

## Highlands & Islands Health & Transport Action Plan - Scope and Governance

Revision: Draft

HITRANS  
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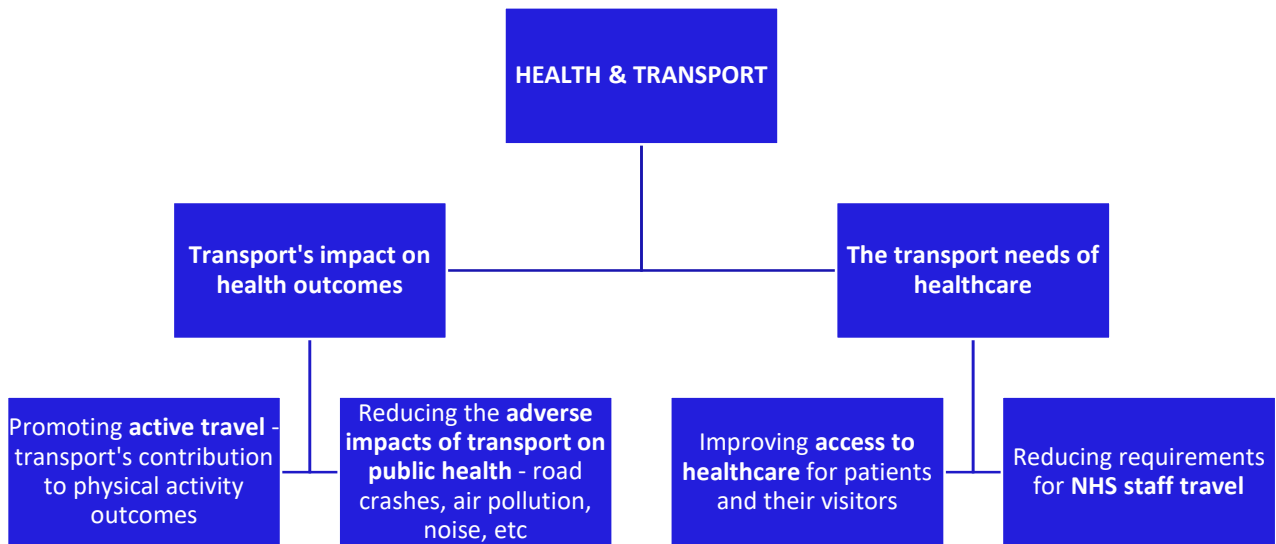
## Acronyms and abbreviations

Acronym	Definition
HTAP	Health & Transport Action Plan
A2H	Access to healthcare
PAT	Promoting active travel

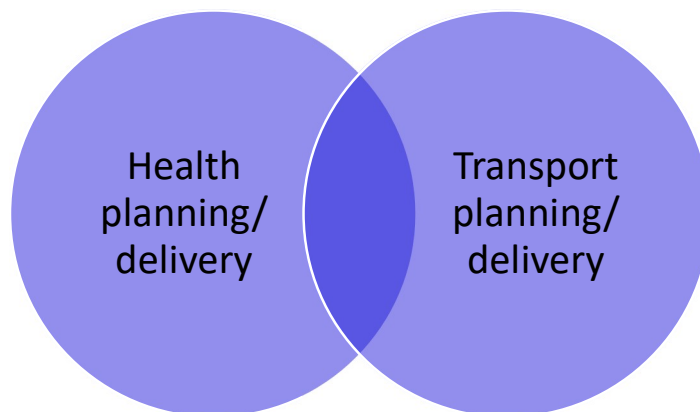
# 1. Introduction

## 1.1 The need for a regional HTAP

The interactions between transport and health outcomes are various and complex, but can be summarised into four main topics, which fall under two themes:



Each of these is an important issue and has, with varying success, been the subject of efforts to improve outcomes in the Highlands & Islands. But change in many areas has proven challenging. In large part, this arises because, whilst health and transport interactions are important, both the health and transport sectors have many other competing priorities:



Providing additional barriers to change are:

- The evidence base for the problems arising from lack of coordinated planning/delivery is often weak (in many instances, there is much anecdotal evidence of problems, but limited comprehensive information);
- There are many delivery partners and other influencers in decision making, resulting in complex interactions;
- Capacity in delivery agencies is typically limited and resources scarce, so change can be hard to realise.

Within this context, HITRANS, the Regional Transport Partnership for the Highlands & Islands, with support from the Scottish Government has been giving consideration to developing a Health & Transport Action Plan (HTAP) for its region (which comprises Orkney, Eilean Siar, Highland and Moray council areas, plus large parts of Argyll & Bute). This responds to Commitment 1 of the Health and Social Care element of the Scottish Government's 2026 Islands Plan<sup>i</sup> and Commitment 19 of the 2024 Transport to Health Delivery Plan<sup>ii</sup>.

ZetTrans, the Regional Transport Partnership for Shetland, has also been considering similar issues and has indicated its support for working in collaboration with HITRANS and for any proposal to include ZetTrans/ NHS Shetland.

### 1.2 Purpose/objectives

This HTAP seeks to help partners work together to identify challenges and respond to opportunities to improve outcomes that relate to health and transport, complementing extant activity and decision-making structures.

The HTAP is inspired by ongoing and otherwise intractable problems within the Highlands & Islands, and also of experience from other regions, notably Grampian's HTAP. In place since 2008, that plan has demonstrated that an HTAP can lead to implementation of projects which would otherwise not have been taken forward, and also lead to significantly improved inter-organisational cooperation. Benefits have included:

- Improved networking, knowledge sharing and support between organisations;
- Improved agility and responsiveness;
- Delivery of new initiatives, including the THInC transport to healthcare information service and recruitment of additional volunteer drivers.

The value of an HTAP is recognised by Scottish Government, with Neil Gray, Cabinet Secretary for NHS Recovery, Health and Social Care, stating in a letter to Cllr Uisdean Robertson, Chair of HITRANS, in April 2024 that he is "*familiar with the work of the Grampian HTAP and [would] very much welcome the plan to adopt a similar approach for the Highlands and Islands region*".

Engagement within the Highlands & Islands region in preparation of this plan<sup>1</sup> identified that there is recognition that an HTAP for the Highlands & Islands region could add value over and above other activities.

It specifically identified potential for an HTAP to:

- Improve joint working between partners, to help implement schemes with a better shared understanding of issues and priorities;
- Help share knowledge between partners, including of the scale of problems and of the effectiveness of potential interventions;
- Raise awareness of important issues amongst local, regional and national decision makers;
- Make the case for increased investment to deliver improved outcomes.

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<sup>1</sup> Including a workshop discussion with representatives of many of the main regional partners facilitated by HITRANS in June 2025, attended by representatives of HITRANS, NHS Shetland, NHS Orkney, NHS Western Isles, NHS Highland, ZetTrans/Shetland Islands Council, Orkney Islands Council, Comhairle nan Eilean Siar, Highland Council, Argyll & Bute Council, South West Ross Community Car Scheme, Scottish Government and Transport Scotland.

### 1.3 Relationship with other processes

Both transport and healthcare sectors work with complex delivery mechanisms, drawing together various aspects of public, private and (in parts) third-sector organisations:

Transport sector delivery environment	Healthcare sector delivery environment
<p><b>Scottish Government/Transport Scotland:</b> set transport priorities and allocate national funding</p> <p><b>Regional Transport Partnerships</b> (including HITRANS and ZetTrans): define regional priorities through Regional Transport Strategies</p> <p><b>Local Authorities:</b> manage local roads (including almost all foot- and cycle-ways), can subsidise “socially necessary” bus services if they are not provided by commercial operators, and operate some inter-island ferries</p> <p><b>Transport operators</b> (including ScotRail, bus, ferry and air service operators): provide most public transport services</p> <p><b>Third-sector organisations:</b> deliver services including some community transport and active travel promotion projects</p>	<p><b>Scottish Government:</b> sets priorities and allocates national funding</p> <p><b>Regional Health Boards:</b> are responsible for the protection and the improvement of their population’s health and for the delivery of frontline healthcare services</p> <p><b>Health &amp; Social Care Partnerships:</b> are responsible for issues including adult primary health care and unscheduled adult hospital care</p> <p><b>Primary healthcare:</b> mostly provided by independent contractors under contract to the NHS<sup>2</sup></p> <p><b>Third-sector organisations:</b> provide a range of support to the delivery of some NHS services, including for fundraising and support for patients/visitors</p>
<p><b>Community Planning Partnerships:</b> have cross-cutting responsibilities for improving joint working to achieve local priorities</p>	

As a result, most planning and delivery of services depend on cooperation between partners. Improving coordination between transport and health relies on increased interface between the two sectors, but using joint working approaches that are already common to both.

There are many other initiatives, including many in the HITRANS and ZetTrans regions, which are working to improve outcomes in the transport and health space. These include actions by:

- Local Authorities and other public and third-sector partners to encourage and enable greater uptake of active travel;
- Third-sector organisations to provide convenient, low-cost transport to healthcare for some sections of the regions’ population.

All complement a wider policy context to improve partnership working between organisations where there are shared objectives. These notably include Community Planning Partnerships which are, with varying levels of rigour, active throughout the region. The HTAP is intended to complement rather than replace existing structures and processes.

Stakeholder discussions have noted that care is needed to ensure that there are appropriate governance arrangement in place to manage delivery and some resource to deliver actions identified by the plan.

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<sup>2</sup> This report considers access to public-funded primary healthcare, as being a key determinant of NHS-related services, but does not consider truly private healthcare (i.e. those services not funded by the NHS).

## 2. Key topic themes

### 2.1 Identification of priority topics

The introduction to this plan identifies four primary topics for the interactions between transport and health. Regional partners discussed all four at the June 2025 workshop. That discussion concluded that the priority themes for a Highlands & Islands HTAP should be:

- **Improving access to healthcare**, noting that improving travel options for NHS staff is a related topic; and
- **Promoting active travel** for health improvement.

These two topics are therefore taken forward as the two primary foci of this HTAP.

Some potential priorities for action were also identified during the workshop discussions. These are summarised in Appendix A and should be considered for inclusion in detailed activity plans.

### 2.2 Access to Healthcare

Patients, especially but not only in rural areas, can face significant challenges in attending healthcare appointments due to limited transport options. Transport problems are among the most commonly reported reasons for missed GP appointments, particularly among elderly people<sup>iii</sup>. Longer distances to health facilities, such as GPs, hospitals and dentists, can result in rural residents experiencing 'distance decay', where service use decreases with increasing distance<sup>iv</sup>. Access problems are often shared with others that want to accompany and/or visit the patient.

*Cancer patients in Orkney and Shetland have an 18% higher risk of dying one year on from diagnosis than those residing on the Scottish mainland*

Poor access to healthcare can profoundly impact health outcomes and quality of life, especially for those living with chronic and terminal illnesses. Rural patients are less likely to use A&E, more likely to be discharged early, and those with advanced cancer are less likely to attend unscheduled care appointments. Rural areas can also face stigma and confidentiality challenges, making it difficult for patients in tight-knit communities to seek support for sensitive issues<sup>v</sup>.

Mortality rates for road traffic accidents, asthma and cancer are higher in rural areas, with cancer often being diagnosed at a later stage. Intervention rates for CHD are also lower, and rural patients are admitted to hospitals less frequently than urban patients<sup>vi</sup>. Aberdeen University research found that cancer patients in Orkney and Shetland have an 18% higher risk of dying one year on from diagnosis than those residing on the Scottish mainland<sup>vii</sup>.

Access to health and social care is a growing cost-of-living pressure, especially for people living in remote areas who often face higher travel expenses and longer travel times. This can be particularly difficult for patients with chronic conditions who may require frequent visits to healthcare sites. For example, the cost incurred by residents in the western area of the Highlands alone (Skye, Lochalsh and South West Ross) from travelling to outpatient appointments is well over £1 million per year<sup>viii</sup>.

Access challenges for people in parts of the region have been exacerbated by the centralisation of some healthcare services; whilst the efficiency benefits to the NHS are welcome, some changes appear to have been made with little consideration of the transport implications.

*The cost incurred by residents in the western area of the Highlands alone (Skye, Lochalsh and South West Ross) from travelling to outpatient appointments is well over £1 million per year*

Conversely, much effort has been put by some NHS providers into remote provision, notably by NearMe, which provides access to some healthcare without travel and there are also good examples of successful efforts to combine several services in one patient visit to a

facility, saving the need for repeated journeys; these and other examples demonstrate the potential for positive change.

The NHS also bears significant costs through the Highlands & Islands Patient Travel Scheme, which helps cover travel expenses for patients living more than 30 miles from the hospital they are attending. NHS Highland reported that in the 2019/20 financial year, the total expenditure reimbursed to patients was £2.4 million<sup>x</sup>.

However, despite the significant impacts that difficulties in accessing healthcare can provide to patients and the NHS, the NHS plays only a modest role in the arrangement of transport. Accessibility often plays only a small component in decisions about where healthcare facilities are provided, and about when and where individual patients' appointments are scheduled.

*In 2019/20, the total transport cost expenditure reimbursed to patients by NHS Highland was £2.4 million*

Transport services, however, are provided privately (car/taxi), commercially (some bus services), through public sector support (many bus services, flights and ferries) and by community transport organisations, as well as emergency and non-emergency Scottish Ambulance Service provision. This is a complex and often-fractured system, often not designed to cater for the needs of people accessing healthcare, who typically need to travel to and from specific locations at specific times, and may have a variety of physical and mental health/wellbeing needs that affect their ability to travel.

The lack of coordination between transport and health for access has long been recognised (including by Audit Scotland's critical "Transport for health and social care" report in 2011<sup>x</sup>, the previous HTAPs and many other sources). Whilst there are many local initiatives which have sought to make improvements, access to healthcare remains poorly coordinated at a regional level and the potential for improved outcomes is significant.

No up-to-date information on the costs to the Highlands & Islands' Boards of staff travel has been identified during the preparation of this plan. However, the cost of staff travel, as they travel to provide healthcare for patients or for other purposes, is a substantial cost to NHS Boards, and a significant contributor to their net carbon emissions.

Some projects, such as increasing use of NearMe engagement between patients and healthcare professionals, can help manage both staff and patient travel needs, and there may be scope to increase use of such systems as well as to replan some healthcare delivery to reduce staff travel.

The opportunities and constraints for change are anticipated to largely fall within the NHS's remit. As such, the scope for additional benefit to be realised by a cross-sectoral HTAP may be limited, but may remain worthy of more detailed consideration.

## 2.3 Promoting Active Travel

Physical inactivity is a major contributor to the disease burden, but many people also do not get enough activity to promote good mental health. Data from a series of long-running studies shows that active travel improves mental wellbeing in several areas, such as concentration, the ability to make decisions and enjoy normal daily activities, and that it reduced the feeling of being constantly under strain<sup>xi</sup>.

*"If a medication existed which had a similar effect to physical activity, it would be regarded as a 'wonder drug' or 'miracle cure'"*

Physical activity, including walking and cycling, offers protection against over twenty diseases and conditions, including coronary heart disease (CHD), some cancers and Type II Diabetes, as well as being important for weight management. As the former chief medical officer noted: "The potential benefits of physical activity to

*health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'.<sup>xiii</sup>*

The physical and wellbeing benefits of becoming more active are greatest for those with the least active lifestyles. Even small increases in physical activity levels for relatively inactive people can reduce the disease burden, improving the quality and length of their lives.

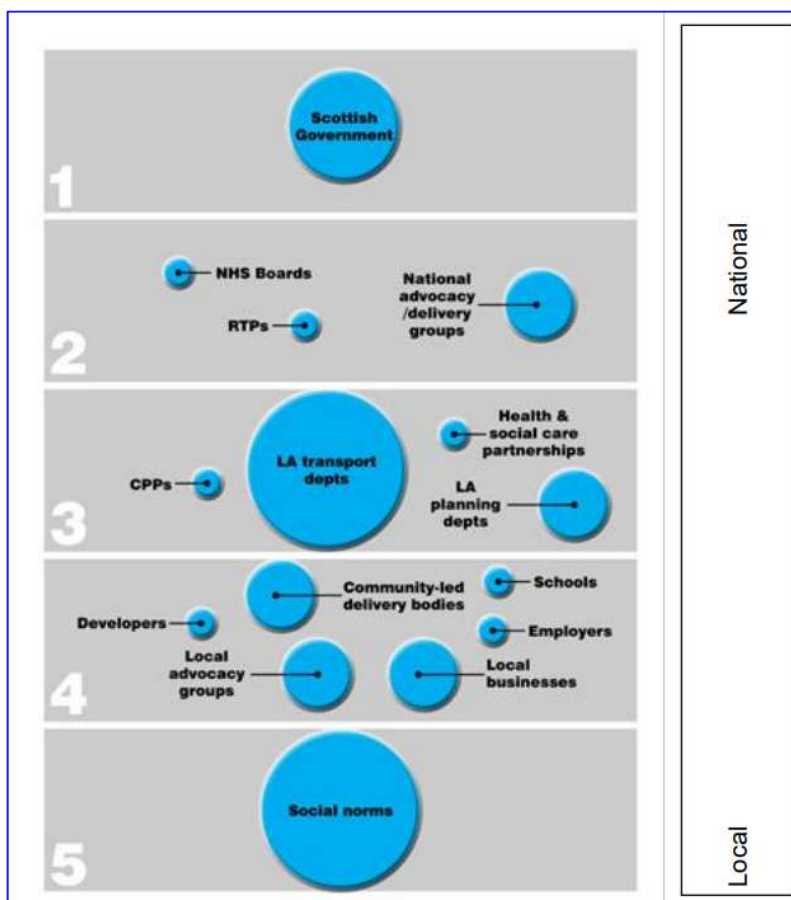
Effectively increasing rates of active travel relies on a range of interventions from a range of partners, as indicated in research by the Scottish Government<sup>xiii</sup> (see figure):

This graphic helps demonstrate that, whilst the public health outcomes of active travel are a core contributor to NHS Boards' objectives, the NHS is not a primary delivery agency.

The promotion of active travel has risen far up amongst transport policy makers' priorities in recent years and is now well established in local and regional transport plans. However, progress on delivery has been limited in places and there remains a huge amount of work to be done until active travel choices are available and embedded throughout the regions. NHS Boards can still be important advocates of change, as well as influencers of active travel rates for journeys by staff and others to their own estates,

Resulting from this, stakeholders engaged in the preparation of this plan expressed a desire for an HTAP to include focus on promoting active travel as they identify the potential for improved joint working between organisations to lead to better outcomes.

Through HITRANS' People & Place Programme, a range of community organisations are funded to deliver projects that enable everyday active travel. They do this through working in partnership with local organisations including the NHS, which has shown to be an integral part of achieving Transport Scotland's [Active Trave Outcomes](#). For example, The Embark Project in Stornoway supports the NHS Western Isles' biannual Step Count Challenge by providing a safe and supportive environment for walking and wheeling activities to those who would most benefit from becoming more active. This has seen positive results as 100% of participants in The Embark Project report choosing to walk or wheel more often than they did previously.



## 3. Delivery and governance

### 3.1 Process

There are many potential challenges which could undermine the effectiveness of an HTAP, most importantly:

- Capacity and resource amongst all partners is scarce, which must temper expectations what the HTAP will be able to achieve in the short-term;

The magnitude of problems across the region, especially for access to healthcare, is large. Comprehensive solutions are complex and costly. Any HTAP must therefore be realistic about the proportion of problems that it could reasonably seek to tackle in the short-term, and expect to need to prioritise action to a modest number of high priorities;

- Evidence of the scale of potential problems is very limited and will, unless addressed, limit the potential for an HTAP to lead to value-led change.

### 3.2 HTAP Steering Group

The priorities and work of the HTAP will be guided by the Highlands & Islands Health & Transport Action Plan Steering Group. Appendix A contains a list of priorities identified in the initial workshop and recent engagement with partners. The steering group will review this regularly, adopting a prioritised annual action plan.

The Group will comprise representatives of the Health Boards including Scottish Ambulance Service (SAS), Local Authorities, Scottish Governments Health Directorate, NHS Assusre, Transport Scotland and Regional Transport Partnerships (RTPs) of the HITRANS and ZetTrans regions<sup>3</sup>. Other representatives may be appointed a determined by the Steering Group

The HTAP shall be considered relevant and valid only for those parts of the region where there is commitment and support for the plan for coterminous health boards and local authorities, such that there can be joint working on health and transport matters in priority communities.

The Steering Group shall:

- Meet at least biannually;
- Determine priorities for action for the coming period that relate to improving access to healthcare and/or promoting active travel in the Highlands & Islands;
- Prioritise and monitor the work of the HTAP Coordinator (when there is someone in place in this role);
- Prioritise and monitor the effectiveness of any financial budgets or other resources allocated specifically for HTAP delivery.

In addition to attending and contributing the Steering Group meetings, its members will:

- Report relevant information and activity from the HTAP into their own organisations' governance structures;

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<sup>3</sup> Comprising the areas covered by the:

- NHS Shetland, NHS Orkney, NHS Western Isles and parts of NHS Highland health boards; and
- Shetland Islands Council, Orkney Islands Council, Comhairle nan Eilean Siar, Highland Council, and parts of Argyll & Bute Council.

- Work to coordinate HTAP activity with Community Planning Partnerships and other organisations and networks wherever relevant;
- Seek opportunities for the HTAP to make greater contribution to their own organisations' priorities;
- Identify colleagues where required to input and support any sub-group or implementation of action within the framework of the HTAP. Eg. formation of group similar to Western Isles Transport and Health Task & Finish Group <https://hitrans.org.uk/wp-content/uploads/2025/03/9.0-HITRANS-WITnHWG-report-March-25.pdf>.
- Advocate the positive work of the HTAP;
- Seek to expand the positive work of the HTAP through supporting opportunities for increased funding or other resource inputs;
- Support efforts to gather and share data where this can lead to improved decision making or better outcomes.

### 3.3 Partners' commitments

Partner organisations commit to:

- Nominating a senior representative to be part of the HTAP Steering Group, and a substitute in the case that the primary representative is unavailable;
- Reporting the work of the HTAP Steering Group into their own governance structures in order to monitor the work of the HTAP and identify potential for improved coordination of activity, and to other relevant organisations, including Community Planning Partnerships, on which they are represented.

Additionally, HITRANS commits to organising and recording notes of Steering Group meetings, and of recruiting and managing the work of the HTAP Coordinator on a day-to-day basis (when there is someone in place in this role).

## Appendix A. Potential priorities for action

The June 2025 partner workshop identified some actions that were considered priorities for HTAP activities to progress. These are listed below for information together with a number identified through recent engagement with partners. A broader review of priorities and opportunities for change is required to define the work of the HTAP.

### On issues that an HTAP can particularly help with:

- Improving the evidence base on which decisions are made;
- Inter-agency knowledge sharing, including on potential service changes and cost implications. Eg. early inter-organisational sharing of any significant changes to transport services including bus, rail, ferry and air or changes to the delivery of health services that may impact the viability of transport services or how patients, visitors or staff access healthcare facilities.

### On issues that could be priorities for an H&I HTAP to address:

- Appropriate and inclusive access to healthcare, noting the different travel and communication preferences of different people in different parts of the region, the significant cost impact for many people, and including the potential for more NearMe/telephone care;
- Understand the constraints and opportunities of the balance of travel by clinicians and patients;
- The net cost implications of changes, rather than just the cost to one service provider, seeking the outcome of more sustainable service provision;
- Ensure appropriate focus is given to primary healthcare (not only acute) and access to other determinants of healthy lifestyles;
- Note how the lack of capacity/conflict with other uses makes access to healthcare challenging for many island residents;
- Identify and forecast effects of potential changes to healthcare or transport services could affect patient and staff access;
- Other potential focus points:
  - Urgent but non-emergency patient travel;
  - Patient discharge transport needs;
  - Recognising the role of the voluntary sector (formal and informal);
  - Improving information on patient, visitor and staff travel options;
  - Helping improve accessibility of transport services;
  - Recognise that problems are likely to be growing with ageing rural population.

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- i <https://www.gov.scot/publications/national-islands-plan-2/>
  - ii <https://www.gov.scot/publications/transport-health-delivery-plan/>
  - iii [Causes, impacts and possible mitigation of non-attendance of appointments within the National Health Service: a literature review](#), National Library of Medicine
  - iv [The UK National Health Service: A Rural Versus Urban Perspective](#), Southern Medical Association
  - v [APPG Rural Health & Care: Parliamentary Inquiry](#), National Centre for Rural Health and Care
  - vi [Poor access to care: rural health deprivation?](#), British Journal for General Practice
  - vii [Warning over 'travel toxicity' as study suggests islanders more likely to die from cancer](#), Press and Journal
  - viii [Skye, Lochalsh & South West Ross Transport & Access Plan](#), HITRANS
  - ix [Skye, Lochalsh & South West Ross Transport & Access Plan](#), HITRANS
  - x [https://audit.scot/docs/health/2011/nr\\_110804\\_transport\\_health.pdf](https://audit.scot/docs/health/2011/nr_110804_transport_health.pdf)
  - xi [Commuting by walking or cycling 'can boost mental wellbeing'](#), National Institute for Health and Care Excellence
  - xii Department of Health (2010) Annual Report of the Chief Medical Officer, 2009
  - xiii <https://www.transport.gov.scot/media/10302/tp-active-travel-policy-implementation-review-october-2016.pdf>