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1 November 2023

NOTICE OF MEETING

A meeting of the **OBAN LORN & THE ISLES AREA COMMUNITY PLANNING GROUP** will be held in the **BY MICROSOFT TEAMS** on **WEDNESDAY, 8 NOVEMBER 2023** at **2:00 PM**, 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 Oban, Lorn and the Isles Area Community Planning Group held on Wednesday 16 August 2023 (Pages 3 - 12)
- 4. COMMUNITY PLANNING PARTNERSHIP MANAGEMENT COMMITTEE UPDATE**
(Pages 13 - 16)
Report by Committee Manager
- 5. APPOINTMENT OF VICE CHAIR** (Pages 17 - 18)
Report by Committee Manager
- 6. COMMUNITY WELLBEING**
 - (a) Public Health Team - Local Adult Health Area Profile (Pages 19 - 86)
- 7. PARTNERS UPDATE**
 - (a) Police Scotland (Pages 87 - 90)

- (b) Scottish Fire and Rescue (Pages 91 - 96)
- (c) Living Well Network (Pages 97 - 100)
- (d) Live Argyll - Community Learning (Pages 101 - 102)
- (e) Argyll and Bute Citizens Advice Bureau (Pages 103 - 104)
- (f) Oban District Access Panel - Verbal Update
- (g) Opportunity for Verbal Updates

8. COMMUNITY FOCUS

- (a) Oban Place Plan/Community Action Plan (Pages 105 - 114)
Report from Oban Community Council

9. CLIMATE CHANGE

- (a) Climate Change Working Group
Verbal Update from Climate Change Working Group Representative
- (b) Report by Luing Community Council (Pages 115 - 116)
Report by Luing Community Council
- (c) Climate Hub Update (Pages 117 - 124)
Presentation by Angela Anderson, Climate Change Hub
- (d) Opportunity for Verbal Updates on Community Based Initiatives

10. DATE OF NEXT MEETING - WEDNESDAY 7 FEBRUARY 2024 @ 6.30PM

Oban Lorn & the Isles Area Community Planning Group

Ryan MacIntyre (Chair)

Contact: Stuart McLean, Committee Manager - 01436 658717
Karen Campbell, Senior Committee Assistant - 01631 567855

**MINUTES of MEETING of OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP held
in the BY MICROSOFT TEAMS
on WEDNESDAY, 16 AUGUST 2023**

Present: Ryan MacIntyre, Member of the Scottish Youth Parliament, Chair
Stuart McLean, Committee Manager, Argyll and Bute Council
Councillor Andrew Kain, Argyll and Bute Council
Councillor Jim Lynch, Argyll and Bute Council
Councillor Andrew Vennard, Argyll and Bute Council
Sergeant Matt Shaw, Police Scotland
Robert Taylor, Scottish Fire and Rescue
Maureen Evans, Community Learning, Live Argyll
Laura Corbe, Climate Change Working Group
Judith Hawcroft, North Argyll Carers
Carol Flett, Argyll and the Islands Living Well Network
Jen Broadhurst, Argyll and Bute Citizens Advice Bureau
Duncan Martin, Oban Community Council
Marri Malloy, Oban Community Council
Catriona Petit, Hope Kitchen
Ali Martin, Minority Ethnic Carers of People Project

Attending: Antonia Baird, Community Development Officer
Charlie Murphy, Centre for Local Economic Strategies (CLES)
Iain Adams, Transport Scotland
Gordon Ramsay, Transport Scotland
Rory Gunn, Atkins WSP Joint Ventures
Logan Gilmour, Logan Gilmour
Maurice Wilkins, Keeping Oban Beautiful
Mali Gravell, Project Lead for Food Policy and Delivery, Argyll and Bute Council

1. WELCOME AND APOLOGIES

Following Kevin Champion's intimation to stand down as Chair at the previous meeting, the Vice Chair, Ryan MacIntyre welcomed everyone to the meeting and general introductions were made.

Apologies for absence were intimated on behalf of:-

John McLuckie, Community Planning Partnership Lead
Councillor Amanda Hampsey, Argyll and Bute Council
Samantha Campbell, Health and Social Care Partnership
Jane Fowler, Head of Customer and Support Services
Linda Battison, Oban Tourism Alliance

Jim Tolmie, Oban & District Access Panel
Linda Duncan, Crossroads
Jane Metcalf, Coll Community Council

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

(a) Oban, Lorn and the Isles Area Community Planning Group 10 May 2023

The minutes of the Oban, Lorn and the Isles Area Community Planning Group held on 10 May 2023 were approved as a correct record.

4. APPOINTMENT OF CHAIR TO AREA COMMUNITY PLANNING GROUP

The Group gave consideration to a report advising members of the procedure to be followed when electing officer bearers and asked the Group to consider the appointment of Chair to the Oban, Lorn and the Isles Area Community Planning Group. The Committee Manager invited nominations from those on the call for the position.

Decision

The Oban, Lorn and the Isles Area Community Planning Group:-

1. agreed to elect, Ryan MacIntyre Member of Scottish Youth Parliament, as Chair of group for the next 2 year period; and
2. noted that nominations for the position of Vice Chair would be sought at the next meeting.

(Reference: Report by Committee Manager, 16 August 2023, submitted)

5. COMMUNITY PLANNING

Antonia Baird, Community Development Officer at 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 Outcome Improvement Plan and how the Community Planning Team communicate with partners and members of the groups.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

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

6. 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.

Decision

The Oban, Lorn and the Isles Community Planning Group considered and noted the briefing note.

(Reference: Report by Committee Manager, Argyll and Bute Council, dated 16 August 2023, submitted)

7. TRANSPORT INFRASTRUCTURE

(a) Public Transport Provision

In the absence of the report of Public Transport Provision within Oban, Lorn and the Isles, it was agreed to carry forward this agenda item to the next meeting.

(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 Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Transport Scotland and Atkins WSP Joint

Ventures)

8. HOPE KITCHEN PARTNERSHIP ARRANGEMENTS

The Group gave consideration to a report and general introduction to the Connecting Communities Collective, which is a new partnership involving Hope Kitchen, Atlantis Leisure, Lorn Health Options, ALLenergy and the Youth Café who are working together to reach and serve more people within the Community. Catriona Petit advised that they have secured funding from the Community-Led Local Development Fund and Investing in Communities Fund, which will support the project for the next 3 years. Catriona further advised that a Development Officer has been employed to help organise events and link up work and events with other partnerships and seek new development opportunities.

Hope Kitchen are launching a new short survey for new projects which will open on 22nd August 2023. Partners were encouraged to complete the survey via the following LINK - <https://forms.gle/hpSntN15T9bG8q1C8>

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the report.

(Reference: Report by Mika Schroder, Development Officer, Connecting Communities Collective, August 2023)

9. 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 Oban on the 6th September exploring Community Wealth Building in Argyll and Bute.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

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

10. PARTNERS UPDATE

(a) **Police Scotland**

The Group gave consideration to an update provided by Sergeant Matthew Shaw, which included information on the ongoing work of the Service and provided information on the expansion of the Partners intelligence portal; youth engagement activities and Social Media and Banking Fraud.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

(Reference: Report by Police Scotland, submitted)

(b) Scotland Fire & Rescue

The Group gave consideration to a written report from the Scotland Fire and Rescue. As no-one was in attendance from the fire service, the Committee Manager advised that he would relay any questions back to them with regards to the report.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

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

(c) Skills Development Scotland

The Group gave consideration to a written report from Skills Development Scotland (SDS). As no-one was in attendance from the SDS, the Committee Manager advised that he would relay any questions back to them with regards to the report.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and note the report.

(Reference: Report submitted by Skills Development Scotland, 16 August 2023)

(d) Live Argyll - Community Learning Development

The Group gave consideration to an update from Maureen Evans Live Argyll - Community Learning Services. The update provided information relating to the GIVE summer Programme; Summer Sensations was a 2 day induction programme for P6/7 pupils from all primary schools in the area in partnership with Atlantis Leisure, Active Schools, Youth Café and Hebridean Pursuits. Maureen also advised that Community Learning Development are also going to be working in partnership with Police Scotland in setting up diversionary activities for youths.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the report.

(Reference: Report by Live Argyll – Community Learning Development, 16 August 2023)

(e) **Crossroads North Argyll**

The Group gave consideration to a written report from Crossroads North Argyll. As no-one was in attendance from Crossroads, the Committee Manager advised that he would relay any questions back to them with regards to the report.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and note the report.

(Reference: Report submitted by Crossroads North Argyll, 16 August 2023)

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

The Group considered a public health update from the Argyll and Bute Health and Social Care Partnership (HSCP) 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.

As no-one was in attendance from the HSCP, the Committee Manager advised that he would relay any questions back to them with regards to the report.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and note the report.

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

(g) **Living Well Network**

The Group gave consideration to a report provided by the Oban and Lorn and the Island Living Well Network. Carol Flett advised of the recent and upcoming work that the Network had scheduled, including a zoom meeting that took place on 23rd June focussing on Community and Patient Transport; A “Living Well on Coll” event took place on 16th August at An

Creidh where there were 15 people in attendance; the next meeting of the Living Well Network will take place by Zoom on 29th November the focus of which will be Signposting specifically how to disperse as much information to communities on what support is available to them.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the report.

(Reference: Report by Oban and Lorn and the Islands Living Well Network, 7 August 2023)

(h) Argyll and Bute TSI

The Group gave consideration to a report from the Argyll and Bute TSI which highlighted that at the June 2023 Community Planning Partnership (CPP), the Argyll and Bute TSI Chief Executive Officer presented a fourth paper on moving the local Community Wealth Building (CWB) agenda further forward and that at the end of June, TSI commissioned a three day Combined First Aid at Work and Paediatric First Aid course at Atlantis Leisure Centre in Oban for Third Sector organisations. The report also provided information on future events such as the next meeting of the Argyll and Bute Social Enterprise Network which is scheduled for Thursday 24th August at 2pm in the newly refurbished Inverary Hub.

As no-one was in attendance from the TSI, the Committee Manager advised that he would relay any questions back to them with regards to the report.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the report.

(Reference: Report by Argyll and Bute TSI, 31st July 2023)

(i) Opportunity for Partner Verbal Updates

Jen Broadhurst, 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 13th September.

Catriona Petit, Hope Kitchen

Catriona highlighted that Hope Kitchen had been working in partnership with West Highland Housing Association and Allenergy by providing a space for clients to come in and receive housing and energy advice. Hope Kitchen will also be hosting a fund raiser Grand Quiz at the Corran Halls on 16th September 2023, all partners are welcome to attend.

Judith Hawcroft, North Argyll Carers

Judith highlighted that the North Argyll Carers are supporting 817 unpaid carers, 150 of which are young carers. Referrals are coming in thick and fast and that staff are working at capacity to ensure referrals are dealt with as they come in. Judith advised that the carer vacancy on Tiree had been filled, but that the post on Coll remains vacant. During the summer 22 young carers were taken to the Young Carers Festival, where they had the opportunity to relax and enjoy being children and shrug off their responsibility for a while.

and enjoy being children and shrug off their responsibility for a while.

Ryan MacIntyre, Scottish Youth Parliament

Ryan advised that the International Overdose Day was held and filmed in Dunoon and that this would be shared with partners and elections are scheduled with partners encouraged to share information with the young people they work with.

11. COMMUNITY FOCUS

(a) **Keep Oban Beautiful**

The Group considered a presentation by Maurice Wilkins of Keep Oban Beautiful which provided information on how the group was started. Maurice also highlighted some of the projects the group had been involved in such as removing invasive alien plants and litter, tree planting and providing a seating area overlooking the burn and the Oban Spring Clean.

Future plans for the group include a waterfall walk on wasteland adjacent to Oban High School and McCaig's Tower, planters and boxes within the town and campaigning for better protection of Oban's green spaces and to connect these green spaces to create a wildlife corridor through the town.

Decision

The Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Maurice Wilkins, Keep Oban Beautiful, 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 Oban, Lorn and the Isles Area Community Planning Group considered and noted the information provided.

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

(b) **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.

Decision

The Oban, Lorn and the Isles Area Community Planning Group noted the update.

(c) **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 Oban, Lorn and the Isles Area Community Planning Group would take place on Wednesday 8th November 2023.

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Argyll and Bute Community Planning Partnership**Oban, Lorn and the Isles
Area Community Planning Group****8 November 2023**



Community Planning Partnership Management Committee Update

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 \(argyll-bute.gov.uk\)](https://www.argyll-bute.gov.uk/agenda-for-argyll-and-bute-community-planning-partnership-management-committee-on-thursday-7-september-2023-1030-am-argyll-and-bute-council)

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:

Stuart McLean, Committee Manager, Argyll and Bute Council (01436) 657605
Stuart.mclean@argyll-bute.gov.uk

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Argyll and Bute Community Planning Partnership**Oban, Lorn and the Isles
Area Community Planning Group****8 November 2023**

**Appointment of Vice-Chair of the Oban, Lorn and the Isles
Area Community Planning Group**

Summary

The following report provides information relating to the appointment of a Vice-Chair for the Oban, Lorn and the Isles Area Community Planning Group. It outlines the expected time commitment and also gives information on the role. The Area Community Planning Group is asked to consider making an appointment to the position of Vice-Chair.

1. Purpose

1.1 This report asks the Area Community Planning Group to consider the appointment of a Vice-Chair.

2. Recommendations

2.1 The Area Community Planning Group is asked to consider the appointment of a Vice-Chair.

3. Background

3.1 The position of Vice-Chair has been vacant following the appointment of the previous incumbent to position of Chair.

4. Detail

4.1 According to the Terms of Reference the Vice-Chair, if elected, would serve for a term of 2 years with an option to be re-elected at the end of this time. However, no one person can serve for more than 2 consecutive terms.

4.2 In order to be considered as a candidate for the position of Vice-Chair the person must be a member of the Oban, Lorn and the Isles Area Community Planning Group.

4.3 Some further information on the commitment required for the role:-

- Attend meetings of the Oban, Lorn and the Isles Community Planning Group;

- Attend meetings of the Community Planning Partnership Management Committee or the Full Partnership, if the Chair is unable to attend;
- Time commitment of at least 4 CPG meetings per year in February, May, August and November and 4 pre-agenda meetings per year in January, April, August and October;
- To participate in any Short-Term Working Groups as required; and
- To engage with officers of the Council in terms of setting the Agenda for the Community Planning Group.

5. Conclusions

5.1 The Oban, Lorn and the Isles Community Planning Group is asked to consider the appointment of a Vice-Chair.

6. SOA Outcomes

6.1 This report does not link to any specific Outcome as it relates to the administrative arrangements.

For further information please contact:

Stuart McLean, Committee Manager (01436) 658717

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 Oban, Lorn and the Isles. 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 Oban, Lorn and the Isles and, where available, intermediate zones or neighbourhoods within Oban, Lorn and the Isles. 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)¹. 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”². 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 areas³. 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 tool⁴.

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

Oban, Lorn and the Isles Summary

Male and female life expectancy is higher in the partnership area than in Scotland. Long-term trends for increasing life expectancy have stalled in recent years. 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. Although rates have fluctuated over time, there has been no real change in premature deaths from cancer.

Common long-term conditions include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders⁵. 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.

The standardised rate of patients admitted for coronary heart disease (CHD) is significantly higher than that of Scotland. Rates in the area have increased in recent years, diverging from those of the local authority. Hospitalisations due to asthma and chronic obstructive pulmonary disease (COPD) have decreased over time. 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-related admission for the partnership area are relatively low compared to Scotland. However, there is significant variation in the admission rates by intermediate geography area. Drug-related admission rates continue to increase above those of the local authority.

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.

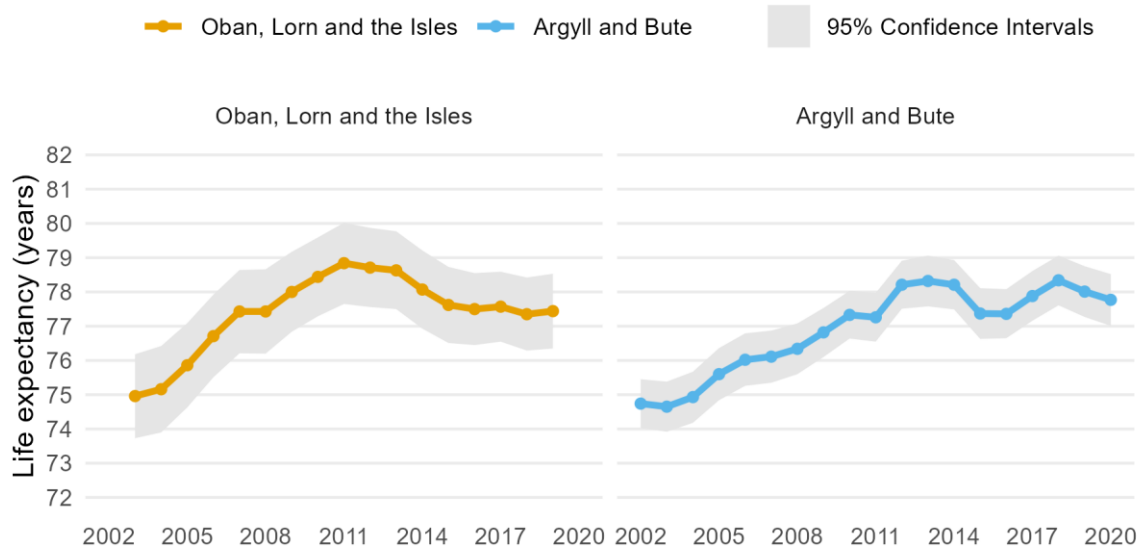
Areas in which the population experience more significant ill health and where people die at a younger age have a lower life expectancy. Male life expectancy in the UK is generally lower than female life expectancy. Across the UK and Scotland, life expectancy has tended to increase over time, except 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 pandemic⁶. 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



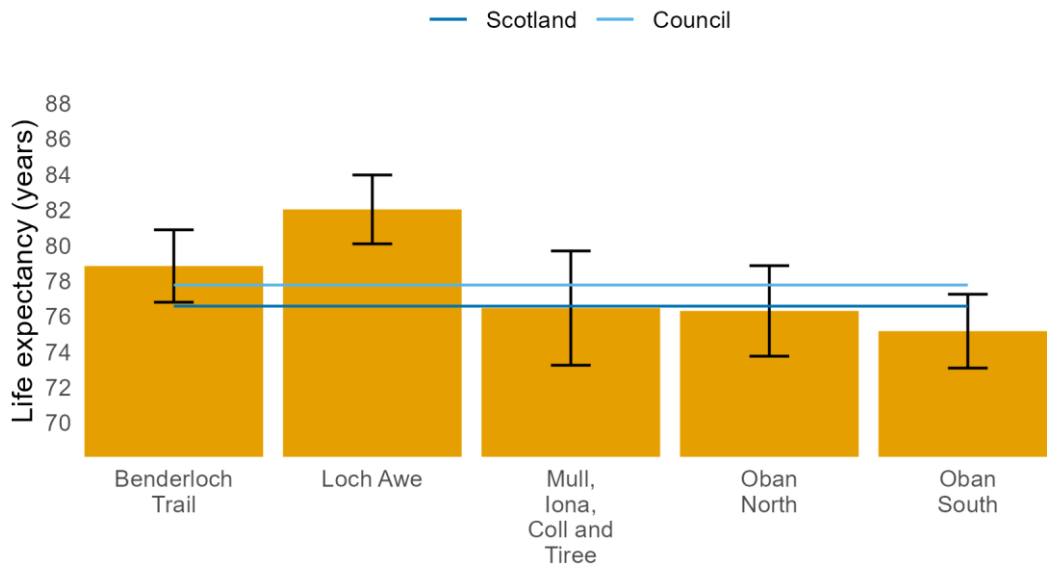
Source: ScotPHO Online Profiles
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)
 2001-2005 to 2017-2021 (5-year aggregate for other areas)
 The vertical-axis does not start at zero.

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

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Loch Awe	82.0	80.1	84.0	+	+
Benderloch Trail	78.8	76.8	80.9	+	
Mull, Iona, Coll and Tiree	76.5	73.2	79.7		
Oban North	76.3	73.8	78.9		
Oban South	75.2	73.1	77.2		

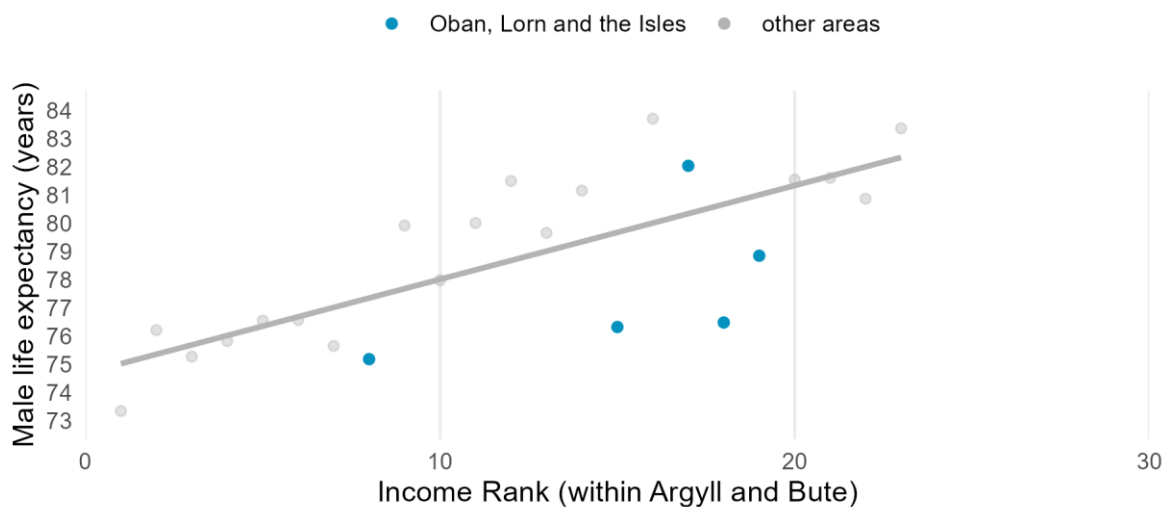
Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

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



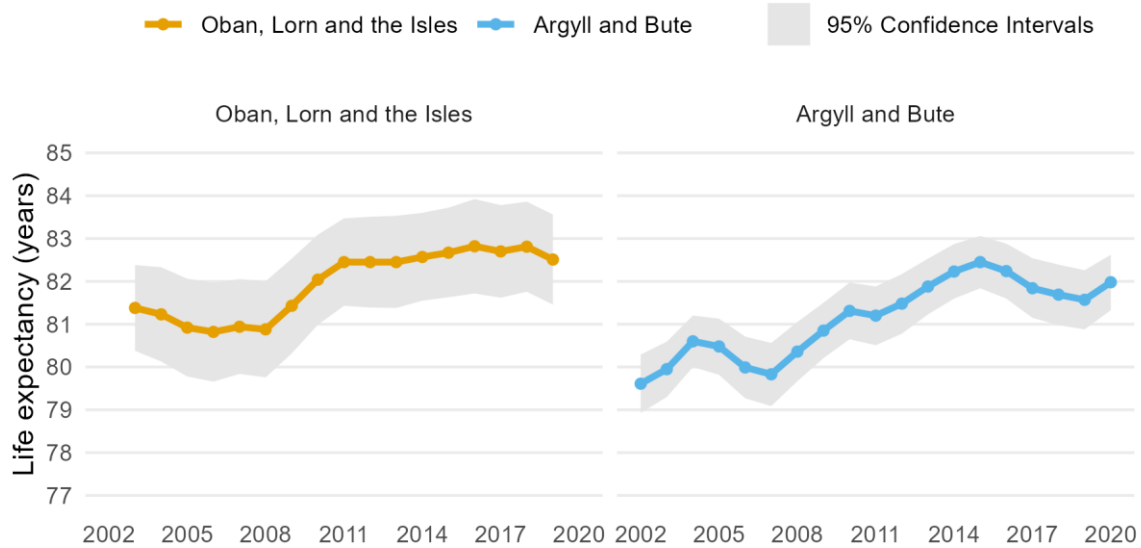
Source: ScotPHO Online Profiles Life Expectancy 2017-2021 (5-year aggregate)
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.
 The vertical-axis does not start at zero.
 Each point represents an intermediate geography.
 A line of 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	+	
Bute and Cowal	80.3	79.1	81.4		

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



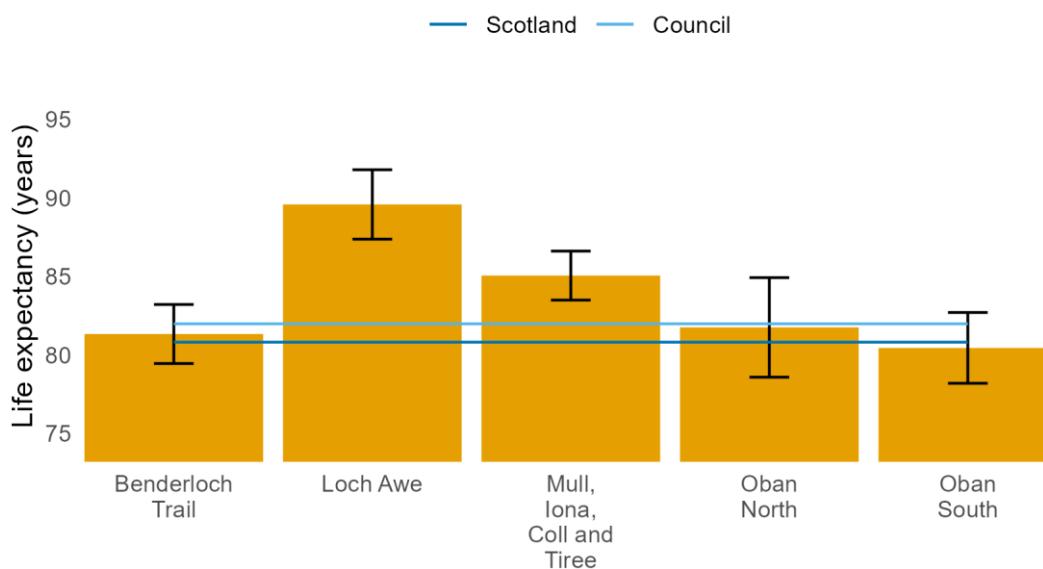
Source: ScotPHO Online Profiles
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)
 2001-2005 to 2017-2021 (5-year aggregate for other areas)
 The vertical-axis does not start at zero.

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

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Loch Awe	89.6	87.4	91.8	+	+
Mull, Iona, Coll and Tiree	85.0	83.5	86.6	+	+
Oban North	81.8	78.6	84.9		
Benderloch Trail	81.3	79.5	83.2		
Oban South	80.4	78.2	82.7		

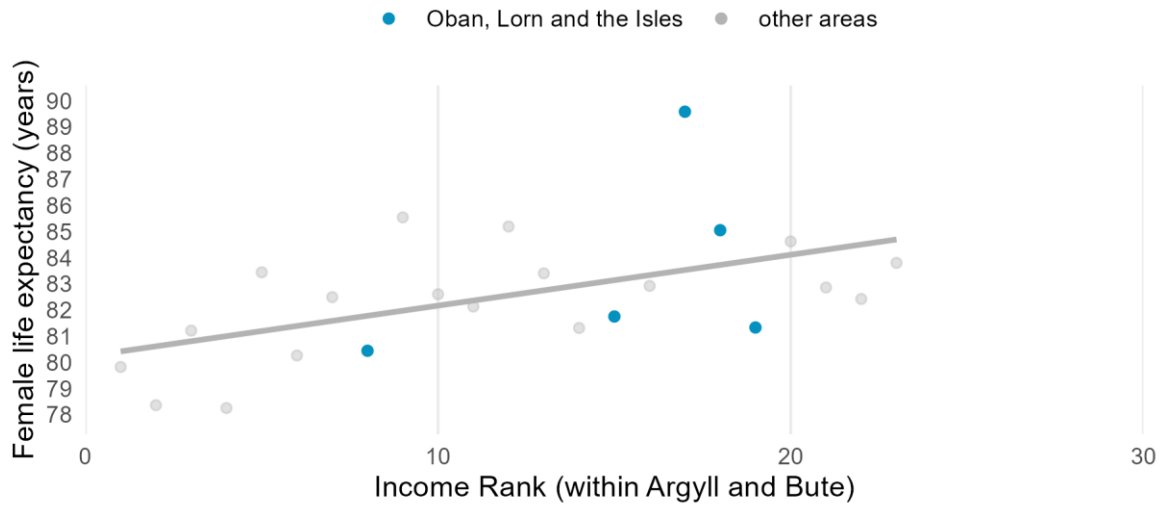
Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

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: Oban, Lorn and the Isles datazones within the most health deprived 20 percent in Scotland

Datazone	Intermediate zone	Datazone name
S01007295	Oban South	Oban South - 07

Source: SIMD 2020v2

Mortality

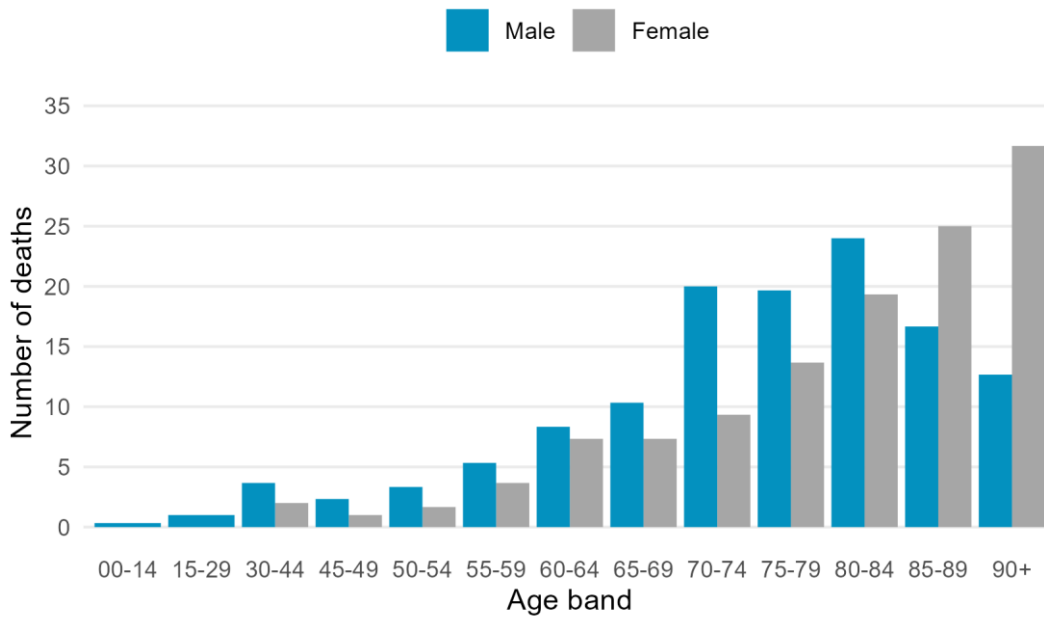
Mortality data provides information on causes of death and provides valuable insights into the general health of an entire population. The primary source of death data in Scotland (death registrations) is the National Records of Scotland (NRS).

Table 7: Average annual deaths all ages by sex

	Number	Percent
Female	122	48.9
Male	128	51.1
Total	250	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		

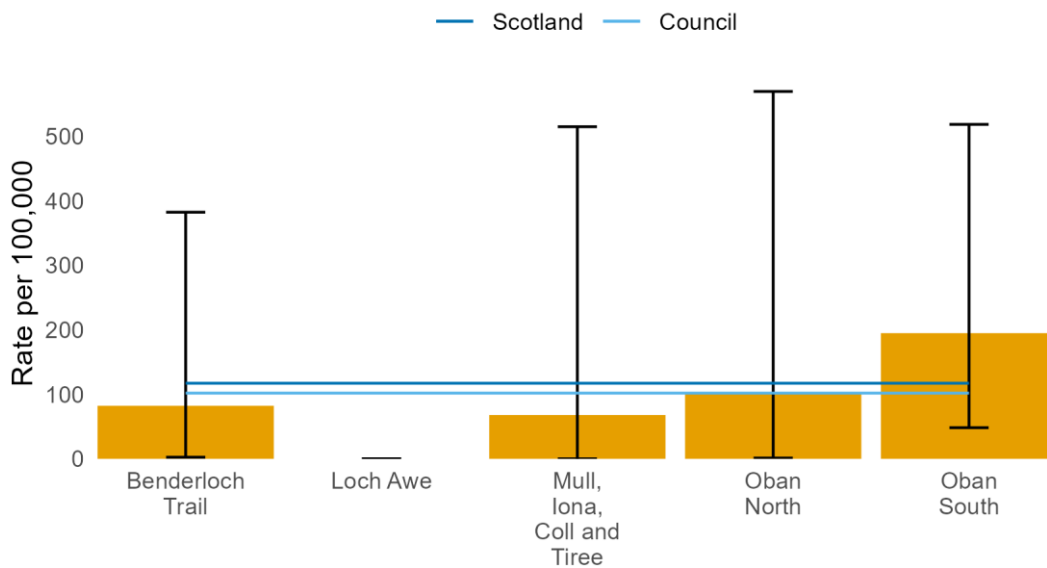
Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021
Age-sex standardised rate per 100,000 population.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	3.7	194.7	48.2	518.2		
Oban North	1.0	102.2	1.2	569.2		
Benderloch Trail	1.3	82.2	2.5	382.1		
Mull, Iona, Coll and Tiree	0.7	67.9	0.0	514.6		
Loch Awe	0.0	0.0	0.0	0.0	-	-

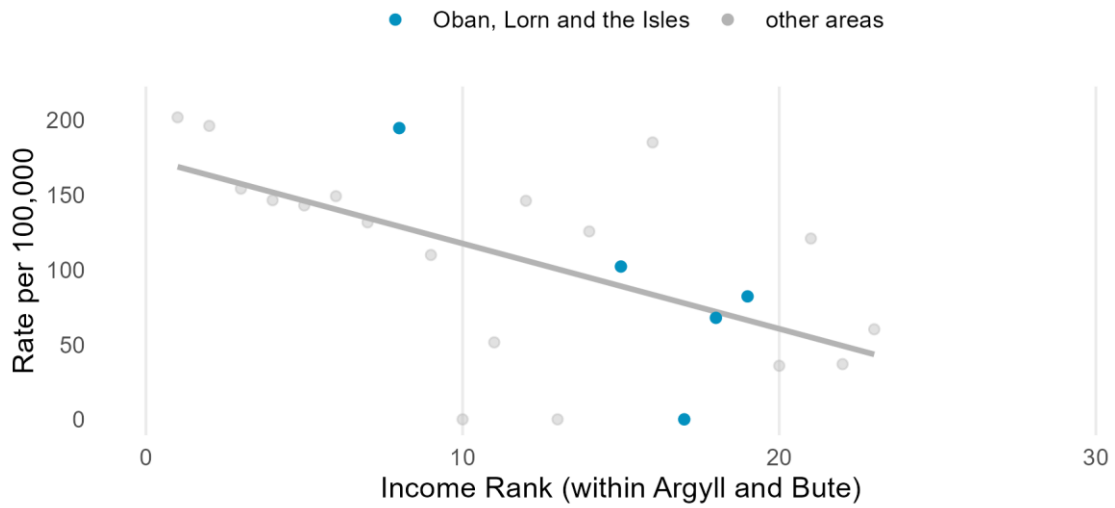
Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021
Age-sex standardised rate per 100,000 population.

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

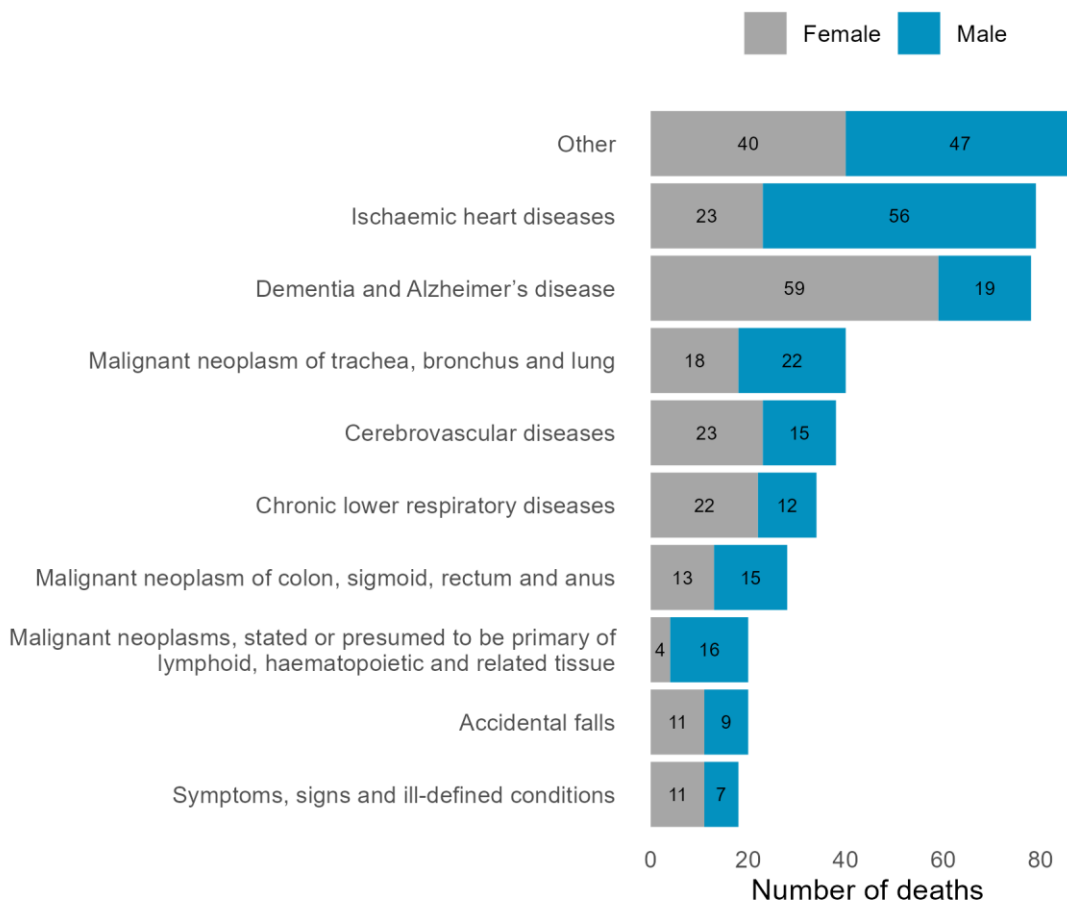


Source: ScotPHO Online Profiles; Deaths aged 15-44; annual data calculated from 3 year time period, 2019-2021
 Age-sex standardised rate per 100,000
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.
 Each point represents an intermediate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

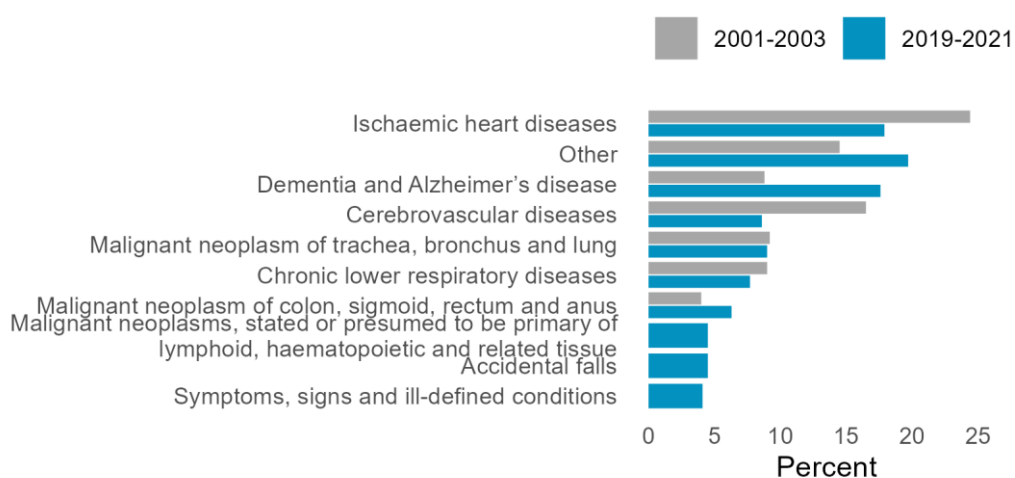


Source: National Records of Scotland; number of deaths over 3 year period, 2019-2021

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

	2019-2021	2001-2003	Percent change
Other	87	66	32
Ischaemic heart diseases	79	111	-29
Dementia and Alzheimer's disease	78	40	95
Malignant neoplasm of trachea, bronchus and lung	40	42	-5
Cerebrovascular diseases	38	75	-49
Chronic lower respiratory diseases	34	41	-17
Malignant neoplasm of colon, sigmoid, rectum and anus	28	18	56
Accidental falls	20		
Malignant neoplasms, stated or presumed to be primary of lymphoid, haematopoietic and related tissue	20		
Symptoms, signs and ill-defined conditions	18		

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

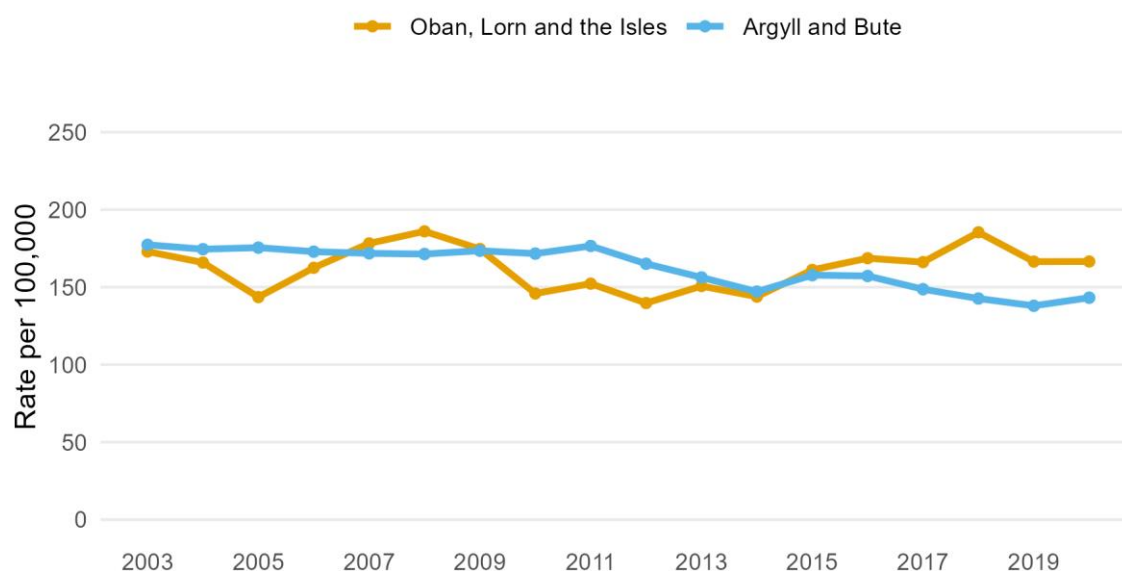
Early deaths from cancer, coronary heart disease (CHD) and deaths from suicide, although not all preventable, can be influenced by appropriate interventions, provision of services and changes in health-related behaviours.

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		
Bute and Cowal	41	151.3	107.0	207.4		
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

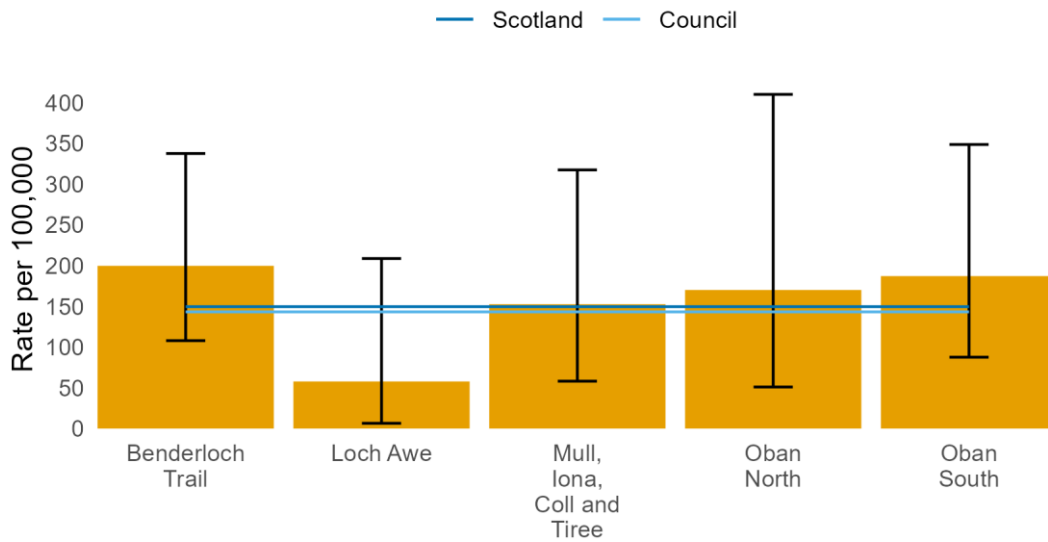
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021
 Age-sex standardised rate per 100,000 population
 Early deaths are defined as those occurring in people aged under 75 years.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Benderloch Trail	13.7	199.7	107.9	337.5		
Oban South	9.7	187.1	87.6	348.6		
Oban North	4.7	170.1	51.0	410.1		
Mull, Iona, Coll and Tiree	7.3	152.6	58.1	317.4		
Loch Awe	2.0	57.8	6.4	208.7		

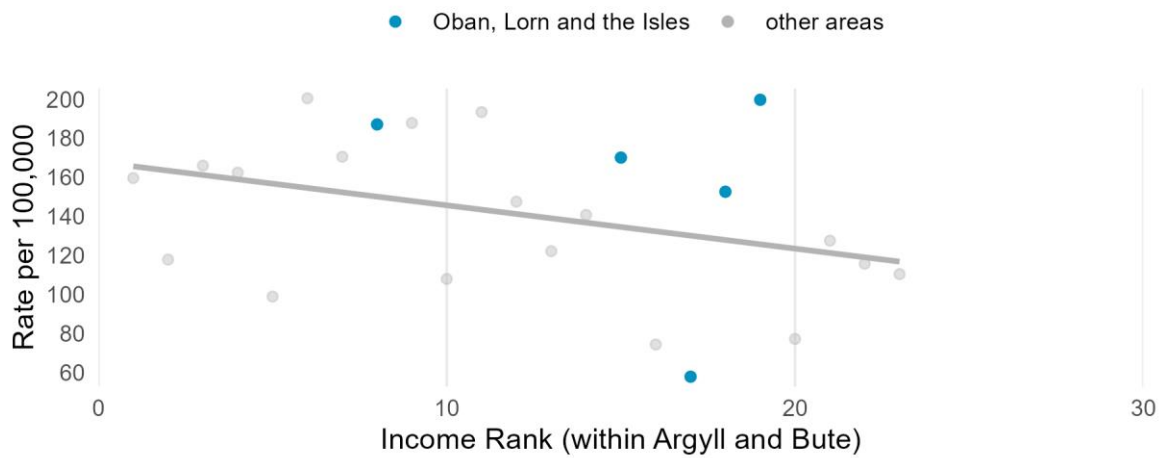
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021
 Age-sex standardised rate per 100,000 population
 Early deaths are defined as those occurring in people aged under 75 years.

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.

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.

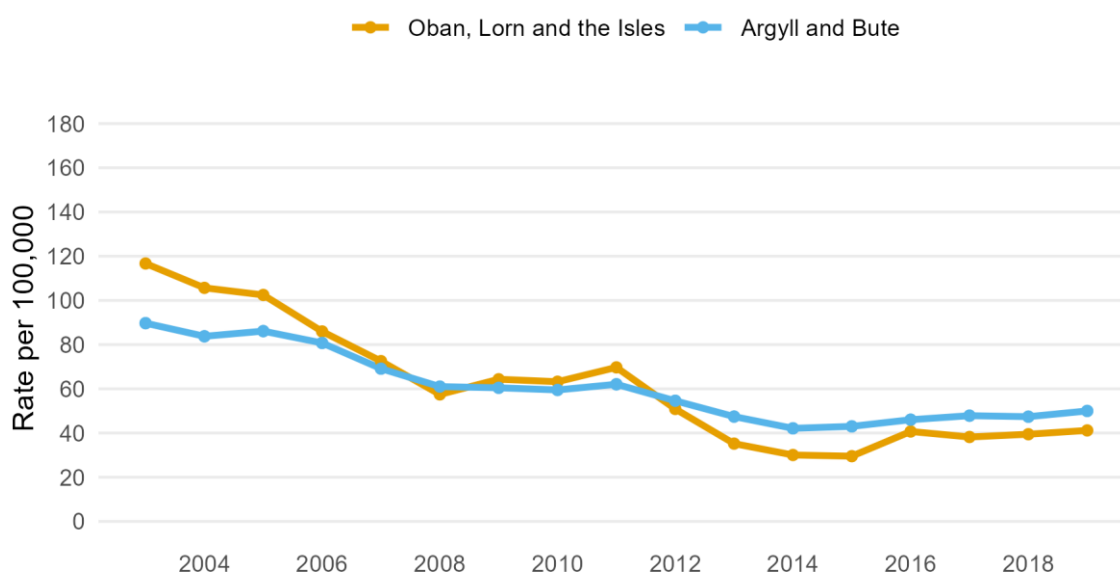
Early deaths from coronary heart disease (CHD)

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



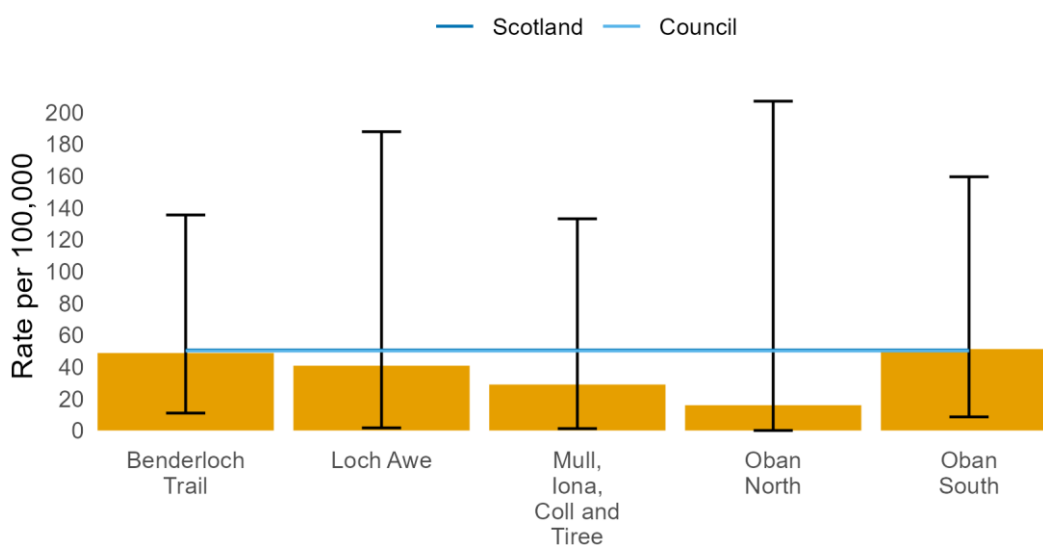
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002-2004 to 2018-2020
Age-sex standardised rate per 100,000 population
Early deaths are defined as those occurring in people aged under 75 years.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	2.7	51.2	8.5	159.4		
Benderloch Trail	3.3	48.7	10.9	135.4		
Loch Awe	1.3	40.7	1.6	187.8		
Mull, Iona, Coll and Tiree	1.3	28.9	1.2	133.0		
Oban North	0.3	15.9	0.0	206.9		

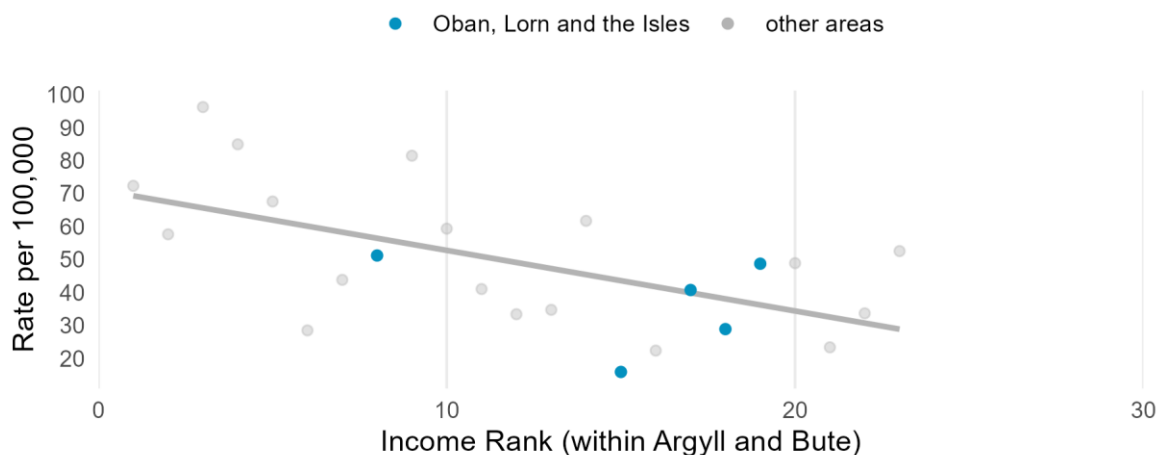
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020
 Age-sex standardised rate per 100,000 population
 Early deaths are defined as those occurring in people aged under 75 years.

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.

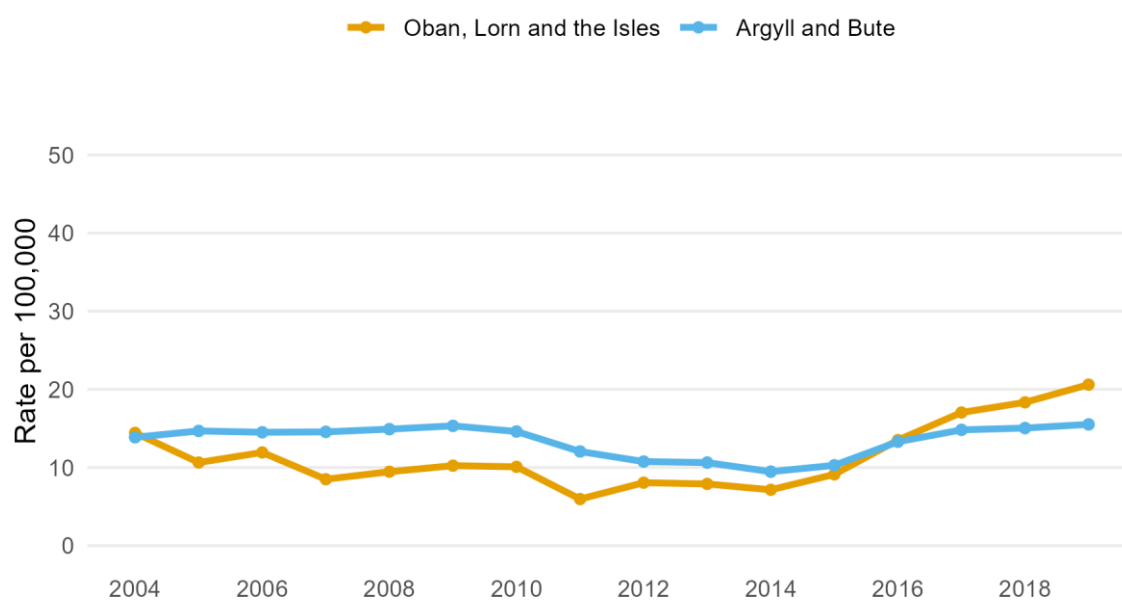
Deaths from suicide

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 increased⁷. 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

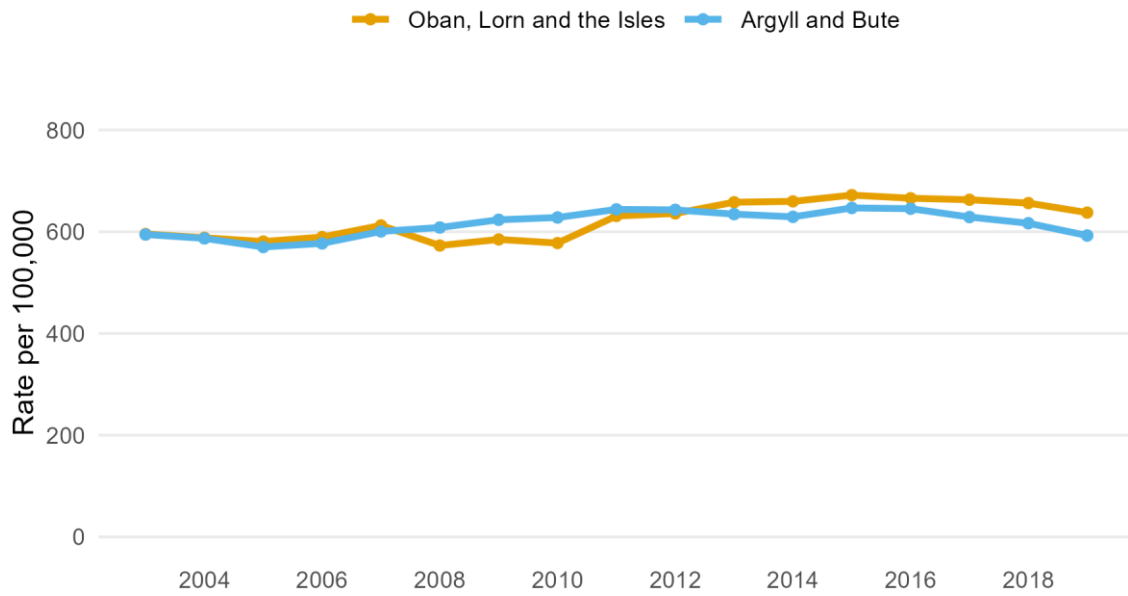
Most cancer cases occur in older age groups. Therefore, we show age and sex-standardised rates to allow a fairer comparison of cancer registration across areas and between periods. The differences in rates between areas might still be due to other influencing factors rather than an actual difference in cancer incidence. Higher levels of deprivation are associated with some types of cancer⁸. 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 addressed⁹.

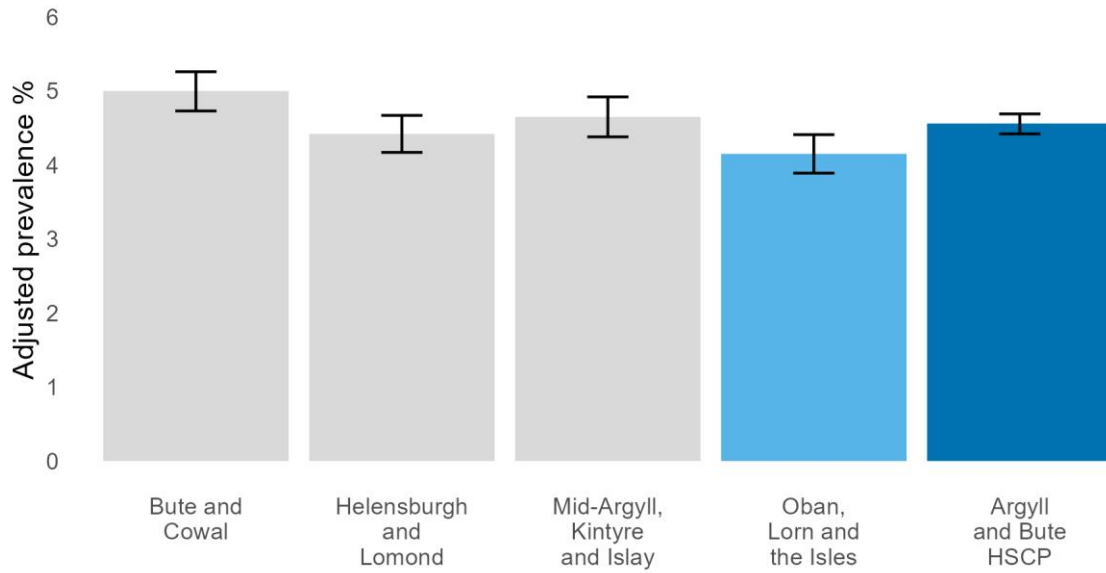
Table 17: Prevalence of type 2 diabetes by area

	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

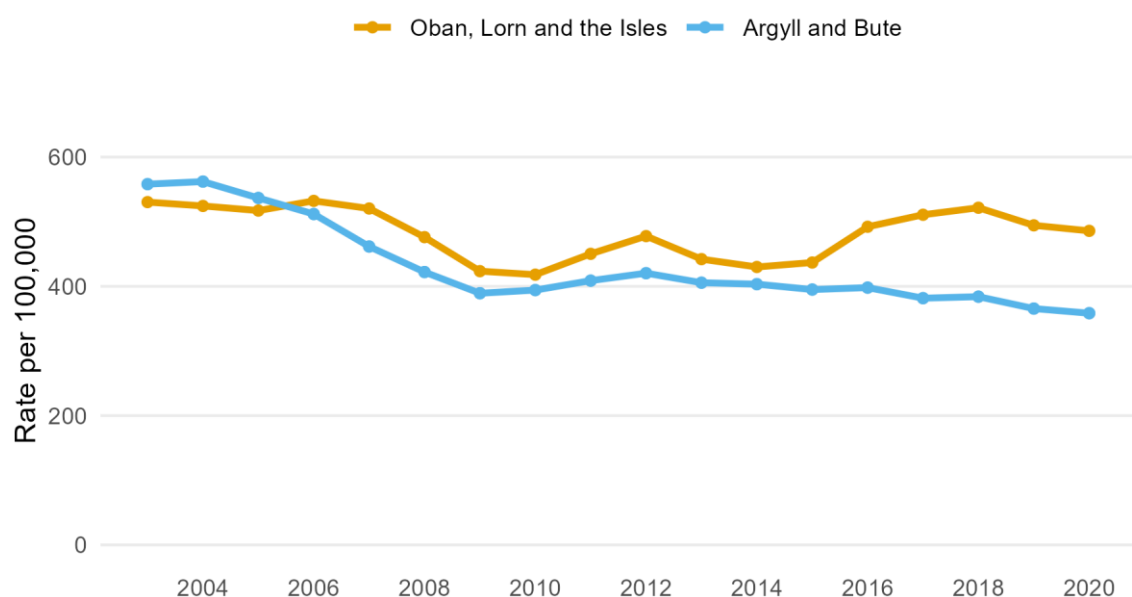
Coronary Heart Disease (CHD) patient hospitalisation

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		
Bute and Cowal	86	311.3	245.7	388.2		

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 22: Coronary heart disease patient hospitalisations over time



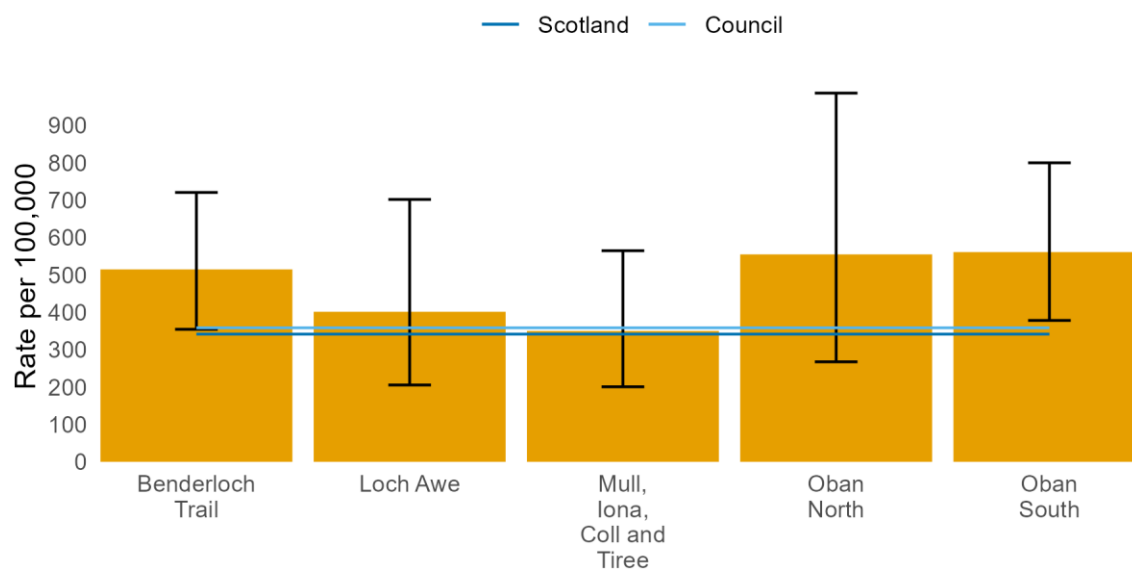
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22
Age-sex standardised rate per 100,000 population.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	31.3	560.9	378.1	799.7	+	
Oban North	13.7	554.8	267.5	986.2		
Benderloch Trail	35.7	514.7	354.4	720.4	+	
Loch Awe	12.3	401.3	205.5	701.7		
Mull, Iona, Coll and Tiree	17.0	349.9	200.7	564.7		

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 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.

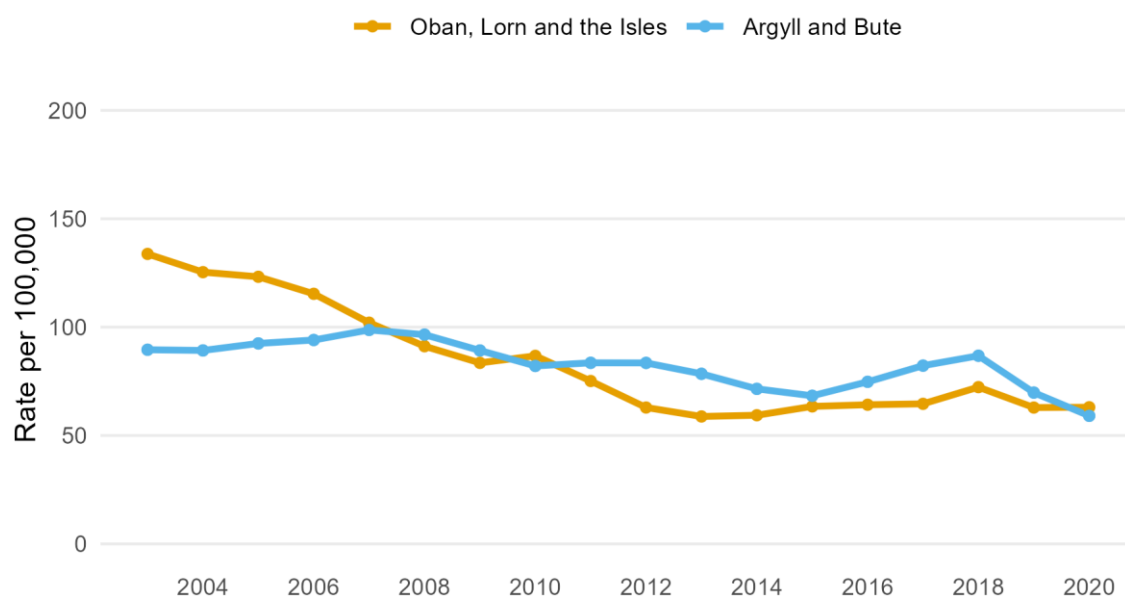
Asthma patient hospitalisation

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

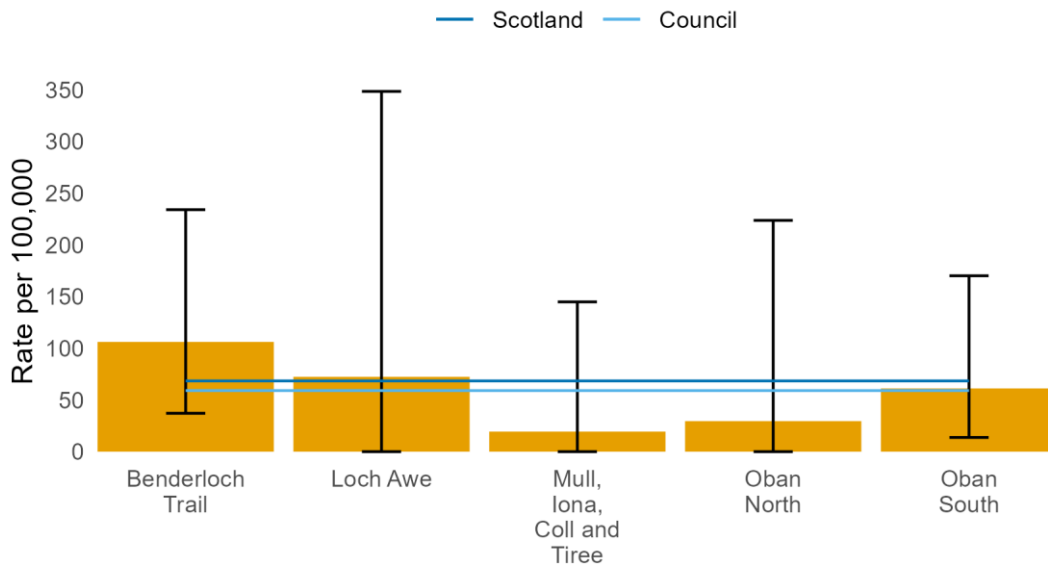
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22
Age-sex standardised rate per 100,000 population.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Benderloch Trail	6.0	106.2	37.1	234.1		
Loch Awe	1.3	72.4	0.0	348.5		
Oban South	3.3	61.2	13.7	170.2		
Oban North	0.7	29.5	0.0	223.7		
Mull, Iona, Coll and Tiree	0.7	19.4	0.0	144.9		

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

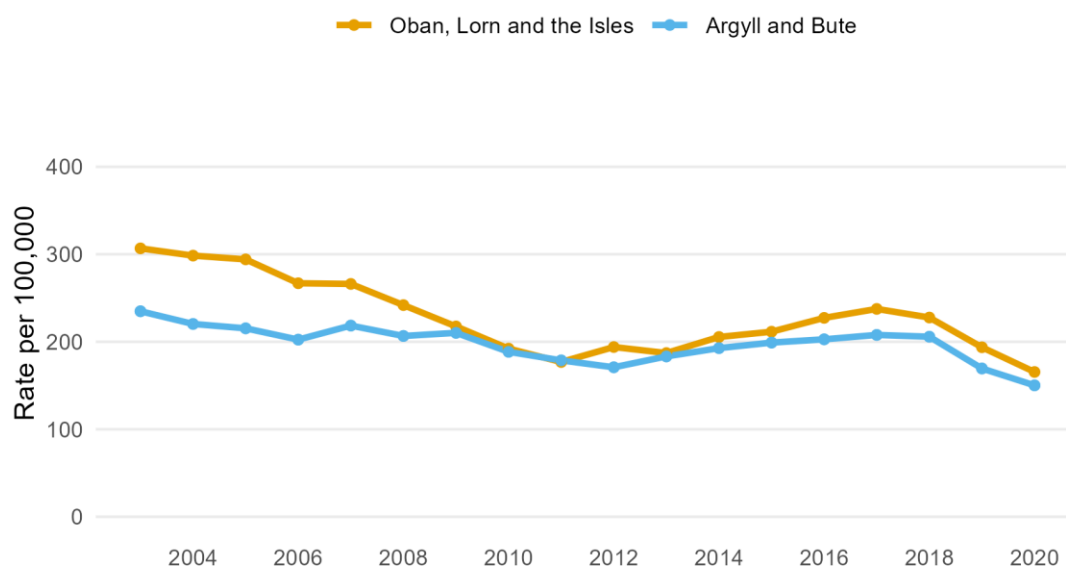
Chronic Obstructive Pulmonary Disease (COPD) is a smoking-related respiratory condition and a significant cause of hospital admission and mortality. The primary treatment is smoking cessation.

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



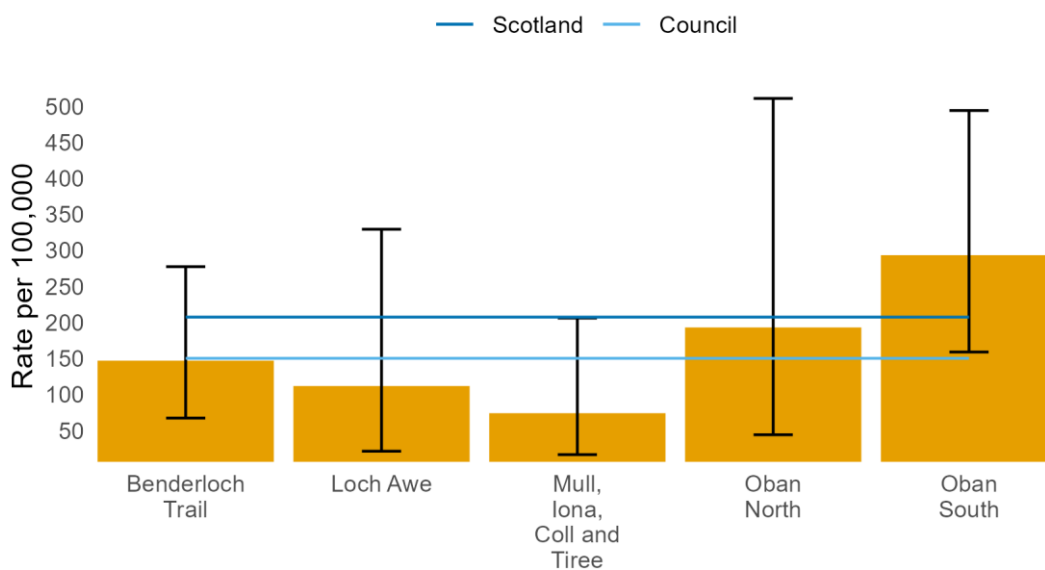
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22
Age-sex standardised rate per 100,000 population.

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

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	14.0	293.3	158.9	494.1		
Oban North	4.0	193.0	44.1	510.9		
Benderloch Trail	9.3	146.9	67.3	277.4		
Loch Awe	3.0	111.7	21.3	329.3		
Mull, Iona, Coll and Tiree	3.3	74.0	16.5	206.1		

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.

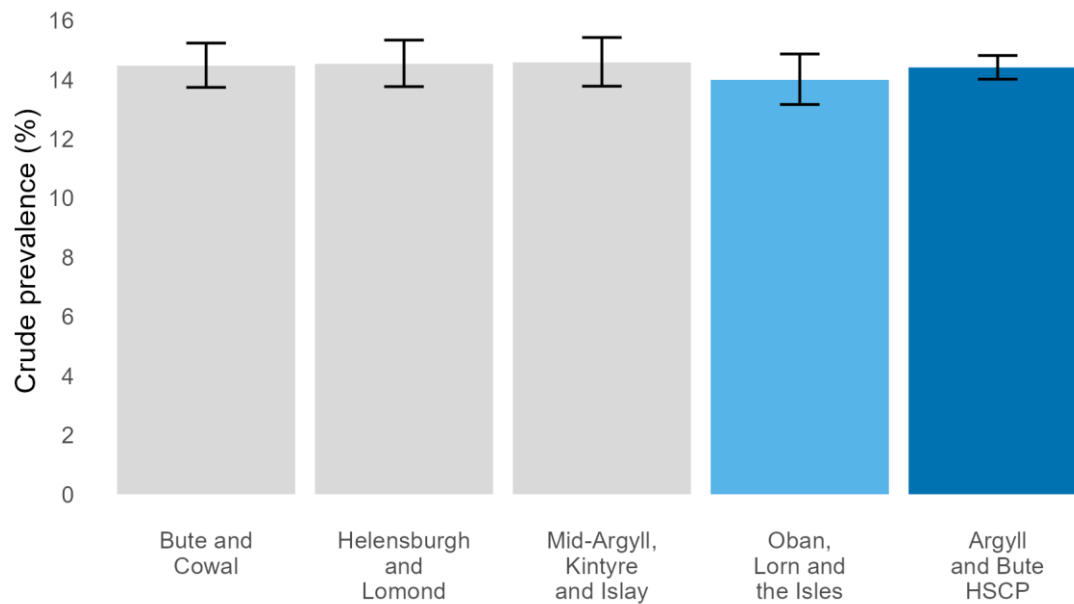
Dementia and frailty

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 illness¹⁰. Prevalence estimates are based on recent population studies^{11 12}. 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

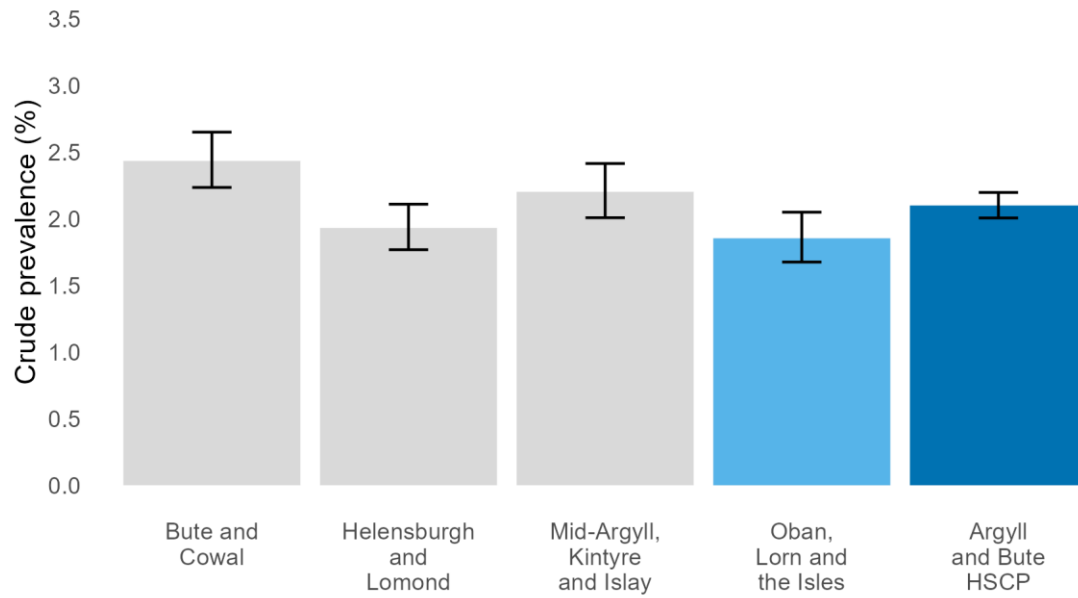
Source: Gale C et al. Age-sex specific prevalence of frailty for people living in the community applied to NRS mid-2021 population estimates. Excludes residential care homes.

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

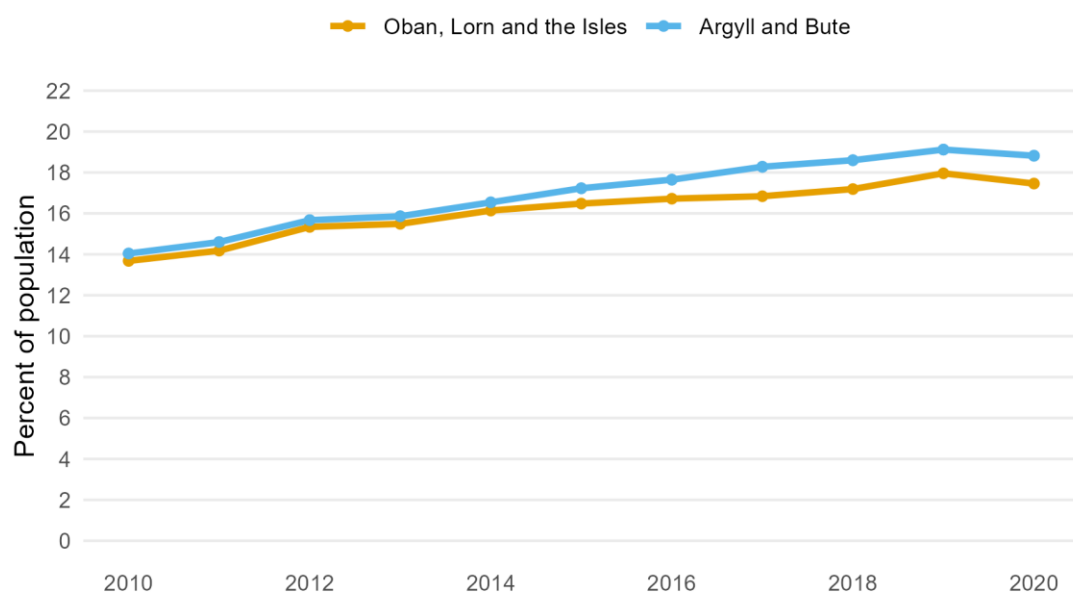
The data are derived from prescriptions dispensed in the community. The prescribing rate has increased over the period, with higher levels seen with increasing levels of deprivation.

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.

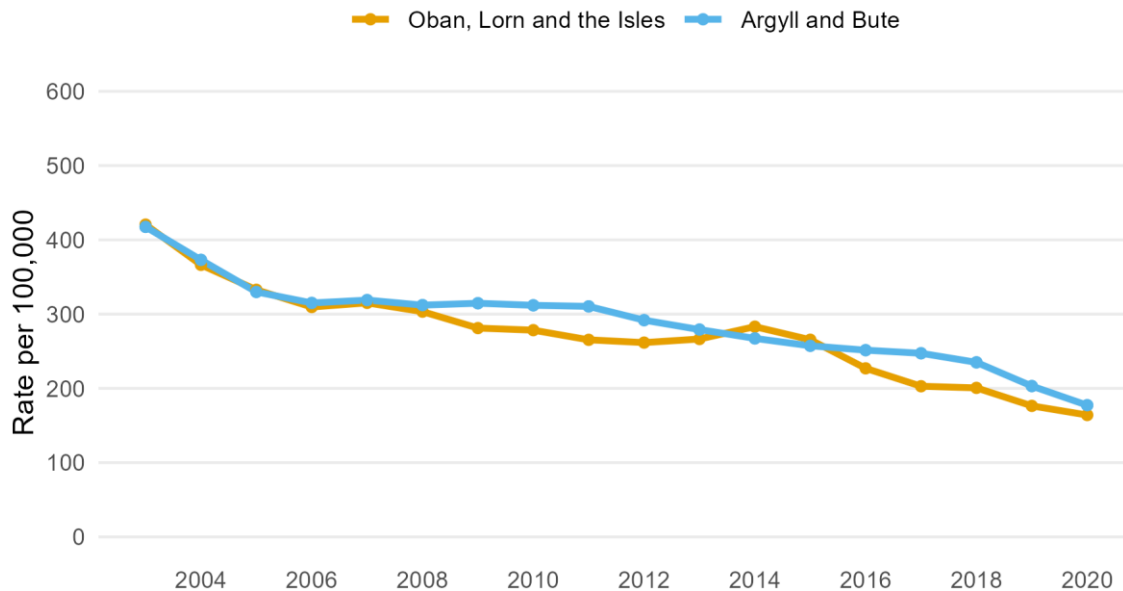
Patients discharged from psychiatric specialties will have a range of diagnoses recorded. More common diagnoses will include mood (affective) disorders, diagnosis of schizophrenia and delusional disorders, mental disorders due to substance misuse and organic mental disorders, including conditions like 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 priority⁹. 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.

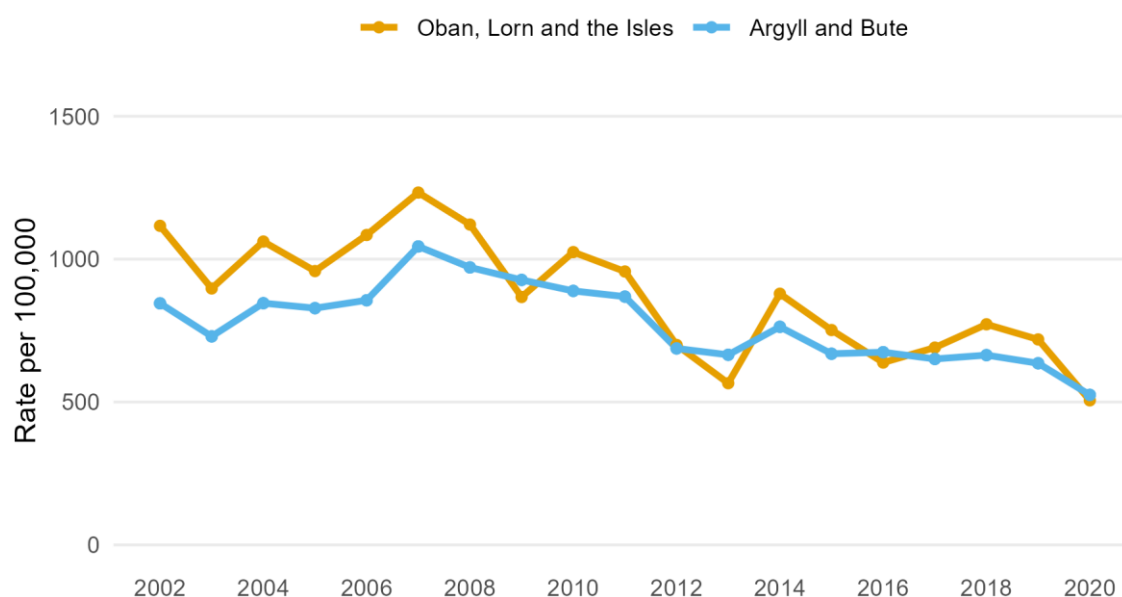
Alcohol-related hospital admissions

Table 28: Alcohol-related hospital admissions by area

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
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



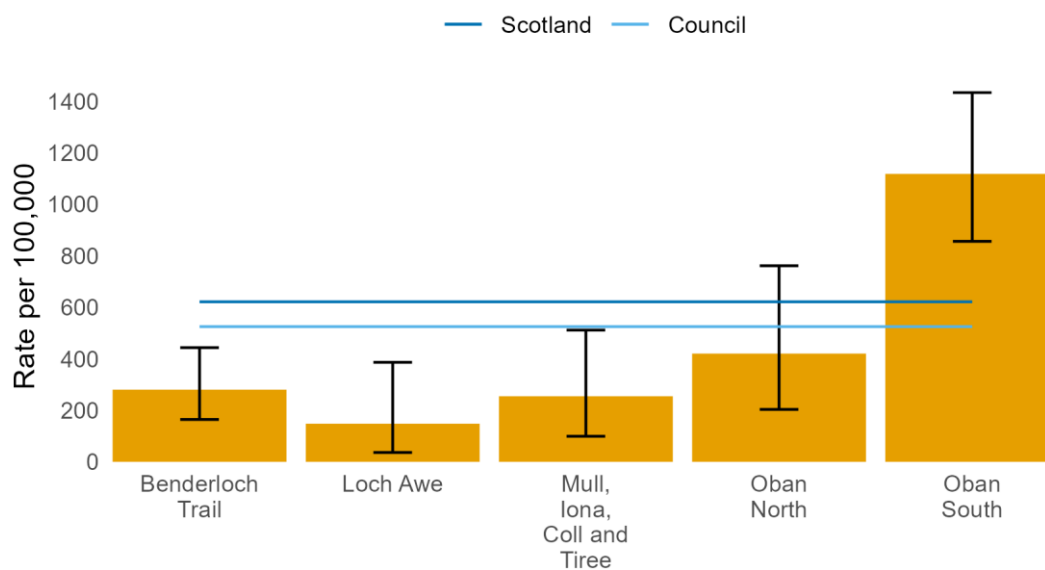
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22
Age-sex standardised rate per 100,000 population

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

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	63	1,117.7	855.9	1,433.7	+	+
Oban North	12	420.1	203.5	761.2		
Benderloch Trail	18	280.1	164.4	443.3	-	-
Mull, Iona, Coll and Tiree	9	254.6	99.2	511.4	-	
Loch Awe	3	147.9	36.2	386.3	-	-

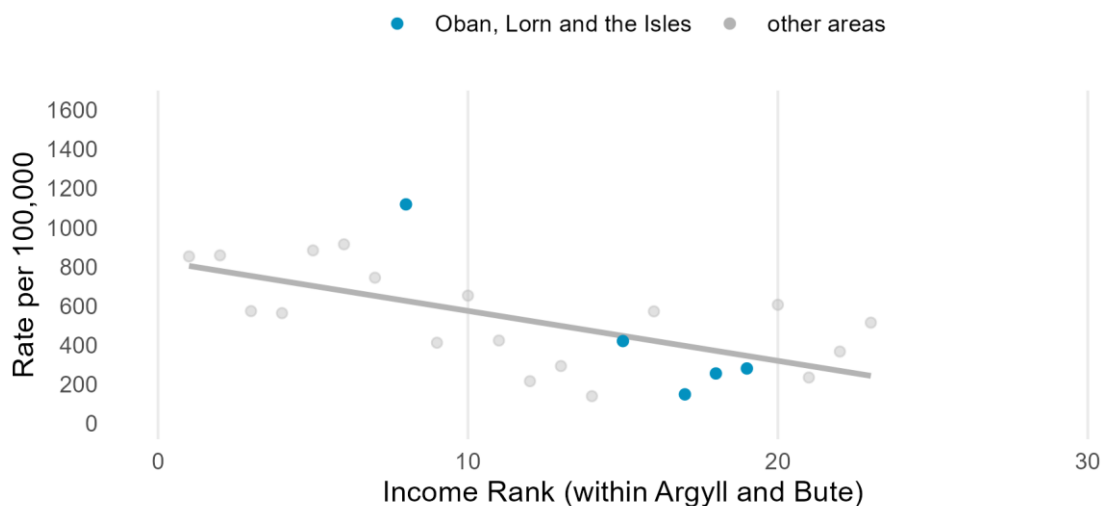
Source: ScotPHO Online Profiles; 2020/21
Age-sex standardised rate per 100,000 population

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.

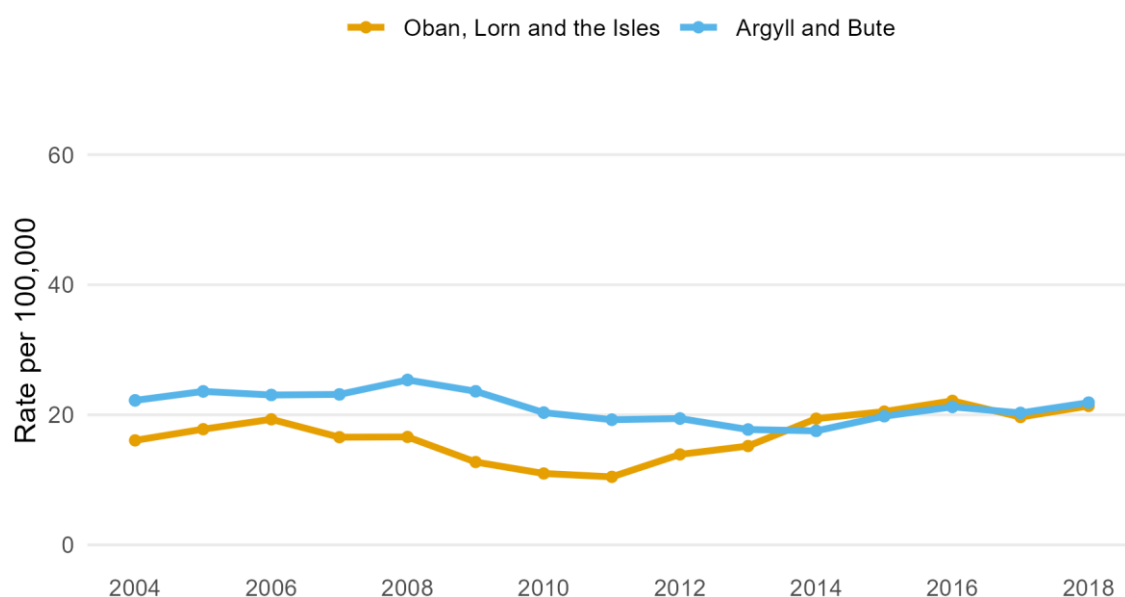
Alcohol-specific deaths

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		
Bute and Cowal	3.6	16.0	3.2	44.4		

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.

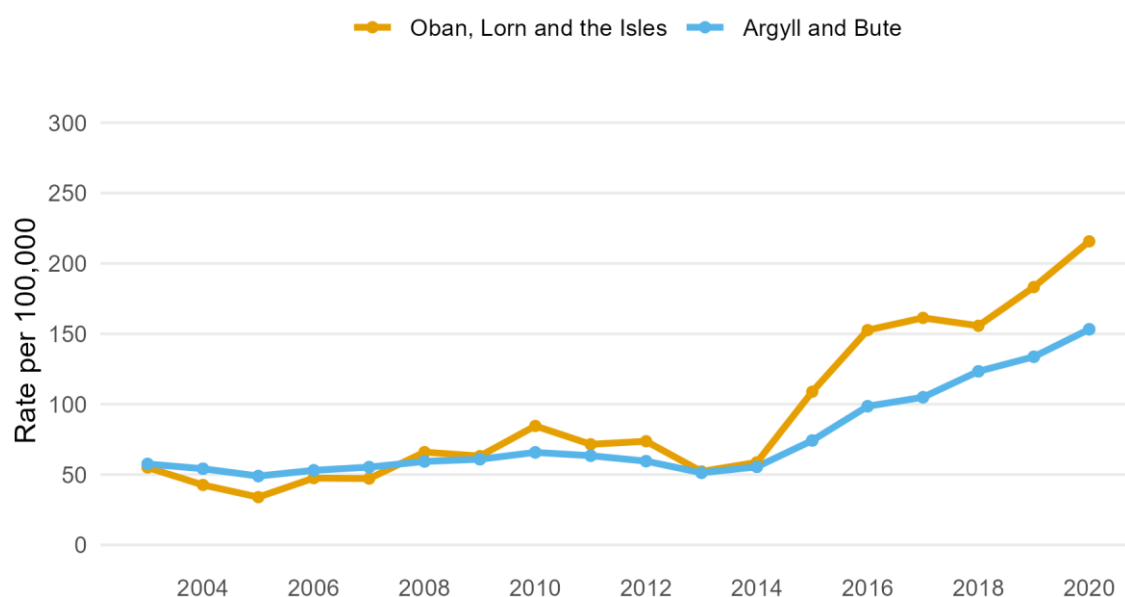
Drug-related hospital admissions

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		
Bute and Cowal	30	201.8	135.2	288.6		
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

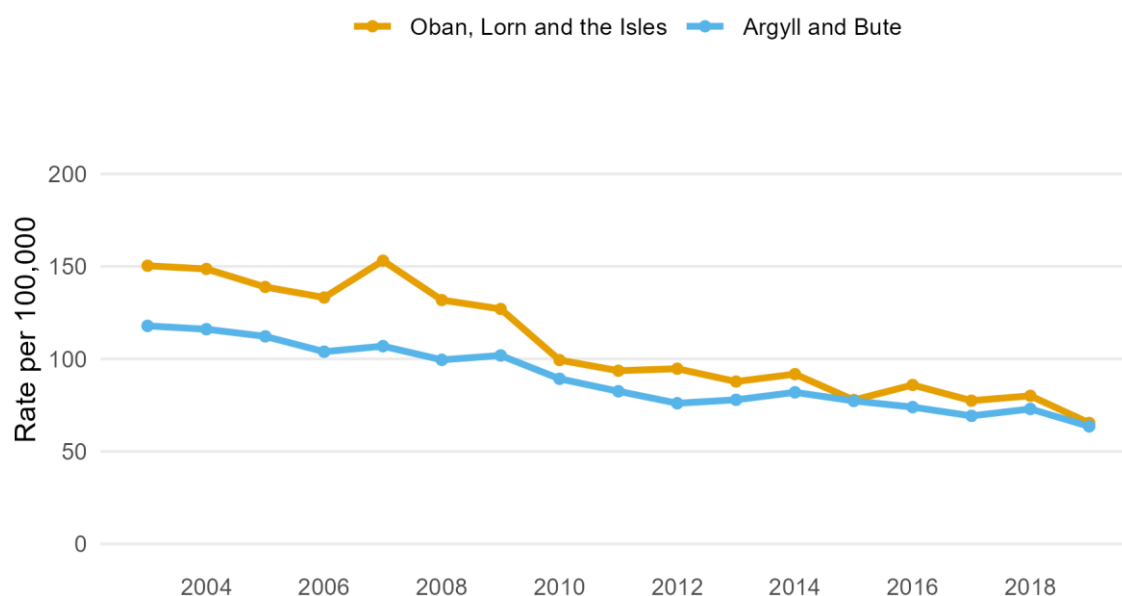
External causes are a common cause of harm to health. They include accidents and unintentional injuries that occur in diverse settings, including the home, the workplace, leisure and sports activities and road transportation. The road traffic accident indicator only includes people admitted or who dies 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.

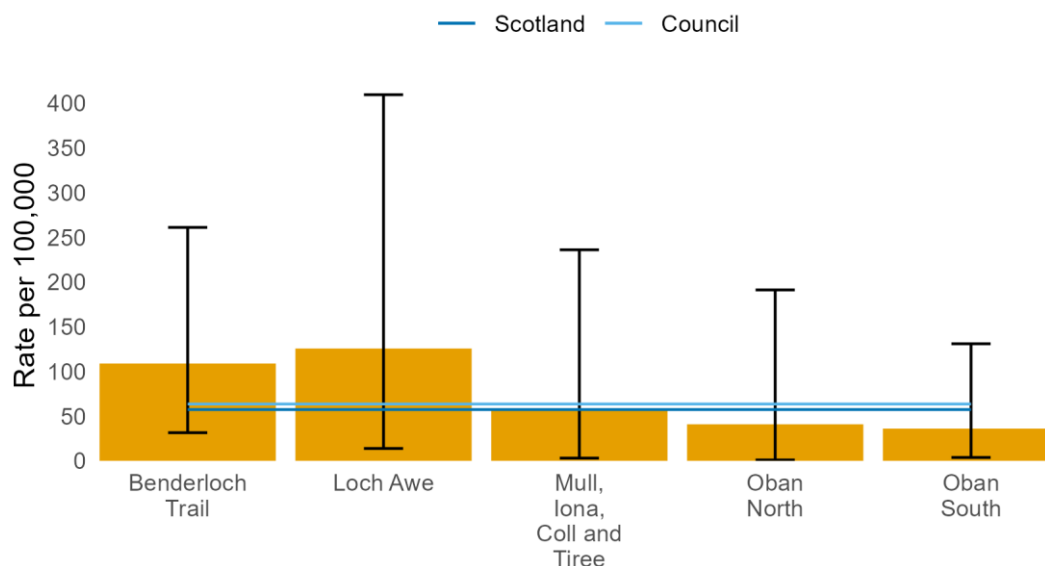
Figure 37: Road traffic accident patient hospitalisations over time

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
Loch Awe	2.7	125.6	13.8	409.5		
Benderloch Trail	5.0	108.8	31.5	261.1		
Mull, Iona, Coll and Tiree	1.7	57.6	3.0	236.0		
Oban North	1.3	40.9	0.9	191.1		
Oban South	2.0	36.0	3.8	130.9		

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.

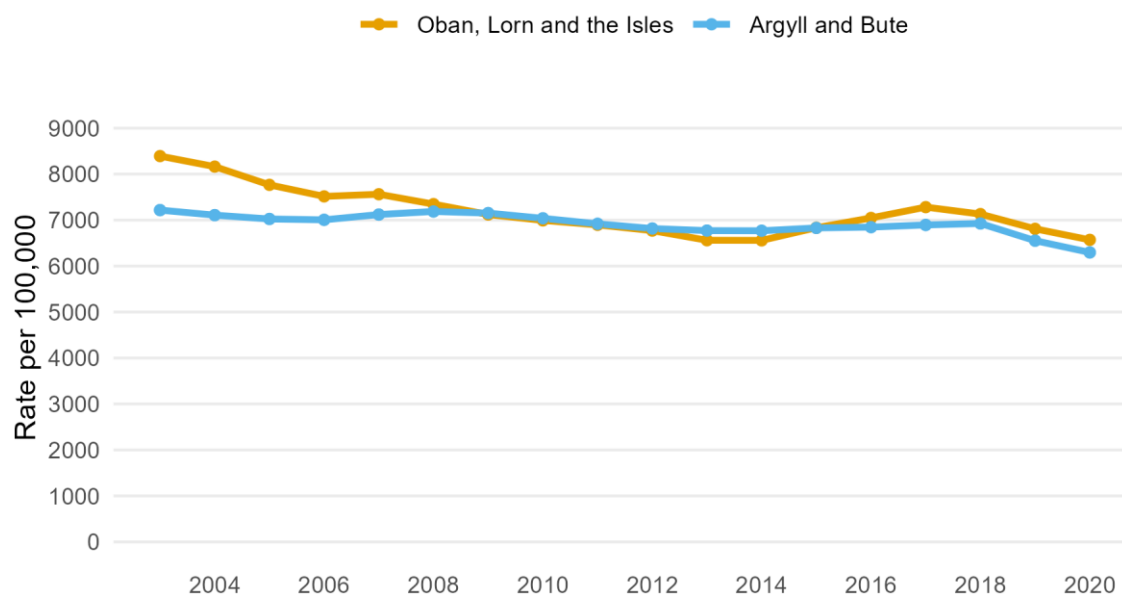
A proportion of emergency hospital admissions are likely to be preventable. High emergency or multiple admissions rates can also indicate that primary and community services may be stressed or not in place to prevent hospital admission.

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.

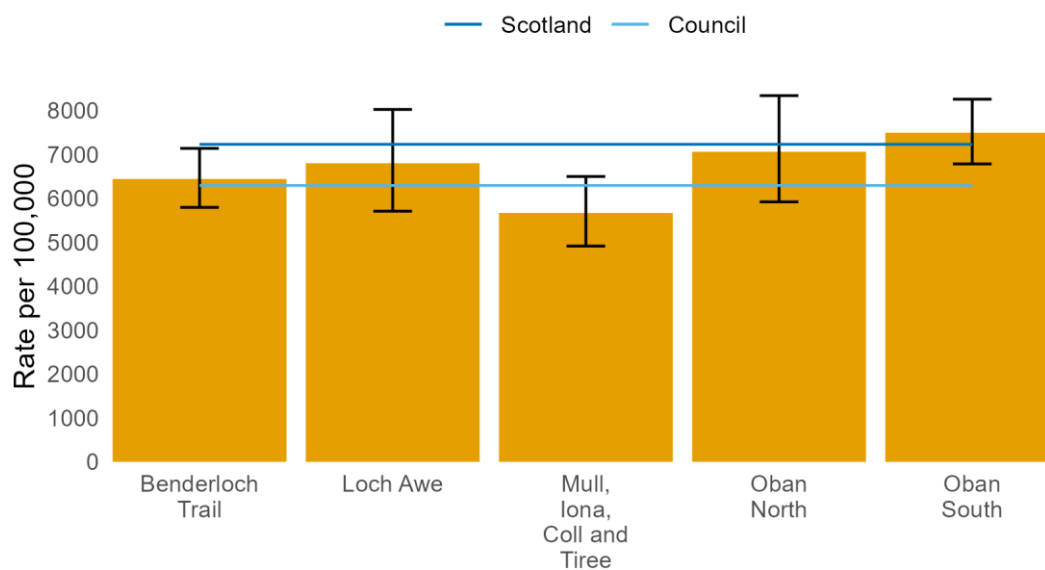
Figure 39: Emergency patient hospitalisations over time

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

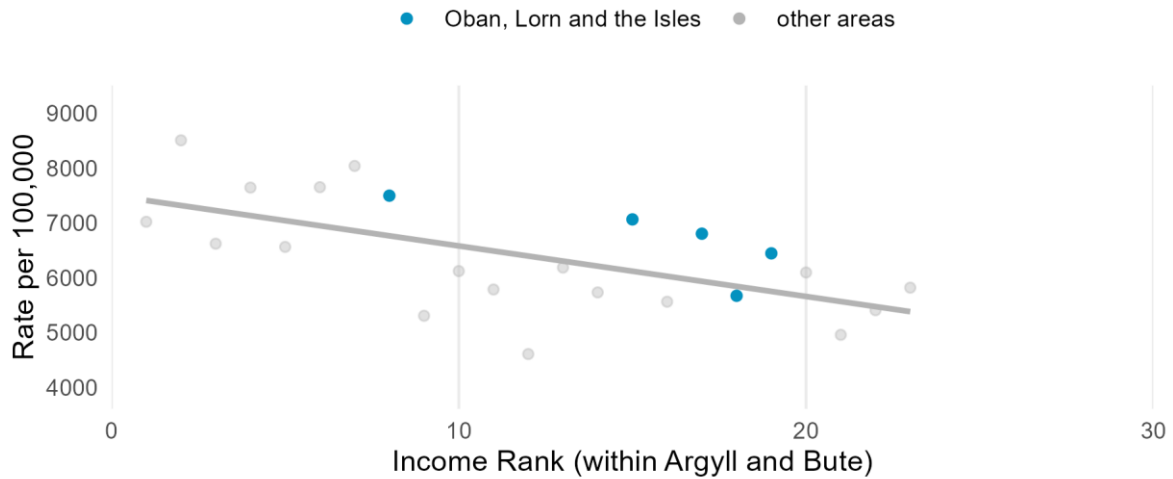
	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Oban South	422	7,497.6	6,787.0	8,261.5		+
Oban North	172	7,064.4	5,922.6	8,343.0		
Loch Awe	170	6,803.2	5,710.5	8,028.0		
Benderloch Trail	398	6,444.2	5,797.1	7,141.3	-	
Mull, Iona, Coll and Tiree	234	5,669.5	4,915.3	6,500.6	-	

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

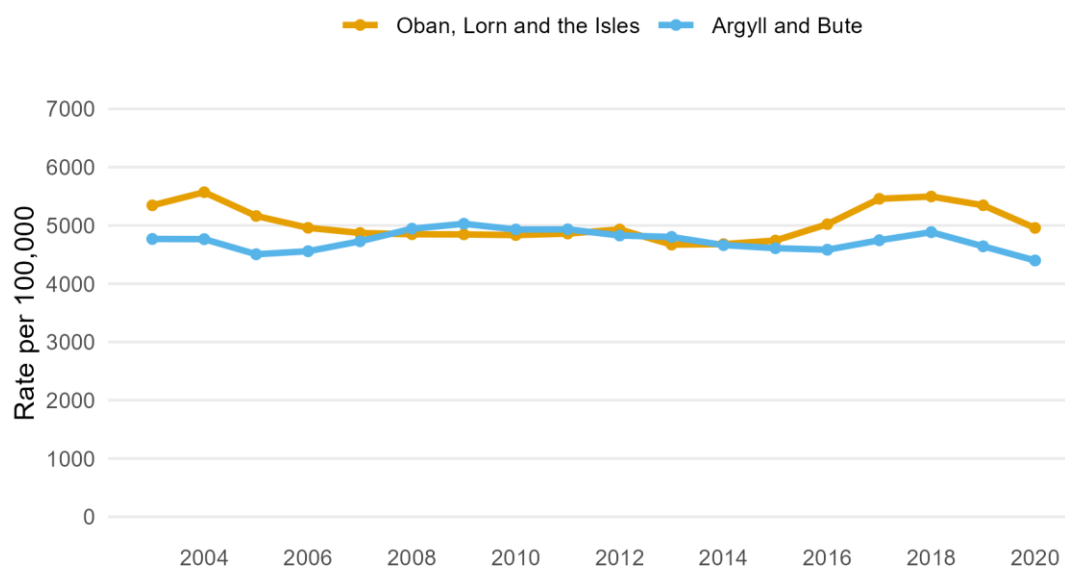
While adjusted for age and sex differences, rates of patients with multiple emergency admissions may vary because of deprivation, patient case mix, and the availability of health and social care.

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



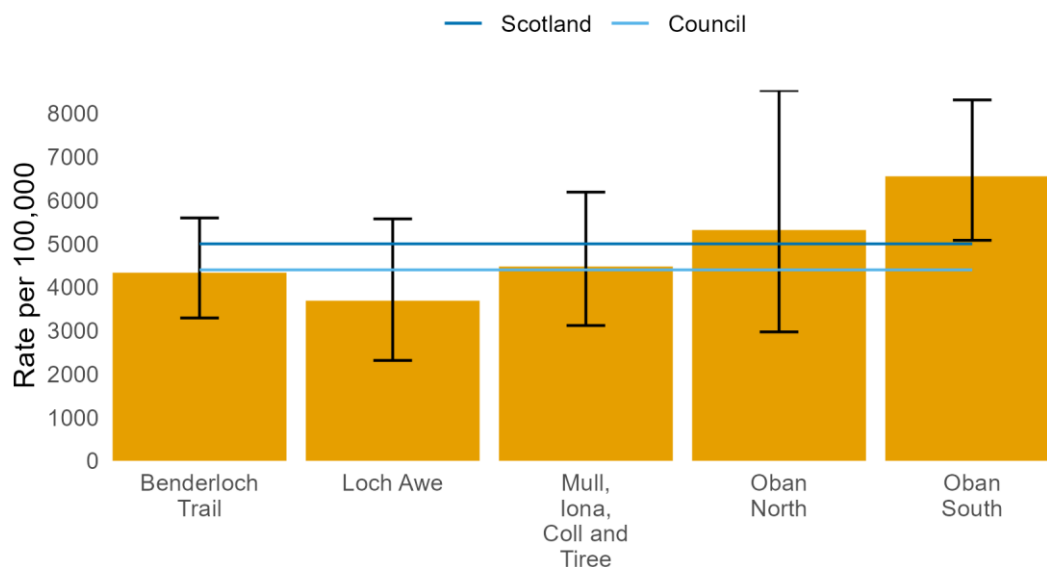
Source: ScotPHO Online Profiles; annual data calculated from 3 year time periods, 2002-2004 to 2019-2021
Age-sex standardised rate per 100,000 population.

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
Oban South	71	6,553.1	5,079.6	8,312.4	+	+
Oban North	23	5,316.2	2,969.4	8,530.8		
Mull, Iona, Coll and Tiree	41	4,475.4	3,116.9	6,189.1		
Benderloch Trail	62	4,333.2	3,290.2	5,594.2		
Loch Awe	23	3,688.0	2,312.2	5,572.6		

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 hospice¹³.

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	58.0	12.5	29.0	0.4	0.0	224.0
2004-2006	54.2	14.2	31.3	0.2	0.2	214.0
2007-2009	49.7	18.9	30.7	0.8	0.0	217.3
2010-2012	50.3	18.5	31.2	0.0	0.0	199.7
2013-2015	49.8	14.0	36.0	0.0	0.2	222.0
2016-2018	48.4	13.9	37.5	0.1	0.0	234.7
2019-2021	43.8	12.6	43.7	0.0	0.0	249.7

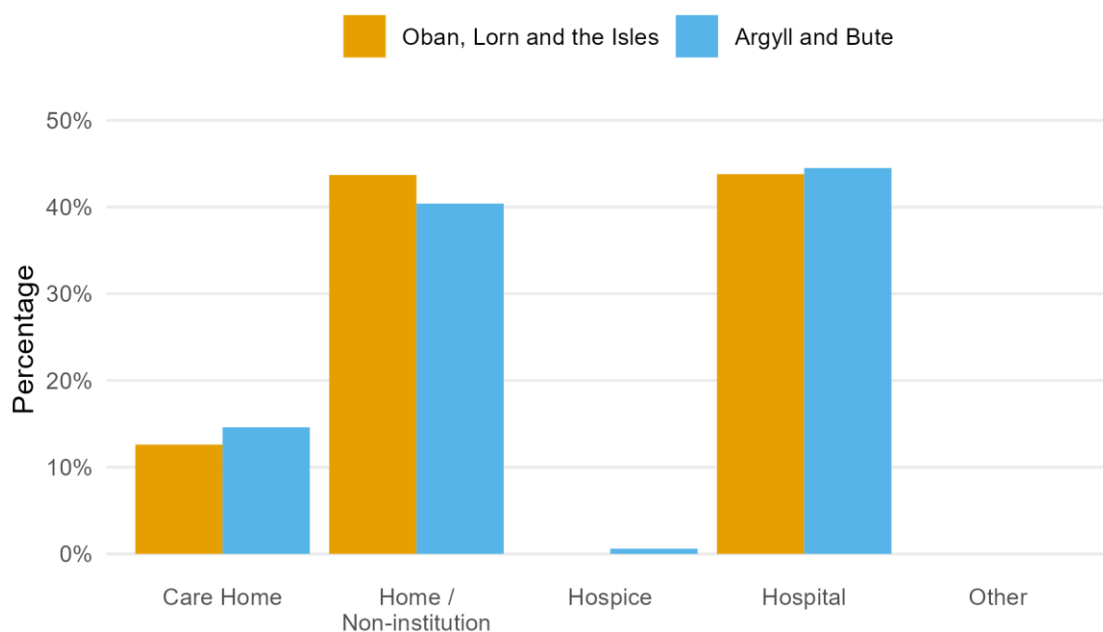
Source: National Records of Scotland; 2019-2021

Table 39: Deaths by place of death

	Percentage					Average annual number of deaths
	Hospital	Care Home	Home / Non-institution	Hospice	Other places	
Oban, Lorn and the Isles	43.8	12.6	43.7	0.0	0.0	250
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

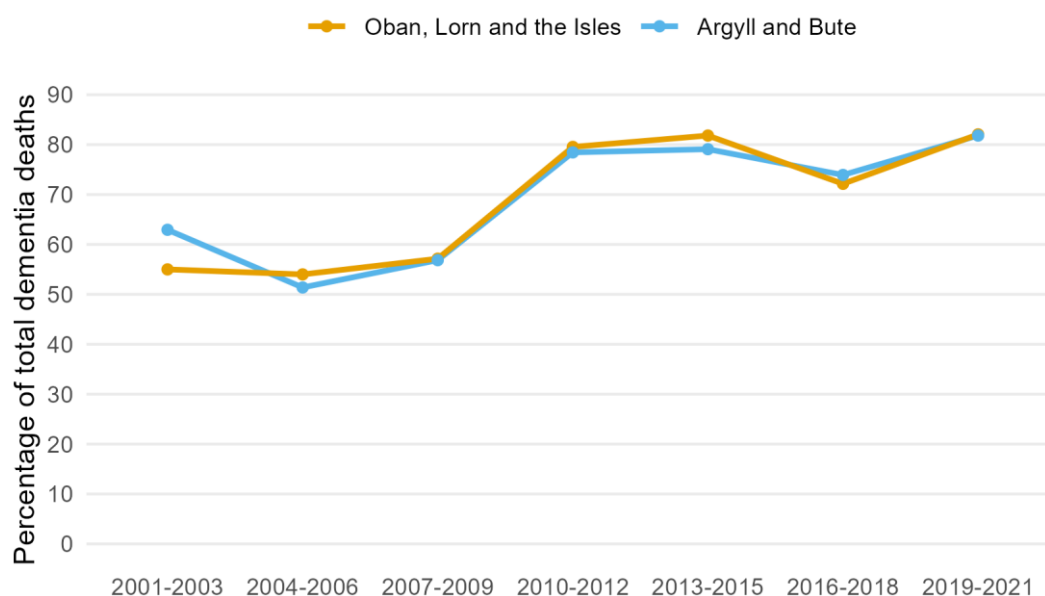
Patterns of the place of death vary by cause, sex, age and geographical location. The ageing of the population is projected to lead to an increase in dementia cases. Dementia is already a leading cause of death among all diseases and one of the most significant causes of disability and dependence among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

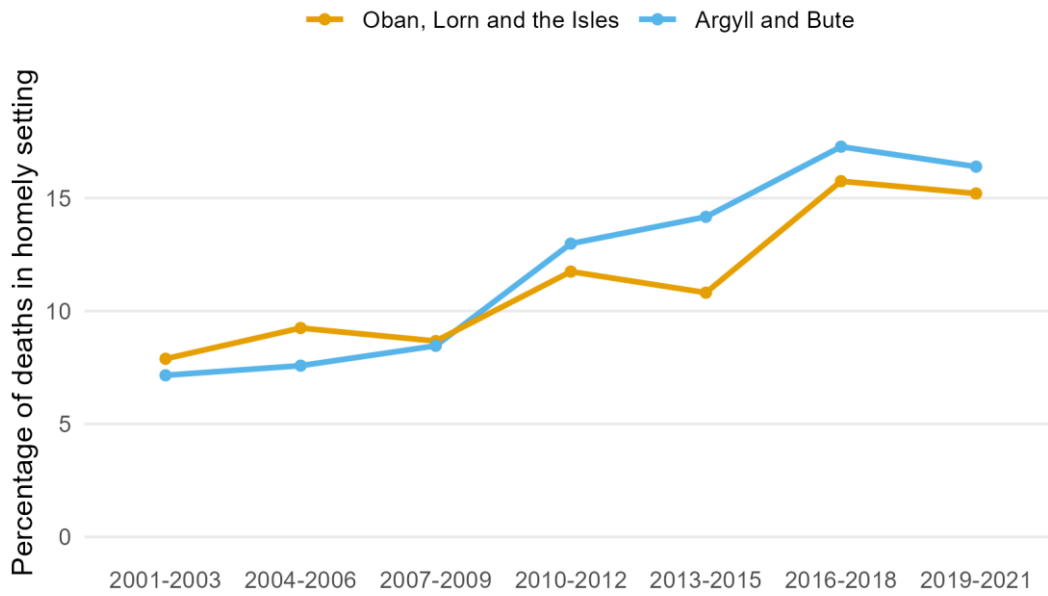
Table 41: Dementia deaths in a homely setting as a percentage of all deaths in a homely setting

	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 th 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: https://scotland.shinyapps.io/ScotPHO_profiles_tool/
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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Oban, Lorn and the Isles

Fraud Prevention and Awareness

Our popular and educational Scam Savvy Quiz inputs have continued across the reporting period with particular focus being given to our island communities who are reliant on internet shopping and communication. These inputs have been provided to the residents of Tiree and Coll where officers joined the Living Well Network and hosted a fraud prevention workshop as part of the wider partnership awareness day. These talks continue to be available for any community group or local organisations including community councils.



One of the most common scams we continue to see across Oban, Lorn and the Isles 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



POLICE SCOTLAND
Keeping people safe
POILEAS ALBA

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.

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>

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 aims to reduce distress.

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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.

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.

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**Working together
for a safer Scotland**



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

Oban, Lorn and the Isles CPG Briefing Report

Q2 2023/24

Performance & Activity Report

From:	1st July 2023	To:	30th September 2023
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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"> ● CFBT / Tactical ventilation Q2 ● Casualty Care Q2 ● RTC and Extrication Q2 ● HAZMAT Q2 ● Knotts, Ladders & Pumps Q2 ● Water Awareness ● High Rise

Accidental Dwelling Fires (ADF)

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	6.7	4	7
Oban South & The Isles	7	8	5
Community Board Total	13.7	12	12

ADF Casualties

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	0	0	0
Oban South & The Isles	0	0	0
Community Board Total	0	0	0

Deliberate Secondary Fire Setting

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	0.7	0	0
Oban South & The Isles	0.7	1	0
Community Board Total	1.3	1	0

Fires in Non-Domestic Property

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	0.7	0	1
Oban South & The Isles	1.7	3	1
Community Board Total	2.3	3	2

Casualties from Non-Fire Emergencies

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	0	0	0
Oban South & The Isles	0	0	0
Community Board Total	0	0	0

Unwanted Fire Alarm Signals

Ward	3 Year Average	2022/23	2023/24
Oban North & Lorn	24.3	31	18
Oban South & The Isles	46.7	51	38
Community Board Total	71	82	56

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 1st 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 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 to support various partners promoting Water Safety.
- Oban Green watch and CAT attended a Toy cupboard event to show new parents vital CPR skills.
- Oban Red watch and CAT attended Ganavan sands to give water safety advice to members of the public.
- CAT Visited Royal, Perle and Columbia Hotels to deliver road safety literature, especially for tourists.
- Continue to deliver Fire Safety advice via HFSVs 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.
- In July the CAT attended the Tìree, Appin and Damally shows offering home fire safety advice.
- Supporting Partnership Approach to Water Safety (PAWS) group and engaging with the public: #RESPECTTHEWATER campaign.
- We engaged with community groups utilising the Summer Thematic Action Plans (TAP)
- Careers engagement pathway engagement sessions delivered by CAT to schools across Argyll & Bute
- In June CAT delivered Heart Start workshops (Basic Life Support) delivered to pupils at Tobermory School.

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>



Oban and Lorn and the Islands Living Well Network

16/10/23

Oban, Lorn and the Islands Living Well Network Coordinator Carol, continues to engage with appropriate people in HSCP, Argyll and Bute Council and relevant third sector organisations to try and promote work in the Living Well Network's 3 chosen priorities for this year, Signposting, Community and Patient Transport and the ADP Funding.

Recent Highlights

Wednesday 16th August 2023 – Living Well on Coll Event – 14 Network members joined me on the lovely Isle of Coll for a fantastic day of networking where we shared information with the local community at An Cridhe Community Centre. Both mainland visitors and Island residents thought it to be a very worthwhile day. Those attending included We are With You, GamCare, Lomond and Argyll Advocacy Service, CarrGomm – Community Contacts, Alzheimer Scotland, Police Scotland, Screening Engagement, North Argyll Carers Centre, Social Security Scotland and Argyll and Bute Council – Child Poverty, Violence Against Women and Girls, Community Justice.

Wednesday 23rd August 2023 – Oban Lorn and the Islands Network Meeting by Zoom where we discussed how we might best spend **£15,000 of Alcohol and Drug Partnership funding** which is to be spent supporting people and their families with Alcohol, Drug and Gambling addictions. We decided to distribute the funds through Grant Funding to groups/organisations who will be running projects that support one of the 4 Alcohol and Drug Partnership priorities. The funding of up to £5,000 per group will soon be available to apply for through an on line application process supported by the TSI. Contact Carol Flett tcmhwn@gmail.com for further information.

Coming soon

Wednesday 29th November 2023 – Oban, Lorn and the Islands Network Meeting by Zoom supporting the Network priority of **Signposting**. Network members will be invited to share information about the work they do and the support they provide across the area. A great chance for members to share information, network and find any common ground for joint working. Carol will give an update on the work she is undertaking to try and get more information about the support that is available to the right people in our communities across Oban, Lorn and the Islands (Signposting).

Coming in 2024

Spring 2024 – **Living Well Network Meeting in Oban** followed by a **Living Well in Oban and Lorn Networking Event** where everyone will be welcome to come along and gather information about support that is available.

Summer 2024 – **Living Well on Tiree event**. Mainland based organisations, charities etc. will be welcome to come to Tiree for the day to share information about the support they provide to people on Tiree.

Please e-mail tcmhwn@gmail.com if you would like to hear more about the **Oban, Lorn and the Islands Living Well Network**.

Carol Flett

Living Well Network Coordinator

07753218327



Living Well in Oban, Lorn and the Islands – Part 1

Please share this information from our Living Well Network Members as widely as you can within your communities - Thankyou

Self referral to **Smoking Cessation services** Email: nhsh.absmokefreeservices@nhs.scot
Tel: 08457573077

For support with weight management or any other Dietetic support, contact **Argyll & Bute Dietetic Service**. Voicemail: 01631 789 041 or Email: nhsh.dietitiansdirect@nhs.scot

Macmillan Cancer Community Support Workers Argyll

Chris 07866146475 Chris.Holden@nhs.scot, & Jennifer 07866 146499 jennifer.o'hara1@nhs.scot

Screening Engagement Officer - free training sessions for professionals and volunteers aiming to increase the uptake of NHS Screening among people likely to miss out. 2023 focus is Cervical & Bowel Screening. 07779 996 420 or Angela.Anderson@nhs.scot

Pain Association Scotland meets monthly online, introducing people living with chronic pain to self-management skills, creating practical, positive change leading to an improved quality of life. www.painassociation.co.uk 0800 783 6059

Versus Arthritis- Visit www.versusarthritis.org to find out more about supported self-management, information, exercises and volunteering. Or email LiveWell@versusarthritis.org

North Argyll Carers Centre - support to unpaid carers from 5yrs upwards in the OLI area. 01631 564422 or info@northargyllcarers.org.uk www.northargyllcarers.org.uk

Gemma Mckie, **Dementia Advisor for Alzheimer Scotland**, Oban. Provides support for people living with dementia and their carers/families. 01631 570614 or gmckie@alzscot.org

Need help to improve your health and wellbeing through physical activity and wellbeing support? **Healthy Options** is here to help. Self-refer www.lornhealthyoptions.co.uk/thrive

Shannon Morrison, **Technology Enabled Care** Technician 01546 605517 or telecare@argyll-bute.gov.uk supporting people to self-manage their health through Telecare and stay happy, safe and independent in their own homes.

New members with an interest in helping to build healthier communities are always welcome. If you would like more information about the Living Well Network, if you have information you would like to share with the network or if you would like to receive information to share among your community, contact the Oban, Lorn and the Islands Living Well Network Coordinator Carol tcmhwn@gmail.com



A&B Transforming
HSCPI Together
Argyll & Bute Health & Social Care Partnership



Living Well in Oban, Lorn and the Islands – Part 2

Please share this information from our Living Well Network Members as widely as you can within your communities - Thankyou

It helps to talk! **Relationships Scotland Couple Counselling Argyll**. 0300 111 0031
or info@argyllcouplecounselling.org www.argyllcouplecounselling.org

Home-Start Lorn- one-to-one support, friendship and group work for families in Oban, Lorn and the Isle of Mull. manager@homestartlorn.org.uk or 01631566749

Hope Kitchen, a local charity serving Oban, Lorn and the Isles comprises New Hope Community Café and Green Shoots Community Garden. Contact obanhopekitchen@gmail.com or 01631 565730 www.hopekitchen.org

Ali Martin, **MECOPP** Support and Development worker with the Gypsy Traveller Community, Mid and North Argyll. ali@mecopp.org.uk 07398830408

Samaritans listening service available 24/7, no pressure or judgement, just a safe and confidential space to talk through how you are feeling . Call 116 123

Transforming Loss in the Highlands and Islands of Scotland, Rachel Gwilym, Grief Recovery Specialist, End of Life Planning Facilitator and Funeral Celebrant. www.rachelgwilym.com, 01879 555 220

Social Security Scotland support for people across Argyll and the Islands in a way that works best for them. 0800 182 2222 and ask for help to claim from local delivery. www.socialsecurity.gov.scot to see Scottish Government benefits available.

enquiries@alienergy.org.uk or call 01631 565 183 to get free, confidential and impartial energy advice and access to financial help with energy bills from local charity **Alienergy**.

Argyll and Bute Council Welfare Rights service. Irene Boyd, Oban Lorn and Islands Welfare Rights Officer 01631 572182 for benefits advice and help with completion of some application forms.

Bute Advice Centre is supporting low income households across Argyll to access a cash grant through the Flexible Food and Fuel Fund. Call 01700 502782 for a confidential chat.

GamCare, Affected by Gambling – need Help? Call 0808 8020 133 (24hrs a day)

New members with an interest in helping to build healthier communities are always welcome. If you would like more information about the Living Well Network, if you have information you would like to share with the network or if you would like to receive information to share among your community, contact the Oban, Lorn and the Islands Living Well Network Coordinator Carol tcmhwn@gmail.com

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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 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 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 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

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.



OBAN COMMUNITY COUNCIL

Oban Place Plan

Oban Community Action Plan

What is place?

- Where we spend our time has an important effect on our lives & wellbeing. Improving the quality of places & the facilities we have access to can help to tackle inequalities.



- Place is where people, location & resources combine to create a sense of identity & purpose. It plays a crucial role in addressing the needs & identifying the full potential of our community.

What is placemaking?

Place making asks all the service providers and those who look after town assets to work & plan together, with the local community to improve the lives of all Obanites, and to support inclusive & sustainable economic growth.



What is a Local Place Plan?

Local Place Plans (LPPs) offer communities the opportunity to express their aspirations and ambitions for future change. They focus on the community's proposals for the development and use of land and provide a new opportunity for communities to feed into the planning system with ideas and proposals.

Once registered, an LPP must be considered by Council when preparing the next Local Development Plan (LDP).



What is a Local Place Plan?

Examples of things that could be proposed in LPPs include:

- sites for housing, including for affordable housing, new or retained local employment or new tourism/community facilities
- retaining, improving, and expanding quality open space and green/blue infrastructure and play facilities
- sites which support climate change adaptation, such as renewable energy or flood mitigation
- local initiatives for the promotion of active travel and community food growing
- conservation of the natural/built environment
- improvements in the town/neighbourhood centre



How to make a Local Place Plan

An LPP will be lead by a community anchor, in this case Oban Community Council.

It is essential that

- town partners are actively involved - a diverse steering group
- as much of the community as possible are involved/consulted
- Carry out a range of outreach activities to hear opinions on a specific topic. These events will highlight the importance of everyone's contribution to the wider town picture & start them thinking about what that might look like for them. These will be fun & engaging 'hands-on' events & will be essential for reaching out to a broad spectrum of the community & will point people towards a shop front where the bigger conversations will take place.



How to make a Local Place Plan

A shop front is planned and this will be a welcoming space with drop in hours where existing plans of the Council & other major land holders/service providers will be displayed in a very visual & engaging way.

We believe this is an essential aspect to foster consideration of the town, its facilities & environment as a whole.



How to make a Local Place Plan

Creating an LPP is not a small undertaking; it's essential that partners come together to enable a high degree of consultation within a community the size of Oban.

Given the scale of consultation required for an LPP, it makes sense to widen the conversation to include other issues the town is facing & provide a complete picture that can be used to create a **Community Action Plan (CAP)**.

A community action plan becomes a framework for implementing the activities that are decided by the community itself & provide a solid evidence base for future funding applications.



Cost

It's estimated that the combined cost of these plans will be around £35k.

The funding includes the write up of the documents which must be done by a consultant & in accordance with the Planning Act (Scotland) & National Planning Framework. To pay for rent and the dressing of a shop front and outreach/consultation events.

Funding applications have already been submitted with others in the pipeline.



How you can help

If you think you might like to join the steering group helping to determine the best way to reach out to the community we'd love to hear from you.

If you'd like to help fundraise, act as a PR manager, or
Please get in touch!

Request partners provide a short description of who you are & what you do so these can be displayed in the shop front, helping to create a holistic image of the town.

Reach out to other Community Councils to ensure a cohesive area plan.

obancommunity@gmail.com



Luing Community Council - Climate change action and flood risks to housing

Report from Luing Community Council (LCC) to Oban, Lorn and Isles Community Planning Group Meeting, November 8th 2023

Coastal flooding at Cullipool

Following collapse of the boulder wall protecting the shore and houses in Cullipool Conservation Village, a report produced for the Isle of Luing Community Trust (IoLCT) by the University of Glasgow's Dept of Geographical and Earth Sciences recommended a number of management options in the light of climate change scenarios. The recommended first step, to repair the boulder wall, is underway in two phases. Phase 1, the repair of the northern end, was completed in June 2023 at a cost of c.£32,000, 80% funded by Historic Environment Scotland (HES) topped up with community contributions. The second phase, repair of the southern end, is estimated at £60-70,000. Funding is being sought from HES and Argyll & Bute Council's Coastal Adaptation Fund, topped up if needed by a crowdfunding campaign. The second phase work is anticipated to be undertaken in 2024. Further actions to limit erosion at Cullipool are required, most importantly annual beach replenishment. If the forthcoming planning application for the IoLCT's small-scale slate project is approved, the rock from the initial excavation will be moved to the beach and quarried slate spoil will be used for the beach nourishment annually.

Other flood risks to housing on Luing

On two occasions recently there has been flooding of houses in Cullipool Conservation Village caused by water draining off farmland above the village. After the first flood in Cullipool, the slate-lined culvert through the village was manually dug out by community volunteers and surrounding vegetation was cut back. This failed to prevent more serious flooding of houses during the heavy rains of early October, water sweeping down from the field above the village, overflowing the water channel and culvert and flooding into several houses. A similar problem of flooding has occurred in Toberonochy Conservation Village, water coming down from fields to the west of the settlement into the centre of the village, possibly exacerbated by two new building plots. Flood water was following the road and finding a path to the sea through private properties. Existing drainage measures are not coping with the increased flooding risks.

Luing community is willing to help in any way it can, but it lacks the technical know-how to assess current and future risks and identify appropriate solutions. In the first instance, technical advice is needed to identify the source of the problems, assess the flooding risks and recommend remedial actions to prevent future flooding.

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Progress Report on ABCan Regional Hub for Climate Change

The consortium of ACT, TSI and Time for Charge submitted the application for the Climate Hub and presented to the Scotgov Advisory Board on Friday 27th October. See Ppt.

We expect to hear of our success later in November.

We have applied for funding for four part-time posts, one for each of the four administrative areas. ACT will supply day to day support, TSI, ICT and secretariat assistance and TfC assist as needed.

The intention is to build a strong network and form a steering group, again with representation from each area.

This bid is for funding until March 2024 and funding for 2024-25 is expected to be secure.

As this is hopefully fast moving ABCan will use this circulation to inform on the next stage and as platform to recruit organisations to the hub.

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A&B Climate Hub





Argyll & Bute



- 23 islands inhabited by 17% of the population
- 20% of Scotland's coastline (4000 miles) of which 84% will be eroding by 2040
- 43% live *remote rural*
- 27% over 65
- 45% in fuel poverty

A&B Climate Action Network

Oban, Lorne & the Isles

GRAB Trust
ALI Energy
Isle of Coll
Lismore CC

Helensburgh & Lomond

Helensburgh CC
Uniform Bank
ECO Church
Cardross CC
Plastic Free Helensburgh

Mid Argyll, Kintyre & Islands

Community Development
Argyll & Bute Council
Community Planning Partnership

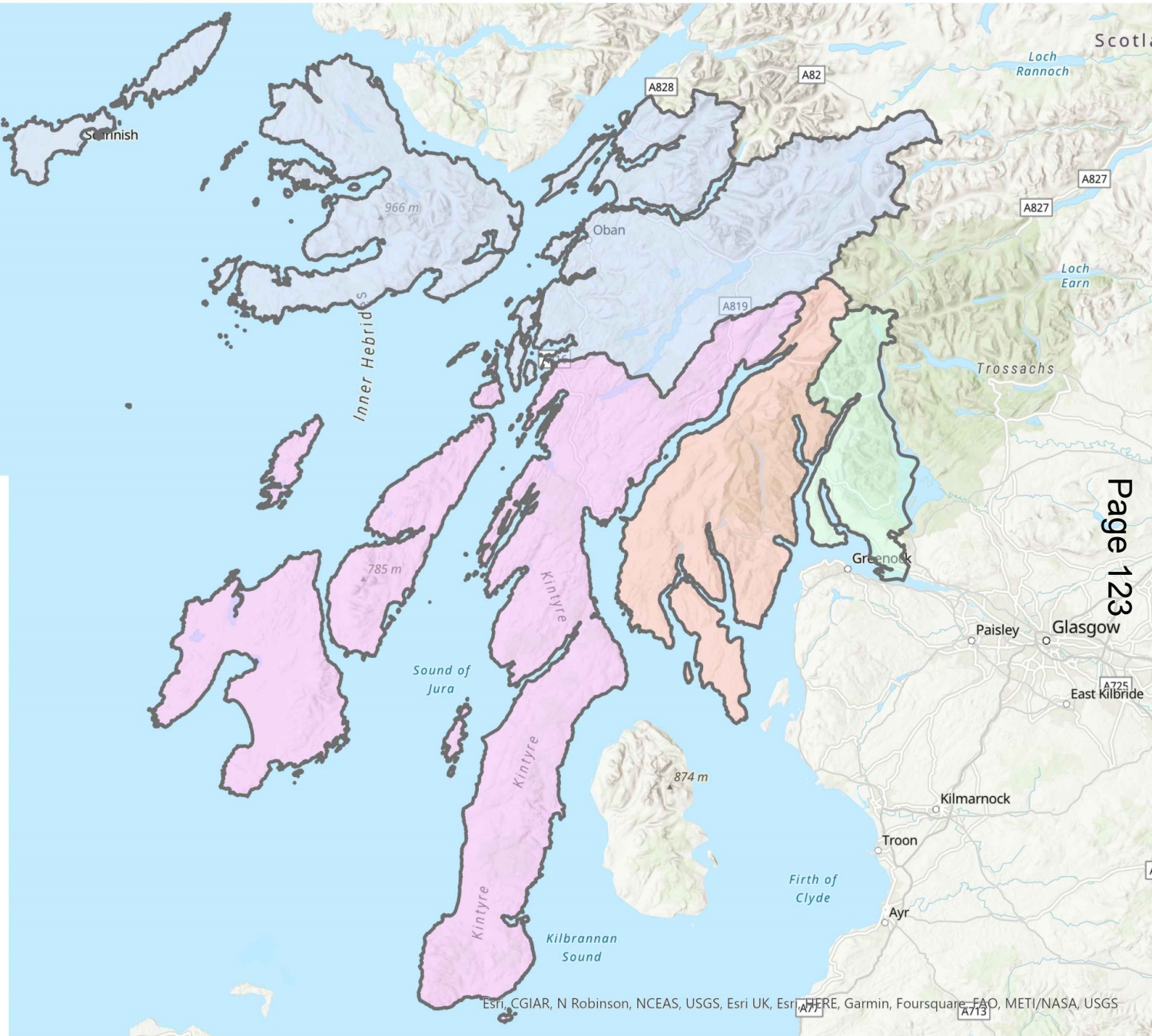
Bute & Cowal

Dunoon Community DT
Fyne Futures
Grow Food Grow Dunoon
Shaping Places for Wellbeing
South Cowal Community Enterprise



A&B Hub Delivery Outputs	ACT coordinator & hub staff	ABTSI	TfC
4x Hub launch	*	*	*
Climate Cafes	*		*
Climate Assembly	*	*	*
4x Climate Literacy training	*		
Grow A&B Network	*		
Drop-in sessions	*		
Staff training	*		
External networking	*	*	*
Seed funding: Mechanism: Delivery:		* *	

-  Helensburgh & Lomond
-  Mid Argyll, Kintyre & Isles
-  Cowal & Bute
-  Oban, Lorne & Isles





act now. enjoy forever.

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