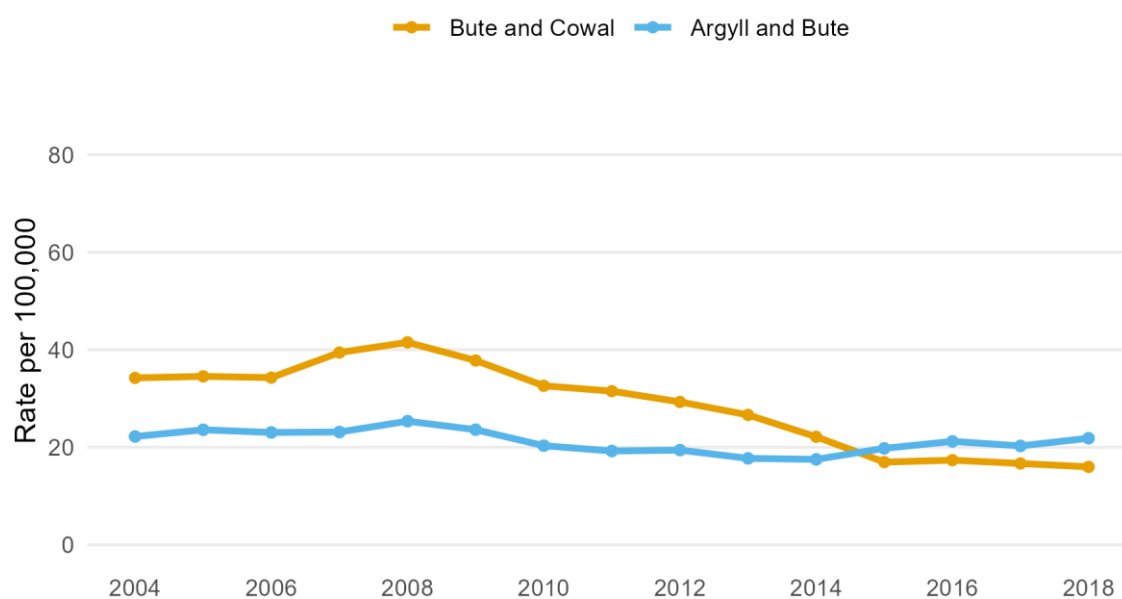
## Alcohol-specific deaths

**Table 30:** Alcohol-specific deaths by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	21.6	21.9	13.4	33.5		
NHS Highland	78.6	22.1	17.5	27.7		
Scotland	1,116.2	20.8	19.6	22.1		
Mid-Argyll, Kintyre and Islay	7.4	30.1	12.1	61.4		
Helensburgh and Lomond	6.2	22.0	8.1	47.5		
Oban, Lorn and the Isles	4.4	21.4	5.4	54.1		
<b>Bute and Cowal</b>	<b>3.6</b>	<b>16.0</b>	<b>3.2</b>	<b>44.4</b>		

Source: ScotPHO Online Profiles; annual data calculated from 5 year time period, 2016-2020  
Age-sex standardised rate per 100,000 population

**Figure 35:** Alcohol-specific deaths over time



Source: ScotPHO Online Profiles; annual data calculated from 5 year time periods, 2002-2006 to 2016-2020  
Age-sex standardised rate per 100,000 population.

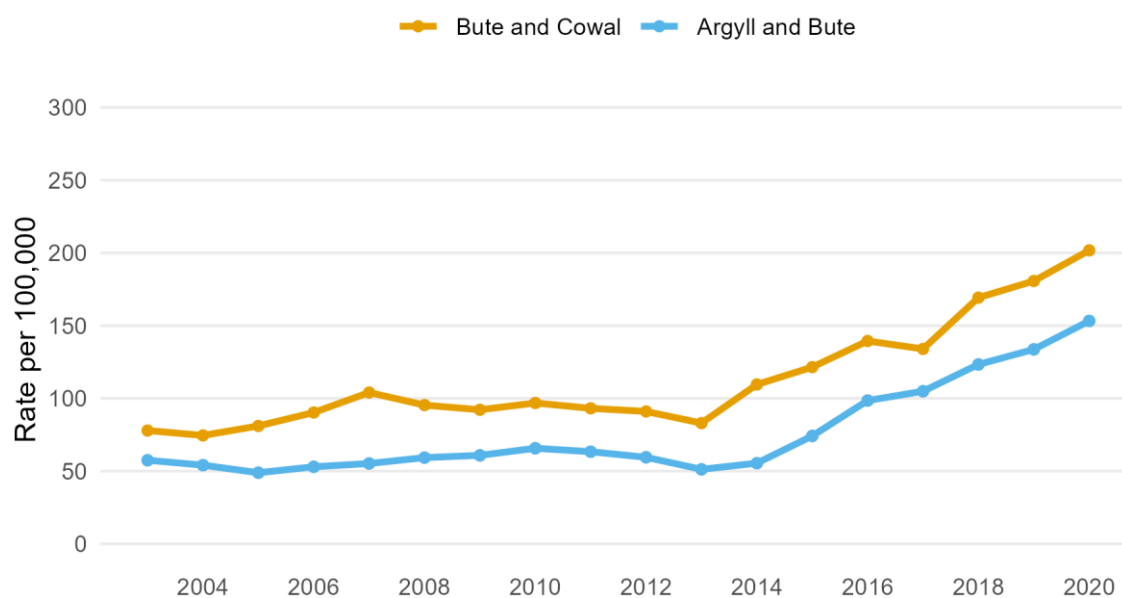
## Drug-related hospital admissions

**Table 31:** Drug-related hospital admissions by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	111	153.2	125.4	185.2	-	
NHS Highland	384	134.9	121.7	149.2	-	
Scotland	12,099	228.3	224.2	232.4		+
Oban, Lorn and the Isles	36	215.7	150.3	299.8		
<b>Bute and Cowal</b>	<b>30</b>	<b>201.8</b>	<b>135.2</b>	<b>288.6</b>		
Helensburgh and Lomond	30	135.4	90.5	194.2	-	
Mid-Argyll, Kintyre and Islay	12	80.0	41.5	138.8	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 36:** Drug-related hospital admissions over time



Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

## External causes of harm to health

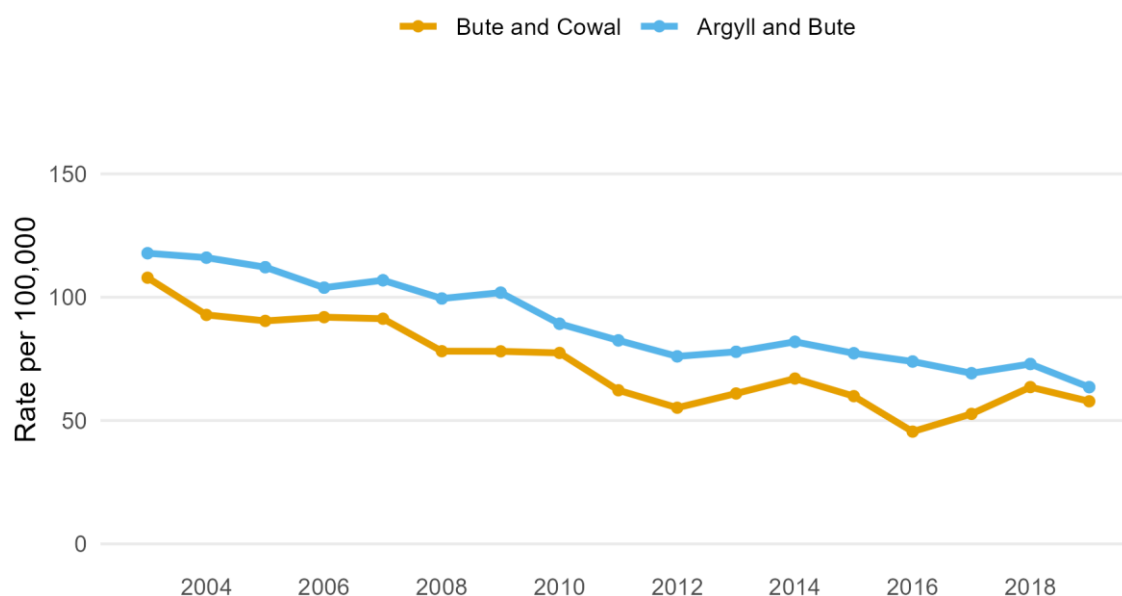
External causes are a common cause of harm to health. They include accidents and unintentional injuries that occur in diverse settings, including the home, the workplace, leisure and sports activities and road transportation. The road traffic accident indicator only includes people admitted or who dies as a result of a road traffic accident. Road traffic accidents that result in slight injury, serious injury or death have been reducing over the last decade. Effective accident prevention requires multi-agency action within national and local policy and plans.

### Road traffic accident patient hospitalisations

**Table 32:** Road traffic accident patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	54	63.5	47.2	83.6		
NHS Highland	224	70.5	61.4	80.6	+	
Scotland	3,103	57.3	55.3	59.4		
Mid-Argyll, Kintyre and Islay	17	89.5	49.7	147.2		
Oban, Lorn and the Isles	13	65.4	34.0	113.3		
Bute and Cowal	12	57.8	27.2	105.3		
Helensburgh and Lomond	13	49.9	25.9	86.3		

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

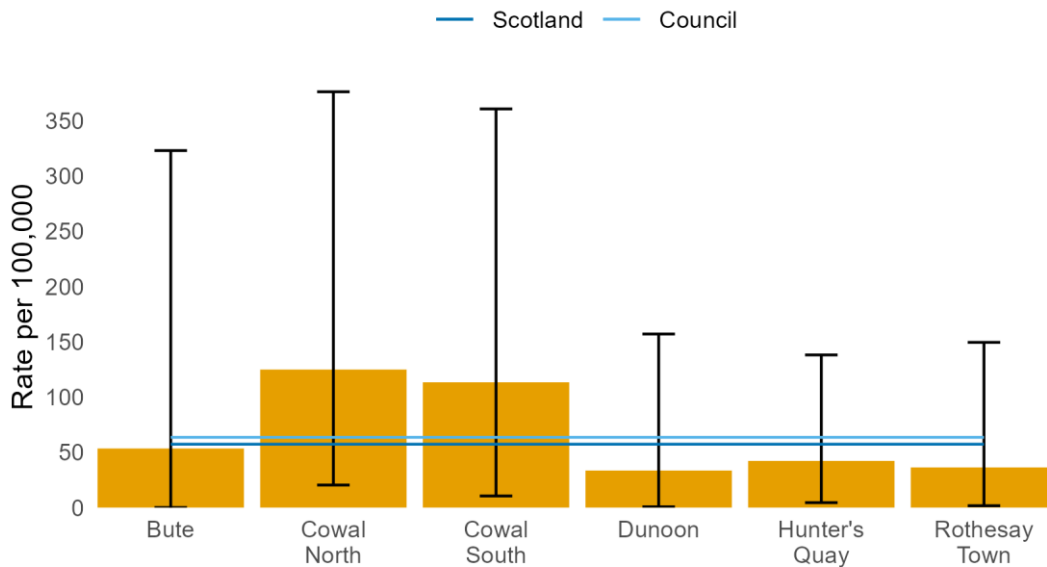
**Figure 37:** Road traffic accident patient hospitalisations over time

Source: ScotPHO Online Profiles; calculated from 3 year time periods, 2002-2004 to 2018-2020  
Age-sex standardised rate per 100,000 population.

**Table 33:** Road traffic accident patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Cowal North	3.0	124.8	20.4	376.1		
Cowal South	3.0	113.3	10.5	360.6		
Bute	1.0	53.4	0.0	322.9		
Hunter's Quay	2.7	42.2	4.5	138.1		
Rothesay Town	1.7	36.3	1.7	149.4		
Dunoon	1.3	33.5	0.7	157.0		

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

**Figure 38:** Road traffic accident patient hospitalisations by intermediate geography in the area

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## Emergency care

### Emergency patient hospitalisations

An emergency admission is when a person is admitted to a hospital urgently and unexpectedly. Emergency admissions often occur via Accident and Emergency departments but can result directly from a GP consultation or consultant clinic.

Emergency admission rates are highest in the very young and old. Generally, rates increase with patient age from young adulthood and are related to deprivation.

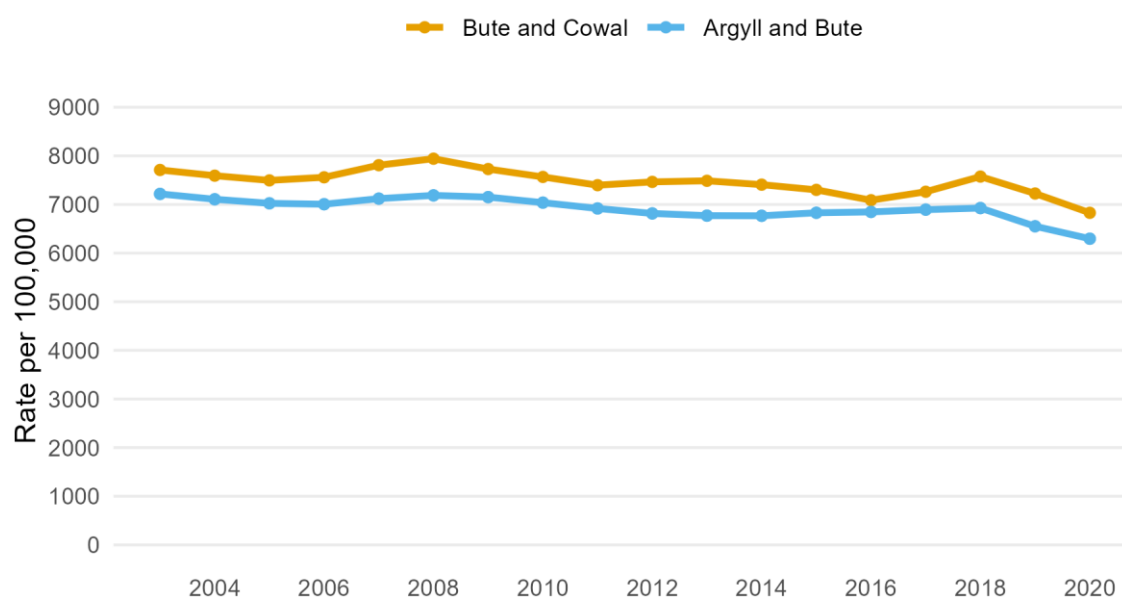
A proportion of emergency hospital admissions are likely to be preventable. High emergency or multiple admissions rates can also indicate that primary and community services may be stressed or not in place to prevent hospital admission.

Reducing emergency admission rates would indicate that people are being supported in managing their care appropriately at home with less reliance on hospital use. Work to achieve this includes health improvement and prevention, reducing accidents, improving home safety, and providing support to carers and social care.

**Table 34:** Emergency patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	5,934	6,296.3	6,130.5	6,465.3	-	
NHS Highland	23,183	6,858.8	6,768.9	6,949.6	-	+
Scotland	392,280	7,234.0	7,211.1	7,257.0		+
Bute and Cowal	1,583	6,828.9	6,468.1	7,203.4	-	+
Oban, Lorn and the Isles	1,385	6,569.8	6,216.4	6,937.6	-	
Mid-Argyll, Kintyre and Islay	1,414	6,336.3	5,994.2	6,692.1	-	
Helensburgh and Lomond	1,560	5,855.1	5,558.8	6,162.7	-	

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 39:** Emergency patient hospitalisations over time

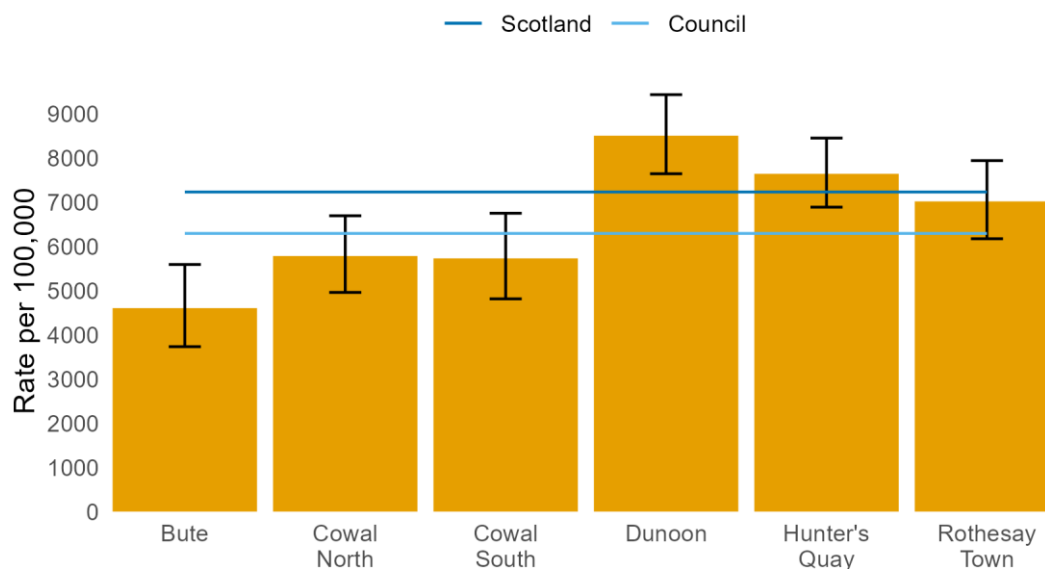
Source: ScotPHO Online Profiles; annual data calculated from 3 year time periods, 2002-2004 to 2019-2021  
Age-sex standardised rate per 100,000 population.

**Table 35:** Emergency patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Dunoon	386	8,508.5	7,647.2	9,437.3	+	+
Hunter's Quay	446	7,645.3	6,891.0	8,454.4		+
Rothesay Town	279	7,020.8	6,175.7	7,944.4		
Cowal North	217	5,784.6	4,960.7	6,695.8	-	
Cowal South	184	5,731.1	4,815.3	6,752.9	-	
Bute	143	4,605.2	3,732.9	5,592.9	-	-

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

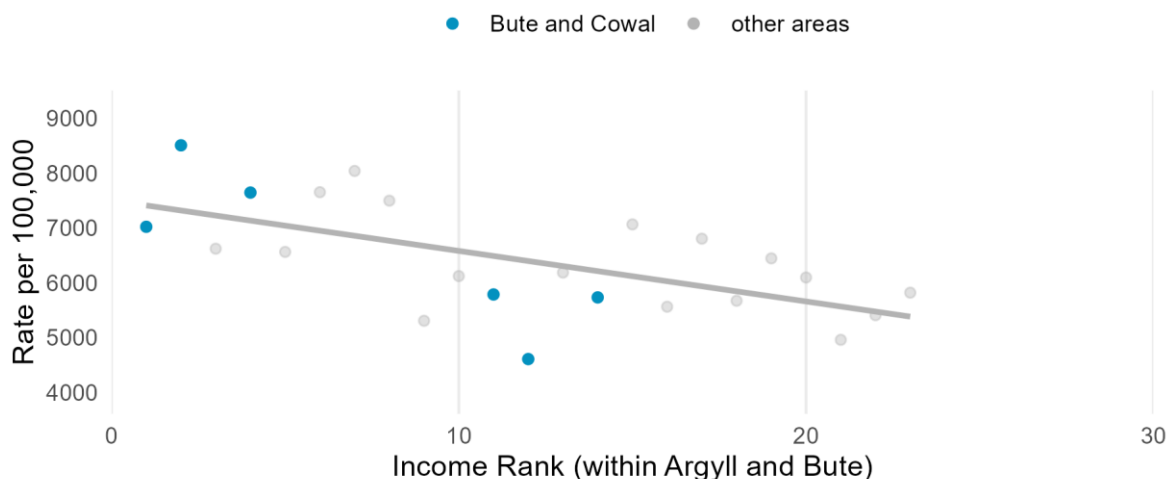
**Figure 40:** Emergency patient hospitalisations by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.



**Figure 41:** Emergency patient hospitalisations by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Emergency patient hospitalisations; annual data calculated from 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

### Patients 65 years and over with multiple emergency hospital admissions

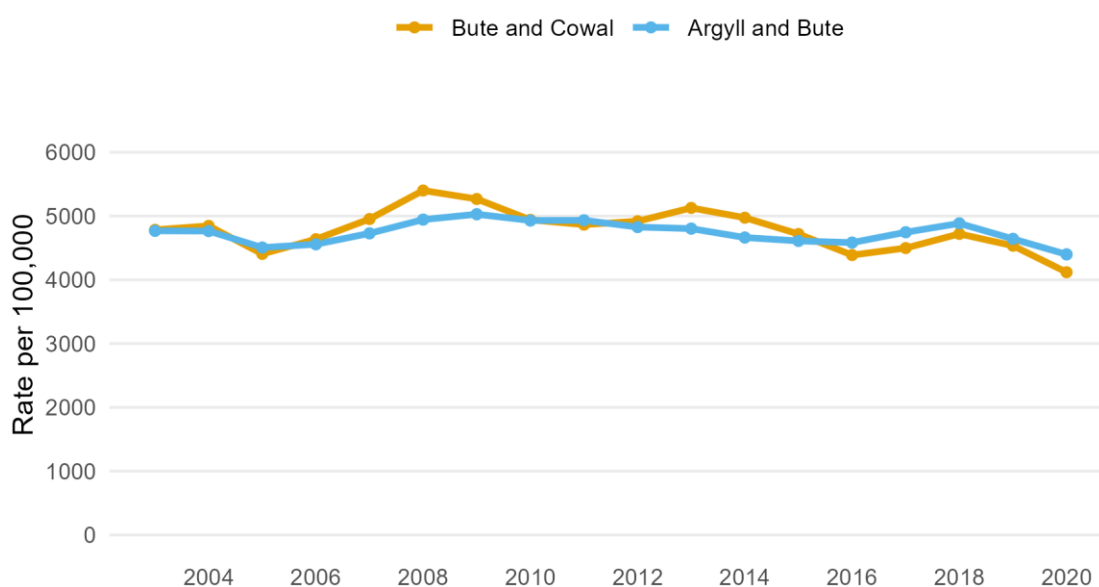
While adjusted for age and sex differences, rates of patients with multiple emergency admissions may vary because of deprivation, patient case mix, and the availability of health and social care.

**Table 36:** Patients 65 years and over with multiple emergency hospital admissions by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	953	4,398.8	4,115.8	4,695.8	-	
NHS Highland	3,168	4,251.3	4,101.7	4,404.9	-	
Scotland	51,625	4,997.9	4,953.9	5,042.3		+
Oban, Lorn and the Isles	223	4,956.7	4,300.3	5,681.8		
Mid-Argyll, Kintyre and Islay	235	4,472.1	3,903.5	5,098.5		
Helensburgh and Lomond	242	4,166.1	3,646.3	4,737.9	-	
Bute and Cowal	251	4,118.9	3,606.4	4,681.7	-	

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 42:** Patients 65 years and over with multiple emergency hospital admissions over time



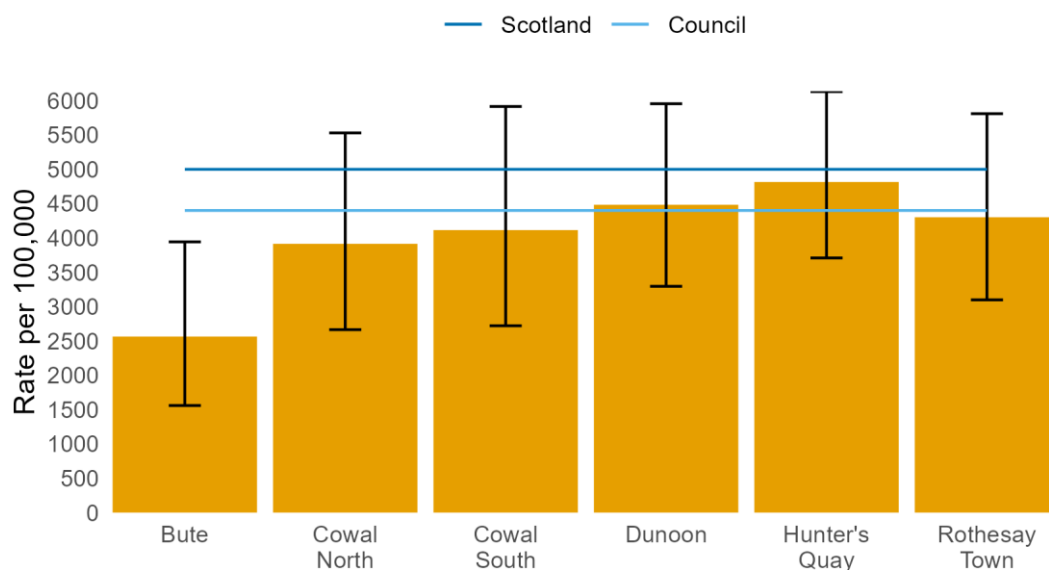
Source: ScotPHO Online Profiles; annual data calculated from 3 year time periods, 2002-2004 to 2019-2021  
Age-sex standardised rate per 100,000 population.

**Table 37:** Patients 65 years and over with multiple emergency hospital admissions by intermediate geography in the area

	Average number	Rate per 100,000	Lower bound	Upper bound	Significance	
					Scotland	Council
Hunter's Quay	73	4,813.6	3,707.7	6,130.1		
Dunoon	48	4,481.8	3,294.7	5,953.2		
Rothesay Town	44	4,300.3	3,097.4	5,808.2		
Cowal South	34	4,113.2	2,720.2	5,913.1		
Cowal North	34	3,913.4	2,663.6	5,528.3		
Bute	22	2,563.1	1,558.9	3,941.9	-	-

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 43:** Patients 65 years and over with multiple emergency hospital admissions by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## End of life care

### Place of death

Understanding mortality patterns and place of death is important to help provide appropriate care and resources. A 2012 report found that most people prefer not to die in a hospital but at home, in a care home or a hospice<sup>13</sup>.

The proportion of deaths occurring outside of hospitals has increased in recent years. Patterns of the place of death changed further during the COVID-19 pandemic, with increased deaths at home during and between pandemic waves. If this pattern is sustained, primary, community and palliative care resources will be needed to support families and individuals at home.

**Table 38:** Deaths by place of death over time

	Percentage					Average annual number of deaths
	Hospital	Care Home	Home / Non-institution	Hospice	Other places	
2001-2003	66.9	9.1	23.8	0.2	0.0	359.7
2004-2006	70.6	7.5	21.8	0.1	0.0	310.3
2007-2009	68.4	10.6	20.6	0.2	0.2	337.0
2010-2012	60.6	14.0	25.0	0.4	0.0	329.3
2013-2015	58.0	14.4	27.0	0.6	0.0	319.7
2016-2018	60.8	12.7	25.5	1.0	0.0	310.7
2019-2021	48.7	15.1	35.5	0.7	0.0	330.7

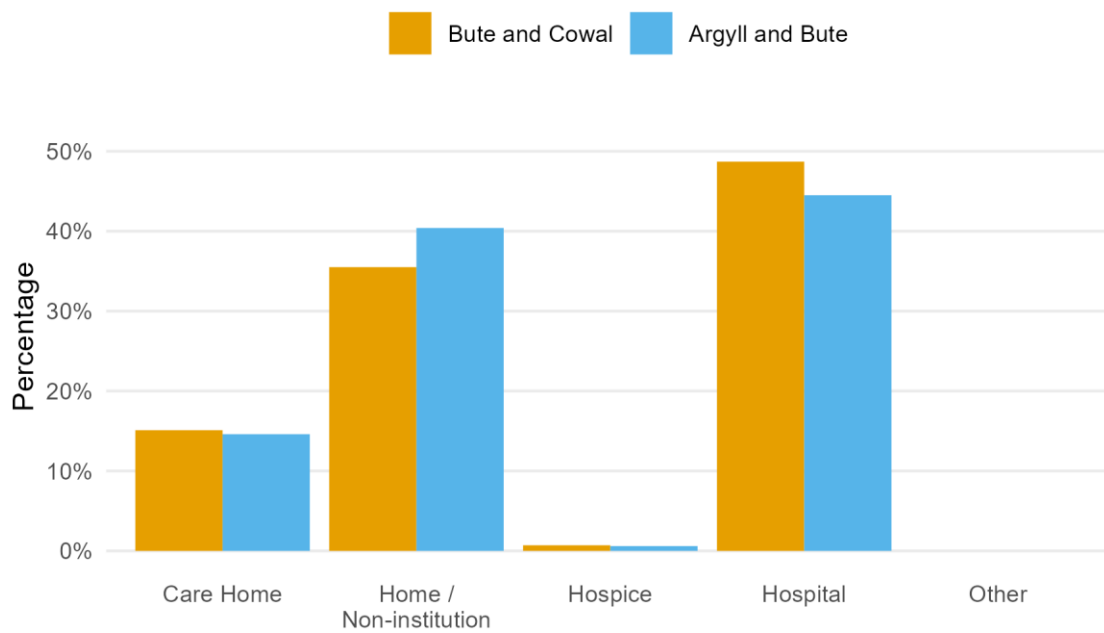
Source: National Records of Scotland; 2019-2021

**Table 39:** Deaths by place of death

	Percentage					Average annual number of deaths
	Hospital	Care Home	Home / Non-institution	Hospice	Other places	
Bute and Cowal	48.7	15.1	35.5	0.7	0.0	331
Argyll and Bute	44.5	14.6	40.4	0.6	0.0	1,133

Source: National Records of Scotland; 2019-2021

**Figure 44:** Deaths by place of death



Source: National Records of Scotland; 2019-2021

## Dementia and place of death

Patterns of the place of death vary by cause, sex, age and geographical location. The ageing of the population is projected to lead to an increase in dementia cases. Dementia is already a leading cause of death among all diseases and one of the most significant causes of disability and dependence among older people.

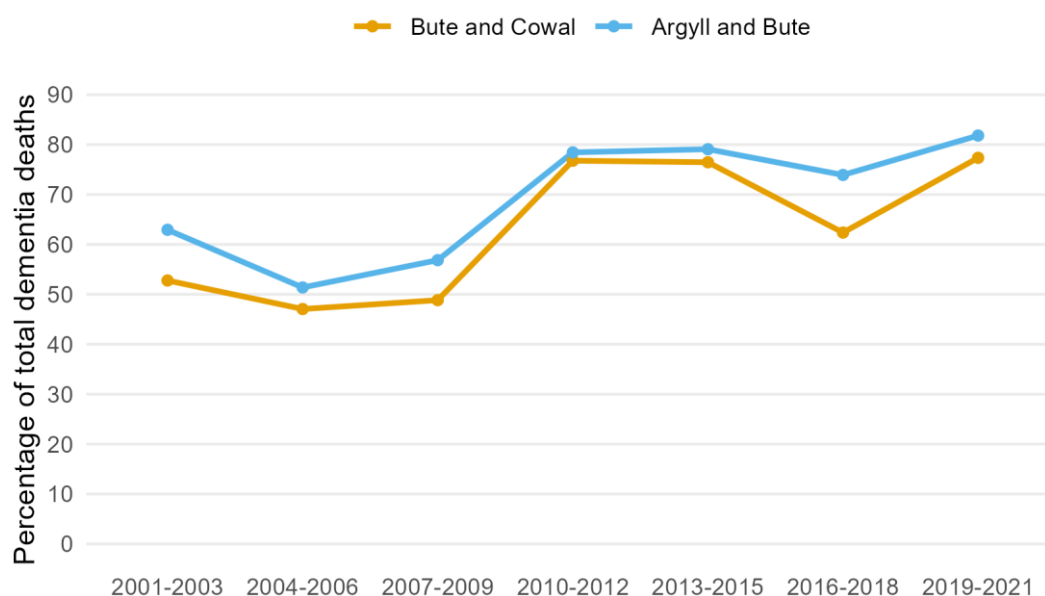
Understanding the place of death of people with dementia is essential for the organisation and provision of end-of-life care that could help patients with dementia avoid dying in a hospital and support carers and families.

**Table 40:** Dementia deaths in a homely setting as a percentage of all dementia deaths

					Significance
	Average annual number	Percentage	Lower bound	Upper bound	Council
Argyll and Bute	102	81.8	77.6	85.4	
Bute and Cowal	27	77.4	68.5	84.3	
Helensburgh and Lomond	31	90.4	83.2	94.7	
Mid-Argyll, Kintyre and Islay	22	76.7	66.8	84.4	
Oban, Lorn and the Isles	21	82.1	72.1	89.0	

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

**Figure 45:** Dementia deaths in a homely setting as a percentage of all dementia deaths

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

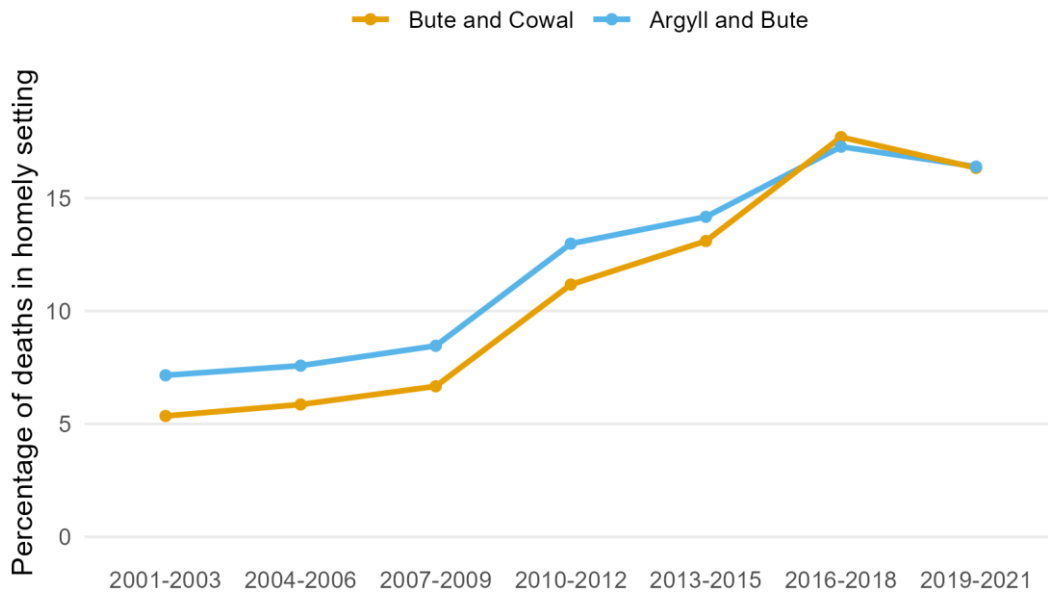
**Table 41:** Dementia deaths in a homely setting as a percentage of all deaths in a homely setting

	Average annual number	Percentage	Lower bound	Upper bound	Significance Council
Argyll and Bute	102	16.4	14.8	18.1	
Bute and Cowal	27	16.3	13.4	19.8	
Helensburgh and Lomond	31	18.2	15.1	21.8	
Mid-Argyll, Kintyre and Islay	22	15.4	12.3	19.1	
Oban, Lorn and the Isles	21	15.2	12.1	18.9	

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

**Figure 46:** Dementia deaths in a homely setting as a percentage of all deaths in a homely setting



Source: National Records of Scotland; 2019-2021  
Deaths in a homely setting include deaths at home, in a care home or a hospice location.



## Glossary

Term	Description
Age-sex standardised rate	An age-sex standardised rate is a summary measure of the rate that a population would have if it had a standard age structure. Standardised rates are used to allow comparisons across geographical areas by controlling for differences in the age and sex structure of local populations. It is also used when comparing rates for one geography over time. All rates shown are standardised to the European standard population 2013.
Confidence Interval (CI)	A confidence interval (CI) is a range of values that describes the uncertainty around a point estimate of a quantity, for example a mortality rate, arising from either random or 'natural' variation. Confidence intervals quantify the uncertainty in point estimates: the wider the confidence interval the greater the uncertainty. The width of the confidence interval depends upon the size of the population from which an estimate is derived, the degree of variability in the indicator being measured, and the required level of confidence. In public health the conventional practice is to use 95% confidence intervals.
Deprivation deciles or quintiles	The SIMD deprivation analyses in this report rank datazones from 1 (most deprived) to 6,976 (least deprived). These are then split into five deprivation quintiles with 20% of the datazones in each quintile. Deprivation deciles have 10% of the datazones in each decile.
Datazone	The datazone is the standard national small area geography used in the production of statistics. There are 6,976 datazones in the 2011 release (125 in Argyll and Bute and 312 in Highland local authorities). Nationally datazones are used as the 'building bricks' for higher level geography such as intermediate zones and are the smallest spatial area that population estimates are published for in the inter-census period. Datazones are used routinely to provide 'best fit' populations for local geographies such as Community Partnerships. Details of the mapping are available in the Scottish Health and Social Care Open Data platform.
Early deaths	An early death is defined as a person dying whilst under the age of 75 years. Early deaths are also known as premature deaths.
Emergency patient hospitalisations	An emergency admission is one where a patient is admitted to hospital urgently and unexpectedly i.e. the admission is unplanned. Emergency admissions often occur via Accident and Emergency departments but can result directly from a GP consultation or consultant clinic.
European Standard population (ESP)	The European Standard Population (ESP) is an artificial population structure which is used in the weighting of mortality or incidence data to produce age standardised rates. The current version is the ESP2013, which is based on an average of states' population projections for 2011 - 2030.
Intermediate zone	Intermediate zones (also referred to as intermediate geographies or neighbourhoods) are constructed from aggregations of data zones and provide a small area geography

	that is more suitable for the release of potentially sensitive data and for reporting routine measures of population health. The intermediate zone is the standard spatial unit of analysis used in the Scottish Public Health Observatory online profiles tool.
Income deprivation	Income deprivation, as defined by the SIMD, is a measure of the percentage of the population (adults and their dependents) in receipt of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, and Child and Working Tax Credits.
Life expectancy	Life expectancy (at birth) is an estimate of the average length of time a newborn can expect to live if the age and sex specific mortality rates of the local population applied throughout their lifetime. It is a theoretical measure as death rates may increase or decrease during a person's lifetime, and people may move to areas with different mortality risks.
Long-term conditions	Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.
Lower and Upper bounds	The lower and upper bounds are the lower and upper limits of a 95% confidence interval. They represent the range of values between which the true value of a point estimate is expected to fall within.
Morbidity	Morbidity refers to the extent of illness (disease, injury or disability) in a given population.
Palliative care	Palliative care is about improving the quality of life of anyone facing a life-threatening condition. It includes physical, emotional and spiritual care.
Population estimates	The size of the population estimated on an annual basis, using 30 <sup>th</sup> June (mid-year) as a reference point. Scotland's Census is used as a base for the population estimates, with annual adjustments made for the number of births, deaths and estimates of migration. National Records of Scotland (NRS) are responsible for producing official population figures for Scotland.
Prevalence	Prevalence describes the proportion of a population with a particular disease or health condition at a given point in time or over a specified time period.
SCI-Diabetes	Scottish Care Information – Diabetes (SCI-Diabetes) is NHS Scotland's diabetes patient management system. It provides a fully integrated shared electronic patient record to support treatment of people with diabetes.
ScotPHO profiles tool	The Scottish Public Health Observatory (ScotPHO) collaboration is led by Public Health Scotland. ScotPHO's online profiles tool present a range of indicators intended to increase understanding of local health issues. The online profiles and indicator definitions are available at the following URL: <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Scottish Index of Multiple Deprivation (SIMD)	The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of deprivation. The latest version is the SIMD 2020 and is based on small areas called datazones. The SIMD is a measure of relative deprivation and takes

	account of indicators across seven domains: income, employment, education, health, access to services, crime and housing. The seven domains are combined into a single index score and ranked.
Statistical significance of differences	Confidence intervals are used to interpret whether a measure is statistically higher or lower than another. If the confidence intervals of one particular area have no overlap with a comparison area confidence interval then it is statistically significantly higher/lower than the comparison. If there is overlap then there is no statistically significant difference between them. Statistical significance of differences are indicated by a + or - in the tables in this report.

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## **Police Scotland Update**

### **Fraud Prevention and Awareness**

Our popular and educational Scam Savvy Quiz inputs have continued with our vulnerable groups as crimes of fraud are still of concern. Locally there has been a bespoke input provided in partnership with the Macular Society to a group of people with sight loss in Dunoon as they were identified as being particularly vulnerable. This enabled a great discussion using ideas such as code words for people attending at the door to help identify cold callers. These talks continue to be available for any community group or local organisations including community councils.

During this reporting period, we responded to a number of calls on the Isle of Bute regarding bogus workers who had cold called at a number of addresses offering roofing work (and carrying out sub-standard work). In partnership with ACHA, assessments of work completed at each property were carried out by ACHA staff within 48 hours which provided Police Scotland with sufficient evidence to investigate a number of fraud offences with a positive line of enquiry. This was using the partnership agreement designed in 2022 to assist tackle doorstep crime.

One of the most common scams we have seen across Bute and Cowal has been around Sextortion. This almost wholly is targeted to young males (under 30 years of age). Sextortion is sexual extortion. It involves the threat of having sexual information, photos or videos shared. This is done to get money from the victim, to control behaviour or to pressure them for further images. Many sextortions start with seemingly harmless flirting on social media or dating sites. Criminals are experts at creating fake profiles that appear genuine. Flirtatious conversations quickly turn sexual and the victim is actively encouraged to remove clothing, perform a sexual act on camera or share explicit images. These images and videos are often recorded without the victim's knowledge and then can be held to ransom. The criminals will often have already accessed your social media contacts and will threaten to share these images with them unless you comply with their demands. As young males are being told their images will be shared with everyone they know, this is having an impact on their mental health with victims often feeling embarrassed and ashamed they are often keeping themselves isolated rather than reporting to Police and reaching out for support. Police Scotland would encourage everyone to share awareness around this either through social media, newsletters or in conversation with young males you know. If any members have ideas or suggestions on how we can help educate young males on the risk involved with this type of offence.

# SEXTORTION

## A SELF-HELP GUIDE



**SEXTORTION** refers to a specific type of cyber-enabled crime in which victims are lured into performing sexual acts in front of their webcam.

Unbeknown to victims, their actions are recorded by criminals who then use the video footage in an attempt to blackmail them. Generally criminals request money

and if demands are not met, these offenders threaten to upload the recording(s) to the internet and send to the victims' friends and family.

**POLICE SCOTLAND**  
Keeping people safe  
POILEAS ALBA

### VICTIM REASSURANCE

- Don't panic
- Police Scotland will take your case seriously
- We will not make judgements on your behaviour
- The matter will be dealt with in absolute confidence

### VICTIM ADVICE

- Do NOT delete any correspondence
- Do NOT pay
- Do NOT communicate further with the offenders
- DEACTIVATE your accounts
- REPORT online indecent images to the host website

### OBTAIN THE FOLLOWING INFORMATION AND PASS ON TO THE POLICE

1. The Skype name, and more importantly;
2. The Skype I.D.; Be aware that the scammer's Skype name is different to their Skype ID, and it's the ID details we need. To get that, right click on their profile, select "View Profile" and then look for the name shown in blue rather than the one above it in black. It will be next to the word "Skype:" and will have no spaces in it.
3. The Facebook URL;
4. The Western Union or MoneyGram Money Transfer Control Number (MTCN);
5. Any photos that were sent

### HOW TO REMOVE INDECENT IMAGES

#### G GOOGLE

You can ask Google to remove a nude or sexually explicit image or video of you that's been shared without your consent. To do this:

1. Click on **Settings** in bottom right-hand corner
2. Select **Search Help**
3. Expand **Troubleshoot & Request Removals** from menu
4. Finally click on **Remove information from Google** and follow the step by step instructions

#### TWITTER

You do not need an account to remove information about yourself. Fill out a form at the following address:

[https://support.twitter.com/forms/private\\_information](https://support.twitter.com/forms/private_information)

#### f FACEBOOK

To report a photo or video:

1. Click on the photo or video to expand it
2. Click on the ellipsis (\*\*\*) or the drop down in the top right
3. Click 'I don't like this photo' or 'report this post'
4. Choose relevant option for example 'I think it shouldn't be on Facebook'

#### YOUTUBE

How to flag a video:

1. Below the YouTube video player click the **More** button
2. Highlight and click the **Report** button in the drop-down menu
3. Click the reason for flagging that best fits the violation within the video
4. Provide any additional details that may help the review team make their final decision

Produced with kind permission of Hampshire constabulary

### Bereavement Support

Local officers meet people affected by bereavement as part of their daily role. Officers are now able to provide family and friends of deceased person with a full support pack which has practice advice and emotional support contacts. Working with Argyll and Bute Registrars, NHS Highland Chaplaincy, Argyll and Bute Citizens Advice Bureau, Change Mental Health and Cruse Bereavement, packs provide those suffering from bereavement with advice they can look at when they are ready to and aim to reduce distress.

### Road Safety

Following a fatality on the Argyll road network involving a towing vehicle, a series of Safe Towing videos have been produced and shared via our social media channels. This follows a change in legislation around driving licence requirements for those towing trailers, caravans, boat trailers and horseboxes. Police Scotland worked with a DVSA approved assessor in Campbeltown to produce these videos. These aim to help people understand legal towing limits, hitching, unhitching and safety checks. These are available on our local facebook page for anyone to look at, at any time.

A Partnership Approach to Road Safety group is being formed with representation from across West Dunbartonshire and Argyll and Bute. This group will focus on locations of concern and key contributing factors from road traffic collisions where someone has been killed or seriously injured to enable us to prioritise education and enforcement towards key locations or demographics.

### **Community Intelligence**

During this reporting period, officers in Dunoon, targeted proactive policing by our CID team and uniformed officers has resulted in a number of drug detections in Dunoon where 4 persons were charged with being concerned in the supply of, possessing, cultivating and/or producing controlled drugs. Execution of these drugs warrants enabled drugs with an estimated street value of just over £5,000 to be seized along with other drug producing equipment.



Drug warrants were also executed on the Isle of Bute resulting in a number of people being charged with supplying and possessing controlled drugs. Reducing harm caused by drugs in our communities remains a priority. Our local policing teams continue to robustly police those who deal drugs in our community and we work with partners and the public to encourage the capture of information to help us secure these drug search warrants.

### **Youth Engagement**

Our Youth Engagement Officers worked closely with Live Argyll to welcome back the Friday Night Football project which ran throughout the summer holidays. This focussed on deterring youths from ASB and provided them a focus during the weekend.

PSYV Dunoon attended King's Honours event alongside other groups from throughout the country. This provided the young people with a really positive experience and there was excellent feedback received from parents. The Dunoon PSYV have also deployed at the Inveraray Highland Games and the Edinburgh Military Tattoo.

### **Coastline Safety**

At the end of September, a multi-agency security and rescue exercise was held on the Isle of Bute. Police Scotland worked closely with Argyll and Bute Council, Border Command, Ministry of Defence Police Marine Unit, Caledonian MacBrayne and Rothesay Coastguard Rescue Team through a range of scenarios to help keep our coastlines safe.



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**Working together  
for a safer Scotland**



**SCOTTISH  
FIRE AND RESCUE SERVICE**  
Working together for a safer Scotland

# **Bute, Cowal and Dunoon CPG Briefing Report**

## **Q2 2023/24**

## **Performance & Activity Report**

<b>From:</b>	<b>1<sup>st</sup> July 2023</b>	<b>To:</b>	<b>30<sup>th</sup> September 2023</b>
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## Introduction

Welcome to the Scottish Fire and Rescue Service Community Board Performance Report. This performance report is designed to provide citizens, stakeholders and partners with information relating to Community Board based activity undertaken by the Scottish Fire and Rescue Service.

Whilst using historic statistical benchmarking data, consideration must be taken of the somewhat random nature of fire related incidents and events, and how this can pose difficulties in interpreting emerging patterns and trends. This is of specific relevance where Community Board level data is analysed due to the relatively small number of actual incidents/events that occur in Community Board areas.

However, regardless of statistical anomalies, emerging patterns and trends in fire related incidents and events can assist the Scottish Fire and Rescue Service and Community Planning Partners plan and implement preventative intervention initiatives to target reducing fire related incidents and events.

## Local Firefighter Training Plan

Below is a list of subjects the operational crews have been focusing on within this period. Each subject has been covered both practically and theoretically and recorded in the Fire Service Training recording system.

	July/August/September
Training Subjects	<ul style="list-style-type: none"> <li>● CFBT / Tactical ventilation Q2</li> <li>● Casualty Care Q2</li> <li>● RTC and Extrication Q2</li> <li>● HAZMAT Q2</li> <li>● Knotts, Ladders &amp; Pumps Q2</li> <li>● Water Awareness</li> <li>● High Rise</li> </ul>

## Accidental Dwelling Fires (ADF)

Ward	3 Year Average	2022/23	2023/24
Cowal	6	5	5
Dunoon	5	2	6
Isle of Bute	3	1	3
<b>Community Board Total</b>	<b>14</b>	<b>8</b>	<b>14</b>

## ADF Casualties

Ward	3 Year Average	2022/23	2023/24
Cowal	0.3	0	0
Dunoon	0.6	0	0
Isle of Bute	0	0	0
<b>Community Board Total</b>	<b>1</b>	<b>0</b>	<b>0</b>

## Deliberate Secondary Fire Setting

Ward	3 Year Average	2022/23	2023/24
Cowal	1.3	1	1
Dunoon	1.7	1	1
Isle of Bute	1	2	1
<b>Community Board Total</b>	<b>4</b>	<b>4</b>	<b>3</b>

## Fires in Non-Domestic Property

Ward	3 Year Average	2022/23	2023/24
Cowal	1.3	1	2
Dunoon	1.3	2	1
Isle of Bute	0	0	0
<b>Community Board Total</b>	<b>2.7</b>	<b>3</b>	<b>3</b>

## Casualties from Non-Fire Emergencies

Ward	3 Year Average	2022/23	2023/24
Cowal	1.7	1	0
Dunoon	0.3	0	0
Isle of Bute	0	0	0
<b>Community Board Total</b>	<b>2</b>	<b>1</b>	<b>0</b>

## Unwanted Fire Alarm Signals

Ward	3 Year Average	2022/23	2023/24
Cowal	8	11	5
Dunoon	5.7	7	4
Isle of Bute	13.3	17	13
<b>Community Board Total</b>	<b>27</b>	<b>35</b>	<b>22</b>

### Incidents/Activities of Note

#### Unwanted Fire Alarm Signals (UFAS)

We continue to work with partners across Argyll & Bute to support duty holders in reducing unwanted fire alarm signal incidents. A new UFAS mobilisation policy has been devised by a dedicated project team within SFRS with an aim at reducing UFAS incidents further. This policy went live from 1<sup>st</sup> July 2023, and we have already seen a reduction in the number of UFAS incidents. This has been reflected in the relevant KPI's contained within this report.

#### Road & Water Safety campaigns

In this reporting period, we have continued to work with various partners across Argyll & Bute including Police Scotland, The RNLI and local business on Road and Water safety campaigns. During peak holiday season we visited hotels from across Argyll & Bute to give road safety advice, including delivery of Road Safety Scotland materials aimed at foreign drivers.

We have maintained a presence through Operation Ballaton meetings, allowing us to provide attendance of operational crews to support Police Scotland and Loch Lomond & Trossachs Park Rangers, at specific hotspots in the park during busy summer weekends.

We continue to work with partners across all sectors, engaging with the local community at various identified hotspots. In June we held a multi-agency water rescue exercise at Mugdock Quarry to simulate a Tombstoning water rescue incident. This included SFRS personnel from across Argyll & Bute and allowed us to test operational resilience with an incident of this nature.

## **Community Engagement Activities**

- Post Domestic Incident Response (PDIR) following every domestic incident.
- To mark world drowning prevention day our Community Action Team (CAT) attended Helix Park, Falkirk to support various partners promoting Water Safety nationally.
- On the 2<sup>nd</sup> September Dunoon Community Fire Station held an open day. Offering Free HSFVs, Operational displays and fundraising for various charities.
- Continue to deliver Fire Safety advice via HSFVs and provision of smoke detection.
- Representation on Multi Agency Risk Assessment (MARAC) for those affected by domestic violence.
- Continue to support 'Make the Call' campaign and On Call recruitment drive for retained and volunteer stations within Argyll and Bute
- Supporting Partnership Approach to Water Safety (PAWS) group and engaging with the public: #RESPECTTHEWATER campaign.
- Engaging with communities utilising Summer Thematic Action Plan (TAP)
- Careers engagement pathway sessions delivered by CAT to schools across Argyll & Bute.
- Dunoon On call crew produced an On Call recruitment video to share on our social media channels.

## **EWDAB LSO Activities**

- In August we held a Business Continuity exercise with our Civil Contingencies team and a representative from CalMac ferries.
- Continued roll out of new fleet SFRS Electric Vehicles and on-station charging points within the area.
- Ongoing On-call recruitment campaigns – Participation in Practical Selection Tests for new candidates as well as successful completion of Task and Task Management by new On-call Firefighters across the area.
- Completion of multi-agency training exercise Antonine at Craighend Quarry, Mugdock Park. Utilising personnel from across the EWDAB area.
- In August all rural WCs across Argyll and Bute attended an On Call seminar held at Oban Community Fire Station.
- Congratulations to Group Commander Des Oakes who retired after 29 years of dedicated and exemplary service to the communities in Argyll & Bute.
- In September we held two On Call seminars with crews from across Argyll & Bute covering presentations on health & wellbeing, practical scenarios & demonstrations.

## **Home Fire Safety**

As part of our commitment to building a safer Scotland we offer everyone in Scotland a free home fire safety visit. We'll help you sort out a fire escape plan and provide information about smoke, heat and carbon monoxide alarms.

**For a Free Home Fire Safety Visit, please:**

- Call [0800 0731 999](tel:0800 0731 999)
- Text "FIRE" to 80800 from your mobile phone.

**Twitter link:** <https://twitter.com/abewdhq>



**Argyll & Bute Community Planning  
Partnership  
Area Community Planning Group  
Partnership update  
Date: October 2023**

argyll and bute

**communityplanning**partnership




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### **Partner update – Public Health**

The paper provides an update on ongoing wellbeing and prevention activity overseen and delivered by the HSCP Public Health Team in Argyll and Bute.

#### **Alcohol and Drug Partnership – Scottish Government Consultation**

The Scottish Government consultation on Minimum Unit Pricing (MUP) is now live. Consultation closes on 22-11-23. The Scottish Government introduced a policy of MUP in 2018 which is subject to a Sunset clause, meaning the policy will expire unless there is agreement for it to continue.

<https://www.gov.scot/policies/alcohol-and-drugs/minimum-unit-pricing/#:~:text=Minimum%20unit%20pricing%20set%20a,higher%20the%20minimu m%20unit%20price>

Following the Scottish Government reporting in September on the operation and effect of MUP, consultation their proposal to increase the price to 65p is now open.

Scottish Government Reporting shows that MUP resulted in an estimated 13.4% reduction in alcohol deaths and a reduction in alcohol related hospital admissions, compared to what might have happened if MUP had not been in place.

The Scottish Government proposes setting a price of 65ppu (pence per unit), to maintain the value (due partly to inflation) of the unit price and would likely achieve greater public health benefits than have been seen at 50ppu. The Scottish Government is therefore proposing continuing MUP and setting the minimum unit price at 65ppu.

A modelling report from the University of Sheffield modelling report shows that high inflation and the pandemic have eroded the effectiveness of MUP in Scotland, and that increasing the MUP level would lead to greater health benefits.

The analysis shows that heavier drinkers increased their drinking during the pandemic, which they estimate will lead to a marked increase in alcohol harms. For example, even if alcohol consumption returned to pre-pandemic levels in 2022, an estimated 663 more people will die and there will be 8,653 additional hospital admissions linked to alcohol, costing the NHS £10.9 million, by 2040.

This report provides us with further evidence of the positive impact of MUP in saving lives and the need to increase the MUP to counter balance the effect of inflation and mitigate the negative impact of the pandemic into the future.

The Scottish Government have published a further report on public attitudes of MUP. A survey was conducted by Ipsos Mori in July 2023 with over 1000 adults. Overall, people were slightly more likely to be in favour of MUP (43%) than against it (38%).

The Alcohol and Drug Partnership would encourage you all to take part in the consultation below and submit your feedback. The link to the consultation is:

MUP Public Consultation ([www.gov.scot](http://www.gov.scot))

The consultation asks just three questions:

Do you think Minimum Unit Pricing (MUP) should continue? Yes/No

If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence? Yes/No

We invite comments on:

the Scottish Ministers' proposal to continue MUP, and

the proposed Minimum Unit Price of 65 pence.

For more information on the impact assessment of MUP please click on this attached link

<http://www.gov.scot/ISBN/9781835213742>

### **Alcohol and Drug Partnership Funding Announcement**

The Alcohol and Drug Partnership (ADP) are excited to announce grant funding to support the delivery of alcohol and drugs prevention work in local communities. Prevention and Early Intervention is one pillar of the ADP 2023 Refresh Strategy. The ADP Action Plan identifies that working with partners and communities across Argyll & Bute is needed to make prevention and diversionary activities available for all age groups and address alcohol and drug related stigma. Argyll and Bute ADP are therefore delighted to have offered up to £5000 of grant funding for communities to support the development of this work aimed at reducing harm caused by alcohol and drugs and improving life choices. The ADP thanks the Third Sector Interface who have supported the application process for these grants. Grants will be processed and awarded by the end of December 2023 to all successful applicants.

### **Coproduction – Training the Trainers**



Two members of the Public Health team undertook a three day training course in Coproduction in Inveraray in September. The course was supported by the Living Well Board. The course provided participants with a good grounding in the theoretical grounding of coproduction, based on the academic works of Nobel Prize winner Elinor Ostrom and philosopher Michael Polanyi. But theory, as we all know, often fails when we encounter real life. Which is why the training the trainers course equipped participants with a framework to support others to recognise the coproduction that they are doing now, and to identify how more could be done. The training encouraged a different way of thinking about our relationships with others in our communities, whether our community is where we live or the complex human network that we interact with every day. Those trained will be able to utilise their knowledge in their day to day work, as well as being able to identify core concepts in coproduction and design courses for those they work with.

### **Good Conversations Training**

The Public Health team supported the provision of Good Conversations training, this took place over 3 days throughout August and September. The course was attended by a range of professionals from the NHS, Council and Third Sector organisations. The Good Conversations course explored why personal outcomes and asset based approaches are a central feature of Person-Centred Rehabilitation and Supported Self-Management. It covered a core set of skills which enable practitioners to orientate towards what matters most to people, what they want to achieve from support and how to harness the role of the person, their strengths, social networks and community supports, with a particular focus on supporting people living complex and challenged lives. The skills set is useful during initial engagement type conversations, reviews and during ongoing everyday conversations while working with people that serve to create a culture of self-management. This is one of the areas of work for the Living Well Strategy Board.

### **Adult Health Profiles**

The Adult Health Profiles produced by the Health Intelligence team were discussed at an earlier ACPG. The profile reports present an overview of indicators relevant to the health of adults and older people in each partnership. The information presented covers a range of topics relating to health status (morbidity and mortality) and health harms across the life course. The profiles are published at:

Oban, Lorn and The Isles:

<https://www.nhshighland.scot.nhs.uk/media/hwwb0yaa/demography-obanlornandtheisles-2022.pdf>

Mid Argyll Kintyre and Islay:

<https://www.nhshighland.scot.nhs.uk/media/xqdebbhr/demography-midargyllkintyreandislay-2022.pdf>

Bute and Cowal:

<https://www.nhshighland.scot.nhs.uk/media/l2paf142/demography-buteandcowal-2022.pdf>

Helensburgh and Lomond:

<https://www.nhshighland.scot.nhs.uk/media/rlphw0nn/demography-helensburghandlomond-2022.pdf>

The information and data in the profiles are a safe evidence based resource which can be utilised by partners in a variety of ways such as to inform targeting of services, support or aid in funding applications.

### **Child Health Profile Development**

Following positive feedback about the Adult Health Profiles, the Health Intelligence team are developing profile reports for children and young people. This will include indicators relevant to the health of children and young people in each partnership. The profiles will be published on the NHS Highland website, the estimated date for publishing these is mid November. The profile locations will be shared at the next ACPG.

### **REPORT AUTHOR AND CONTACT**

Author Names: Rory Munro (Health Improvement Lead).

Email: [nhsh.abhealthimprovement@nhs.scot](mailto:nhsh.abhealthimprovement@nhs.scot)

# GP RELOCATION PROJECT

## The GP relocation project in Dunoon, what is it?

The project will see the move of Church Street Surgery and Cowal & Bute Medical Practice (Argyll Street site), to a new, fit for purpose, shared and disability compliant building at the Cowal Community Hospital site.

The Scottish Government have awarded us £2.9 million for the project and the HSCP have also pledged a further £1 million for hospital & service investments.

This does mean that we will need to move some of the existing services within the Community Services Building, to a new, purpose built, environmentally friendly and future proofed accommodation, within the hospital and surrounding area.

We have personally worked with staff that are affected, by holding whole system active conversations, listening to the needs of the service and clients, which has helped us design their new bespoke areas.

# GP RELOCATION PROJECT

## Medical Services Contract

To ensure the sustainability of Cowal Community Hospital, we are working with our procurement team to make a new contract, for a single medical service arrangement.

The contract will incorporate all medical services in the area:

- All doctoring requirements at the hospital
- GP provision
- Forensic Medical Examiner provision
- Out of Hours cover

Because, of the single medical service arrangement, the hospital will be able to make substantial yearly savings, increase the size of skill sets, have specialised GP training, and encourage greater recruitment and retention to the area.

The project team are working with all 3 of the GPs in the town and other current providers of these services. The timeline for the construction work will drive the date for the contract award and the commencement of services from the site.

# GP RELOCATION PROJECT

## FREQUENTLY ASKED QUESTIONS:

### Extra bus services?

We are currently in an active conversation with the local councils Roads & Infrastructure Department.

They are currently collating costing information for extra peak time bus services on the hospital routes.

### Parking?

We have identified up to 30 extra parking spaces, and will be asking able bodied staff members, to use the over flow car park.

We have also made funding grant applications for 3 public electric car charging ports at the stadium car park.

### Pharmacy?

We are unable to move any pharmacy up to the hospital site at the moment. Pharmacists like GP's & Dentists are independant contractors to the NHS.

Please see a list of all local town pharmacies and their delivery options:

- **Right Medicine Pharmacy** - 67 Argyll Street - Local repeat deliveries Wed, Thurs, Fri (if room on route they will do small one-off deliveries), TEL: 01369 702 157
- **Well Pharmacy** - 178-180 Argyll Street - No service yet, but they are looking into establishing one, TEL: 01369 702 394
- **Boots** - 92 Argyll Street - Only deliver repeat prescriptions locally to housebound customers, TEL: 01369 704 034

# GP RELOCATION PROJECT

## FREQUENTLY ASKED QUESTIONS:

### Why can the GP's move?

In NHS Scotland, all General Practitioners are independent contractors, this means that they are a private business and hold a contract with the NHS to provide primary medical services to a community.

Often GP surgeries are not in NHS owned buildings, these buildings may not be up to the required standards, for the provision of medical services/care.

By providing them with an NHS leased or owned building, we can ensure disability access and infection control standards. We will continue to make sure that the building is compliant to a national standard.

### Other engagement events?

There are plans for extra face to face events and for an online 'town hall' style meetings.

Third Sector Interface (TSI) update for:  
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 Third Sector Support Advisor (TSSA) Cowal and Bute  
 Janis Marshall Reilly [janismarshallreilly@argylltsi.org.uk](mailto:janismarshallreilly@argylltsi.org.uk) 07443 764851

***This update covers the period from 17<sup>th</sup> July 2023 to 12<sup>th</sup> October 2023.***

### **Scottish Government, Parliament, the TSI landscape and policy activity**

The TSI national network has finalised work on a response to the **cost-of-living crisis** and Argyll and Bute TSI CEO Takki Sulaiman is on a working group with the **SCVO** to embark on a joint campaign to highlight the importance of our sector and to advocate for **Fair Funding** for our sector. This campaign will launch shortly.

**The Scottish Cabinet** restarted their programme of travelling cabinets and they kicked off their first meeting in Inveraray which the CEO attended. The CEO had the opportunity to lobby the Cabinet Secretary for Health and Social Care about the importance of working directly with third sector organisations as well as highlighting the success of the **Community Mental Health and Wellbeing (CMHWB) Fund** and the importance of three year funding and full cost recovery.



*Figure 1 A photograph of the buildings at the front of Inveraray on a sunny day.*

### **Local strategic partnerships**

Given the recent flooding the TSI took part in **Resilience Partnership** planning meetings and we responded to calls over the weekend to place **volunteers** on standby as well as spread **core messages** to our sector.

As reported in July the TSI has commissioned research from the **Social Value Lab** into the health of social enterprises in Argyll and Bute which has not been done since 2017. This has been commissioned jointly with the Council and Inspiralba. The census data will help with our delivery of our duty to support the **social enterprise sector** and ties in nicely with the research on **Community Wealth Building**. We are considering next steps particularly as fewer social enterprises started up locally than was the case nationally.

### **NHS Highland Board recruitment**

The CEO participated in the recruitment of up to three new NHS Highland Board members and our recommendations are now with the Cabinet Secretary for Health and Social Care.

### **Climate Action Network application**

Over the last four months the CEO has been working on an application to receive Scottish Government funding to establish and the **Argyll Climate Action Network**.

There are some time implications for the TSI in providing governance and communications support to this project but the **Argyll and Countryside Trust (ACT)** will be the lead partner so will host the proposed posts and will be responsible for reporting to the Scottish Government.



*Figure 2 The logo for Act, Argyll and the isles coast and countryside trust. Contains circular rainbow coloured emblem.*

**Internal TSI matters, contracts and strategic action plan delivery**

**1. Inveraray Hub** The upgraded Inveraray Hub is being well used and noted as a significant upgrade on previous facilities



*Figure 3 Photograph of a group of people around a large boardroom style table within the TSI's Inveraray Hub. There are large screens on the wall showing remote attendees.*

**2. Technology to drive social change**

TSI database officer, Phil Ashby, has built two new products which will help us deliver social change in Argyll and Bute more efficiently and effectively. The first is an **upgrade of the platform** built to administer and award funds for the Communities Mental Health and Wellbeing Fund and means that we can now offer fund management here in Argyll and Bute. It is economical and benefits from **local knowledge and automation**.

This is now being used for two funds in addition to the third year of the Communities Mental Health and Wellbeing Fund. The largest is the **£100k Alcohol and Drugs Partnership Fund**.

**3. Communities Mental Health and Wellbeing Fund – Year three**

As previously reported Scottish government funding for year 3 of the Community Mental Health and Wellbeing Fund has been confirmed and will be the same as for year two i.e. £282,303.16. **Three workshops were held in September 2023 with 50 attendees** between them and participants were asked to comment on the proposed local priorities and process. There was overwhelming agreement for our proposals but it is notable that there was an increase in interest meaning this year's fund is likely to be even more over subscribed than last year. There have to date (17/10) been 9 Eols registered for the Cowal and Bute area.



*Figure 4 TSI's logo for the Communities Mental Health and Wellbeing Fund. A blue and white logo with artistic impressions of three faces, in profile, each emerging from the other and carrying varying expressions.*

Application details can be found here:- <https://www.argylltsi.org/cmhwbfund.html>

Significant dates for the fund are:

- 29<sup>th</sup> Sept 2023:** Opened for Expression of Interest (Eol) applications.
- 27<sup>th</sup> Oct 2023:** Submission deadline for Eols.
- 24<sup>th</sup> Nov 2023:** Submission deadline for full applications.
- December 2023:** TSSAs score the bids.
- January 2024:** Reference panel make decision.



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#### 4. Additional business opportunities – Windfarms

The TSI had submitted a bid to run the community engagement process for the community fund for a local Windfarm. We were unsuccessful but the feedback was very useful and we will use this to strengthen future bids.

#### 5. Staffing



*Figure 5 Photograph of new TSSA for Cowal and Bute Janis Marshall Reilly. Janis is a white female with blonde hair and glasses and sits cross legged, smiling.*

Having started at the end of August, the new TSSA for Cowal and the Isle of Bute, Janis Marshall Reilly has been settling into post. Janis has so far been in-person meeting groups based in Cowal (where she also lives) and has attended various events locally and online. Janis intends to visit Bute in November but has also had good initial online and phone contact with groups on the island and is heartened to have already had a good number of enquiries and submissions for the Community Mental Health and Wellbeing fund from there as well as the Peninsula.

The TSSA for Helensburgh and Lomond moved on in September and her replacement, **Caryl McLean** (who also lives in the area) joined us on 1<sup>st</sup> October 2023.



*Figure 6 Photograph of new TSSA for Helensburgh and Lomond Caryl McLean. Caryl is a white female with very light brown hair and glasses.*

#### 6. Board member recruitment

Unfortunately, after many years, the chair of our Board had to resign on 7<sup>th</sup> October 2023 for family reasons.

The CEO has proposed that we elect an interim chair and treasurer (the previous Treasurer sadly recently passed away) pending further discussion and a recruitment process.

#### 7. Events

During the past quarter, the TSI has actively organised or participated in a total of 14 events, including our routine network meetings.

Noteworthy among these events were:

- **four in-person Community Wealth Building Workshops** held in various locations across Argyll during September. These workshops were financially supported by the TSI through our partnership with the **Community Planning Partnership**. We undertook the responsibility of promoting these events, which involved mailings to our entire mailing list and social media campaigns aimed at maximising attendance.
- **one on-line Community Wealth Building Workshop** which garnered 28 sign-ups.
- **four days of in-person Co-production Training** in Inveraray; another TSI-funded initiative with 17 individuals participating.

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- **three online workshops** to gather **insights on local priorities** for the Communities Mental Health & Wellbeing fund. These workshops attracted a collective attendance of 42 participants and a further 3 are planned for October to provide information on the application and provide further guidance.
- **the first of two Volunteer Conferences**, held in Oban, leading to the participation of over 20 individuals.



Figure 7 This is a screenshot of the online CMHWP workshop. There are multiple people on screen listening and TSI CEO Takki is speaking.

## 8. Comms Update

### Argyll and Bute TSI Social Media

The past quarter has seen an active and engaging presence across all 3 platforms. Notably, we maintained a robust Argyll and Bute TSI social media strategy, and, overall, the statistics we collect showed an encouraging performance in social media engagement over the period.

### Cowal and Bute TSSA Social Media

In order to find (and be found by) as much of the local third sector as possible, the new TSSA for Cowal and the Isle of Bute, Janis Marshall Reilly, has set up a Facebook Page specific to her locality. Statistics have not yet been analysed but qualitative feedback (in terms of engagement and consequential new contact) has been positive.

**Mailings:** A total of 24 mailings were sent across out in the quarter to a mix of sector segments as well as full mailinglist mailings. We've observed a **noteworthy improvement in our mailing engagement**. Moving forward, we are taking proactive steps to **reach our intended audience** and further enhancing our open rates, thereby **strengthening our communication impact**. It will also allow us to break the mailing list down and target specific localities as well as network groups.

# UHI | ARGYLL

## UHI Argyll – Rothesay and Dunoon: Update for Bute and Cowal Area Community Planning Group 17/10/2023

Since the last meeting in August, staff and students have settled into the new academic year. This year, in a move away from systems put in place during Covid, we are now requiring all FE and HN students to attend classes from their local centres as opposed to logging in from home. Attendance from the centres affords better access to the wide variety of support that centre staff can provide.

Our 2023 graduation was held on 22<sup>nd</sup> September at Queen's Hall in Dunoon. It was attended by 60 graduates and their guests from across Argyll, Bute and Arran.

We have introduced some new leisure courses which will run for the second half of semester 1 (Oct/Nov – Dec/Jan). The following courses are networked and are available at all nine of our centres:

- **Introduction to Garden Design**  
Tuesdays 9.30am-1.30pm. Starts 31 October, finishes 19<sup>th</sup> December. Runs for 8 weeks.
- **Introduction to Therapeutic Horticulture**  
Wednesdays 9.30am-1.30pm. Starts 1 November. Finishes 20<sup>th</sup> December. Runs for 8 weeks.
- **ESOL Level 4**  
Mondays 6-8pm. Starts 6 November, finishes 19<sup>th</sup> February. Runs for 14 weeks (2-week Christmas break).
- **ESOL Level 5**  
Wednesdays 6-8pm. Starts 8 Nov, finishes 21 Feb 2024. Runs for 14 weeks (2-week Christmas break).
- **Beginners Italian**  
Mondays 6-8pm. Starts 6 November, finishes 29<sup>th</sup> January. Runs for 10 weeks with a 3-week Christmas break.
- **Beginners Gaelic – Understanding Language**  
Wednesdays 6-8pm. Starts 8 November, finishes 21<sup>st</sup> February. Runs for 14 weeks with a 2-week Christmas break.  
There is a Continuing Beginners Gaelic (using language) course planned for semester 2 (28<sup>th</sup> February-12<sup>th</sup> June 2024).

Dunoon will be offering a face-to-face leisure course:

- **Beginners Digital Photography**  
Fridays 11am-1pm. Starts 3<sup>rd</sup> November, finishes 19<sup>th</sup> January. Runs for 10 weeks with a 2-week Christmas break.

We are also offering the following commercial courses:

- **Scottish Certificate for Personal Licence Training (SCPLH)**  
Friday 10<sup>th</sup> November 9.30am-4.30pm. Join from your local centre. Cost £120 (refresher £90).  
Available to book online on our website.

And Dunoon only:

- **Emergency First Aid at Work**  
30<sup>th</sup> October 9.30am-4.30pm. Bogleha' Bowling Club, Argyll Street, Dunoon. Cost £85.  
Available to book online on our website.

Commercial courses can be run locally via all our centres if there are sufficient numbers. Anyone requiring to attend a commercial course can contact their local centre or our Commercial Development Officer, Julie Millar ([julie.millar@uhi.ac.uk](mailto:julie.millar@uhi.ac.uk), tel: 07385 433528), to enquire about this.

Our January-start courses are in the planning stages at the moment. We are hoping to be able to provide a verbal update on these at the meeting.

We have an open day planned for Tuesday 14<sup>th</sup> November, and provisional open days scheduled for January, March and June 2024.

Sheena Finlay  
Assistant Centre Manager (Rothesay)  
[sheena.finlay@uhi.ac.uk](mailto:sheena.finlay@uhi.ac.uk)

Rhona Altin  
Assistant Centre Manager (Dunoon)  
[rhona.altin@uhi.ac.uk](mailto:rhona.altin@uhi.ac.uk)



## LiveArgyll Update



### Adult Literacy and Numeracy Argyll and Bute Wide

Community Learning Services now has in place an Adult Literacy and Numeracy Project co-ordinator Hugh O'Hagan who has just taken up the Post at the start of September.

Hugh can be contacted on telephone 01700801086 Email: [Hugh.OHagan@liveargyll.co.uk](mailto:Hugh.OHagan@liveargyll.co.uk) Adult Literacy and Numeracy support and provision will be offered in a 1:1 capacity and also in group settings. This will include the delivery of numeracy programmes across the areas and we will send further information out to Partners as soon as the details of the programmes/events are confirmed.

We are at present in the middle of the recruitment of part-time Adult Literacy and Numeracy workers for each of the Learning areas Rothesay, Dunoon, Lochgilphead, Campbeltown, Oban and Helensburgh. The positions will be in place until March 2025 and funded through the UKSPF and Multiply Funding. We hope to have ALN (Adult Literacy and Numeracy) Workers in place by December.

### New Management Structure within other Services of LiveArgyll

**Paul Ashworth is the Services and Support Manager** and is responsible for strategic management of all non-commercial services such as Library and Archives services and Partnership services including Community Learning, Health and Wellbeing and Development. He is also responsible for support service-type functions, including Finance and Funding, Human Resources, Information Management and Technology, Governance, Risk and Administration. **Email:** [Paul.Ashworth@liveargyll.co.uk](mailto:Paul.Ashworth@liveargyll.co.uk) **Tel:** [01369708591](tel:01369708591)

**Alex Edmonstone is the Commercial Operations Manager** and is responsible for the strategic operational management of Performance Venues, Halls, Community Centres, Leisure Centres and Sport-related activities including Active Schools, Community Sports Hubs and Sports Development. **Email:** [Alex.Edmonstone@liveargyll.co.uk](mailto:Alex.Edmonstone@liveargyll.co.uk) **Tel:** [01436 658737](tel:01436658737)

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**Argyll & Bute Citizens Advice bureau Community Planning Partnerships Update Oct 2023****Volunteer recruitment**

Citizens Advice Bureau is a volunteer led organisation and relies on the unpaid work of our volunteer advisers. We currently have 10 fully qualified advisers and 3 trainees about to come into solo practice stage.

We are about to initiate our recruitment drive for volunteers within the Bureau and are actively looking for advisers within the following locations: MAKI, Helensburgh, Oban and Dunoon. This will support our increased outreach activity in these areas and really require stakeholders to share with their networks this valuable opportunity.

Full training is provided, and we have roles available in advice, admin and communications.

**Energy Efficiency Advice Sessions**

Our city & guilds qualified adviser is running our annual programme of advice sessions once again. We are providing 1:1 and group information sessions on energy efficiency measures. To arrange a session please contact Libby Dobbie at the bureau 01546 605550 or email [info@abcab.org.uk](mailto:info@abcab.org.uk)

Additionally our advisers can support clients to negotiate with their suppliers, and have additional supports available to those households that are off-grid or who rely on alternative sources of heating. We are referral partners to a wide range of emergency supports:

Home Heating Advice support fund- debt reduction and ongoing awards possible for PAYG & dry meters clients' dependent on details.

Fuel Bank Foundation- Emergency support available for PAYG clients and alternative fuel clients

**Services with the Bureau**

**Welfare Rights** – support with completing applications, submitting mandatory reconsideration requests and representation at tribunal/appeals.

**Housing Debt** – support for people in housing arrears or facing debts that threaten tenure retention. FCA regulated support to address debts and seek free solutions includes court representation where required.

**Energy efficiency and debt support** – Support to negotiate with Suppliers, seek debt reduction, change tariffs,, submit complaints to suppliers and Ombudsman.

**Lloyds Pre-debt** – referrals from Lloyds for people experiencing ‘pre-debt’.

**Armed Services Advice Project**, targeted support to serving and former military personnel and their dependants

**Patient Advice Support Service** – advice on patient rights, complaints to GP’s, HSCP, and SPSO.

**Money Talks** – Income maximisation project looking to reduce costs, increase income through benefits entitlements and address low persistent debt.

**Carers Advice Project.** – Provision of targeted advice to carers across Argyll & Bute. Support to access care, raise issues, complete applications for Power of Attorney etc, address financial supports and access benefits.

**Generalist advice on Housing, Employment relationship, court processes, parking charge notices and neighbour disputes.**

#### **Outreach Locations**

Dunoon [Food bank, Crossroads Carers and JC+]

Oban [Hope Kitchen and JC+]

Campbeltown JC+

Helensburgh Carers Centre

#### **Research areas**

Private Rental Sectors – looking at impact of local housing market on communities in and across Argyll & Bute

Cost of Caring – Investigating the impact of the cost of living crisis on carer’s communities.





Angela McNeil  
Nurse Lead / Training Supervisor

# SAVE A LIFE FOR SCOTLAND





## Support

Medical Director  
Resuscitation Team – Hospital  
Education Authorities  
130+ Community Volunteers  
200 Teachers  
Medical Students

## Heartstart Aims

- To teach members of the public/schools what to do in a life-threatening emergency.
- To be able **'to do'** something to reduce death rates from sudden cardiac arrest.
- Strengthen the first three links in the 'chain of survival'





## • **What is Heartstart**

- Teaches Basic emergency life support in the community and schools
- The unconscious casualty
- Serious bleeding
- Choking adults, children and babies
- Recognition of a suspected Heart attack
- Cardiac arrest and awareness of an AED

## Why Teach Emergency Life Support

- In Scotland 3,140 cardiac arrests a year
- 54 people have a cardiac arrest every week
- Only 5 will survive
- 10%
- This equals to 2,826 deaths a year
- Bystander CPR can increase the chance of survival by up to 30%.
- Using an AED can increase their chances of survival up to 74%



## By Stander CPR

- Should start immediately
- Buys time – extends the period for successful resuscitation
- It increases the chance of survival
- Improves quality of survival
- Is not performed in the majority of cases



## Australian Study Initial Shock

Paramedics	11.6% - 28.8%
1 <sup>st</sup> Responders	10.5% - 37.8%
Bystanders	06.7% - 55.5%





## Heartstart Cowal

Six volunteers

Geographical area of Cowal

Schools/parents and community /work places

Support - Publicity, venues, funding

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