

Report to Partnership Meeting 22 April 2022

CONSULTATION

NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026

Purpose of Report

This report introduces HITRANS response to the consultation on the draft NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026

NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026

The NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 can be found at the following link <https://www.gov.scot/publications/nhs-scotland-draft-climate-emergency-sustainability-strategy/documents/>.

This draft strategy sets out how the NHS seeks to achieve its ambition ‘to become a service which is both environmentally and socially sustainable. A health service that improves the opportunities, life chances, health and wellbeing of every citizen in our country and fully contributes to a more cohesive, resilient and net-zero society in a just way that contributes to population wellbeing and a reduction in health inequalities.’










To achieve this ambition the Strategy sets out priority areas for what the NHS plans to do between now and 2026. The theme for one of these priority areas is Sustainable Travel. The actions under this theme are outlined in a figure from the draft Strategy on the next page of this report.

HITRANS Response

A copy of HITRANS response is attached as an appendix to this report. In responding, HITRANS has sought to highlight a number of both challenges and opportunities relating to the Sustainable Travel actions including;

- Highlighting the unique challenges and costs involved in both providing and accessing health and social care in the Highlands and Islands.
- Need for NHS to maintain high quality information on how people are accessing health facilities is essential if we are to improve transport provision so that transport services to support staff, patients and visitors needing to make these trips can be better planned.
- Opportunity for home working to address declining populations in remote mainland and island locations through advertising more open locations for NHS management posts.
- Highlighting the need to implement the actions identified within the Skye, Lochalsh and South West Ross Transport to healthcare action plan – the majority of which address issues that are generic to all parts of the Highlands and Islands.
- Request that the NHS ensure that in future all social, economic and environmental costs are captured in the business case for redesigning health and social care in Scotland
- Propose the implementation of a collaborative approach to Health and Transport through a shared strategy and action plan similar to the HTAP model in North East Scotland.

Sustainable Travel: summary of actions

Theme	Action	Relevant SDG
Reducing the need to travel	<ol style="list-style-type: none"> 1. Carry out annual travel surveys at each of our sites to monitor shifts in modes of transport in travel to and from NHS sites 2. Establish a target to reduce the number of journeys taken by car (staff, patient and visitors) 3. Support the continued use and expansion of NHS Near Me 4. Refresh and modernise our Homeworking policy 5. Plan new facilities in the community using the principles of twenty-minute neighbourhoods 6. Explore options for the better integration of care to reduce the number of separate appointments and journeys 	  
Promoting active travel	<ol style="list-style-type: none"> 1. Work with local authorities, third sector organisations and other partners to link our NHS facilities to active travel routes and networks in the wider community 2. Make our outdoor spaces and sites easier, safer and more enjoyable for people to walk, wheel and cycle on including through improving wayfinding 3. Work towards every Health Board achieving the 'Cycling Friendly Employer Award' from Cycling Scotland by no later than 2026 4. Provide detailed information to all our patients and visitors on how to avoid using a car when accessing our sites including details of cycle routes and paths, cycle parking, facilities and public transport options 	   
Promoting public and community transport	<ol style="list-style-type: none"> 1. Work with local authorities to identify where public transport links to NHS sites need to be improved 2. Make accessibility by public transport a fundamental consideration in decisions about where to develop new NHS facilities 3. Work with Community Transport Association UK and volunteer community transport groups to improve patient access 	 

RTS Delivery

Impact - Positive

Comment – The policies outlined in this national strategy will help support a number of priorities relating to community transport and access to health and social care within the RTS Delivery Plan

Policy

Impact - Positive

Comment – This NHS Strategy provides a coordinated framework of policies at a national level that can support better coordination between community planning partners at a local and regional level

Financial

Impact – Positive

Budget line and value – No direct impact but the policies and priorities will provide a focus for future Business Plans

Equality

Impact – Positive

Comment – Improving transport and access to health and social care is one of the key transport priorities in the HITRANS area.

Members are invited to;

1. Note the report

Report by: Neil MacRae
Designation: Partnership Manager
Date: 14th April 2022

Appendix A: HITRANS response to NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026

HITRANS is the Statutory Regional Transport Partnership covering much of the Highlands and Islands including the area within the following five local authorities – Orkney Islands, Comhairle nan Eilean Siar, Highland, Moray and Argyll and Bute with the exception of the Helensburgh and Lomond area.

HITRANS welcomes the opportunity to comment on the draft NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 and for the opportunity to discuss the consultation with those officials responsible for its development.

Rather than use the consultation template provided we have outlined a number of comments and supporting material in relation to the proposals and actions under the 'Sustainable Travel' priority area which relates most directly to the work of the Partnership. We have also attached two reports; Transport and Access to Healthcare in Skye, Lochalsh and South West Ross and Lochaber Transport Pilot. We make reference to both these reports in our submission below where we have provided feedback based on the draft actions under the 'Sustainable Travel' theme.

Reducing the need to travel

1. Carry out annual travel surveys at each of our sites to monitor shifts in modes of transport in travel to and from NHS sites

Having access to high quality information on how people are accessing health facilities is essential if we are to improve transport provision. HITRANS would welcome the opportunity to work with local NHS boards to ensure that the type of information gathered is as useful as possible to transport planners and operators providing public transport options, and to ensure this is gathered on a common basis, and considers the peculiarities of travel across Scotland, including for islands, and more rural and remote locations.

2. Establish a target to reduce the number of journeys taken by car (staff, patient and visitors)

Establishing targets for reducing journeys by car will help provide the strategic direction needed for the changes in policy and the ways in which services are provided if the targets are to be realised, including tailoring these targets to suit the context and opportunity at each site.

3. Support the continued use and expansion of NHS Near Me

Health boards in the Highlands and Islands have been at the forefront of the expansion of NHS Near Me. Extending further the provision of this service is welcomed. However, it should be noted that NHS Near Me should not be used as an alternative to providing rural healthcare. If an appointment through NHS Near Me is the right option it should be offered equitably for the same clinical reasons regardless of whether it is for a patient on an island, rural or urban area.

4. Refresh and modernise our Homeworking policy

Home working policy has highlighted the ability for employees to undertake their duties successfully from any location. There is an opportunity for public bodies to help address declining populations in many rural and island locations by being more flexible on the base

location when advertising non clinical posts. Where it was previously stipulated that a post had to be based in the NHS Boards main administrative centre to now be advertising many positions in management, financial or HR teams etc. that could be based anywhere within the Board. This principle should also apply to the NHS directorate at a national level.

For example, Highlands and Islands Airports Limited (HIAL) have introduced a flexible working policy that enables staff in support service roles to work from home or to work flexibly spending some time at home and some time in the office or to work from any one of their 11 operational bases. This type of model should be considered for other public sector services, such as the NHS across Scotland.

5. Plan new facilities in the community using the principles of twenty-minute neighbourhoods

HITRANS has recently commissioned work to help understand what a 20 min neighbourhood looks like in remote rural island and mainland communities. Access to healthcare is one of the key services which is an essential component of any 20min neighbourhood. Recent evidence has highlighted that despite the expansion of NHS Near Me, patients in the Highlands and Islands are travelling further to access routine healthcare. For example, almost $\frac{3}{4}$ of all outpatient appointments from residents in the Skye, Lochalsh and South West Ross area take place in Raigmore Hospital in Inverness (pre pandemic, so it would be good to understand what the comparative figure is now). This involves an average round journey in excess of 200 miles. This is the equivalent of the residents of Inverness having to attend outpatient appointments in Perth with some having to travel as far as Edinburgh for the equivalent journey. In contrast to the links between these cities there is only one coach service that enables passengers to undertake a day trip between Skye and Inverness using public transport.

6. Explore options for the better integration of care to reduce the number of separate appointments and journeys

Please find attached a copy of Skye, Lochalsh and South West Ross Transport Assessment and Access Plan. Several of the actions identified in this plan address issues relating to the planning and coordination of appointment times. Improvements in this area offer an opportunity to improve several outcomes including improved attendance rates at appointments; reducing the time and distance patients have to travel to access healthcare; and enable more of these journeys to be undertaken by public transport.

Despite the best intentions of all partners involved (NHS Highland, HITRANS, Community Reps, Highland Council), it has proved difficult to make progress in this area with the current level of resource able to address the issue being so limited. HITRANS is currently exploring the potential to establish a Transport planning position which would be able to work across NHS Boards and with Local Authority partners and HITRANS to coordinate activity in this area and progress some of the key actions in the Skye report which are common to all parts of the Highlands and Islands. This model has already been developed in the North East with the Grampian Health and Transport Action Plan <https://www.nestrans.org.uk/wp-content/uploads/2021/05/HTAP-Annual-Report-2021.pdf>. HITRANS feel that such a post/s are essential if the actions set out in this consultation are to be progressed.

Returning to the example of Skye and Lochalsh - as previously referred to there is only one daily return service between Skye and Inverness which enables passengers enough time to attend an appointment at Raigmore. The partners have worked with the coach operator Citylink so that their service now extends to Raigmore if requested by passengers. This removes the need for a transfer between buses in Inverness. Similar, arrangements are in place for other services from outlying areas in the Highlands. However, for this service to be useful to patients or visitors,

appointments must take place between 1245 and 1645 so as to coincide with the arrival and departure of the service. At present there is no system in place which prioritises the appointment times of patients from outlying areas such as Caithness, Lochaber or Skye so that they have the option of accessing their appointments by public transport.

Rather patients from remote parts of the H&I are routinely offered appointments at times where they are left with no option but to either travel by private car and / or travel the day before and book accommodation. Evidence collected in the report highlights that these costs are invariably not claimed by the patient / visitor – the travel and accommodation forms are rarely offered to patients and it is hard to obtain the necessary form even upon request.

The net result of this process is increased costs to NHS in the providing the healthcare but also significant additional costs in accessing healthcare for patients in rural and island areas. What might be an hour out of the working day for someone living near Raigmore, might involve the costs of an overnight stay, 200 miles of fuel but also the knock on economic impacts of for example having to close their business for two days or at least paying for appropriate cover for their absence. Collectively they amount to in excess of over a million car miles per annum for the 14,000 residents of the catchment. **Currently none of these social, economic and environmental costs are captured in the business case for redesigning health and social care in Scotland.**

In addition, while journeys to specialist centres can be long and costly, there is also the challenge for patients that there is generally a lack of coordination between different services. For example, a patient under the care of multiple specialities will often have to attend on multiple days to see, for example, different consultants – for example, a patient from the outer north isles in Orkney requiring to attend to see say a cardiologist and an orthopaedic consultant, will have appointments on different (nearby) days, and will have to experience on both days up to 8 to 9 hours away from home on each occasion, with up to 2-3 hours spent on a ferry at both ends of the journey on both visits; and this is notwithstanding the challenges then of losing days at work etc.

Furthermore, some healthcare is still routinely provided at the community side – for example, the National Dental Inspection Programme (NDIP) looks at the teeth of two school year groups – P1 as children enter local authority schools and P7 before they move to secondary education. In remote settings, such as on a number of islands, this will involve small numbers of children, and we welcome opportunities whereby visiting dental staff have taken the opportunity of a day-long visit (determined by ferry / air schedules) to also look at the teeth of children in other age groups while they are on the island. This has recently taken place for example on Stronsay in Orkney. It should also be flagged that recent research with families as part of the development of a new Child Poverty Strategy in Orkney had flagged that some families in the isles do not attend dental appointments due to the high cost of ferry travel to attend such appointments – as dentistry is not covered under the Highlands and Islands Travel Scheme. Such action then to inspect a wider pool of children when this time allows therefore has the potential to satisfy a number of complimentary objectives – reducing the need to travel, reducing the cost of routine dental inspections for low income families – and there is further potential to expand the availability of such inspections (if time allows) to others in the community utilising primary care facilities for example on the islands.

Promoting Active Travel

1. Work with local authorities, third sector organisations and other partners to link our NHS facilities to active travel routes and networks in the wider community.

There are some good recent examples of this in the HITRANS area. With good early engagement it has been possible for local partners to work together to deliver improved active

travel routes and facilities at both new and existing NHS sites. This includes at Raigmore Hospital in Inverness, Balfour Hospital in Kirkwall and Aviemore. Transport Scotland funding has been used to support an active travel officer based within NHS Highland.

2. Make our outdoor spaces and sites easier, safer and more enjoyable for people to walk, wheel and cycle on including through improving wayfinding.

HITRANS Active Travel Officer has worked with NHS boards in the HITRANS area on different projects and as a partnership we are keen to work with the NHS to improve access and facilities at any NHS sites.

4. Provide detailed information to all our patients and visitors on how to minimise using a car when accessing our sites including details of cycle routes and paths, cycle parking, facilities and public transport options.

HITRANS are currently in the process of developing travel information for different NHS facilities as part of the work been undertaken by the SLSWR Transport and Access Group. The intention is that this information would be issued with any appointment letter so that patients and visitors are aware of the sustainable travel options available to them. This could also include for example, interchange opportunities between ferry services and access to healthcare sites for island communities; including identifying current gaps in networks – which at present can necessitate patients taking their own vehicle on ferries only for a relatively short journey between ferry and hospital.

Promoting public and community transport

1. Work with local authorities to identify where public transport links to NHS sites need to be improved.

HITRANS and our partner councils have found it very difficult to get engagement from the NHS on the provision of public transport in recent years. With better engagement we feel that there is scope to not only improve the public transport links to healthcare but also in many instances to reduce costs in the delivery of health services. In the HITRANS area, Councils currently support bus, community transport, ferry and air services that are essential for enabling patients and their carers to access healthcare, but also for transporting NHS staff to different facilities. In some cases, health related journeys account for over half of all the trips on services, and yet it has proved challenging to even obtain input from the NHS on the optimum planning or scheduling of these services. In the case of air services this needs the input of at least two Health boards as the services within and from the Western Isles, Orkney Isles and Argyll and Bute are used to transfer patients to facilities within their health board area but also to specialist facilities in neighbouring mainland Health Boards. This engagement needs to be systematic and sustained with full buy in from all parties.

Another example of where it has proved challenging to deliver on this action is at Raigmore Hospital. For several years, buses have been experiencing increased delays when accessing the bus stop at Raigmore which is one of the busiest in the city. Partners identified a solution whereby bus services could save time if a bus only link was established into a neighbouring residential area that would enable services to bypass the congested access to Raigmore. However, despite the solution being included a planning condition for the new Elective Care centre and it benefitting from Transport Scotland funding via the Bus Partnership Fund, there is still no

agreement on a workable route through the Raigmore site. If real progress is to be made against this action it needs all partners to work proactively in support of such improvements.

2. Make accessibility by public transport a fundamental consideration in decisions about where to develop new NHS facilities

HITRANS welcomes this action. As per our input to previous responses, our recent experience over a number of sites is that currently transport and access by public transport is not considered in developing the business case for new NHS facilities or their redesign, and in a wider sense a travel planning approach is not developed alongside business case or planning processes. It is only generally considered after the decision of where services are located has been made. The Scottish Government's target to reduce vehicle car kms by 20% by 2030 makes it imperative that the full social, economic and environmental costs of accessing healthcare are factored into the business case for service provision at the outset.

3. Work with Community Transport Association UK and volunteer community transport groups to improve patient access

The Ferintosh Community Bus service on the Black Isle and the Sleat Community Bus on Skye are two examples of where local communities and multiple local partners have collaborated to develop new community transport services using small Electric Vehicles. <https://www.ross-shirejournal.co.uk/news/community-bus-service-launches-on-black-isle-267472/>

In the Skye case the service is run by the local community trust, while the Ferintosh is operated by Rosshire Voluntary Action. The operation and management of both services are supported by the Local Authority.

The services were initially established through HITRANS involvement in an EU project called MOVE. Local Authority budgets are coming under increasing pressure and the level of funding available for public and community transport has fallen over the last decade. HITRANS have produced a paper on the funding challenges for rural bus services in recent years and potential solutions.

https://www.hitrans.org.uk/Documents/Rural_Bus_Service_Support_and_Funding_Case_for_Change.pdf. Support from rural NHS boards would help make the case for addressing these challenges.

Following Audit Scotland's Review of Health and Social Care Transport, HITRANS and Highland Council led a project to develop improved access to healthcare in Lochaber. The Lochaber Transport Advice and Bookings Service (LTABS) was established as the central initiative under the fixed-term Lochaber-focused Health and Social Care Transport Pilot, commencing public operations on 16th June 2014. The pilot concluded on 31st December 2015 and the detailed end of project report is included with our response. This report describes the rationale for setting up LTABS, records achievements, defines the reasons for not progressing with the service beyond the pilot project period and identifies the activities undertaken to exit the project. The project highlighted both the opportunities to improve public transport and health outcomes but the failure of it to secure the commitment of funding from partners highlighted the challenges in implementing permanent change.

Audit Scotland's Review of Health and Social Care Transport focussed on the need for partners (including RTPs) to clarify responsibilities in this area of transport, which still needs to be progressed. HITRANS feel that by implementing a collaborative approach to Health and Transport through a shared strategy and action plan like HTAP has achieved in North East Scotland would be a positive first step to achieving many of the actions in this Consultation

Decarbonising our fleet and business travel

7. Explore our options for using e-cargo bikes to transfer goods between NHS sites

HITRANS is in the process of organising the supply of E-Cargo bike to a local medical practice in Easter Ross as part of the EU MOVE project which has enabled the purchase of bikes that have then been leased to different businesses and organisations to trial. We would be happy to share any learning from this trial.

9. Create travel policies which state that where business travel is unavoidable, we apply a travel hierarchy, promoting active travel, public transport, car sharing and low carbon vehicles before single occupancy standard vehicles

HITRANS have recently developed the bespoke GO-HI branded app in partnership with a leading technology firm, to provide instant access to information on buses, trains, taxis, car hire, car clubs, bicycle hire, air travel and ferries. The Highland Council has already signed up to using the app for corporate travel and HITRANS would welcome other partners to similarly adopt the app for the booking of business travel.

https://www.youtube.com/watch?v=-4zYG_vz1uY

11.No longer support travel by domestic flight where suitable train or bus alternatives, video or teleconferencing are available and practical.

As already highlighted, air services currently offer the only way for many patients to access healthcare and for staff to access NHS facilities across the Highlands and Islands. However, the Scottish Government's adoption of the target to make the Highlands and Islands the first net zero aviation region offers an opportunity to decarbonise air travel with the area already at the forefront of pilots to trial new technology. For example, the SATE project will create the UK's first operationally-based, low-carbon aviation test centre at Highlands and Islands Airports Limited (HIAL)'s Kirkwall Airport in the Orkney Islands.

The project will trial a host of exciting aviation technologies including low-carbon aircraft that utilise electric, hydrogen or synthetic fuel to replace conventional fossil fuels. It will also trial UAVs (unmanned aerial vehicles), e.g. drones, and demonstrate how they can be used to meet the needs of real-life use cases e.g. on-demand medical supplies directly to hospitals and health centres. Similar pilots involving the transfer of medical supplies using drones are taking place in Argyll and Bute from Oban airport.

<https://www.hial.co.uk/sate/sustainable-aviation-test-environment-3/1>

12. Work with transport infrastructure partners to consider access issues for patients, staff and suppliers in their Climate Change Risk Assessments

Essential as highlighted earlier to foster, and make more systematic as part of planning, development and operational practice that this co-design and co-working happens, and happened effectively.

13. The Scottish Ambulance Service will identify areas and routes at risk and use the information to plan the distribution of response stations and develop contingency plans

Earlier work and research has identified under-provision in terms of availability of non-emergency transport for those that would otherwise be eligible for such transport, particularly in remote and island localities – for example, there is no non-emergency ambulatory transport available for many island localities in Scotland, even for patients with a medical need for such transport. This has adverse impacts from a health outcome perspective and almost certainly increases travel requirements for patients, families and carers.