

# Coll Health and Social Care Needs Assessment 2022



**ARGYLL & BUTE PUBLIC HEALTH INTELLIGENCE**

**“The time and effort spent by the collaborative group has been transformative for our community. The survey and needs assessment will inform the Community Council in ways which have been missing from other consultations. The work has been carried out in good faith and the value of genuine collaboration rather than a broad brush approach from a distance, is much appreciated”**

*Coll Community Council*

# Foreword

As Chief Officer of Argyll & Bute Health & Social Care Partnership I am delighted to introduce Coll Health and Social Care Needs Assessment.



Coll Collaborative Working Group was established in 2022 to work in partnership with the community and other stakeholders, to assess the level of health and social care need on Coll, and to agree a redefined model of service delivery to appropriately meet the needs of the community. Whilst we are aware of the challenges of delivering services to our remote and island communities, this piece of work further contributes to our understanding specifically for Coll residents, including information relating to wider determinants of health and residents' needs and aspirations.

The areas identified within this needs assessment are broad and many are outside of the direct responsibility of Argyll and Bute HSCP. Improvements in the experiences of Coll residents have the potential to be achieved through actions taken by different people, organisations, and groups; actions can be undertaken by the community on Coll, by partner organisations and within Argyll and Bute HSCP. In practice, all actions might need or benefit from partnership working; coproduction is a strategic priority of Argyll and Bute HSCP. In line with this, Argyll and Bute HSCP can:

- Continue to build on the relationship established between Argyll and Bute HSCP and Coll residents through the Community Council.
- Work with and build on existing community assets e.g. Coll community centre and the supportive community.
- Work in partnership to make changes and improvements.
- Develop priorities for action within Argyll and Bute HSCP, improving quality, reducing waste and focusing on value to service users.

Thank you to colleagues and partners for their work and contribution to the needs assessment and the community for their engagement in Coll Community Survey.


**Fiona Davies**

Chief Officer, Argyll & Bute Health and Social Care Partnership

## Accessibility

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

## Contact us

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## Acknowledgements

To inform the work of Coll Collaborative Working Group, Dr. Nicola Schinaia (Consultant in Public Health Medicine, NHS Highland) brought together Dr. Jelte Danhof (salaried GP working at Coll Medical Practice) and Dr. Sarah Griffin, Argyll and Bute HSCP (working within Public Health Intelligence) to plan and execute the this needs assessment. Lynsey Gates (Data Assistant with Argyll and Bute HSCP Public Health Intelligence) provided support with data analysis, survey design and data inputting. Carolyn Hunter-Rowe (NHS Highland Public Health Intelligence Manager) oversaw the finalisation of the work.

Kirsty MacKenzie (Argyll and Bute Carers Act Implementation Officer) designed the section of the survey around breaks for unpaid care. Kirsty MacKenzie and Alison Ryan (Argyll and Bute HSCP Service Planning Manager) carried out distribution of the survey, supported by Jane Metcalfe on Coll, and provided survey support to residents in person. Julian Senior (Secretary, Coll Community Council) provided support with planning and promoting the survey.

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Emma Mason supported production and formatting of the final document.

Cover photos kindly provided by Tony Oliver, Coll Digital: [colldigital.co.uk](http://colldigital.co.uk) [visitcoll.co.uk](http://visitcoll.co.uk)

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# Introduction

Argyll and Bute Health and Social Care Partnership (HSCP) aims to commission and deliver services that improve the physical and mental health and wellbeing of individuals and communities and reduce inequalities. This is embedded within the national health and wellbeing outcomes<sup>1</sup> and in the overall vision within the HSCP Strategic Plan (2022-2025)<sup>2</sup> that: *People in Argyll and Bute will live longer, healthier, independent lives.*

The requirement for the HSCP to take into account the needs of the population and service-users is embedded with the Public Bodies (Joint Working) (Scotland) Act 2014<sup>3</sup>. Under the Islands (Scotland) Act 2018<sup>4</sup>, the HSCP is required to have regard to island communities. The HSCP strategic plan sets out a clear commitment to developing an Islands' Plan and to undertake a health and social care needs assessment for Coll. It contains 4 overall priorities:

- *Choice, control and innovation*
- *Prevention, early intervention and enablement*
- *Living well and active citizenship*
- *Community co-production*

Argyll and Bute HSCP recognises that there are challenges in accessing some health and social care services from Coll and that there is likely to be unmet need for support for unpaid carers. Argyll and Bute HSCP established Coll Collaborative Working Group in 2022, working alongside partners, including community representatives from Coll. The aim of the group is to: *Ensure and plan for a high quality, person centred, sustainable and affordable integrated health and care service (in & out of hours) for the Isle of Coll population.*

The Coll Collaborative Working Group commissioned this needs assessment (NA) for health and social care services for the Island of Coll to inform delivery of their aim. The remit for the NA specifically included consideration of health and social care services across the life course, and evidence for any changes over time. The approach taken viewed health and social care needs in the context of the wider social determinants of health<sup>5</sup>.

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<sup>1</sup> <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

<sup>2</sup> <https://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/Pages/JointStrategicPlan2022-25.aspx>

<sup>3</sup> <https://www.legislation.gov.uk/asp/2014/9/contents/enacted>

<sup>4</sup> <https://www.legislation.gov.uk/asp/2018/12/enacted>

<sup>5</sup> <https://www.scotphn.net/wp-content/uploads/2017/02/HH-Appendix-4-A-guide-to-public-health-1.pdf>

# Methods

A NA takes a systematic approach to assessing need and includes consideration of the wider determinants of health and wellbeing including socioeconomic, cultural and environmental factors. Needs can be defined and assessed in different ways. Bradshaw<sup>6</sup> identified four different types of need:

- Perceived/Felt need: need perceived by an individual or community
- Expressed need: felt need turned into action (help seeking)
- Normative need: defined by experts (may not be felt)
- Relative need: e.g. the gap between the level of service between similar communities

Methods of assessing these needs include:

1. engagement with individuals and communities (felt needs)
2. engaging with stakeholders and staff delivering services (normative needs)
3. measurement of the number of people seeking and accessing health and social care services (expressed needs)
4. comparative approaches looking at differences between communities or time periods (relative needs)

Needs can also be usefully defined as “the capacity to benefit from services”<sup>7</sup>. This emphasises identifying needs that can be addressed by the health and social care partnership in its commissioning processes, delivering services that contribute to the nine health and wellbeing outcomes. In this NA, broader health and social care needs are considered, recognising the wider, social determinants of health. It is not possible for the HSCP to solve some of the issues raised in isolation; the need to work in partnership with communities and other organisations to deliver better outcomes is recognised with the HSCP strategic plan, particularly within the priority of ‘Community co-production’. Although broad, an assessment of normative need (defined by experts) was not included in this NA.

The assessment of needs as described can be considered to be a deficits-based approach<sup>8</sup>. Deficits-based approaches have been criticised because they tend to have a negative view

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<sup>6</sup> Bradshaw, J. (1972) A Taxonomy of Social Need. In: McLachlan, G., Ed., Problems and Progress in Medical Care: Essays on Current Research, 7th Series, Oxford University Press, London, 70-82.

<sup>7</sup> [https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/docs/HSCP\\_NA\\_031014.pdf](https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/docs/HSCP_NA_031014.pdf)

<sup>8</sup> Morgan A., Ziglio E. (2007) Revitalising the evidence base for public health: an assets model. Promot Educ. Supplement 2, pp17-22

of communities. In contrast, the Marmot review recommends that people and communities are empowered<sup>9</sup>. Therefore this NA also considers the assets which promote good health and wellbeing within Argyll and Bute<sup>10</sup>.

The Argyll and Bute HSCP 2019 Joint Strategic Needs Assessment formed a starting point for this work and this highlighted, for Coll and its population:

- Remote and rural location
- Demographic change
- Cost of living and fuel poverty

With a population of around 200 people, Coll represents a relatively small population for which to obtain information, smaller than the datazone which is used to publish statistical information in Scotland. Publicly available sources of information, internal sources of information and data provided by Public Health Scotland were explored, using GP practice registration and Coll postcodes to identify information relevant for Coll.

To address the gaps in the information available and to engage with the population of Coll, 'Coll Community Survey – 2022' was designed and undertaken. The full results of this survey are published in a separate document and this report draws on the feedback alongside relevant data.

This needs assessment is divided into:

- A summary of the evidence collated
- An assessment of health and social need for the population living on Coll
- Evidence (presented by topic):
  - Situation
  - Demographics
  - Deprivation and cost of living
  - Housing
  - Health and wellbeing
  - Service provision and use

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<sup>9</sup> <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>

<sup>10</sup> <http://www.assetbasedconsulting.co.uk/uploads/publications/WMUH.pdf>



The process of needs assessment can be viewed as cyclical, and we acknowledge that this work may highlight further questions and gaps, needing specific or further work to be undertaken.

## Acronyms

<b>Acronym</b>	<b>Description</b>
<b>AHP</b>	Allied Health Professional
<b>CHI</b>	Community Health Index
<b>ECCT</b>	Extended Community Care Team
<b>HSCP</b>	Health and Social Care Partnership
<b>NA</b>	Needs Assessment
<b>NRS</b>	National Records of Scotland

# Summary of evidence

## Situation and transport

- Coll is a very remote and rural, island location.
- Air services to and from Coll are relatively infrequent.
- There are seasonal (summer) increases in ferry passenger numbers from around 1,000 a month in April and September to 2,000 in August (2017 and 2019) bringing many visitors to the island, with reductions in scheduled air and ferry services in winter months.
- Ferry transport on/off island can be difficult to access due to cancellations and diversions, particularly in the winter, and due to difficulties obtaining bookings in the summer caused by high demand.
- It is difficult to leave the island and return within a single day due to both transport links on/off the island as well as public transport links on the mainland.
- There is no public transport on the island leading to need for car ownership or reliance on the community for support with transport, particularly if living out of Arinagour.
- In 'Coll Community Survey – 2022', requirement for travel off the island was highlighted as a key reason for some health and social care services being difficult to access.

## Demographics

- Permanent resident population of 174 people (GP list size, April 2022) with an additional 35 temporary residents reported by the GP practice at May 2022, most of whom are seasonally resident with second homes on Coll.
- The relatively small population size will result in higher fluctuations in many measures due to chance alone.
- High number of incomers from other parts of Scotland and the UK (as evidenced through Census 2011 and house purchases)
- A large demographic shift already taken place on Coll with a reduction in the number of children and those of child-rearing age between 2014 and 2018. The primary school role was 30 pupils in August 2013 but only 6 in August 2021.
- Recent increases in GP list sizes across Argyll and Bute and neighbouring areas have not been observed for Coll.
- The percentage of the GP list sizes aged 75 and over is lower for Argyll and Bute as a whole. There has been an increase in those aged 65-74 over the past 10 years with a

likely increase in those aged 65-74 and those aged 75+ in the next 10 years, if those currently aged 55-64 and 65-74 people choose to stay on the island.

- Mid-year population estimates for the combined area of Coll and Tiree also show an aging population demographic.
- If trends up to 2018 continue, the projected ratio of people of working aged to those older (65+) will decrease significantly from around 1.7 to around 0.9 (people aged 16/64 per person aged 65+).
- An average of < 3 deaths/year have occurred on Coll over the past 5 full years, of which 70% occurred in a home location.
- An average of < 1 birth/year has occurred to Coll residents over the past 5 full years.

### **Deprivation and cost of living**

- Coll (combined with Tiree) is amongst the most deprived areas in Scotland for Geographical Access to services (Scottish Index of Multiple Deprivation 2020).
- Coll and Tiree are ranked amongst the middle small areas (datazones) in Scotland in Scottish Index of Multiple Deprivation 2020, with the proportion of the population estimated to be income deprived lower than the average for Argyll and Bute or Scotland. Average household incomes are estimated to be slightly higher than the Scottish average.
- Deprivation on Coll is likely to be masked within a rural population which is more mixed by socioeconomic status than in urban areas. Experience of deprivation is likely to be worsened by poor access to services, difficulties with housing and higher costs of living.
- Minimum income standards are higher for remote and rural and particularly island populations across Scotland, driven by increased costs of fuel for travel and heating, increased costs of goods and increased need for travel.
- The high cost of travel off/on travel was a key barrier in accessing health and social care services not provided on Coll.
- The Project Trust, a key employer on Coll, has reduced employees following the start of the COVID-19 pandemic.
- Estimated rates of fuel poverty are very high for Coll with an estimated 62% of household fuel poor compared to 12% for Scotland as a whole (These figures are prior to increased cost of fuel in 2022.)
- More than 60% of 'Coll Community Survey – 2022' respondents had reduced their heating due to concerns about money in the past year. Slightly over half of

respondents reported their heating did not always keep them warm enough in winter and, of these, 75% said this was a bit of a problem or a serious problem.

- Access to fixed broadband is poor outside of Arinagour with over 70% of premises in PA78 6TB, in the West, and under 40% of premises in PA78 6TE unable to receive 2 Mbit/s from fixed broadband. A higher proportion meet the Universal Service obligation in the West (PA78 6TB), likely through the use of mobile broadband provision.
- The results of 'Coll Community Survey – 2022' were that a little over 10% of respondents indicated they 'didn't manage very well' or 'had some financial difficulties'.
- Survey results were that around a third of people knew how to obtain information about benefits or financial support; around 20% had reviewed what benefits they may be entitled to in the past year. There was evidence that those with the lowest financial wellbeing are the least likely to access support.
- Survey results highlighted a lack of well-paid jobs as a barrier to working or living on Coll, with people perhaps needing to do more than one job, with some comments that people moving to Coll often had independent means.

## Housing

- There are a high proportion of second or holiday homes on Coll, almost 30% of the potential household units.
- There is high demand on sales from outside the island with average sales prices that are unaffordable to an estimated 92% of households.
- There is a comparatively low proportion of affordable RSL accommodation for rent.
- Ten households in needs are currently waiting for RSL properties with no properties available.
- Survey respondents identified inefficient use of properties which are empty for much of the year and not being used as intended (nurses, doctors and school houses) due to condition of the property or conditions associated with use of the property.
- Lack of availability of housing, and particularly affordable housing, was a key challenge identified in 'Coll Community Survey – 2022' for people coming to Coll to live and work.
- 63% of survey respondents indicated that they had a private water supply. This was noted as a particular issue outside the village of Arinagour.
- 14% of survey respondents indicated that their accommodation was 'Not at all suitable' or 'Not very suitable'. Issues included water supply, internet access, access/stairs, need for repairs or adaptations and difficult to heat.

- A low level of specialist housing provision was identified on Coll with survey results highlighting difficulties with obtaining adaptations due to lack of tradespeople and funding.
- 23% of survey respondents lived in a 1-person household and this rose to around a third in those aged 65+.

### **Health and Wellbeing and provision of unpaid care**

- Survey results indicated that 29% of respondents had a limiting long-term condition, broadly similar to national survey results.
- The type of conditions that are prevalent in the general population are also present on Coll as evidenced through causes of death, GP practice disease registers, use of hospital inpatient and outpatient services and prescribing data.
- Prevalence of a limiting long-term conditions increases with increasing age.
- There are higher or lower rates of specific conditions by chance, due to the relatively small population size.
- The proportion of adults providing unpaid care (estimated to be 17% of adults in Coll Community Survey - 2022) was similar to for Scotland as a whole.
- Approximately 30% of unpaid carers received breaks as often as they felt they needed.
- Difficulties accessing short breaks for unpaid carers included availability of carers, cost and insufficient information.

### **Health and Social Care service provision and use**

- GP services, GP out of hours care, community nursing and home care/supported living are funded and directly provided on Coll.
- Midwifery, health visiting and school nursing are provided from Oban teams.
- Allied Health Professionals (AHPs) generally provide service through visiting from Oban. An exception is a Musculo-skeletal physiotherapy service has been available on Coll.
- Social care services accessed on Coll are Telecare as well as home care, supporting living and respite at home, sometimes organised through Direct Payments.
- Internal home care as well as services provided by external homecare providers (Carr Gomm and Careplus) have been used.

- Health and Social care may sometimes be provided by team on Mull, Tiree or further afield, as well as from Oban.
- Nursing (when available on Coll), Physiotherapy, Mental Health services and Occupational Therapy were community services accessed by the most people.
- A wide range of services are accessed by residents but numbers accessing any service fluctuate considerably from year to year.
- A broad range of outpatient specialities are accessed from Coll, with around 50% of appointments in Oban, 40% in the Greater Glasgow and Clyde area (including the Golder Jubilee) and 10% occurring on Coll. Chiropody/podiatry (from 2019/20) and General Psychiatry (Mental Illness) specialities were accessed on Coll.
- There have been an average of 30 A&E attendances per year in recent years from Coll residents, 77% of these were in Oban.
- An average of eight helicopter call-outs occur from Coll, some of which are for visitors to the island.
- A broad range of inpatient and day case specialities are accessed from Coll with the majority of day cases being in the Greater Glasgow and Clyde area and therefore requiring an overnight stay. Approximately 60% of emergency admissions were to Lorn & Isles hospital, Oban. Planned inpatient stays were more likely to be to the GGC area.
- The numbers accessing each specialty for inpatient and day case stays and outpatient appointments varies considerably from year to year.

### **Survey feedback regarding access to health and social care services**

- Services not available on Coll were most likely to be rated as 'Difficult to access'.
- Difficulties with accessing services on the mainland included time, cost, need or overnight stays, loss of earnings, availability and reliability of transport services and the organisation required.
- There was particular frustration expressed where services used to be available and have been withdrawn i.e. dentistry and optometry.
- There was additional difficulty as expressed with availability of NHS dentistry in Oban.
- There were mixed responses where sometimes services were available on island and sometimes not (e.g. due to waiting times, fragility with staffing the provision, lack of availability of some prescriptions from practice)
- Over half of respondents (56%) visited the mainland 4 times a year or more to access health services.
- Impacts of the difficulty with access to health services included:

- Inconvenience (78% respondents)
- Over half (53%) report a negative impact on health and/or wellbeing
- Almost half (47%) indicated a service was not accessed at all
- Telecare was most likely to be rated 'Easy to Access' out of social care services.
- Social care services were less likely to be accessed off of Coll.
- Where social care services were 'Difficult to access' which was indicated by all those providing feedback about respite care, night care, learning disability services, housing adaptations care home placements as well as many for other services, the impact included:
  - Negative impact on health and/or wellbeing (40% of those who rated services)
  - Service was not accessed at all (50% those who rated services)
- Additional difficulties with accessing services on Coll included lack of public transport and childcare on Coll, poor internet access and cost of fuel on Coll and, for some, remote appointments.
- Feedback regarding what made services easy to access included local provision, flexibility with mainland appointments, certainty of provision, online/telephone appointments to save travel, and a direct number to contact services.
- Assets for health and wellbeing on Coll included
  - Medical practice and services (ease of appointments and 24 hours service)
  - Community
  - Friends/family/neighbours
  - Community Hall, community gym, exercise classes
  - North Argyll Carers Centre worker
  - Online access - activity classes/shopping
  - Deliveries from shop
  - Social activities, lunch club, U3A
  - Natural environment/beaches
  - Homegrown food/allotment

# Assessment of Needs and Assets

Coll has strong assets including:

- an active, caring and supportive community
- a medical centre providing:
  - 24 hours out of hours
  - a dispensing service
  - fast access to medical care
- access to the natural environment
- a modern community centre (as well as post-office, shop and primary school)

The following are areas where there is evidence that improvements to residents' experiences could be achieved. Many of these cannot be achieved by Argyll and Bute Health and Social Care Partnership through delivery of health and social care services and require working with partners and the community. They are themed according to the main areas within this report and also draw further on suggestions within 'Coll Community Survey – 2022'

## Remote location

- Lower cost of travel for mainland appointments.
- Make available affordable accommodation for mainland appointments.
- Create reliable and bookable travel off and on the island, particularly for emergency appointments or those at short notice.
- Provide additional service capacity for the increased population in summer months.
- Establish community/public transport around Coll.

## Demographic changes

- Maintain/increase people living and working in health and social care roles on Coll.
- Enable increase in provision of palliative care.
- Meet likely increase in demand from increasing number of older people.
- Encourage families to live and work on Coll e.g. childcare and playpark.

## Deprivation

- Make information and support for financial wellbeing more accessible.
- Provide support to ensure properties become more energy efficient.
- Lower the cost of living on Coll e.g. through reduced freight charges.
- Improve employment terms, conditions and remuneration.



- Improve broadband access, particularly where Universal Service Obligation is not met.

## **Housing**

- Increase affordable housing provision.
- Ensure existing properties in ownership by public bodies are used effectively.
- Increase the supply of drinking water outside Arinagour.
- Ensure those living who may be isolated, e.g. living alone, can fully access community events and provided services.
- Consider current and future need for specialist housing provision.
- Ensure those with unsuitable housing can access improvements or alternative provision on Coll.

## **Health and wellbeing and provision of unpaid care**

- Ensure information regarding service provision and wider support, including for unpaid carers and those with long-term conditions, is easy to access.
- Ensure those with long-term conditions or providing unpaid care can easily access specialist support.
- Ensure unpaid carers can receive short breaks from their caring role.

## **Health and Social care service provision**

- Ensure island-based services are sustainable and well-supported within wider teams, therefore providing appropriate cover and the ability to meet fluctuating demand.
- Increase alternatives to mainland trips e.g. use of telephone and online appointments
- Provide clear information regarding service availability.
- Ensure all primary care services can be accessed easily, including pharmacy and dentistry.
- Improve access to housing adaptations.
- Ensure that mainland services are well-informed regarding difficulties accessing services from Coll and that services, no matter where they are delivered from, can work together to reduce requirements for multiple visits off Coll.

# Evidence

## Situation and transport

### Location

Coll is a Hebridean island within Argyll and Bute Council area, located West of Mull (Map 1)<sup>11</sup>. It is accessed by boat or plane, with a ferry service provided by CalMac Ferries Limited to and from Oban (along with Tiree and Barra) and flights timetabled by Hebridean Air Services Ltd to and from Oban (as well as the islands of Coll, Tiree and Islay). Ferries are timetabled once a day in summer and, except for one day a week, require an overnight stay on the mainland before return to Coll. Winter timetables are more limited and do not allow travel to the mainland and back in a day. Summer flights from Hebridean Air Services only allow travel on certain days of the week with one day allowing a few hours in Oban before a return flight on the same day. Again, the winter service is more limited. Timetables are provided in Appendix 1.

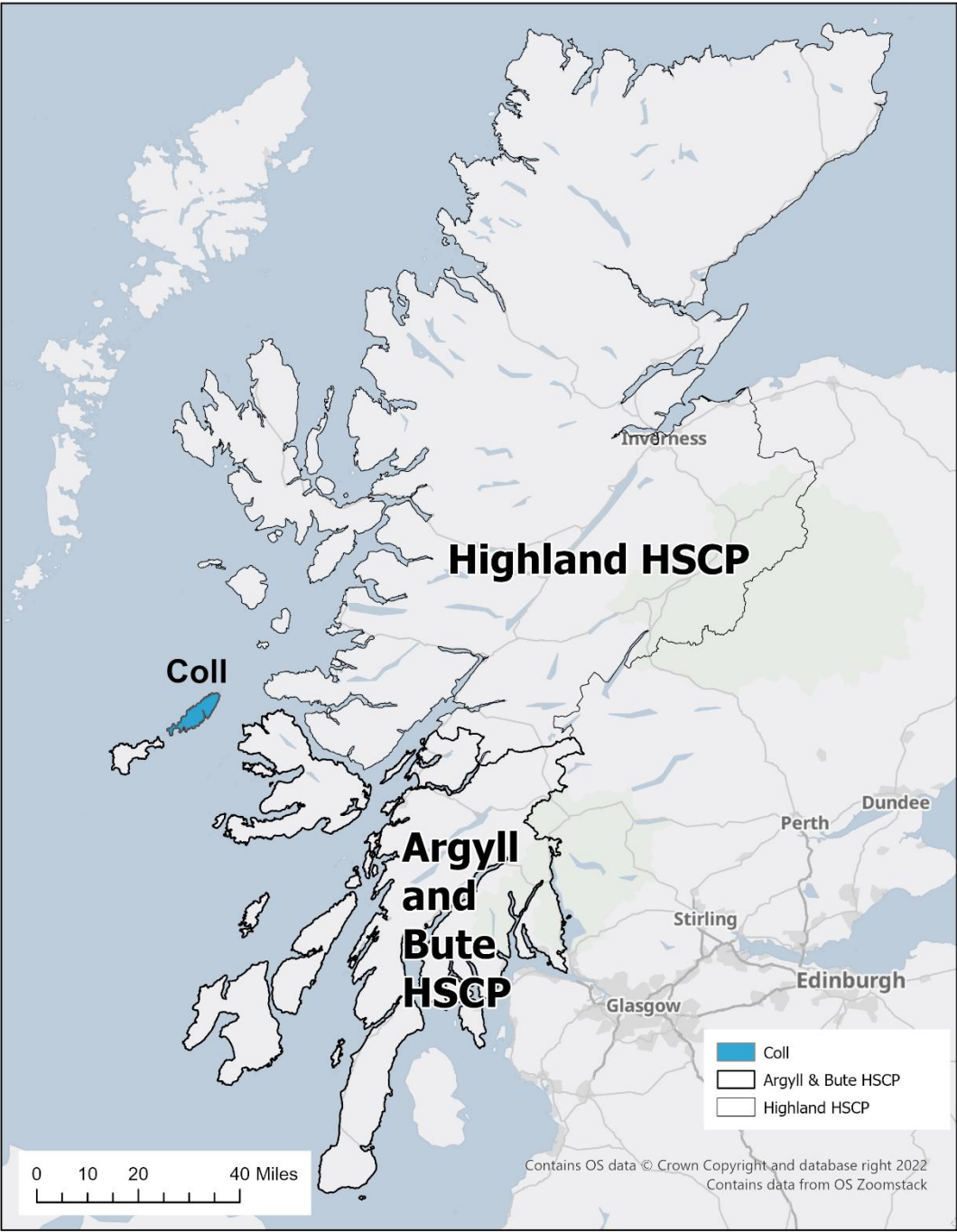
The whole of the PA78 6 postcode sector, which covers Coll, is classified as 'Very Remote Rural' in the Scottish Government 8-fold Urban/Rural classification<sup>12</sup>. Very Remote Rural areas are defined as "Areas with a population of less than 3,000 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more." The ferry journey between Coll and Oban takes 2 hours 45 minutes.

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<sup>11</sup> <https://visitcoll.co.uk/about/>

<sup>12</sup> <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/>

**Map 1. Coll's location in relation to Argyll and Bute HSCP, Highland HSCP and the Western Isles**



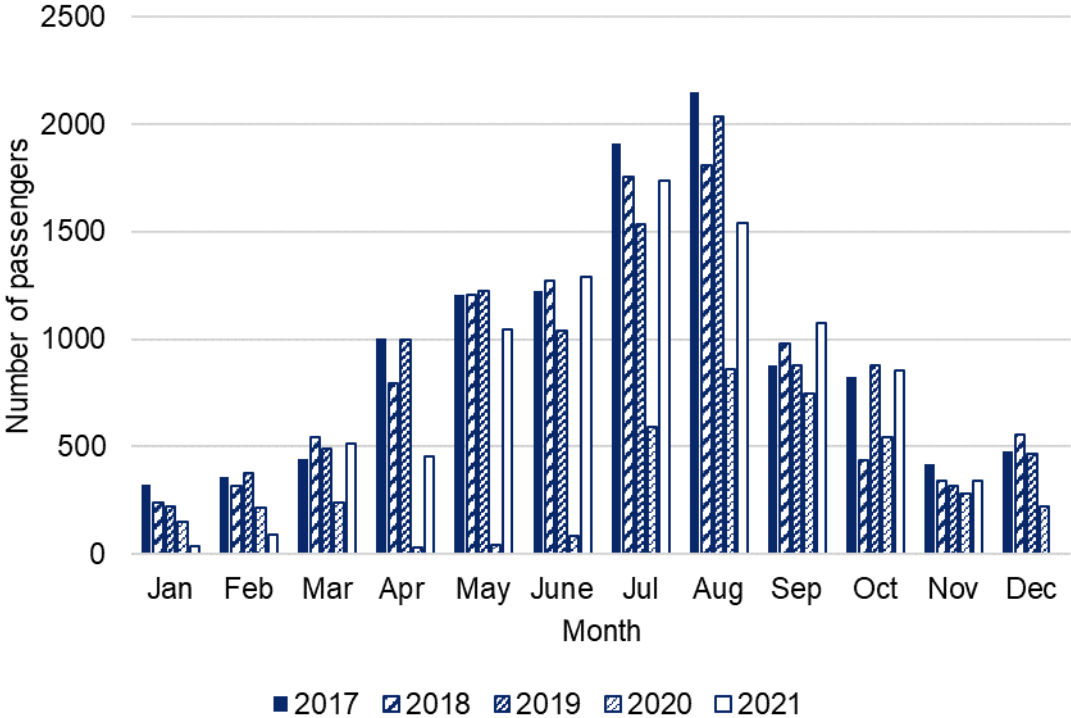
Source: NHS Highland Public Health Intelligence Team

**Ferry transport**

The number of passengers arriving at Coll by ferry over the past five years was provided by Calmac (Figure 1, Appendix 2). Arrivals were lower in 2020 due to the COVID-19 pandemic

but largely recovered in 2021. There were over 1,000 arrivals a month throughout May to September 2021, higher than in the winter. This likely represents increased visits off island from residents but also increased visitors to Coll in summer months.

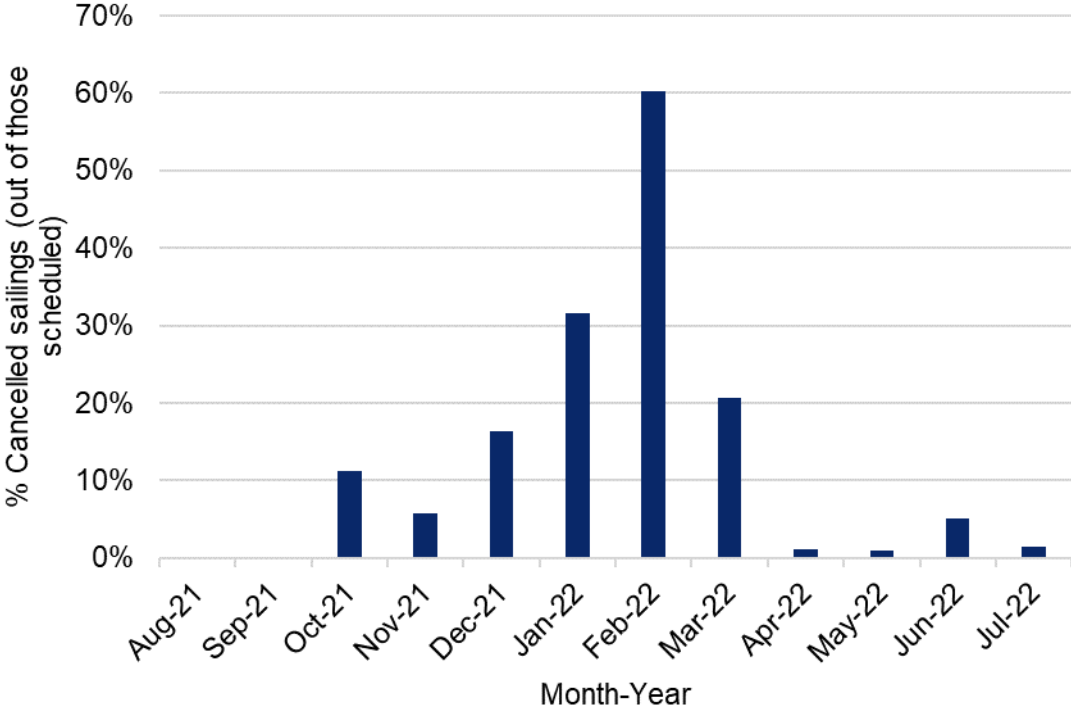
**Figure 1. Number of passengers arriving at Coll by Ferry**



Source: Provided by Calmac. See also <https://www.calmac.co.uk/corporate/your-carrying-statistics>  
 Note data from December 2021 were not provided.

Performance statistics published by Calmac for the year from August 2021 to July 2022 show a high proportion of cancelled sailings in Winter 2021/22, with 60% of scheduled sailings cancelled in February 2022 (Figure 2). Data on ‘Relief Events’ suggests that many of these cancellations were somewhat out with Calmac control and could be due to bad weather, in accordance with safety procedures, delays due to the unavailability or operational restrictions of harbour facilities or having to wait for the arrival of other public transport connections (Appendix 2).

Figure 2. Percentage of cancelled sailings on the Oban to Coll/Tiree route by month for the year to July 2022



Source: <https://www.calmac.co.uk/corporate/route-performance>

## Overview - Census 2011

The 2011 census took place over 10 years ago and despite being older data, it provides richness of information for Coll separate from Tiree<sup>13</sup>. Tables contained the information summarised below are provided in Appendix 3.

- Coll had a lower than average proportion of the population aged 65+ (14% compared to 16% in Scotland as a whole and 21% for all inhabited islands).
- Coll had a high proportion of second residences or holiday accommodation (36% of household spaces compared to < 2% in Scotland as a whole and 10% for all inhabited islands.)
- Compared to Tiree, the rate of Gaelic understanding was relatively low on Coll (85% of those aged 3+ had no Gaelic language skills compared to 77% for all inhabited islands and 55% for Tiree).
- A relatively high proportion of the population of Coll identified as 'White: Other British' (36% compared to 8% for Scotland as a whole and 15% for all inhabited islands).
- Coll had a slightly higher proportion of the population identifying as an unpaid carer (12% compared to 9% in Scotland as a whole and 10% for all inhabited islands).
- Coll had a higher proportion of people employed within 'skilled trades occupations' and a lower proportion of those in 'sales and customer service occupations' than Scotland as a whole.
- In terms of the industries in which people were employed, there were a higher proportion of people employed in 'Agriculture, forestry and fishing' than in Scotland and a high proportion in 'Accommodation and food service activities'. There was a lower proportion of people in 'Wholesale and retail trade, repair of motor vehicles and motorcycles' than in Scotland as a whole. In 2011, there was also a higher proportion in 'Human health and social work activities' than in Scotland as a whole.

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<sup>13</sup> <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

# Demographics

## GP practice population

Coll Medical Practice, in Arinagour, has the standard, nationally negotiated 17J contract and is a dispensing practice. It sits within NHS Highland GP practice cluster 2 which also includes the practices based on Colonsay and Tiree. Combined with Mull and Iona, these islands form those that are most remote from the mainland within the locality of Oban, Lorn and the Isles (OLI).

Coll GP register size, as published by Public Health Scotland (PHS), was 174 people at 1<sup>st</sup> April 2022. This register size does not include people who are temporary residents of Coll, including those who may have second homes on Coll and who may stay on the island for months at a time and those who are visiting. The practice reported a register size of 209 people at 25<sup>th</sup> May 2022, 35 higher than published by PHS for 1<sup>st</sup> April.

The GP register size for Coll medical practice over time was obtained from the Community Health Index (CHI): Practice Registration File - NHS Highland April 2022<sup>14</sup>. The practice register size has decreased by 10 people since April 2006 (Table 1). This summary masks the increase in register size to 239 people at 1<sup>st</sup> April 2014, and a sharper decrease between 2014 and 2018 after which the register size has been more stable (Figure 3).

Unlike for Coll, the practices on Tiree, Colonsay and Mull & Iona have seen increases in register sizes since 2006, although this has been largely from the past two years for Tiree (Figure 4). Practices with relatively small list sizes show more variation in list size compared to larger practices, with a relatively small number of people corresponding to a relatively large percentage of the population. For Argyll and Bute as a whole, the percentage population change has been smaller than for the island practices. Viewing the change in numbers of people in Figure 5 shows that the GP practice register size in Argyll and Bute has decreased overall, but has shown an increase since 2020.

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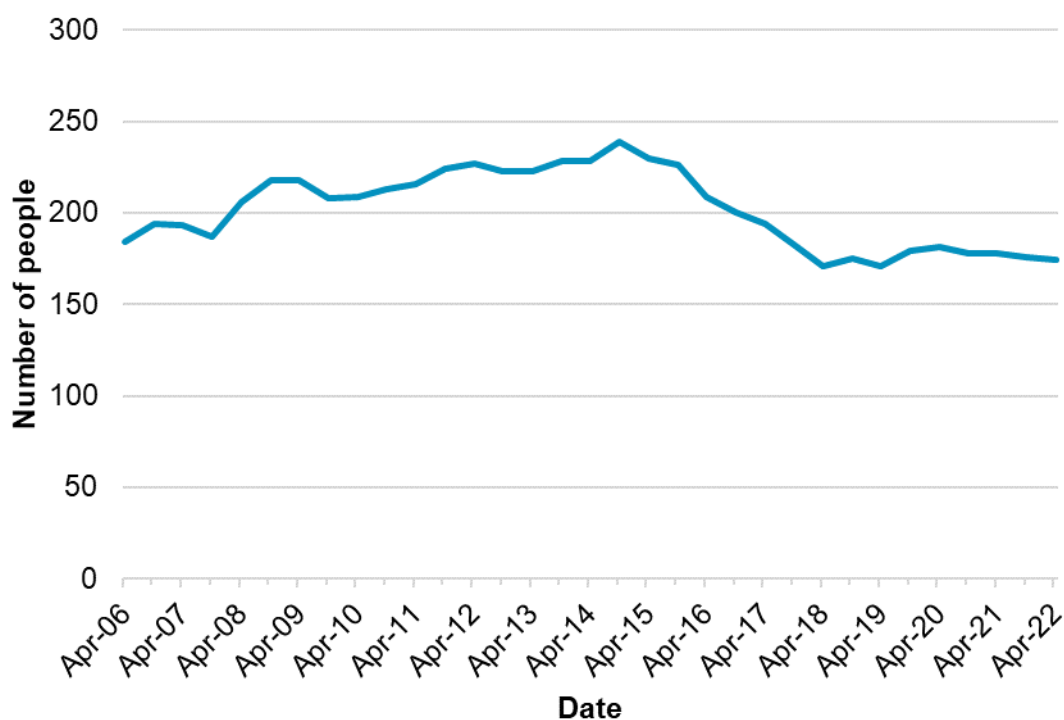
<sup>14</sup> This file is updated with new data in April and October and data may differ slightly from historical data published by PHS which is updated as new information becomes available.  
<https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/FAQ/>

Table 1. GP practice register size for selected practices at 1<sup>st</sup> April 2006 and 2022.

	Number of people			Percentage since 2006
	01/04/2006	01/04/2022	Change since 2006	
<b>84097 Coll Medical Practice</b>	184	174	-10	-5.4%
<b>84805 Tiree Medical Practice</b>	716	756	40	5.6%
<b>84129 Colonsay Surgery</b>	124	140	16	12.9%
<b>84538 Mull &amp; Iona Medical Group</b>	3,031	3,487	456	15.0%
<b>Argyll and Bute practices</b>	89,636	89,428	-208	-0.2%

Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022  
[Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

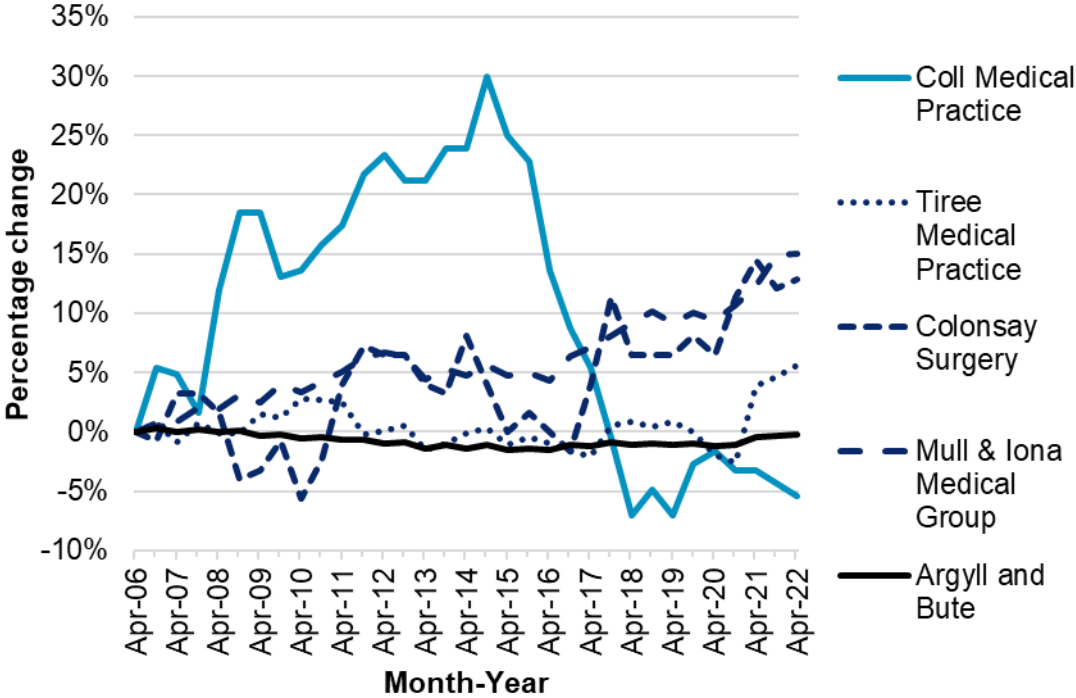
Figure 3. Coll medical practice register size from 1<sup>st</sup> April 2006 to 1<sup>st</sup> April 2022



Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022  
[Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

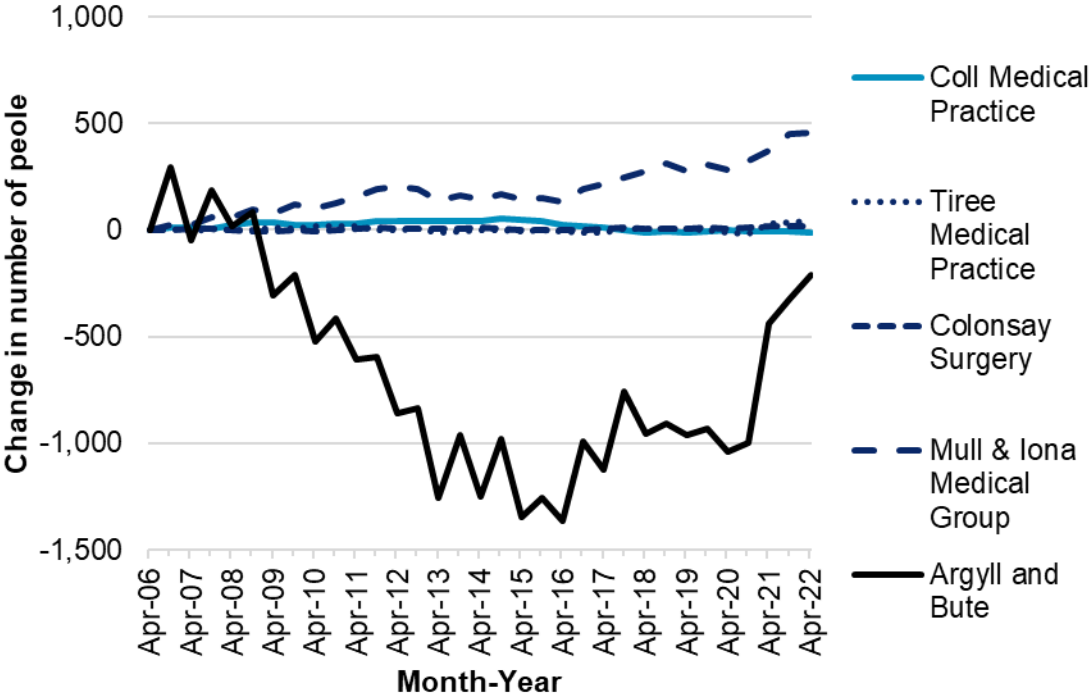


Figure 4. Percentage change in GP practice list size from 1<sup>st</sup> April 2006 to 1<sup>st</sup> April 2022



Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022 [Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

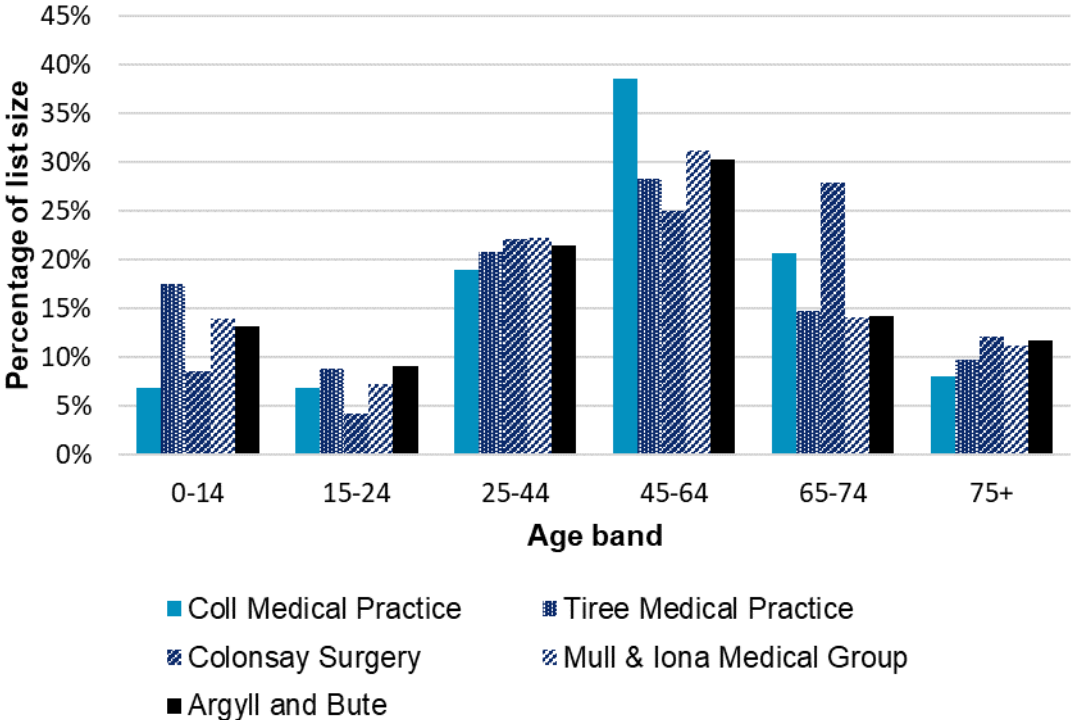
Figure 5. Absolute change in GP practice list size from 1<sup>st</sup> April 2006 to 1<sup>st</sup> April 2022



Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022 [Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

The overall proportion of the selected GP practice sizes, by age band, shows a relatively small proportion of those aged under 15 and 75+ registered on Coll and a higher proportion of those aged 45-64 and 65-74 compared to other areas (except Colonsay, which has a higher proportion aged 65-74; Figure 6). The proportion aged 75+ on Coll (and on Colonsay) could increase relative to other areas in the next 10 years, due to the relatively high proportion of those aged 65-74.

**Figure 6. The proportion of GP practice list size by age band (April 2022)**

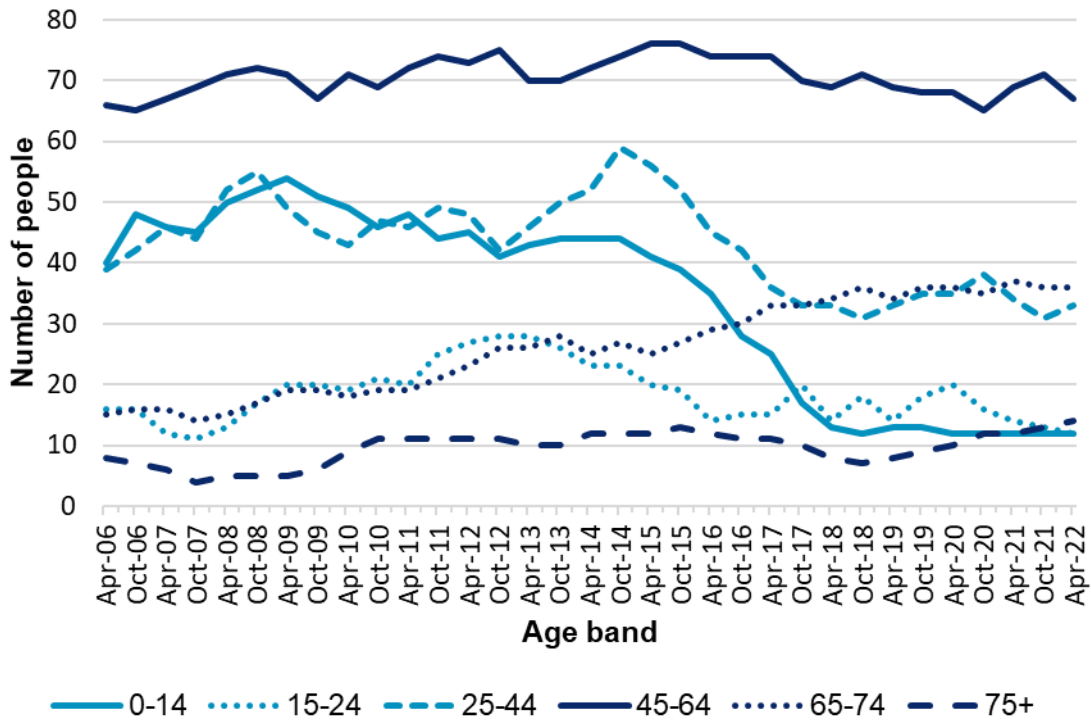


Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022 [Public Health Scotland \(PHS\), Community health Index \(CHI\), Unique Patient Identifier \(UPI\)](#)

Over time, the number of people on the Coll Medical Practice register, by age band, is shown in Figure 7. Coll experienced a decrease in those aged 0-14, alongside a decrease in those aged 25-44, between 2014 and 2018. Since 2006, the number of people aged 65-74 has steadily increased. The percentage of those aged 65+ on Coll Medical Practice register, since 2006, has increased more steeply than for Argyll and Bute as a whole (Figure 8).

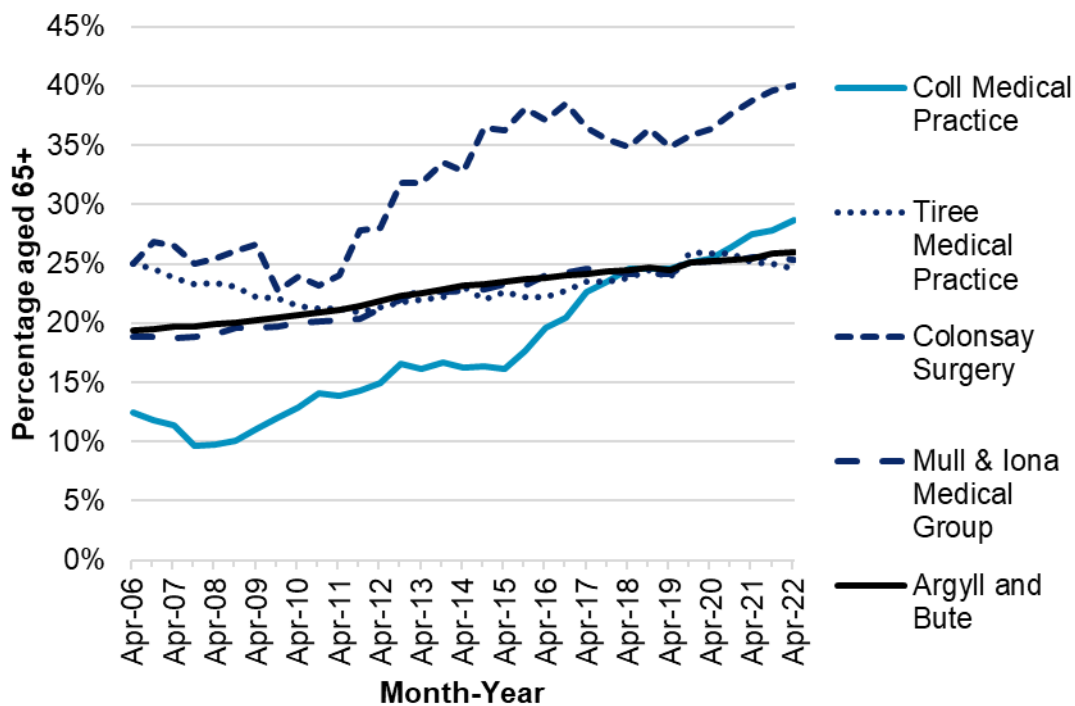
The change in Coll Medical Practice register age demographic since 2012 is also visualised in Figure 9 which shows a decrease in those aged under 25 but also in those aged 35-44 and 45-54, alongside the increase in those aged 65-74.

Figure 7. The number of people on registered at Coll Medical Practice, by age band from 1<sup>st</sup> April 2006 to 1<sup>st</sup> April 2022



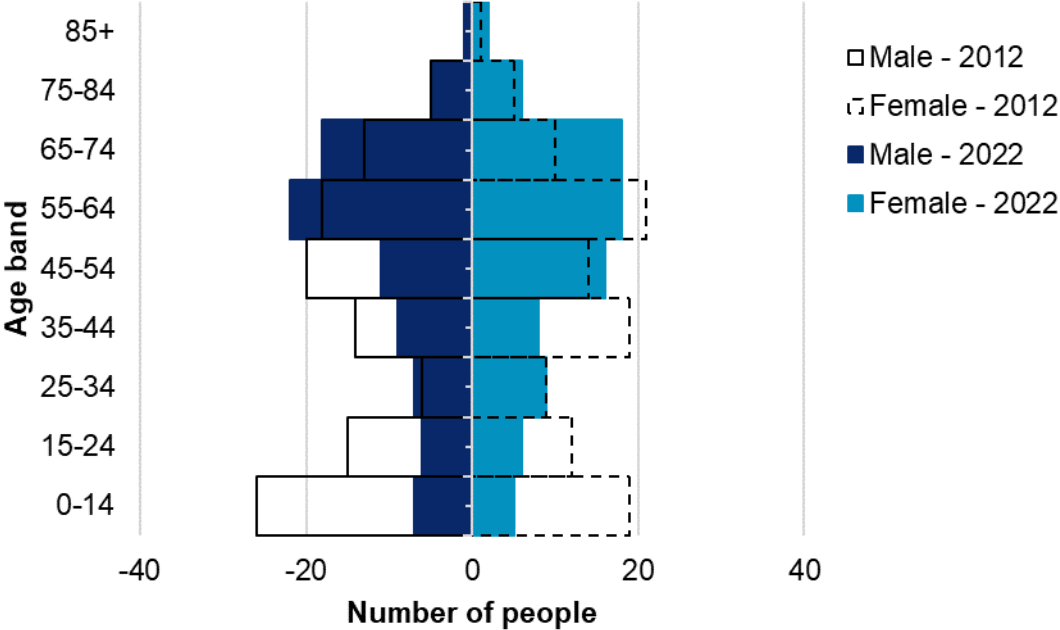
Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022  
[Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

Figure 8. The percentage of people aged 65+ registered at different GP practices, from 1<sup>st</sup> April 2006 to 1<sup>st</sup> April 2022



Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022  
[Public Health Scotland \(PHS\)](#), [Community health Index \(CHI\)](#), [Unique Patient Identifier \(UPI\)](#)

**Figure 9. The number of people registered at Coll Medical Practice, by age band and sex, April 2022 compared to April 2012**



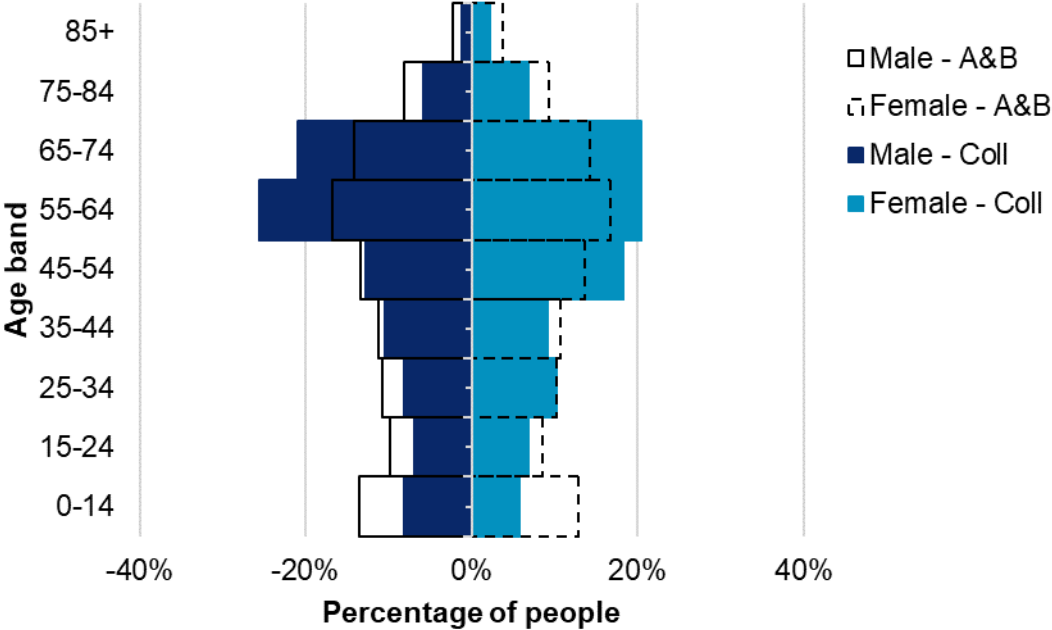
Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022. [Public Health Scotland \(PHS\), Community health Index \(CHI\), Unique Patient Identifier \(UPI\).](#)

Figure 10 shows the current age and gender structure of the Coll practice register compared with Argyll and Bute as a whole. As also shown in Figure 6, the GP register on Coll has a lower proportion of those aged under 25 and 75+ compared to Argyll and Bute as whole. Coll practice also has a higher proportion of those aged 55-64 and 65-74 than Argyll and Bute as a whole.

**Primary School roll**

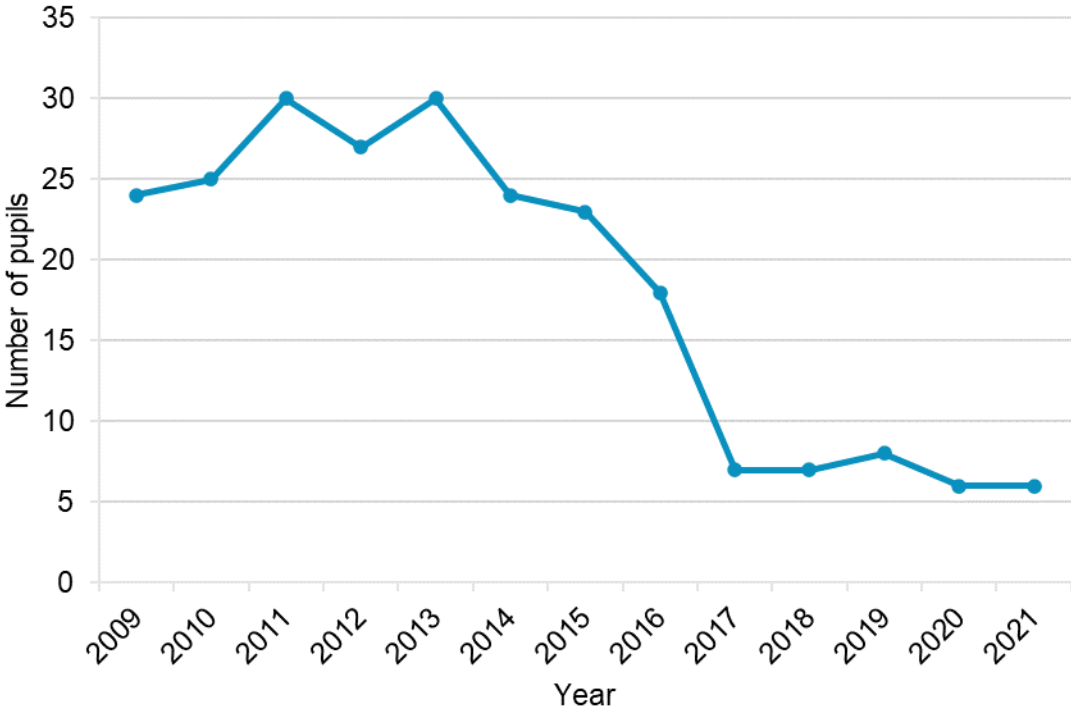
The primary school numbers for Arinagour Primary has fallen from 24 pupils in 2009 to six pupils in 2021 (Figure 11). This mirrors the decrease in primary school aged children registered at the GP practice. There is no secondary education on Coll and secondary school age pupils from Coll board in Oban, attending Oban High School.

Figure 10. The number of people registered at Coll Medical Practice and in Argyll and Bute as a whole, April 2022



Source: Coll Medical Practice, Community Health Index (CHI): Practice Registration File - NHS Highland April 2022. [Public Health Scotland \(PHS\), Community health Index \(CHI\), Unique Patient Identifier \(UPI\).](#)

Figure 11. Arinagour primary school pupil numbers over time



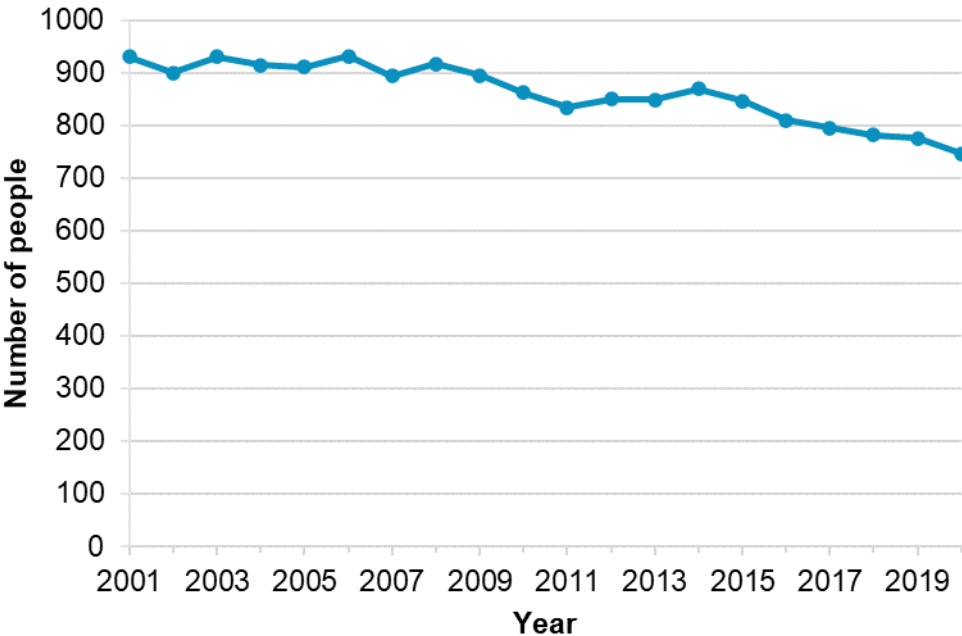
Source: <https://public.tableau.com/app/profile/sq.eas.learninganalysis/viz/SchoolInformationDashboard-Primary/Introduction>

**Population estimates**

Coll and Tiree together comprise a single geographical 'datazone' (S01007284), the smallest geography that data are normally published in Scotland. The most recent (2020 mid-year) estimated population size of Coll and Tiree is 747 people. This compares to 178 people on Coll Medical Practice GP register and 697 on the Tiree Medical Practice register at 1<sup>st</sup> October 2020, totalling 875 people. It is common for GP practice register sizes to be greater than the population estimates and reasons for this may include the presence of students living away from home remaining on their family GP practice registration. GP practice registers suggest that Coll constitutes around a fifth of the population of the Coll and Tiree datazone. As such, data at datazone level is likely dominated by the population on Tiree. Despite this and given the proximity and ferry link between Coll and Tiree, the population demographics of both islands combined are relevant in considering health and social care needs and service provision.

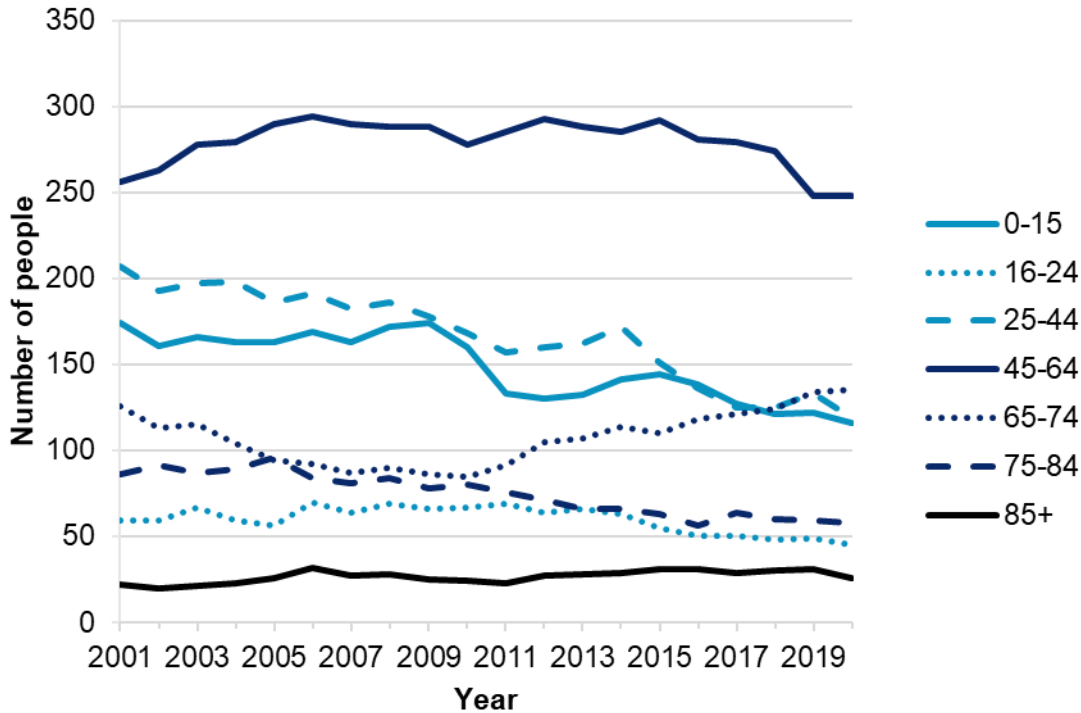
Overall, the population of Coll and Tiree decreased between 2011 and 2020 (Figure 12). However the population has increased for those aged 65-74 whereas there have been decreases in younger age groups and in those aged 75-84 (Figure 13).

**Figure 12. Mid-year estimates for Coll and Tiree over time**



Source: [National Records of Scotland](#)

**Figure 13. Mid-year estimates for Coll and Tiree over time, by age band**



Source: [National Records of Scotland](#)

**Population projections**

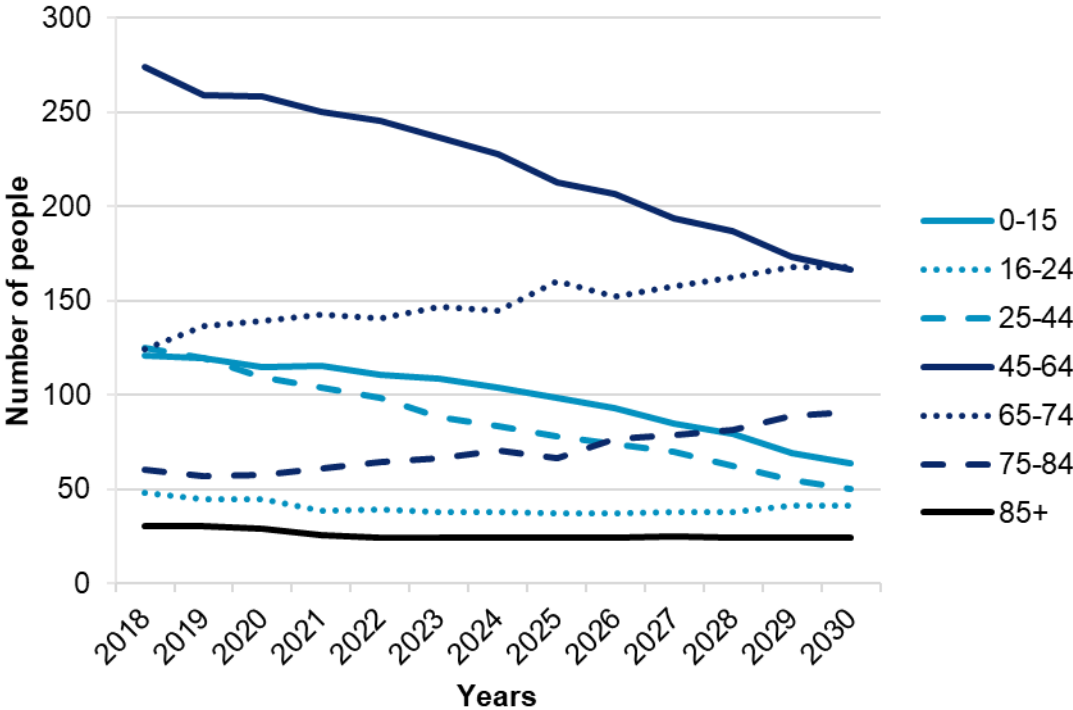
Population projections for Coll and Tiree were made by the Improvement Service, based on 2018 NRS populations estimates and assuming the continuation of trends up to this point. It is advised that these projections may be particularly uncertain because:

- The population estimates they project forward from are based on changes since the previous census, in 2011. It is likely that the 2022 census results will be used to adjust current population estimates.
- It is not usually recommended to carry out population projections for a population as small as for Coll and Tiree due to higher variation and increased uncertainty for smaller populations.
- These projections were made prior to the COVID-19 pandemic and prior to Brexit, both of which mean that assumptions made based of earlier trends are less likely to still apply.

The population projections for Coll and Tiree show that, if trends prior to 2018 were to continue, it is possible that there would be a very large decrease in those aged 45-64 and those aged 0-15 and 24-44, alongside a large increase in those aged 65-74 and 75-84 (Figure 14). Note again that this is only one possible scenario and different behaviours e.g.

increased in-migration to Coll and Tiree would result in different future demographics. However, assuming those aged 65-74 stay on the islands, it is likely that the number of those aged 75-84 will increase over the next eight years, to 2030. If this scenario occurs, the ratio of those of approximately working age (16-64) to those aged 65+ will decrease markedly, almost halving over eight years (Figure 15). Although this measure is crude, it does serve to highlight the potential health and social care workforce challenges as the pool of those of working age decreases relative to the potential increasing need for support.

**Figure 14. 2018-based Population projections\* for Coll and Tiree over time, by age band**

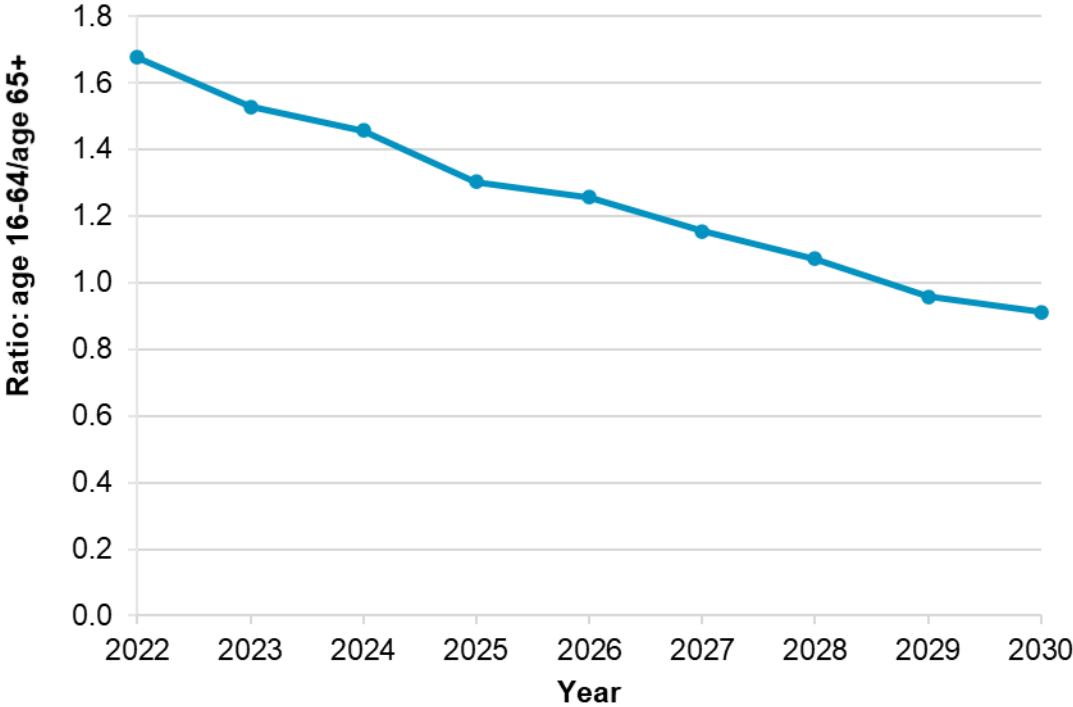


Source: [Improvement Service](#) 2018 based sub-council population projections

\*There is a very high level of uncertainty within the population projections. See main text.



**Figure 15. Dependency ratio over time for 2018-based Population projections\* for Coll and Tiree over time**



Source: [Improvement Service](#) 2018 based sub-council population projections

\*There is a very high level of uncertainty within the population projections. See main text.

**Deaths**

Records of deaths held by National Records of Scotland (NRS) were obtained from the NHS Highland Public Health Intelligence Team. The dataset includes those people described as ‘usual residents’ of Coll, which includes those who have died in other locations (e.g. hospitals or care homes) and is based on the address at which the person resided at for longest in the year before they died<sup>15</sup>.

There were on average less than three deaths per year for the five full years from 2017 to 2021. Approximately 70% of deaths occurred in a home location (deaths may also occur in hospital or residential care locations). Up to 10 causes of death can be recorded on a death certificate, coded using ICD-10 chapters<sup>16</sup>. The most commonly mentioned chapters were:

<sup>15</sup> <https://www.nrscotland.gov.uk/files/statistics/vital-events/ve-general-geographical-basis.pdf>

<sup>16</sup> <https://icd.who.int/browse10/2016/en>

- Neoplasms (inc. cancers)
- Diseases of circulatory system
- Diseases of respiratory system

Seven other different ICD-10 chapters were listed. The majority of deaths occurred in those aged 65+.

## **Births**

There has been on average less than one birth per year recorded to island residents between 2017 and 2021. There is a midwife-led community maternity unit in Oban but all Argyll and Bute residents who require specialist support are referred to consultant-led services at Royal Alexandra Hospital, Paisley, where specialist doctors are available if epidural pain relief or an operative procedure is required<sup>17</sup>. Home births are not planned on the island and pregnant women are asked to leave Coll at or before 38 weeks gestation.

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<sup>17</sup> <https://www.nhshighland.scot.nhs.uk/Services/MaternityNeonatal/Pages/Ourservices.aspx>

# Deprivation and cost of living

## Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranks small areas in Scotland (called datazones) according to indicators under seven different domains: Income, Employment, Education, Health, Access to Services, Crime and Housing, and is weighted most heavily by the Income and Employment domains.<sup>18</sup> Datazones are divided into 10 groups (called deciles) with equal numbers of datazones in each group from decile 1 = most deprived to decile 10 = least deprived. Coll and Tiree combined form one datazone which is in decile 5 overall over in SIMD 2020, among the middle ranking datazones in Scotland.

Looking within the seven different domains of SIMD 2020, Coll and Tiree is in deciles 6 or 7 for most domains but is ranked in the most deprived decile for Geographic Access to Services and decile 4 for Housing (Table 2). In SIMD 2020, the Geographic Access to Services domain takes into account drive time and public transport times to key services as well as the percentage of premises without access to superfast broadband (at least 30Mb/s download speed). The housing domain is made of data on central heating and overcrowding.

**Table 2. SIMD2020 deciles by domain for Coll and Tiree**

SIMD 2020 domain	Decile (from 1 = most deprived to 10 = least derived)
Overall rank	5
Income	7
Employment	6
Health	7
Education	6
Access	1
Crime	7
Housing	4

Source: SIMD 2020v2 <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

The proportion of people estimated to be ‘income’ and ‘employment’ deprived is based on uptake of key benefits and tax credits. The proportion estimated to be income deprived is

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<sup>18</sup> <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

lower than for Scotland as a whole and Argyll and Bute but higher than for Mull, Iona, Coll and Tiree combined (Table 3). The same pattern is repeated for those of working age estimated to be employment deprived (Table 3).

**Table 3. SIMD2020 deciles by domain for Coll and Tiree**

<b>Area</b>	<b>% Income deprived</b>	<b>% Employment deprived</b>
<b>Scotland</b>	12%	9%
<b>A&amp;B</b>	10%	8%
<b>Mull, Iona, Coll and Tiree</b>	6%	5%
<b>Coll and Tiree</b>	7%	6%

Source: SIMD 2020v2 <https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-2020v2-indicator-data/>

**Remote and rural deprivation**

Rural areas are less likely to fall overall amongst the most or least deprived datazones in Scotland as they tend to be larger geographically and more mixed in terms of socio-economic status when compared to datazones in urban areas.<sup>19</sup> Overall, a lower proportion of the rural population are ‘income deprived’ than in Scotland as a whole, as measured in SIMD by uptake of key benefits and tax credits. However, where individuals in rural and remote areas have lower incomes, deprivation may be exacerbated by higher costs for fuel, transport and food. Additional difficulties may be faced due to housing and access to services.

People in rural areas are less likely to live within 15 minutes’ drive time of key services with an even lower proportion being with 15 mins of key services by public transport<sup>20</sup>. The lower population density and dispersed communities across rural areas can make it more difficult to deliver services within communities with additional time and costs associated with travelling.

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<sup>19</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2017/02/scottish-index-of-multiple-deprivation-rural-deprivation-evidence-and-case-studies/documents/rural-deprivation-an-evidence-review/rural-deprivation-an-evidence-review/govscot%3Adocument/rural%2Bdeprivation%2Bevidence%2Breview.pdf>

<sup>20</sup> <https://www.gov.scot/publications/rural-scotland-key-facts-2021/>

Minimum income standards (MIS) for remote and rural Scotland have been derived by costing goods considered to be essential for a household to meet a minimum standard of living. MIS are higher for people living in remote and rural Scotland than in urban UK areas. MIS in remote Scottish settlements were higher than for comparable English settlements and MIS were generally highest in rural areas (remote small settlements) and particularly for those living in small island settlements<sup>21</sup>.

The higher cost of living is driven by the higher costs of heating homes, the cost of increased travel and the increased costs of food and goods, including use of smaller local stores for food shopping. People living in rural Scotland are more likely to spend over £100 a month on fuel for cars and are more likely to be living in fuel poverty<sup>22</sup>.

**Income estimates and Financial wellbeing**

The Scottish Government publish local level modelled household income estimates for small areas<sup>23</sup>. The most recent estimates, published in 2020, are for 2018 and provide estimated mean and median gross household income, per week. These estimates are slightly higher for the datazone of Coll and Tiree than the Scottish average (Table 4).

**Table 4. Modelled gross household income per week estimates for selected areas (2020)**

	<b>Coll</b>	<b>Scottish Minimum</b>	<b>Scottish Average</b>	<b>Scottish Maximum</b>
<b>Mean gross household income</b>	£720.88	£208 (Glasgow City Wyndford 05)	£712	£1,643 (Aberdeenshire Crathes and Torphins - 03)
<b>Median gross household income</b>	£596.00	£161 (Glasgow City Wyndford 05)	£550	£1,330 (North Lanarkshire Kilsyth East and Croy -03)

Source: <https://www.gov.scot/collections/local-level-household-income-estimates/>

<sup>21</sup> <https://www.hie.co.uk/media/6441/aplusminimumplusincomeplusstandardplusforplusremotepusruralplusscotlandplus-pluspluspolicyplusupdateplus2016.pdf>  
<sup>22</sup> <https://www.gov.scot/publications/rural-scotland-key-facts-2021/>  
<sup>23</sup> <https://www.gov.scot/collections/local-level-household-income-estimates/>

The results of ‘Coll Community Survey – 2022’ were that a little over 10% of respondents indicated they ‘didn’t manage very well’ or ‘had some financial difficulties’. The proportion of those who had reduced their heating use due to concerns about money increased with decreasing financial wellbeing.

Approximately a third of question respondents indicated that they did not know how to obtain information about benefits or financial support; this was higher in those who reported they, ‘didn’t manage very well or had some financial difficulties’. Less than 20% of respondents had reviewed what benefits or financial support they may be entitled to in the past year. Those who ‘didn’t manage very well or had some financial difficulties’ were least likely to have reviewed what benefits or financial support they may be entitled to in the past year. Loss of income was a barrier to accessing health and social care service on the mainland.

Survey results highlighted a lack of well-paid jobs as a barrier to working of living on Coll, with people perhaps needing to do more than one job, with some comments that people moving to Coll often had independent means.

**The Project Trust**

Project Trust is based on Coll and provides significant employment on the island. It is a charitable company that provides gap year opportunities overseas for people aged 17-25. The economic impact of the COVID-19 pandemic on Project Trust can be seen in the reduced numbers of volunteers sent overseas, reduced expenditure and reductions in the number of persons employed (Table 5).

**Table 5. Number of volunteers sent overseas from Project Trust**

<b>Period Covered</b>	<b>Volunteers overseas</b>	<b>Expenditure</b>	<b>Avg. Persons employed</b>
October 2020-September 2021	62	£1,060,477	15
October 2019-September 2020	0	£1,046,383	23
October 2018-September 2019	218	£1,935,346	28
October 2017-September 2018	231	£1,945,864	29

Source: [PROJECT TRUST filing history - Find and update company information - GOV.UK \(company-information.service.gov.uk\)](https://www.gov.uk/company-information.service.gov.uk)

## Fuel Poverty

The Scottish Government define, according to the Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019, a household being in fuel poverty if:

- in order to maintain a satisfactory heating regime, total fuel costs necessary for the home are more than 10% of the household's adjusted (i.e. after housing costs) net income; and
- if, after deducting those fuel costs, benefits received for a care need or disability and childcare costs, the household's remaining adjusted net income is insufficient to maintain an acceptable standard of living.

The remaining adjusted net income must be at least 90% of the UK Minimum Income Standard (MIS) to be considered an acceptable standard of living, with an additional amount added for households in remote rural, remote small town and island areas. Extreme fuel poverty follows the same definition except that a household would have to spend more than 20% of its adjusted net income (after housing costs) on total fuel costs to maintain a satisfactory heating regime<sup>24</sup>.

Fuel poverty in Scotland is estimated using results of the Scottish House Condition Survey and was estimated to affect 32% of households in Argyll and Bute (Table 6), higher than Scotland as a whole at 24% of households. Fuel poverty is highest in Remote Rural areas of Scotland, affecting an estimated 43% of households. Home Analytics data, provided by Argyll and Bute Council, estimates that fuel poverty for Coll is higher, at 62% of properties, with 42% estimated to be in Extreme Fuel Poverty (Table 7). Please note that figures on fuel poverty are likely to be volatile at the time of publishing (Autumn 2022) due increases in fuel costs. The data provided represent are a snapshot at the date indicated.

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<sup>24</sup> [Scottish house condition survey: 2019 key findings - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-house-condition-survey-2019-key-findings/pages/10/)

**Table 6. Fuel poverty in Scotland**

	<b>Fuel Poverty</b>	<b>Extreme Fuel Poverty</b>
Scotland (2017-2019)	24%	12%
Argyll and Bute (2017-2019)	32%	19%
Remote Rural Scotland (2019)	43%	33%
Scotland (2019)	25%	12%

Source: Scottish House Condition Survey, <https://www.gov.scot/collections/scottish-house-condition-survey/>

**Table 7. Fuel poverty on Coll**

<b>Category</b>	<b>% of properties</b>
Fuel Poor	62%
Extreme Fuel Poor	42%
Properties in Excess Cold	77%

Source: Home Analytics database, Argyll and Bute Housing Services, provided May 2022  
<https://energysavingtrust.org.uk/service/home-analytics/>

In 'Coll Community Survey – 2022', slightly over half of respondents reported their heating did not always keep them warm enough in winter and, of these, 75% said this was a bit of a problem or a serious problem. More than 60% had reduced their heating due to concerns about money in the past year.

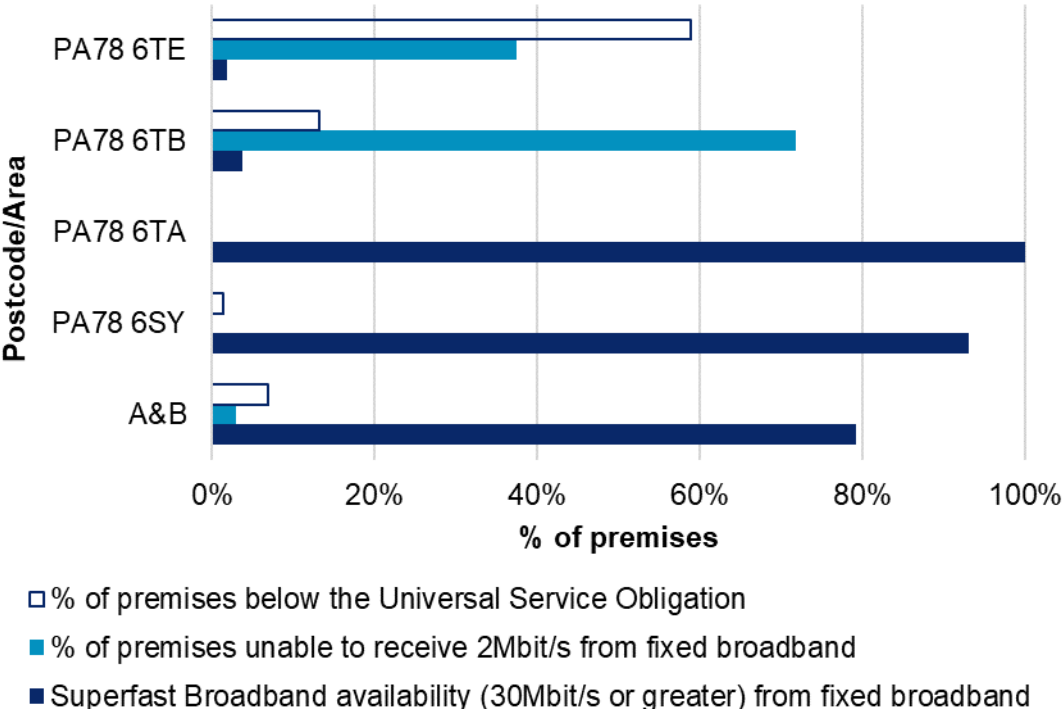
### **Broadband access**

Superfast broadband was available for all premises in PA78 6TA (at January 2022) and over 90% of premises in PA78 6SY (Figure 16). These postcodes cover the village of Arinagour and surroundings including the ferry terminal. The postcodes covering the rest of the island have poorer internet access – with over 70% of premises in PA78 6TB, in the West, and under 40% of premises in PA78 6TE (East) unable to receive 2 Mbit/s from fixed broadband. The percentage of households below the USO (Universal Service Obligation) is highest in PA78 6TE, which includes the Ballyhaugh village and the Project Trust charity. It is likely that in PA78 6TB there is use of Wireless internet Service providers or Mobile fixed wireless access to provide better broadband than available through fixed broadband.



Most respondents of 'Coll Community Survey – 2022' indicated that they had access to the internet from home; 4% did not. The most common method of accessing the internet at home was via a mobile phone network. 38% indicated they had some form of fixed broadband connection, although it was highlighted that DSL broadband may be slow.

**Figure 16. Percentage of premises by broadband access and postcode/area, January 2022**



Source: [Connected Nations and infrastructure reports - Ofcom](#)

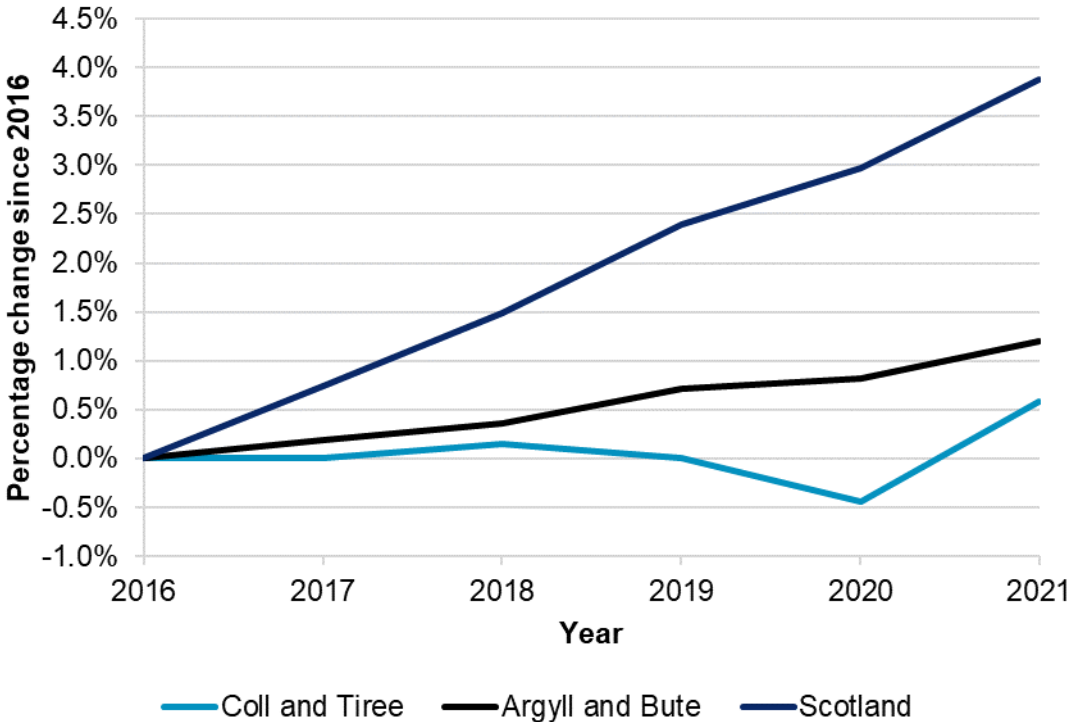
Note: Universal Service Obligation is for access to download speeds at or above 10Mbit/s and upload speeds at or above 1Mbit/s from fixed broadband or a Wireless internet Service provider or Mobile fixed wireless access (including non-matched records and zero predicted speeds)

# Housing

## Council tax and Domestic rates registers

The council tax register can be used to estimate the number of dwellings on Coll. Council tax registers do not include properties that are liable for non-domestic rates e.g. those let for 140 days or more. Data are published for Coll and Tiree combined and are currently available up to 2021<sup>25</sup>. Coll and Tiree combined has had a smaller percentage increase in number of dwellings registered for council tax between 2016 and 2021 than Argyll and Bute with a decrease between 2018 and 2020 (Figure 17). Numbers may fluctuate with property moving to and from the private market for self-catering lets. Trends towards smaller households have meant that council tax registrations for Argyll and Bute have increased despite a falling population size. There are a lower proportion of properties within the higher council tax bands on Coll and Tiree (Figure 18).

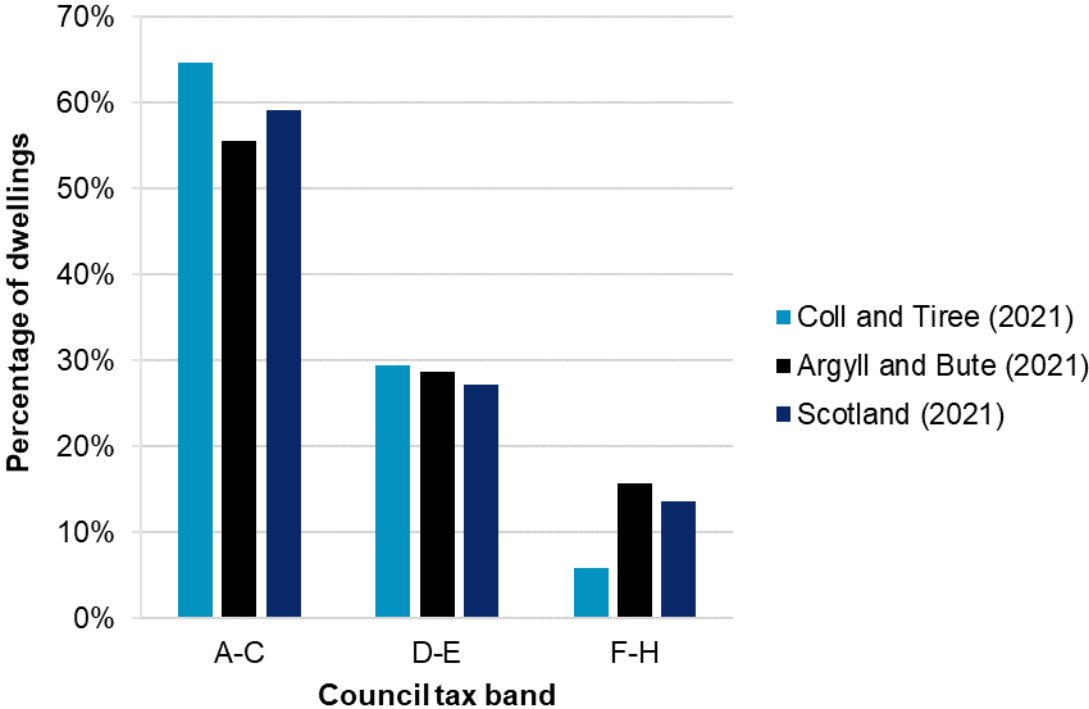
Figure 17. Percentage change in number of dwellings registered for Council tax, from 2016 to 2020



Source: [Statistics.gov.scot](https://statistics.gov.scot)

<sup>25</sup> Figures from Statistics.gov.scot (used in Figure 17) differ slightly (due to differences in timepoint and data source) from those published in Argyll and Bute Housing Needs and Demands Analysis 2021

**Figure 18. Percentage of dwellings registered for Council tax, by Council tax band, 2021**



Source: [Statistics.gov.scot](https://statistics.gov.scot)

Argyll and Bute Council Housing Services provided data from the Council Tax Register for Coll alone, at October 2022. This identified 144 dwellings on Coll (excluding properties registered for non-domestic rates), 30 of which were second or holiday homes and five were long-term empty or subject to a 200% levy or 50% discount (Table 8). The percentage of properties that are second/holiday homes on Coll is relatively high (21%) compared to the average for Argyll and Bute reported at 6.0% in the Council tax records at October 2022 and also 6.0% in Argyll and Bute Housing Needs and Demands Analysis 2021 (HNDA)<sup>26</sup>, from Council tax records at April 2020. Overall, the percentage of second/holiday homes was estimated to be 26% of properties on the Council tax register for Coll and Tiree (October 2022), far higher than any other area in Argyll and Bute (Islay, Jura and Colonsay: 11%, Bute: 10%). In addition to properties registered as second/holiday homes on Coll, there are other properties registered for domestic rates that accommodate people overnight (Table 9), providing accommodation for visitors to the island. Inclusion of 17 self-catering properties brings the estimate of the number of second/holiday homes to 29% of the potential residential units on Coll.

<sup>26</sup> [https://www.argyll-bute.gov.uk/sites/default/files/argyll\\_bute\\_hnda\\_2021\\_-\\_approved\\_nov\\_2021.pdf](https://www.argyll-bute.gov.uk/sites/default/files/argyll_bute_hnda_2021_-_approved_nov_2021.pdf)

**Table 8. Number of properties registered for Council tax on Coll, October 2022**

<b>Category</b>	<b>Number of properties</b>
2nd/holiday homes	30
Empty/200% levy/50% discount	5
Effective/occupied stock	109
<b>Total</b>	<b>144</b>

Source: Council Tax register, Argyll and Bute Council Housing Services

**Table 9. Number of properties potentially accommodating people overnight registered for Domestic rates on Coll, July 2022**

<b>Description</b>	<b>Number of properties</b>
Self-catering unit	17
Caravan	5
Caravan Stance	2
Hostel	2
Bothy	1
Hotel	1
Guest house	1

Source: Scottish Assessors, [www.saa.gov.uk](http://www.saa.gov.uk) 15<sup>th</sup> July 2022

Data provided by National Records of Scotland (NRS) data indicate that 37% of occupied households in Argyll and Bute and 37% across Coll and Tiree combined have a single adult council tax discount<sup>27</sup>. The results from 'Coll Community Survey – 2022' found that 23% of respondents lived in a 1-person household and this rose to around a third in those aged 65+.

### **Housing affordability and specialist provision**

Data provided by Argyll and Bute Housing services show that there are 16 properties on Coll owned by Registered Social Landlords (RSL), of which four are designated as 'amenity',

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<sup>27</sup> [www.statistics.gov.scot](http://www.statistics.gov.scot) NRS Household estimates 2021

indicating a type of specialist provision for those with specific needs. 16/144 properties is 11.1% of available properties which is low compared to the average of 17.9% for Argyll and Bute and 23% for Scotland as a whole reported in the HNDA. Survey results also highlighted difficulties with obtaining adaptations to properties due to lack of tradespeople and cost.

There was a relatively high number of applications to RSL lets for Coll on the HOME Argyll waiting list recorded in October 2022 indicating pressure within the social rented sector with high demand compared to availability; data from Argyll and Bute Housing indicated ten households (with points indicating need) waiting for RSL accommodation on Coll in October 2022, with no available properties. There was a relatively high number of applications to RSL lets for both Coll and Tiree in 2019/2020 reported in the HNDA.

There is also a relatively low percentage of private rental accommodation on Coll and Tiree (reported from Argyll and Bute Housing Services as 10.4% compared to 14% for Argyll and Bute as a whole). The HNDA technical paper 01 indicates, from sales data, that there is strong external demand for housing on both Coll and Tiree from outside of the islands. Data from Rightmove (2021/22) showed 15 sales (three on Coll) with an average price of £289,533, estimated to be unaffordable for 92% of households.

Lack of availability of housing, and particularly affordable housing, was a key challenge identified in 'Coll Community Survey – 2022' for people coming to Coll to live and work. Survey respondents identified inefficient use of properties which are empty for much of the year and not being used as intended (nurses, doctors and school houses) due to condition of the property or conditions associated with use of the property.

Coll, alongside Tiree, has been identified as a 'repopulation zone' by Argyll and Bute Council and Highlands and Islands Enterprise, highlighting the role of housing in repopulation<sup>28</sup>.

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<sup>28</sup> <https://www.argyll-bute.gov.uk/news/2021/oct/focus-housing-tackle-population-decline>

## **Housing suitability and water supply**

63% of survey respondents indicated that they had a private water supply. This was noted as a particular issue outside the village of Arinagour. 14% of 'Coll Community Survey -2022' respondents indicated that their accommodation was 'Not at all suitable' or 'Not very suitable'. Water supply was the most common reason for this. Issues identified were:

- Water supply
- Internet access
- Power cuts
- Stairs/access difficulty
- Difficult to heat
- Handrails needed
- Damp
- Access to builder/workmen

# Health and Wellbeing

## Disease register sizes

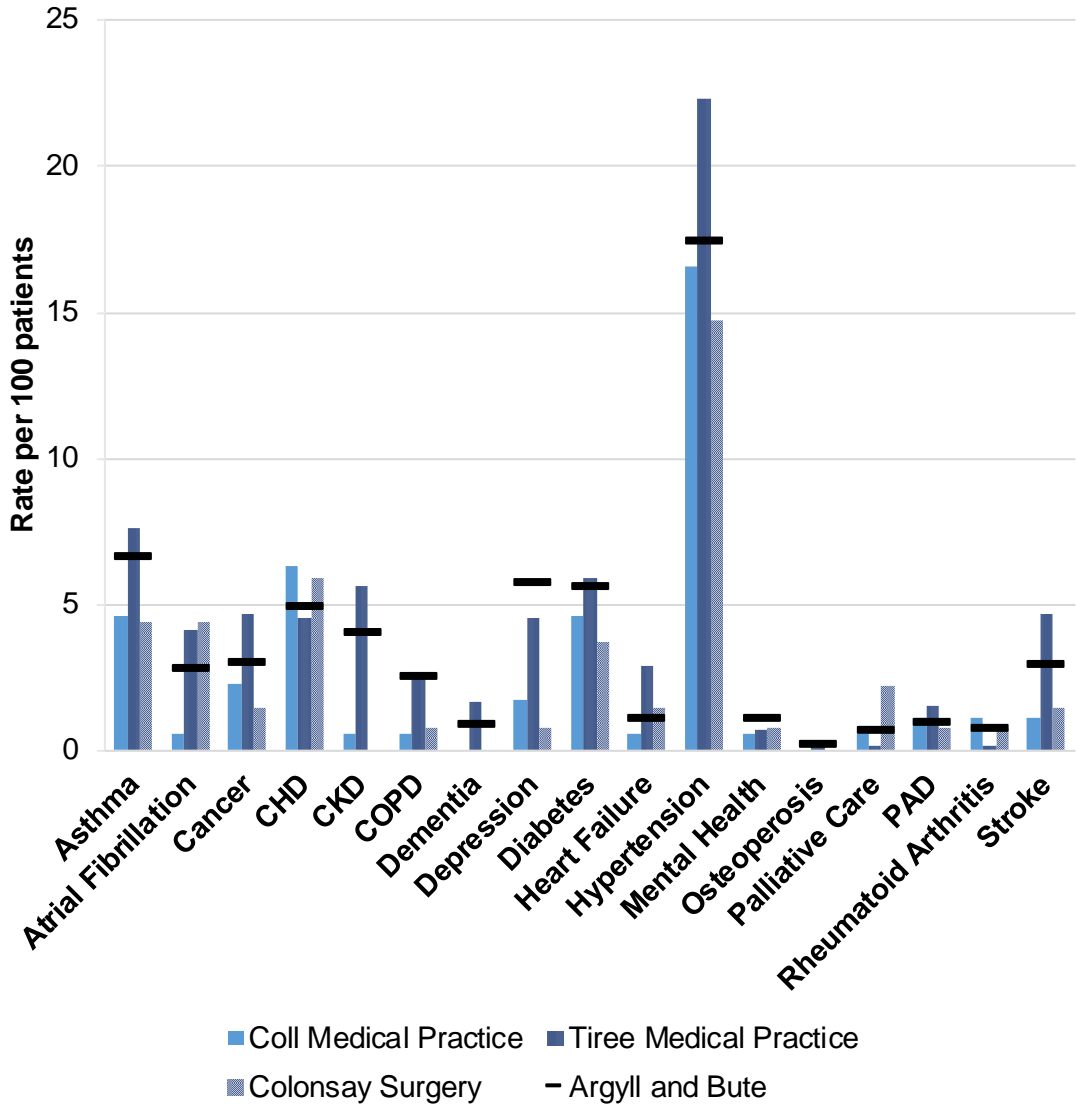
Disease registers held by GP practices have previously been taken from the GP Quality Outcomes Framework (QOF)<sup>29</sup>. Following revision to GP contracts from April 2017, payments to GPs are no longer dependent on maintenance of these registers, data has become less reliable and will be replaced by data from SPIRE, which is not currently published for NHS Highland. The most recent published data for Coll Medical Practice is from 2018-19.

Figure 19 shows publicly available data on rates of conditions for selected GP practices (bars) and for Argyll and Bute GPs as a whole (horizontal lines). The data for each register for Coll relates to small numbers of people; eight people registered with each of Asthma and Diabetes, one with each of Atrial Fibrillation, Chronic Kidney Disease (CKD) and Chronic Obstructive Pulmonary Disease (COPD), two with each of Peripheral Arterial Disease (PAD), Rheumatoid Arthritis and Stroke, 11 with Coronary Heart Disease (CHD) and 29 people with Hypertension. (Note that people will be counted more than once if they are registered with more than one condition). For some conditions, rates on Coll are lower than for Argyll and Bute (e.g. Atrial Fibrillation, COPD) but for Coronary Heart Disease, rates are higher. The data should be interpreted with caution due to the use of QOF data but also because outlying data is more likely for smaller practices, with changes in a small number of people equating to relatively large changes in rates. In addition, many conditions are more likely with increasing age and this data is not adjusted for differences in the age structure of the different GP populations. The data do confirm that conditions that are common in the population occur in the population on Coll. Some of these conditions are associated with behavioural factors that have the potential to be altered to lead to improvements in health and wellbeing.

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<sup>29</sup> <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/>

Figure 19. Rates per 100 patients of selected conditions, 2018-2019



Source: <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/> CHD = Coronary Heart Disease, CKD = Chronic Kidney Disease, COPD = Chronic Obstructive Pulmonary Disease, PAD = Peripheral Arterial Disease

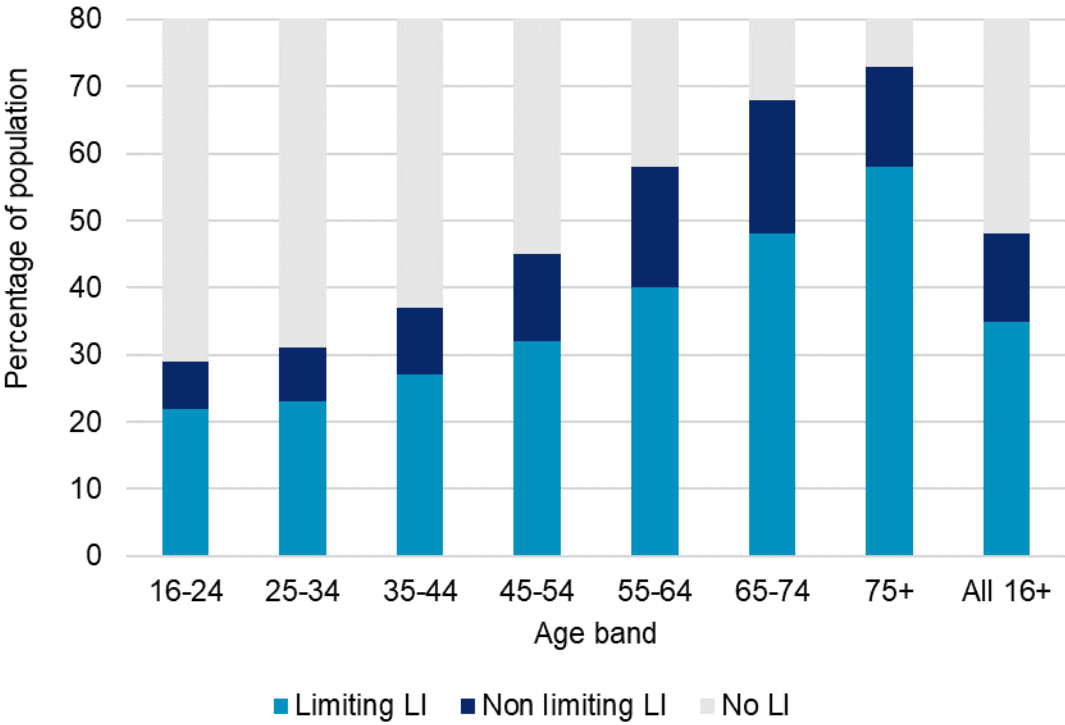
An update on the number of people currently on selected Coll Medical Practical disease registers was provided by the GP practice at August 2022. Hypertension remains the most prevalent condition with over 20 people coded as having hypertension. Asthma (over 10 people) and Diabetes (5-9 people) are the next most common conditions. Smaller numbers of people are managing other conditions including Stroke/TIA and Epilepsy.



### Prevalence of long-term conditions

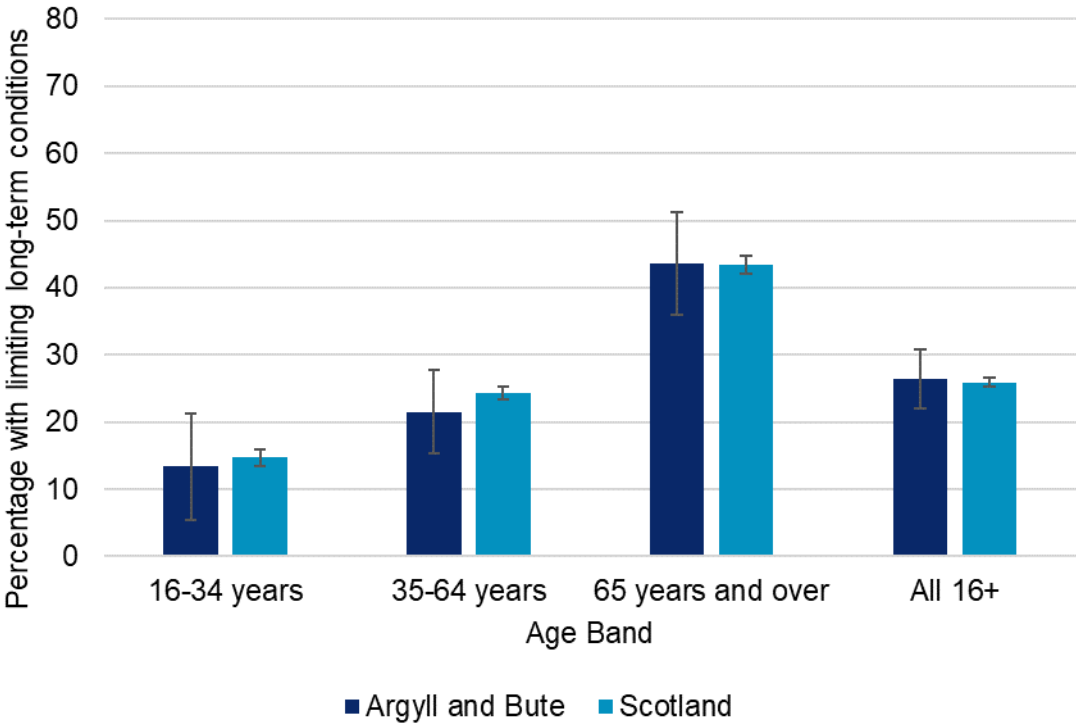
Data on prevalence of limiting long-term conditions is not published for Coll but data from across national surveys in Scotland provide data for Scotland and for Argyll and Bute as a whole. Estimates for the proportion of the population with a limiting longstanding illness or limiting condition are highest (35%) in results from Scottish Health Survey which asks detailed conditions about health (Figure 20). Pooled results from across national surveys finds that 26% have a limiting long-term condition (Figure 21). The presence of longstanding illness increases with increasing age. Coll Community Survey – 2022 results were most similar to those from pooled national surveys finding that 29% of respondents had a limiting long-term condition.

**Figure 20. Percentage of people in Scotland (2019) by age-band and whether they have a longstanding illness (LI)**



Source: Scottish Health Survey 2019

**Figure 21. Percentage of people in Scotland and Argyll and Bute (2019) by age-band and whether they have a Limiting condition.**



Source: Scottish Survey Core Questions, 2019 <https://statistics.gov.scot/home>

**Pharmacy**

Pharmacy data also provides an insight into the breadth and types of conditions that people are living with on Coll. Data from August 2022 provided by the GP practice identified that around 60% of those on the broader register (including temporary residents) were receiving repeat prescriptions. Compared to sources of information regarding prevalence of one or more long-term health condition, this proportion is high. However, prescriptions may be received for reasons that are not long-term conditions e.g. contraception, for a wound, or for conditions that people might not be likely to identify as a long-term condition e.g. hayfever.

The main categories of repeat medication (in order of prevalence) were:

- Miscellaneous
- Cardiac
- Dermatology
- Antimicrobial
- Analgesia
- Gastro-intestinal
- Diabetes
- Mental health
- Dressings
- Pulmonary
- Supplements
- Eye
- Ear, nose and throat

Monthly community prescriptions are published as Open Data by Public Health Scotland and also show the wide range of medicines prescribed in the community for those registered with Coll Medical Practice. Overall, Gross Ingredient Cost (GIC) per patient varies by month and was in the lower quartile (lowest 25%) of practices in NHS Highland in May 2022.<sup>30</sup>

Open data published by Public Health Scotland shows that the majority of prescribing by Coll Medical Practice is dispensed within the practice, by the dispensing doctor (Table 10). Other prescribing locations may occur due to convenience when people travel away from Coll. Results from Coll Community Survey 2022 highlighted that some prescriptions are not available from Coll Medical Practice and have to be arranged to be collected in Oban. Although Table 10 suggests that this is a minority of prescriptions, the survey results highlight the difficulty in this for those for whom this applies.

**Table 10. The average monthly number of paid items prescribed by Coll Medical Practice, by year and dispensing location**

Year	Appliance supplier	Community Pharmacy	Dispensing doctor	English dispensary	% Dispensed by practice
2019	0.7	15.1	395.9	0.5	96%
2020	1.2	15.6	412.3	1.1	96%
2021	0.4	13.8	378.8	0.8	96%
2022 (Jan-Mar)	0.0	25.7	400.3	0.0	94%

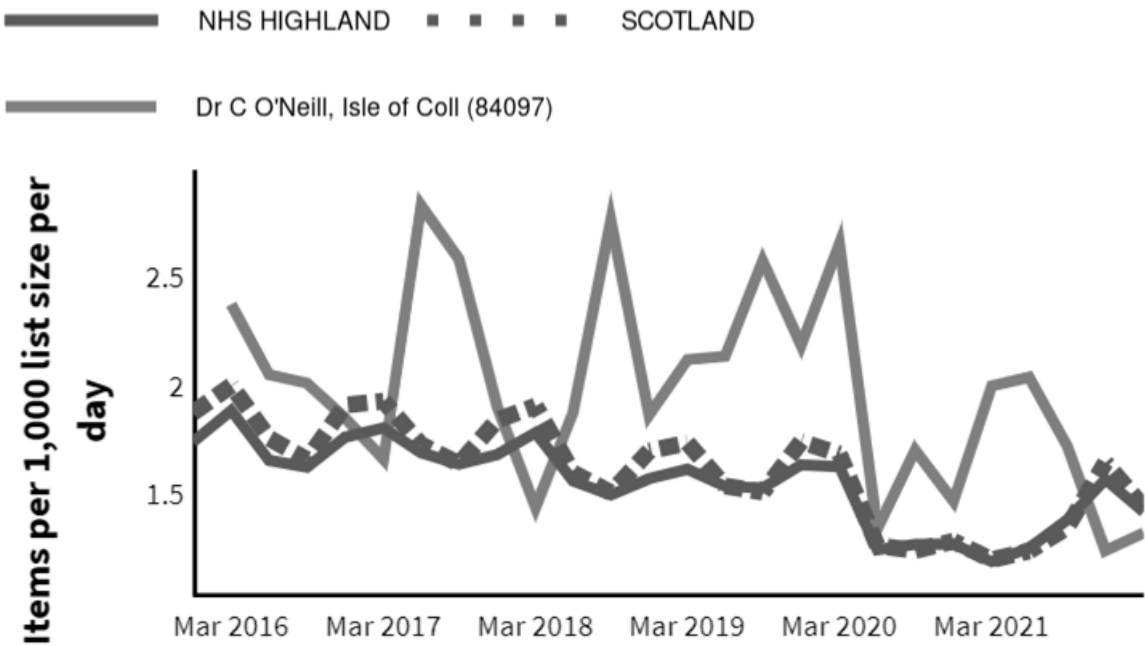
Source: <https://www.opendata.nhs.scot/dataset/prescribed-dispensed>

A set of national therapeutic indicators have been set to monitor prescribing in Scotland. Data from one indicator was selected to highlight the high variation in the data for Coll Medical Practice compared to NHS Highland and Scotland (Figure 22). This occurs through chance alone when based on relatively small numbers of people; data should therefore be interpreted with great caution. Changes in prescribing practice may be due to the movements or changes in the resident population, changes to the needs of patients or changes in prescribing behaviours.

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<sup>30</sup> <https://www.publichealthscotland.scot/publications/monthly-prescribing-activity-data/monthly-prescribing-activity-data-data-for-may-2022/>

**Figure 22. Antibiotics (total scripts) national therapeutic indicator**



Source: <https://publichealthscotland.scot/publications/national-therapeutic-indicators-data-visualisation/national-therapeutic-indicators-data-visualisation-data-to-march-2022/> Updated 13<sup>th</sup> June 2022. Data to March 2022

**Provision of unpaid care**

Evidence regarding provision of unpaid care on Coll came from the results of Coll Community Survey – 2022. 17% of those answering indicated that they provide unpaid care, comparable to the national results from the Scottish Survey Core Questions (2019) of 16.1%. Overall, approximately 40% provided less than four hours of care a week, with 60% providing more than this. Approximately 40% said that provision of unpaid care included travel away from Coll for medical appointments and/or visits to family/friends. Short breaks from unpaid were valuable to people for the health and wellbeing of the carers and to enable them to continue in their role. Approximately 30% of unpaid carers received breaks as often as they felt they needed. Those that did not know how to obtain information on short breaks included people providing the most hours of care. Difficulties accessing short breaks included:

- Availability of carers
- Cost
- Insufficient information

## Service provision and use

### Directly funded Health and Social Care Services on Coll

Argyll and Bute HSCP directly funds some health and social care services on Coll. In 2022/23 these services, not including visiting services or those accessed on the mainland are:

- GMS Practice
- Community Nursing
- GP Out of Hours Contract
- Homecare & Supported Living

There are visiting services from Allied Health Professionals (AHPs) and additional Social Worker provision as required. A snapshot of this service provision at July 2022 is as described in Table 11.

**Table 11. Community Health and Social Care provision to Coll residents (July 2022)**

<b>Service</b>	<b>Staff on island (not necessarily full-time)/Delivery</b>
<b>Nursing</b>	Nurse and Healthcare support worker based on Coll Line managed through Extended Community Care Team (ECCT) on mainland (Oban).
<b>Social care</b>	Care at Home staff based on Coll. Some personal care through direct payments.
<b>Social work</b>	As required from the mainland team
<b>Physiotherapy</b>	Physio based on Coll for Musculo-skeletal referrals
<b>Occupational Therapy</b>	As required from mainland (Oban)
<b>Podiatry</b>	Bi-monthly from the mainland (Oban)
<b>Dietician</b>	As required from the mainland (Oban)
<b>Maternity Care</b>	As required from Oban, Lorn and Isles Maternity team
<b>Health Visiting</b>	Part of Oban Health visitor caseload. HVs travel for the day and only stay over if there are travel problems.
<b>End of Life Care</b>	Supported by Community nurse, Care at Home staff and GP. Further support from community nursing / ECCT on mainland (Oban)
<b>School Nursing</b>	Part of the Oban school nursing caseload. School nurse day visiting service for vaccinations and Child Health Systems Programme

## **Physiotherapy**

Information on physiotherapy appointments was available from the Trak Patient Management System and provided by Argyll and Bute HSCP Planning (2019/20 to 2021/22).

An average of approximately 30 individuals a year with Coll postcodes accessed physiotherapy. There were over 200 appointments over the 3 year period, over 80% of which occurred at Coll Medical Practice. 45% of appointments were for new patients and the others were return appointments. The rate that were not attended (with no notice given) was higher for appointments in Oban (18%) than Coll (3%).

## **Social Care services – adult services**

Data on services provided to adult social care clients was provided by the HSCP Performance and Information team. Service provision was included if it ended (for an individual) after 2016 or that was ongoing at date of extract (May 2022) and the postcode of the client was from Coll. Over ten individuals received services and the types of service received during this time period were:

- Telecare
- Care Home placement
- Homecare
- Respite at home
- Supported living

Providers involved with provision of these services included internal Council homecare provision as well as from external homecare providers (Carr Gomm and Careplus). Direct Payments were used to pay for different types of services including Respite at home and Homecare.

## **Adult Social work and Community Health team contacts and assessments**

Argyll and Bute Performance and Information provided data from the CareFirst database for Social Care or Community NHS teams. Coll residents accessed the following broad service areas between 2017 and May 2022 (Table 12). The teams delivering the service may differ slightly from that in Table 11 which only represents current service provision at July 2022.

**Table 12. CareFirst database records of Adult community services for Coll residents (2017-May 2022)**

<b>Service Area</b>	<b>Includes</b>	<b>Team(s) delivering</b>
<b>Mental Health Services</b>	Cognitive Behavioural Therapy, Psychology, Community Mental Health Services	Oban
<b>District Nurses</b>	(Services prior to new post.)	Tiree, Helensburgh
<b>Occupational Therapy (OT)</b>		Mull, Oban, Tiree
<b>Community Care</b>	Carer's assessments Other social work services	Oban, Tiree
<b>Home Care</b>	Direct payment financial review	Campbeltown, Mull
<b>Dementia Team</b>		Oban
<b>Telecare</b>		Central, Oban, Tiree
<b>Learning Disability</b>		Oban
<b>Sensory Impairment</b>		Central
<b>Speech &amp; Language Therapy</b>		Oban, Tiree
<b>Dietetics</b>		Oban

Table 12 is ordered from most to least records over years 2019 to 2021 due to inclusion of NHS services from 2019. The CareFirst records included different types of activity, the most common of which are listed below. Note that the data reflects activity but does not necessarily count numbers of appointments. (The data included six other types of activity not shown.)

- Contact Notes
- Adult Referral
- New Episode
- Mental Health Care Plan
- Mental Health Risk Assessment
- Universal Adult Assessment
- Telecare Assessment
- Occupational Therapy Assessment
- Carer's Assessment
- Direct Payment Financial Review

An average of approximately 20 people a year were associated with these community services between 2019 and 2021. Mental Health Services and OT services were associated with the highest average number of individuals (2019-2021) with an average of over ten people a year associated with Mental Health Services and an average of under ten people a year associated with OT services. The number of people associated with any service in a year varied considerably. District nursing delivered from Tiree was only recorded in 2019 (and was associated with over 10 people in that year). This service provision was not available in 2020 and 2021.

### **Children and Families – social care and NHS community services**

Argyll and Bute Performance and Information provided data from the CareFirst database for Social Care or Community NHS teams<sup>31</sup>. Since 2017 (to mid-August 2022) there have been less than 10 children aged 0-17 associated with this service activity. Records can relate to a range of activities, as with adult services (e.g. referrals, contacts, assessment). There has been considerable fluctuation in annual numbers of records.

The services that are covered within children and families community services include:

- Dietetics
- Occupational therapy
- Speech and language therapy
- Podiatry
- District Nursing
- Learning disability
- Mental Health
- Telecare
- Looked After and Accommodated Children
- Child Protection

These services were not necessarily all accessed by children from Coll.

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<sup>31</sup> NHS Services were not recorded on Care First prior to 2019.



## Outpatients

Recorded Outpatient attendances were downloaded from the national Outpatients datamart held by Public Health Scotland (on 1<sup>st</sup> September 2022).<sup>32</sup> Attendances were counted for Coll residents (by postcode) for outpatient appointments in five financial years (2017/18 to 2021/22). The average number of people with outpatient appointments each year was 70 with 50 people having new appointments and 45 having return/follow-up appointments (with some having both, rounded figures). Almost 700 appointments were recorded, for which 13% were not attended with no notice given.

There was a wide range of specialities (Table 13) and locations of treatment. Around 50% of appointments occurred in Lorn and Islands Hospital, Oban (averaging around 70 per year) with almost 40% (averaging approximately 50 per year) occurring in the GGC area and approximately 10% occurring on Coll.

**Table 13. Most common outpatient specialities accessed by Coll residents by location (2017/18 to 2021/22).**

<b>Oban</b>	<b>Greater Glasgow and Clyde Area (including Golden Jubilee)</b>	<b>Coll</b>
General medicine	General surgery (excl vascular)	Chiropody/podiatry (from 2019/20)
General surgery	Trauma and orthopaedic surgery	General psychiatry (mental illness)
Dermatology	Urology	
Trauma and orthopaedic surgery	Gynaecology	
Ear, nose & throat (ENT)	Plastic surgery	
Ophthalmology	Ophthalmology	
Cardiology	Ear, nose & throat (ENT)	
Pain management	Dermatology	
Anaesthetics	Neurology	
Clinical oncology	Clinical oncology	
Plus 11 other specialities	Plus 17 other specialities	

<sup>32</sup> Not all NHS community services are included in these figures.

## Accident and Emergency

Recorded A&E attendances were downloaded from the national A&E2 datamart<sup>33</sup> held by Public Health Scotland (on 31<sup>st</sup> August 2022). Attendances were counted for Coll residents (by postcode at episode) for A&E arrivals in five financial years (2017/18 to 2021/22). During this time, there were an average of 30 A&E attendances a year. 77% of attendances were to Lorn & Islands hospital, Oban, with a further 17% to locations in NHS Greater Glasgow and Clyde and <10% to other locations. Over the five years, there were an average of 6.5 attendances a year by ambulance (approximately a fifth of attendances). The majority of these were by air although many are recorded as arriving to the hospital by road ambulance, which may be needed for transfer from a helicopter.<sup>34</sup> Reasons for attendance at A&E included injury, investigations as well as for emergencies.<sup>35</sup>

Coll Medical Centre provided the number of Medivac call-outs from Coll, as recorded within practice diaries. The average number of call outs (8 per year) was higher than recorded in the A&E data, likely due to the inclusion of transfers of visitors to the island.

- 2017: 8 call-outs
- 2018: 10 call-outs
- 2019: 6 call-outs
- 2020: 6 call-outs
- 2021: 10 call-outs
- 2022 (up until end August): 11 call-outs

## Inpatient and Day case activity

Records of Inpatient and Day case activity for Coll residents (by postcode) were obtained from the Acute Cancer Deaths and Mental Health (ACaDMe) datamart held by PHS (on 31<sup>st</sup> August 2022). Continuous inpatient stays/day cases discharged in five financial years (2017/18 to 2021/22) were included. Over the five years, an average of 20 people per year had inpatient or day case episodes. There were approximately 30 discharges per year with

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<sup>33</sup>Data from community A&E units that only report aggregated numbers of attendances (where it is not possible to identify Coll residents) are excluded.

<sup>34</sup>It is possible that residents visiting the mainland needing a visit to A&E could attend A&E by Ambulance by road.

<sup>35</sup>Figures include a small number of planned return A&E visits.

slightly more prior to 2020/21 than in the latter two years, most likely due to the COVID-19 pandemic.

The proportion of inpatient/day cases discharges by type and location of admission is shown visually in Figure 23. Slightly over half of discharges were planned admissions.

Approximately a quarter of events were day cases of which almost all were in the GGC (Greater Glasgow and Clyde) area. Although day cases, these will involve an overnight stay from Coll. Approximately 60% of emergency admissions were to Lorn & Isles hospital, Oban. Planned inpatient stays were more likely to be to the GGC area.

Episodes occurred under 22 different medical specialities with a high degree of variation in the number of admissions to each speciality over the five years. Admissions to Oban were predominantly under the specialities of:

- General surgery and
- General medicine.

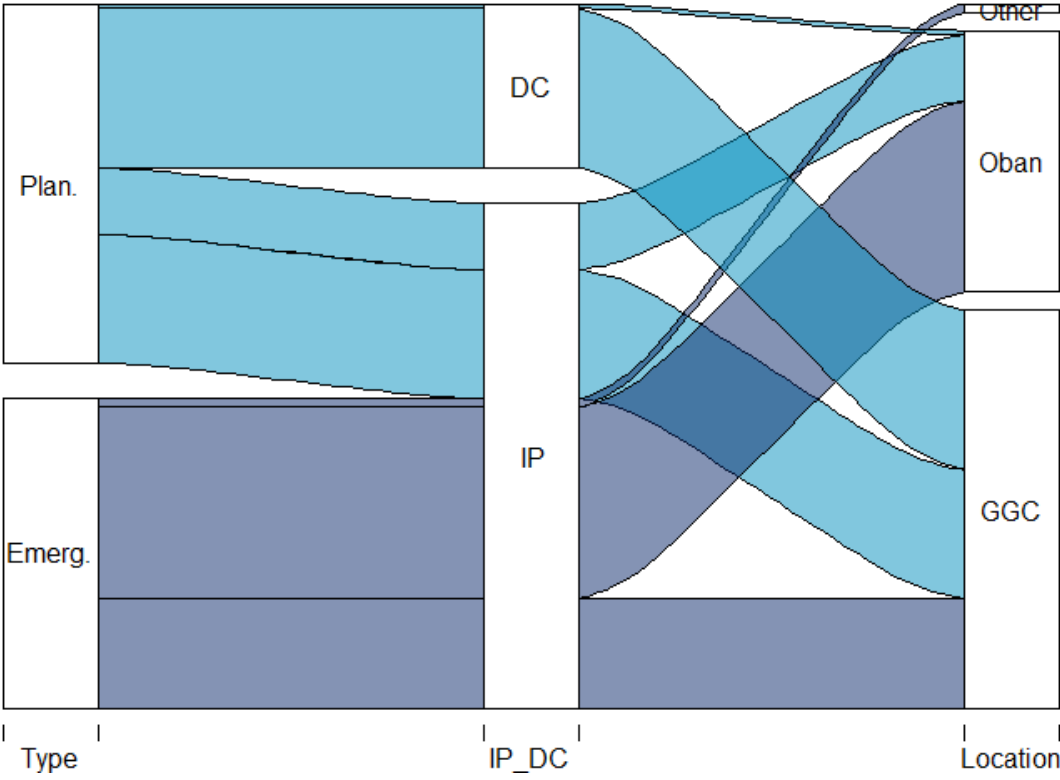
Admissions to the Golden Jubilee were predominantly under:

- Cardiology.

The most common speciality for admissions to hospitals in NHS GGC were:

- Trauma and orthopaedic surgery and
- Plastic surgery.

**Figure 23. The proportion of inpatient/day case discharges by Type (Planned or Emergency), Inpatient) or Day case and Location of admission (Oban, Greater Glasgow and Clyde area or Other).**



Source: ACaDMe. Accessed 31<sup>st</sup> August 2022. 5 financial years (2017/18 to 2021/22)

Notes: Plan. = Planned, Emerg. = Emergency, IP =Inpatient, DC = Day case, GGC = Greater Glasgow and Clyde area including the National Golden Jubilee Hospital.

Diagram produced using R

# Appendices

## Appendix 1 Transport timetables


Figure A1. Calmac 2022 Summer Timetable for Ferry Services to Coll and Tiree

### COLL & TIREE

TEXT CODE 16

#### OBAN - COLL - TIREE (OBA - CLL - TIR)

Table 16

										
Operates 25 March until 17 June and 21 August until 23 October										
DAY	Glasgow Queen St Depart	Oban Depart	Coll Arrive	Coll Depart	Tiree Arrive	Tiree Depart	Coll Arrive	Coll Depart	Oban Arrive	Glasgow Queen St Arrive
MON	1821 B	0715	0955	1010	1105	1135	1230	1245	1525	2124
TUE	1034	1500	1740	1755	1850	1920	-	-	2240	-
WED	1824 B	0700 A	0940 A	0955 A	1050 A	1115 A	-	-	-	-
	-	-	-	-	1700 A	1725 A	1820 A	1835 A	2115 A	-
THU	1824 B	0700	0940	0955	1050	1120	1215	1230	1510	2124
FRI	1824 B	0610	-	-	0930	1000	1055	1110	1405	1748
SAT	1824 B	0700	0940	0955	1050	1120	1215	1230	1510	1917
SUN	1823 B	0700	0940	0955	1050	1120	1215	1230	1510	1919
Operates 18 June until 20 August										
DAY	Glasgow Queen St Depart	Oban Depart	Coll Arrive	Coll Depart	Tiree Arrive	Tiree Depart	Coll Arrive	Coll Depart	Oban Arrive	Glasgow Queen St Arrive
MON	1821 B	0715	0955	1010	1105	1135	1230	1245	1525	2124
TUE	1034	1500	1740	1755	1850	1920	-	-	2240	-
WED	1823 B	0700 A	0940 A	0955 A	1050 A	1115 A	-	-	-	-
	-	-	-	-	1700 A	1725 A	1820 A	1835 A	2115 A	-
THU	1823 B	0700	0940	0955	1050	1120	1215	1230	1510	2124
FRI	1823 B	0610	-	-	0930	1000	1055	1110	1405	1748
SAT	1823 B	0620	0900	0915	1010	1050	1145	1200	1440	1917
	1033	1520	-	-	1840	1900	1955	2005	2245	-
SUN	1823 B	0700	0940	0955	1050	1120	1215	1230	1510	1919
CODE										
A	Denotes sailing to and from Barra, arriving Castlebay 1400 departing Castlebay 1415									
B	Train connection arrives previous day. Overnight accommodation will be required									

Source: <https://www.calmac.co.uk/summer-timetables/oban-coll-tiree>

Figure A2 Calmac 2021/22 Winter Timetable for Ferry Services to Coll and Tiree

# COLL & TIREE

TEXT CODE 16

## OBAN - COLL - TIREE (OBA - CLL - TIR)

Table 16

DAY	Oban Depart	Coll Arrive	Coll Depart	Tiree Arrive	Tiree Depart	Coll Arrive	Coll Depart	Oban Arrive	Oban Depart	Glasgow Queen St Arrive
MON	0715	0955	1010	1105	1135	1230	1245	1525	1811	2124
TUE	0700	0955	1010	1105	1135	1230	1245	1525	1811	2124
THU	0700	0955	1010	1105	1135	1230	1245	1525	1811	2124
SAT	0715	0955	1010	1105	1135	1230	1245	1525	1611	1917
SUN	0715	0955	1010	1105	1135	1230	1245	1525	1611	1919
<b>OPERATES 18 JAN UNTIL 03 MAR ONLY</b>										
MON	0715	0955	1010	1105	1135	1230	1245	1525	1811	2124
TUE	0700	0955	1010	1105	1135	1230	1245	1525	1811	2124
THU	0700	0955	1010	1105	1135	1230	1245	1525	1811	2124
SAT	0615	0855	0910	1005	1035	1130	1145	1425	1611	1917
	1445	-	-	1815	1830	-	-	2200	-	-
SUN	0715	0955	1010	1105	1135	1230	1245	1525	1611	1919
<b>OPERATES 24 AND 31 DEC ONLY</b>										
FRI	1120	1400	1415	1510	1540	-	-	1900		

Source: <https://calmac.co.uk/brochures/winter-timetable>

Figure A3. Hebridean Air Summer 2022 Timetable

SUMMER TIMETABLE											
27 MAR 2022 - 29 OCT 2022											
From	OBAN	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLONSAY	08:25	08:50				✓				
		15:00	16:10				✓				
To	ISLAY	08:25	09:20				✓				
		15:00	15:40				✓				
To	COLL	08:40	09:10			✓					
		14:50	15:55			✓					
		16:30	17:00							✓	**
		16:30	17:00					✓			**
To	TIREE	08:40	09:35			✓					
		14:50	15:25			✓					
From	COLONSAY	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	ISLAY	09:00	09:20				✓				
To	OBAN	09:00	10:10				✓				
		16:20	16:45				✓				
From	COLL	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	TIREE	09:20	09:35			✓					
To	OBAN	09:20	10:25			✓					
		16:10	16:40			✓					
		17:10	17:40							✓	**
		17:10	17:40					✓			**
From	ISLAY	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLONSAY	15:50	16:10				✓				
To	OBAN	09:30	10:05				✓				
		15:50	16:45				✓				
From	TIREE	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLL	15:40	15:55			✓					
To	OBAN	09:50	10:25			✓					
		15:40	16:40			✓					

Source: <https://www.hebrideanair.co.uk/timetables>

Figure A4. Hebridean Air Winter 2022/23 Timetable

SUMMER TIMETABLE											
31 MAR 2021 - 29 OCT 2021											
From	OBAN	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLONSAY	08:25	08:50				✓				
		15:00	16:10				✓				
To	ISLAY	08:25	09:20				✓				
		15:00	15:40				✓				
To	COLL	08:40	09:10			✓					
		14:50	15:55			✓					
		16:30	17:00							✓	**
		16:30	17:00					✓			**
To	TIREE	08:40	09:35			✓					
		14:50	15:25			✓					
From	COLONSAY	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	ISLAY	09:00	09:20				✓				
To	OBAN	09:00	10:10				✓				
		16:20	16:45				✓				
From	COLL	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	TIREE	09:20	09:35			✓					
To	OBAN	09:20	10:25			✓					
		16:10	16:40			✓					
		17:10	17:40							✓	**
		17:10	17:40					✓			**
From	ISLAY	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLONSAY	15:50	16:10				✓				
To	OBAN	09:30	10:05				✓				
		15:50	16:45				✓				
From	TIREE	Depart	Arrive	MON	TUE	WED	THU	FRI	SAT	SUN	Note
To	COLL	15:40	15:55			✓					
To	OBAN	09:50	10:25			✓					
		15:40	16:40			✓					

Source: <https://www.hebrideanair.co.uk/timetables>



## Appendix 2. Calmac Performance data

Figure A5 Calmac Performance Information July 2022 Oban – Coll/Tiree

Oban - Coll/Tiree												
	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21
<b>Reliability</b>												
Operated Sailings	131	94	98	94	77	39	63	72	85	90	103	111
Additional Sailings	0	1	0	0	8	4	0	0	2	3	11	3
Diverted Sailings	2	2	1	1	5	7	12	4	5	1	1	0
Cancelled Sailings	2	5	1	1	18	53	29	14	5	11	0	0
Cancelled Sailings After Relief Events Count	2	0	0	1	4	0	0	0	0	0	0	0
<b>Punctuality</b>												
Scheduled Sailings	133	98	99	95	87	88	92	86	88	98	92	108
On Time Count	91	70	91	75	30	10	32	50	61	68	70	87
Level1 Lateness Count	22	5	4	10	7	6	11	5	3	14	14	12
Level1 Lateness After Relief Events Count	0	0	0	3	0	0	0	2	0	1	0	1
Level2 Lateness Count	18	18	3	9	32	19	20	17	19	5	8	9
Level2 Lateness After Relief Events Count	7	0	0	0	0	0	0	0	0	0	1	0
Contractual relief events, explanations of the terminology and criteria used can be obtained at <a href="https://www.calmac.co.uk/corporate/route-performance/information">calmac.co.uk/corporate/route-performance/information</a>												

Source: <https://www.calmac.co.uk/corporate/route-performance>

Figure A6 Calmac Performance Information July 2022 Oban – Coll/Tiree/Castlebay

Oban - Coll/Tiree/Castlebay								
	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Oct-21	Sep-21	Aug-21
<b>Reliability</b>								
Operated Sailings	12	30	23	22	3	12	21	24
Additional Sailings	0	0	0	0	0	0	0	0
Diverted Sailings	0	0	1	0	0	0	1	0
Cancelled Sailings	0	0	1	2	3	0	9	0
Cancelled Sailings After Relief Events Count	0	0	0	2	0	0	0	0
<b>Punctuality</b>								
Scheduled Sailings	12	30	24	24	6	12	30	24
On Time Count	12	29	20	20	1	12	19	20
Level1 Lateness Count	0	1	2	1	0	0	2	4
Level1 Lateness After Relief Events Count	0	0	0	0	0	0	0	0
Level2 Lateness Count	0	0	1	1	2	0	0	0
Level2 Lateness After Relief Events Count	0	0	0	1	0	0	0	0
Contractual relief events, explanations of the terminology and criteria used can be obtained at <a href="https://www.calmac.co.uk/corporate/route-performance/information">calmac.co.uk/corporate/route-performance/information</a>								

Source: <https://www.calmac.co.uk/corporate/route-performance>

### Appendix 3. Selected data from Census 2011

Table A1. Percentage of all households, by Household spaces

Households spaces	Scotland	All inhabited islands	Coll	Tiree
All household spaces	100.00%	100.00%	100.00%	100.00%
Occupied household spaces	95.91%	86.74%	63.50%	63.84%
Unoccupied household spaces	4.09%	13.26%	36.50%	36.16%
Second residence/holiday accommodation	1.48%	9.90%	35.77%	33.54%
Vacant	2.61%	3.36%	0.73%	2.63%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

Table A2. Percentage of all households, by occupancy

Occupancy	Scotland	All inhabited islands	Coll	Tiree
All households	100.00%	100.00%	100.00%	100.00%
One family household: All aged 65 and over	7.54%	8.76%	5.75%	8.86%
One person household: Aged 65 and over	13.14%	15.65%	5.75%	21.20%
Other household types: All aged 65 and over	0.24%	0.47%	0.00%	0.63%
One person household: Aged under 65	21.55%	20.04%	25.29%	18.67%
One person household: Total	34.70%	35.68%	31.03%	39.87%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A3. Percentage of all households, by tenure**

<b>Tenure of households</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All households	100.00%	100.00%	100.00%	100.00%
Owned: Owned outright	27.84%	42.98%	39.08%	54.75%
Owned: Owned with a mortgage or loan	33.72%	24.88%	24.14%	17.72%
Owned: Shared ownership (part owned and part rented)	0.43%	0.70%	0.00%	0.00%
Living rent free	1.28%	2.81%	1.15%	4.11%
Rented: Council (Local authority)	13.18%	6.45%	0.00%	0.00%
Rented: Other social rented	11.11%	12.27%	24.14%	11.71%
Rented: Private landlord or letting agency	11.10%	8.08%	5.75%	8.86%
Rented: Other	1.32%	1.83%	5.75%	2.85%
Rented	36.72%	28.63%	35.63%	23.42%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A4. Percentage of all households, by Accommodation type**

<b>Accommodation type</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All households	100.00%	100.00%	100.00%	100.00%
Unshared dwelling: Caravan or other mobile or temporary structure	0.16%	0.44%	0.00%	0.00%
Unshared dwelling: Flat, maisonette or apartment	36.42%	11.51%	4.60%	2.53%
Unshared dwelling: Whole house or bungalow	63.36%	87.99%	95.40%	97.47%
Unshared dwelling: Total	99.94%	99.94%	100.00%	100.00%
Shared dwelling	0.06%	0.06%	0.00%	0.00%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A5. Percentage of those aged 3 and over, by Gaelic skills**

<b>Gaelic Skills</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All people aged 3 and over	100.00%	100.00%	100.00%	100.00%
No skills in Gaelic	98.30%	77.46%	85.26%	54.63%
Understands but does not speak, read or write Gaelic	0.46%	3.41%	4.21%	6.07%
Reads but does not speak or write Gaelic	0.09%	0.34%	2.11%	0.48%
Speaks but does not read or write Gaelic	0.37%	5.29%	4.74%	7.67%
Speaks and reads but does not write Gaelic	0.12%	2.49%	0.00%	3.83%
Speaks, reads and writes Gaelic	0.63%	10.80%	3.16%	26.84%
Other combination of skills in Gaelic	0.03%	0.21%	0.53%	0.48%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A6. Percentage of all people, by Ethnicity**

<b>Ethnicity, by % of all people</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All people	100.00%	100.00%	100.00%	100.00%
White: Total	96.02%	98.98%	97.95%	99.39%
White: Scottish	83.95%	80.98%	58.46%	85.30%
White: Other British	7.88%	15.39%	36.41%	12.86%
White: Gypsy/Traveller	0.08%	0.06%	2.05%	0.00%
White: Irish	1.02%	0.60%	0.51%	0.61%
White: Other White	1.93%	1.56%	0.00%	0.46%
White: Polish	1.16%	0.40%	0.51%	0.15%
African: Total	0.56%	0.06%	0.00%	0.15%
Asian, Asian Scottish or Asian British: Total	2.66%	0.57%	0.51%	0.31%
Caribbean or Black: Total	0.12%	0.05%	0.00%	0.15%
Mixed or multiple ethnic groups	0.37%	0.27%	1.03%	0.00%
Other ethnic groups: Total	0.27%	0.07%	0.51%	0.00%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A7. Percentage of all people, by Unpaid Care Provision**

<b>Unpaid Care provision, by % of all people</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All people	100.00%	100.00%	100.00%	100.00%
Provides 1 to 19 hours unpaid care a week	5.16%	5.79%	7.18%	5.97%
Provides 20 to 34 hours unpaid care a week	0.87%	0.80%	1.54%	0.92%
Provides 35 to 49 hours unpaid care a week	0.76%	0.64%	1.54%	0.77%
Provides 50 or more hours unpaid care a week	2.49%	2.29%	2.05%	1.84%
Provides no unpaid care	90.70%	90.48%	87.69%	90.51%
Provides unpaid care	9.30%	9.52%	12.31%	9.49%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>

**Table A8. Percentage of people aged 16-74 in employment, by Occupation type**

<b>Occupation Type</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All people aged 16 to 74 in employment	100.00%	100.00%	100.00%	100.00%
1. Managers, directors and senior officials	8.38%	8.79%	10.20%	8.77%
2. Professional occupations	16.75%	13.60%	14.29%	12.34%
3. Associate professional and technical occupations	12.65%	9.68%	9.18%	14.29%
4. Administrative and secretarial occupations	11.37%	8.92%	11.22%	8.44%
5. Skilled trades occupations	12.52%	20.51%	25.51%	23.05%
6. Caring, leisure and other service occupations	9.71%	11.70%	10.20%	11.69%
7. Sales and customer service occupations	9.31%	6.57%	1.02%	3.90%
8. Process, plant and machine operatives	7.69%	8.28%	7.14%	7.47%
9. Elementary occupations	11.61%	11.96%	11.22%	10.06%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>



**Table A9. Percentage of people aged 16-74 in employment, by Industry type**

<b>Occupation Type</b>	<b>Scotland</b>	<b>All inhabited islands</b>	<b>Coll</b>	<b>Tiree</b>
All people aged 16 to 74 in employment	100.00%	100.00%	100.00%	100.00%
A. Agriculture, forestry and fishing	1.66%	6.88%	19.39%	11.04%
B. Mining and quarrying	1.35%	1.36%	0.00%	0.32%
C. Manufacturing	8.04%	5.80%	1.02%	2.92%
D. Electricity, gas, steam and air conditioning supply	0.80%	0.56%	0.00%	1.62%
E. Water supply, sewerage, waste management and remediation activities	0.76%	0.83%	2.04%	0.65%
F. Construction	7.96%	10.74%	7.14%	9.09%
G. Wholesale and retail trade, repair of motor vehicles and motorcycles	14.96%	11.96%	3.06%	9.42%
H. Transport and storage	4.97%	8.20%	6.12%	13.31%
I. Accommodation and food service activities	6.28%	7.94%	13.27%	9.42%
J. Information and communication	2.74%	1.63%	1.02%	1.62%
K. Financial and insurance activities	4.51%	0.91%	1.02%	2.92%
L. Real estate activities	1.17%	0.99%	0.00%	1.62%
M. Professional, scientific and technical activities	5.22%	3.77%	4.08%	2.27%
N. Administrative and support service activities	4.34%	3.20%	2.04%	1.95%
O. Public administration and defence, compulsory social security	6.97%	5.91%	5.10%	5.84%
P. Education	8.42%	9.17%	12.24%	8.77%
Q. Human health and social work activities	14.97%	15.70%	21.43%	13.31%

Source: <https://www.scotlandscensus.gov.uk/documents/inhabited-islands-analytical-report/>



Argyll and Bute Public Health Intelligence are part of the Public Health department in Argyll and Bute Health and Social Care Partnership (HSCP). They also sit within the Directorate of Public Health of NHS Highland and, alongside the wider NHS Highland Public Health Intelligence team, provide an expert resource on epidemiology, demography and population health evidence.

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Websites



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