Services of General Interest (SGI) in the Scottish Sparsely Populated Area (SPA): Exemplar Services

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Introduction

This working paper carries forward work conducted under Research Deliverable 3.4.1 of the Scottish Government's Rural and Environment Science and Analytical Services (RESAS) division's 2016-2020 Strategic Research Programme,[1] which addresses the question: "How do changes in the population of remote rural areas of Scotland affect the social, economic and ecological resilience of these areas?" In particular, the work explores the challenges of delivering services of general interest in sparsely populated areas, focusing on a set of "exemplar" services to draw out trends and key issues.

The story so far

This paper builds on earlier work conducted under Research Deliverable 3.4.1. Specifically, it employs Copus and Hopkins' (2017) definition of Scotland's 'Sparsely Populated Areas' (SPA), which is based on the size of the population that is accessible within thirty minutes' travel – or "number of persons that can be reached" (Gløersen et al., 2006: 3).[2] Among the outputs of this work was a map of the SPA and its six sub-regions (Map 1). This provides a framework, adopted in this paper, for exploring differences in demographic trends and service provision across the SPA.

Further analysis by Hopkins and Copus (2018) and by Copus (2018) examined population patterns across the SPA,[2] using historical data to chart trends since 1991 and a predictive model to look forward to 2046. Notably, they forecast a declining population across the SPA of almost 30% by 2046, should recent patterns of out-migration and an unbalanced age structure persist.

This raises important questions about the relationship between service provision and population decline, and how local services (public, private and third sector) in the SPA respond to or perhaps contribute to these conditions, made all the more challenging by recent council spending cuts. The authors began to explore this in a previous working paper (Wilson and Copus, 2018),[2] which brings together the views of stakeholders and community representatives from across the SPA with regard to the provision of "Services of General Interest", and classifies these services according to their sensitivity to population sparsity and the current constraints and opportunities they face.[2] Based on this analysis, we identified a set of "exemplar" services, which stakeholders and community leaders highlighted as particularly sensitive to population change, namely:

- Childcare
- Primary and secondary education
- Primary care
- Care for the elderly

These are investigated in more detail in this working paper, which examines objective data relating to each of the selected services and the narrative of recent change in sub-regions of the SPA, to assess the relative importance of sparsity and population trends to service provision compared to other factors.

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[1] http://www.gov.scot/Topics/Research/About/EBAR/StrategicResearch/strategicresearch2016-21/srp2016-21
[accessed 31st January 2017]
[2] http://www.hutton.ac.uk/research/projects/demographic-change-remote-areas

The structure of this working paper

In this working paper, we begin by summarising key policy changes in Scotland over the past decade and how these relate to service provision in rural areas. We then examine how changes in the governance of rural Scotland are played out across four exemplar service areas: childcare, education, primary care and care for the elderly – with particular focus on Scotland's Sparsely Populated Area (SPA).

Each of the exemplar services is explored in turn below. First, we review recent service developments, as outlined in policy documents, to establish the rationale for changes made. Second, we examine available quantitative data spanning the past decade to identify trends in service provision in SPA, non-SPA and urban areas of Scotland, and in sub-regions of the SPA.

Finally, we draw conclusions from our analysis and set out plans for sharing our findings with stakeholders across the SPA to glean their responses and insights to inform further work.

Map 1: The Sparsely Populated Area (SPA) of Scotland and its sub-regions

Regions and subregions used in analysis (2011 Output Areas)

This work was funded by the Rural & Environment Science & Analytical Services Divsion of the Scottish Government.

0   50   100 km

Western Isles - SPA

Northern Isles - SPA

North and West Highlands - SPA

South and East Highlands - SPA

Argyll and Bute - SPA

all other areas - not in SPA

Bold colours show the SPA and its six subregions (labelled). Light colours and grey show the 'not in SPA' region (subregions not labelled).

■ Urban area
— Coastline
— Scotland/England border

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Southern Uplands - SPA

The calculation of the SPA is described in Working Paper 1, available for download at the project webpage: http://www.hutton.ac.uk/research/projects/demographic-change-remote-areas.
SPA/not in SPA areas and subregions, and urban areas derived from 2011 Output Area Boundaries: Clipped to the coastline (MHW) © Crown copyright. Data supplied by National Records of Scotland. Areas classified by Scottish Government Urban Rural Classification 2013-2014, based on information in Lookup Files (http://www.gov.scot/Resource/0046/00464793.zip) © Crown copyright. Contains public sector information licensed under the Open Government Licence v3.0. Scotland/England border from Ordnance Survey StrategI® data, coastline from Ordnance Survey Boundary-Line™ data. Colour scheme adapted from information at http://colorbrewer2.org/ © Cynthia Brewer, Mark Harrower and The Pennsylvania State University.

1. Scotland's policy landscape

1.1 The past decade

The past decade has been one of significant change in public sector governance in Scotland, with an increasing emphasis on place-based policies, partnership working and community involvement in local decisions.

In 2007, underpinned by the Scottish Budget Spending Review, a Concordat set out a new relationship between the Scottish Government and local government (Scottish Government, 2007a). While the Scottish Government continued to provide strategic direction at a national level, it took a step back in decisions about the delivery of local services, in recognition that different places have different circumstances and requirements. This gave local authorities the freedom to design the delivery of all local government services in their area – in accordance with national outcomes but informed by local priorities.

The new relationship resulted in a set of 32 'Single Outcome Agreements', initially between the Government and local authorities across Scotland but soon expanding to include Community Planning Partnerships (CPPs). Community planning had emerged as a concept in UK Government in 1995 and was developed in Scotland through 'Pathfinder' projects in the late 1990s, becoming embedded in the Local Government in Scotland Act 2003. In the context of Single Outcome Agreements, CPPs refer to the core group of organisations within each local authority area, such as health boards, police, fire and rescue and regional transport networks, along with other organisations from the private and voluntary sectors, that come together to plan public service provision in a local area, with the aim of focusing and coordinating their efforts around key goals to the benefit of the community.

In 2011, further changes were initiated through the Christie Commission's recommendations for public service reform (Commission on the Future Delivery of Public Services, 2011). The Commission was set up by the First Minister in response to a concern that, due to demographic factors, longstanding social inequalities and ongoing financial constraints, Scotland's public sector is facing serious challenges and that urgent action is required to ensure improved service delivery in the future. Drawing on a consultation exercise with public sector organisations across Scotland, the Commission's recommendations focused on closer partnership working between public service providers, sharing of services to improve efficiencies, and involving communities in service design and delivery.

As part of its response to the Christie Commission, in 2012 the Scottish Government and COSLA conducted a review of Community Planning Partnerships and Single Outcome Agreements, resulting in a Statement of Ambition that reaffirmed that CPPs and SOAs will remain central to public sector reform, with an increased emphasis on all partners contributing to tangible outcomes that deliver demonstrable improvements to people's lives (Scottish Government, 2012). The Commission's recommendation to involve communities in decisions about public services was taken forward in the 2015 Community Empowerment (Scotland) Act 2015, which stipulates that CPPs must support community groups to participate in all stages of the creation of agreements, now called 'Local Outcomes Improvement Plans'. This means that community groups now have a mechanism for proposing changes to a public service to bring it in line with the community's needs, and the service provider must implement their proposal unless it has strong grounds for refusal. This bottom-up approach to decision making in local communities is currently the subject of a national discussion

through the 'Democracy Matters' campaign, an outcome of the 2018 Local Governance Review by the Scottish Government and COSLA (Scottish Government, 2018a).

1.2 OECD rural policy frameworks

The beginning and end of this ten-year period is marked by the publication of two rural policy frameworks by the Organisation for Economic Co-operation and Development (OECD), which aims to promote policies that encourage economic and social prosperity throughout the world.

Its 2006 publication, 'The New Rural Paradigm', highlighted the importance of coherent, place-based policies, drawing on partnerships between public, private and voluntary sectors, for improving the effectiveness of public expenditure and promoting competitiveness in rural areas (OECD, 2006). In addition, the paradigm mapped out a radical shift of focus among OECD governments away from subsidising declining sectors towards investing in rural cultures, environments and produce.

Ten years later, in 2016, the OECD conducted a review of rural policy, resulting in a new 'Rural Policy 3.0' framework (OECD, 2016). This provides practical, specific and effective ways in which the New Rural Paradigm can be implemented by national governments. The framework is based on observations that rural regions are becoming more diverse and complex and rural policies more joined up, while data about rural areas are providing greater insights into place-specific requirements and challenges. This presents unprecedented opportunities for rural areas, with the right support, to become "engines of national prosperity". Rural Policy 3.0 also promotes a more rounded focus for rural policy, drawing on economic, social and environmental dimensions of wellbeing. The progression of OECD rural policy frameworks is summarised in Table 1.

Table 1. Summary of changes in OECD Rural Policy

	Old Paradigm	New Rural Paradigm (2006)	Rural Policy 3.0 – Implementing the New Rural Paradigm (2016)
Objectives	Equalisation	Competitiveness	Well-being considering multiple dimensions of: i) the economy, ii) society and iii) the environment
Policy focus	Support for a single dominant resource sector	Support for multiple sectors based on their competitiveness	Low-density economies differentiated by type of rural area
Tools	Subsidies for firms	Investments in qualified firms and communities	communities Integrated rural development approach – spectrum of support to public sector, firms and third sector
Key actors & stakeholders	Farm organisations and national governments	All levels of government and all relevant departments plus local stakeholders	stakeholders Involvement of: i) public sector – multi-level governance, ii) private sector – for-profit firms and social enterprise, and iii) third sector – non-governmental organisations and civil society
Policy approach	Uniformly applied top down policy	Bottom-up policy, local strategies	Integrated approach with multiple policy domains
Rural definition	Not urban	Rural as a variety of distinct types of place	Three types of rural: i) within a functional urban area, ii) close to a functional urban area, and iii) far from a functional urban area

1.3 The place of rural policy in Scotland

The OECD's approach to rural policy has taken some progressive turns over the past decade, and Scottish Government policy has in some respects been in tandem, particularly given its increasing

emphasis on place, partnerships across public bodies and sectors, and on strengthening community voices in local decision making. These themes are explored in a paper produced for RESAS RD 3.4.2, which asks what this movement towards place-based policy means for Scotland (Atterton, 2017).

However, it is notable that Scotland's policies, although place-based, do not distinguish between densely populated urban centres and the country's expansive rural regions, with neither the Christie Commission report nor the Community Empowerment (Scotland) Act differentiating between the requirements of rural and urban communities (Currie, 2017). Currie (2017) also highlights the opportunity missed by the Christie Commission to share lessons from rural communities where innovative solutions have already been employed to challenges that are now emerging in other places (*ibid*.). The lack of explicit reference to rural places in Scottish policy is indicative of the Scottish Government's 'mainstreaming' approach, in which rural concerns are considered by policy makers as an integral part of the policy making process. Rather than having specifically rural policies, rural issues are addressed through:

- A Rural Policy Team, which supports rural development within the Scottish Government;
- The Scottish Rural Parliament, established in 2014 to represent rural community voices to decision makers;
- A Cross Party Group on Rural Policy, which informs the Scottish Parliament about rural issues pertinent to policies; and
- The National Council of Rural Advisers (NCRA), set up in 2017, which considers the future of rural Scotland after leaving the EU.

In their various capacities, these groups provide a forum for discussion of rural issues and a route for informing mainstream policies, albeit this is not enshrined in legislation.

As such, the Islands (Scotland) Act 2018 represents a significant departure from the Scottish Government's mainstreaming approach to rural issues. The Act came about as a result of an 'Our Islands – Our Future' campaign by the island local authorities, which asked for a commitment to 'island-proofing' national policy, and it places a duty on Scottish Ministers to prepare a national islands plan outlining how outcomes for island communities will be improved, covering themes such as: increasing population levels; improving transport and digital connectivity; and promoting sustainable economic development, environmental wellbeing, health and wellbeing, and community empowerment, as well as plans for measuring the extent to which outcomes have been improved. As part of the planning process, relevant local authorities and the Scottish Government, as appropriate, have to prepare an island communities impact assessment in relation to any policies, strategies or services that could have an impact on an island community that is different from their impact on other communities in Scotland. The Act also applies to existing legislation, with local authorities able to request retrospective assessments to be conducted by Ministers in relation to differential impacts of policies on island communities and, where necessary, to make adjustments to legislation.

The new Islands (Scotland) Act is in tune with an earlier OECD review of rural policy in Scotland, in which it highlighted that more remote rural regions, especially peripheral and island areas, can have quite different concerns from other rural areas, including infrastructural challenges, high income deprivation, low enterprise formation, negative population change and "pockets of ageing", which introduce concerns around providing services in a sustainable way (OECD, 2008). While only applicable to the islands, the Act can be seen as an acknowledgement by the Scottish

Government that different types of rural have different needs, which might be best represented through more formal and focused policy processes.

2. Childcare

2.1 Policy context

Childcare has been an area of increasing focus for the Scottish Government in the past decade. The Early Years Framework (Scottish Government, 2008) recognised the criticality of early action in shaping the life courses of children, lifting them out of cycles of deprivation and providing a lever for addressing broader and enduring social and economic inequalities throughout Scotland. The framework builds on the 2007 Concordat between the Scottish Government and COSLA, drawing on new potential for partnership working to bring focus and a fresh commitment to early years investment, ensuring that cohesive, high quality services are designed to meet children's needs at a local level. The framework outlines this vision and the steps required to achieve transformational change over the next ten years.

This new approach was reinforced in June 2010 when the Scottish Government pledged to renew efforts in improving the lives of children and young people (Scottish Government, 2010a). As part of this pledge, they commissioned an independent review, led by Professor Susan Deacon, on how practitioners and professionals across sectors, as well as families and communities, can work together to maximise the benefit of early years investment in times of public spending cuts. The resulting recommendations are underpinned by a radical 'bias for action' that is less reliant on Government interventions and is instead driven by collaborations, drawing widely on local skills and resources to find practical ways of making a difference to the lives of children. In relation to childcare specifically, Deacon suggests a new generation of children and family centres across Scotland that offer a range of childcare services that support the wellbeing of children, their families and the wider community.

In 2011, the Scottish Government and COSLA established the Commission on the Delivery of Rural Education with a view to considering how these early years policies could be applied in rural parts of Scotland, as well as reviewing the Schools (Consultation) (Scotland) Act 2010. In its report, the Commission noted a strong link between availability of childcare and parents' potential to engage in sustained employment (Commission on the Delivery of Rural Education, 2013). This is a particular challenge in rural settings where a lack of childcare options often means that one parent has to stay at home during their children's early years. Where informal childcare arrangements exist within a community, these can be fragile, making parents vulnerable to sudden change. In addition, the lack of transport provision for early years care can mean long journeys for families that are difficult to coordinate with other commitments, including long commutes to places of work. Among its recommendations for managing increased provision in rural areas, the Commission proposes greater alignment of childcare access to school catchment areas, cross-sector partnership working to ensure that early years provision is available in all areas, and that Deacon's recommendation for children and family centres is realised as much as possible, with the suggestion that rural schools might offer integrated early years services.

At the same time as these early years policies were being developed, and underpinned by the same sentiments, work was also under way on a new Scottish Government commitment to 'Getting it Right for Every Child' (GIRFEC), which aims to improve outcomes for children and young people as they progress through life, based on a set of values and principles that enable services and practitioners to plan and work together towards a shared goal (Scottish Government, 2012b). GIRFEC was also the source of the controversial 'Named Person' policy, requiring that every child in

Scotland have a named adult as a point of contact regarding their wellbeing until the age of 18. The GIRFEC approach was piloted in the Highland local authority between 2006 and 2009 and became a statutory requirement in 2014 with the publication of the Children and Young People (Scotland) Act. This stipulates that education authorities must secure "the mandatory amount of early learning and childcare is made available for each eligible pre-school child belonging to its area" – the mandatory amount expanding from 475 to 600 funded hours per year for 3 and 4 year olds as well as some vulnerable 2 year olds. Anticipating the arrival of the Act, the Commission on the Delivery of Rural Education had already highlighted in its report that existing challenges for providing childcare in rural areas would increase with this new requirement, calling for rapid implementation of its recommendations for rural Scotland.

In 2017, the Scottish Government increased its commitment to funded childcare further still. In A Blueprint for 2020, it outlined a Quality Action Plan to expand the entitlement further, to 1,140 hours per year by 2020, in order to deliver on its commitment to affordable, accessible early learning and childcare for all (Scottish Government, 2017a). In its review of the proposals, Audit Scotland noted that:

> There are significant risks that councils will not be able to expand funded ELC to 1,140 hours by 2020. In particular it will be difficult to increase the infrastructure and workforce to the levels required, in the limited time available. The Scottish Government should have started detailed planning with councils earlier, given the scale of the changes required. (Audit Scotland, 2018)

Audit Scotland draws attention to the particular difficulties that rural councils face in providing the increased quantity of childcare to families living far from childcare facilities, and the additional costs of transport, although rural councils also highlighted the abundance of space in rural areas, noting that this might offer opportunities for expanded provision and community involvement (Audit Scotland, 2018).

2.2 Data and commentary

This analysis employs data from the Care Inspectorate to examine trends in childcare services between 2007/08 and 2017/18.[3] While several kinds of childcare service are available, the publicly available data concerning them varies in completeness; as such, we have focused on the provision of day care for children, and our findings should therefore be considered within the context of a suite of options.

Figure 1 below shows that the number of day care services for children rose steeply across Scotland between 2007/08 and 2009/10 in the SPA, in rural areas outwith the SPA and in urban areas. This was followed by a year (two years in the SPA) of little growth and then decreasing numbers until 2017/18. Numbers increased slightly in urban areas and in rural areas outwith the SPA in 2015/16. In numerical terms, the number of SPA services decreased from 194 to 190 across the period as a

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[3] Data source: ServiceList010618final, which includes Daycare of Children services in Scotland registered with the Care Inspectorate since 2002, excluding those cancelled prior to 01 April 2007. Postcodes of those services not on the public list were removed. Services with no postcode (967 out of 5954) or with postcodes that did not match an output area (9) were also excluded from the analysis. Years are calculated from April to March, e.g. 2007/08 is 1 April 2007 to 31 March 2008.

whole, while rural areas outwith the SPA areas had 18 fewer services in 2017/18; urban areas, in contrast, had 10 more.
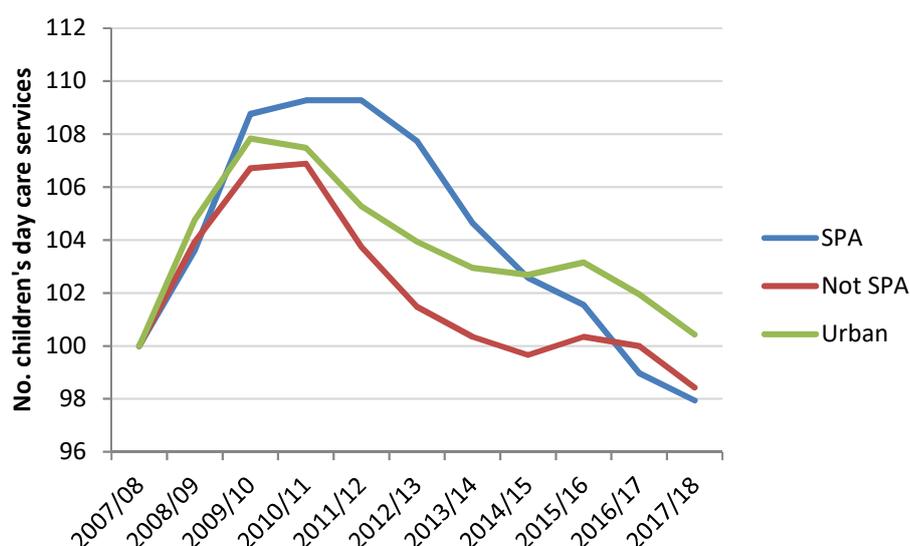
Figure 1. No. children's day care services, 2007/08 to 2017/18 (2007/08=100)

Table 2. No. children's day care services, 2007/08 to 2017/18

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
SPA	194	201	211	212	212	209	203	199	197	192	190
Not SPA	1147	1192	1224	1226	1190	1164	1151	1143	1151	1147	1129
Urban	2310	2420	2491	2483	2432	2401	2378	2372	2383	2355	2320

The capacity of care services also increased steeply across Scotland between 2007/08 and 2009/10 (Figure 2). Capacity in urban and non-SPA areas then stabilised somewhat, with substantially greater capacity in 2017/18 than in 2007/08 (7,364 additional places in urban and 2,911 more in non-SPA rural areas). In the SPA, capacity decreased between 2009/10 and 2017/18, resulting in an overall decrease of 10 places over the ten-year period.
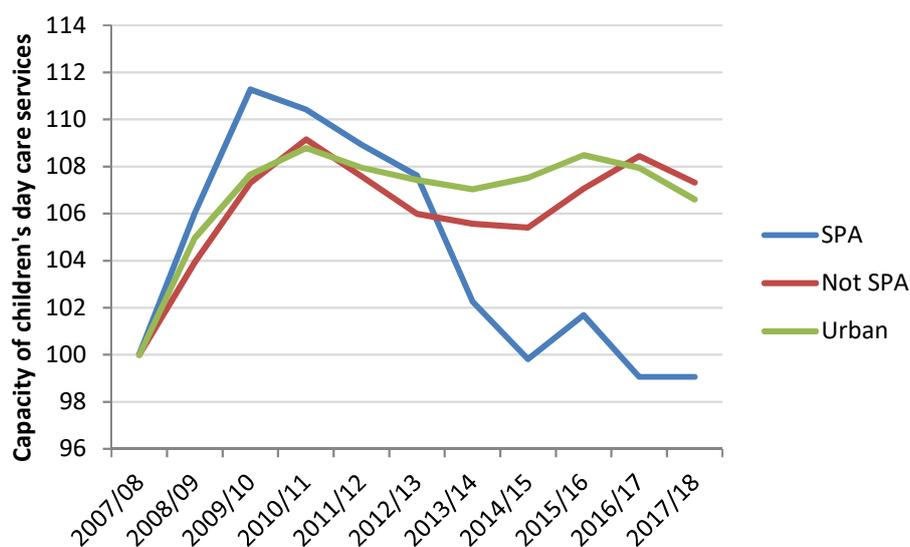
Figure 2. Capacity of children's day care services, 2007/08 to 2017/18 (2007/08=100)

Table 3. Capacity of children's day care services, 2007/08 to 2017/18

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
SPA	1064	1128	1184	1175	1159	1145	1088	1062	1082	1054	1054
Not SPA	39786	41346	42690	43428	42807	42170	42000	41939	42593	43148	42697
Urban	111556	117086	120094	121358	120437	119842	119397	119944	121027	120417	118920

Looking within the SPA, the number and capacity of services decreased most markedly in the North and West Highlands, with eight fewer day care services and 107 fewer places in 2017/18 than in 2007/08 (Figures 3 and 4). In the Western Isles, on the other hand, the number of day care services increased by seven and capacity more than doubled, from 212 to 441. Across other SPA sub-regions, numbers fluctuated but less dramatically.
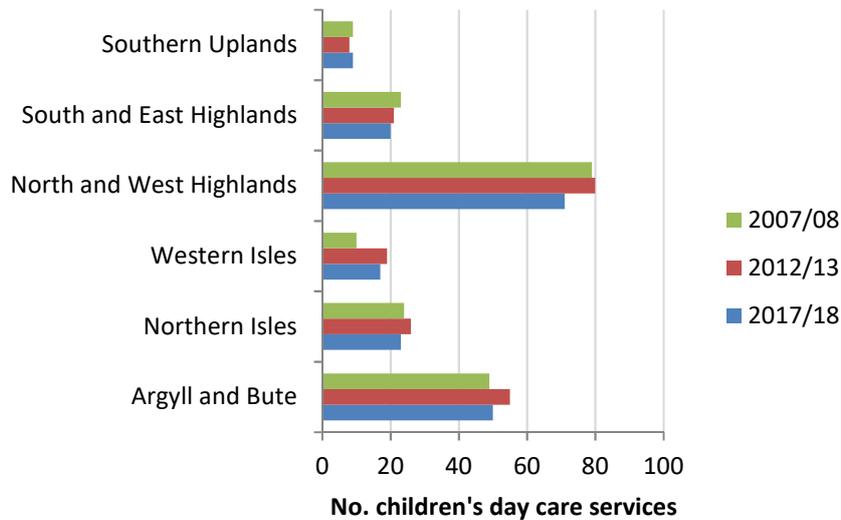
Figure 3. No. children's day care services in the SPA, by SPA sub-region
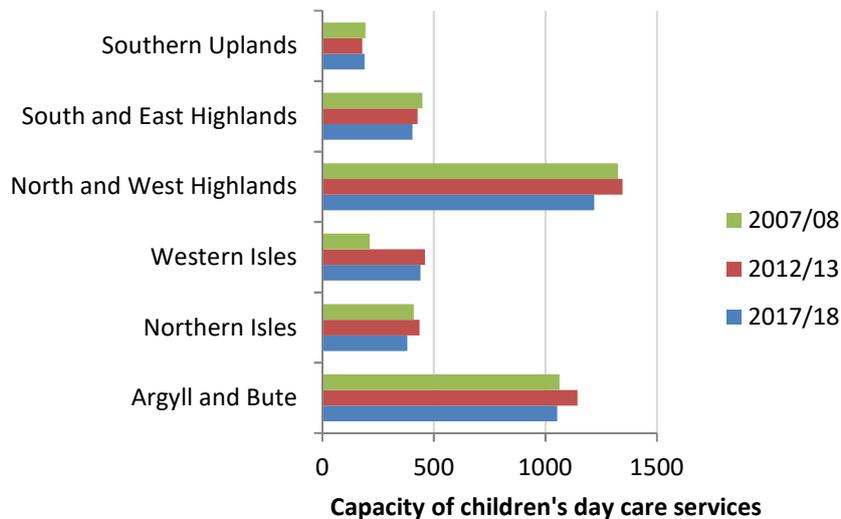
Figure 4. Capacity of children's day care services in the SPA, by SPA sub-region

In terms of who is providing day care services, the role of the third sector has shrunk in the SPA, rural areas outwith the SPA, and in urban areas (Figures 5 and 6). The private sector is most active in urban areas, and increasingly so, with 159 additional day care services and 11,149 additional places becoming available between 2007/08 and 2017/18. The role of the private sector is also increasing in rural areas outwith the SPA. In contrast, in the SPA, the private sector share of day care services is small and decreasing; rather, the bulk of services is provided by the public sector, and this is increasing.

	SPA			Not in SPA			Urban		
	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18
Third sector	11	12	7	339	322	264	664	634	546
Private	3	3	2	210	256	272	653	781	812
Public	35	40	41	598	586	593	993	986	962
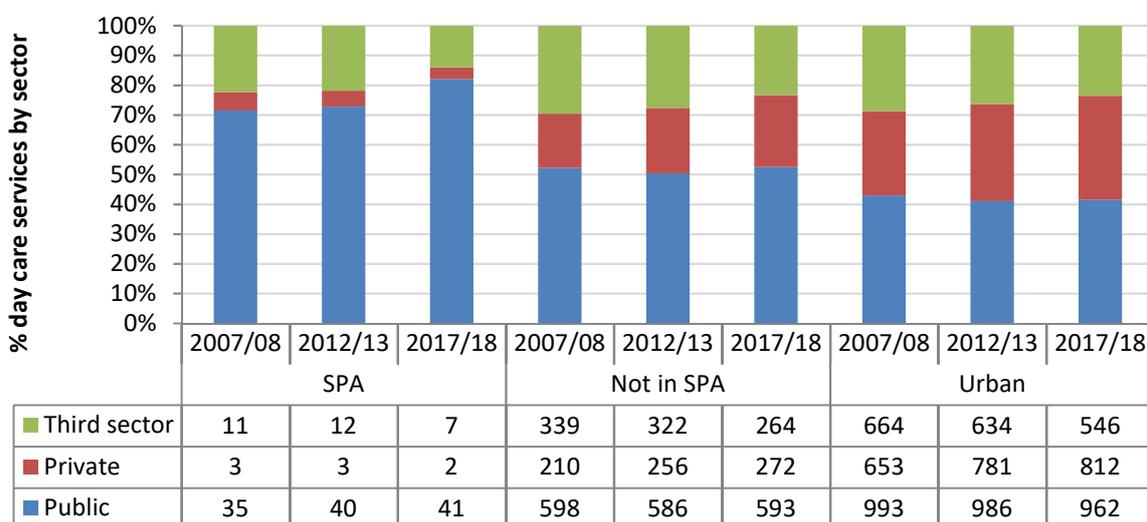
Figure 5. Number and proportion of day care services by sector

	SPA			Not in SPA			Urban		
	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18
Third sector	304	308	225	9629	9519	8162	25326	25114	22535
Private	130	130	102	9790	12505	14015	36230	44822	47379
Public	630	707	727	20367	20146	20520	50000	49906	49006
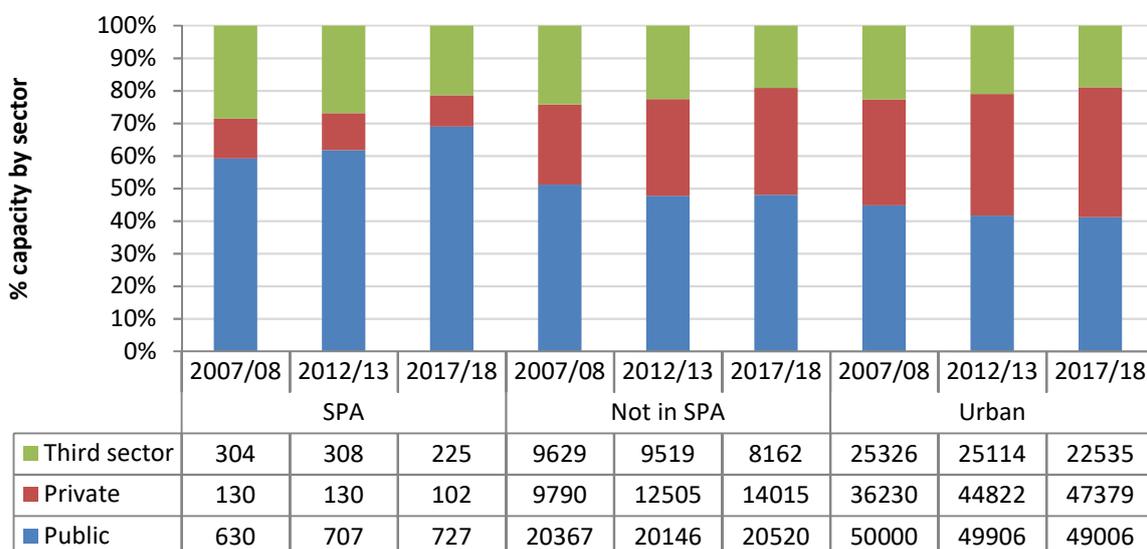
Figure 6. Capacity of day care centres by sector

Drilling down to sub-regions of the SPA (Figure 7), there is a similar pattern of provision across areas except the Southern Uplands, where there is no private sector day care provision at all. This is in contrast to care home provision in the Southern Uplands, which is completely private sector (see section 5 of this report). In most sub-regions, public sector provision has increased and private sector provision has decreased. The Western Isles saw a large swing away from third sector funding towards public sector services between 2007/08 and 2012/13, suggesting that there has been decisive public sector intervention in this policy area.

	Argyll and Bute			Northern Isles			Western Isles			North and West Highlands			South and East Highlands			Southern Uplands		
	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18
Third sector	11	12	7	11	12	7	6	3	2	14	16	10	3	3	1	3	2	2
Private	4	3	2	5	3	2	1	1	1	2	3	2	4	2	2	0	0	0
Public	35	40	41	35	40	41	3	15	14	62	61	59	17	16	17	6	6	7
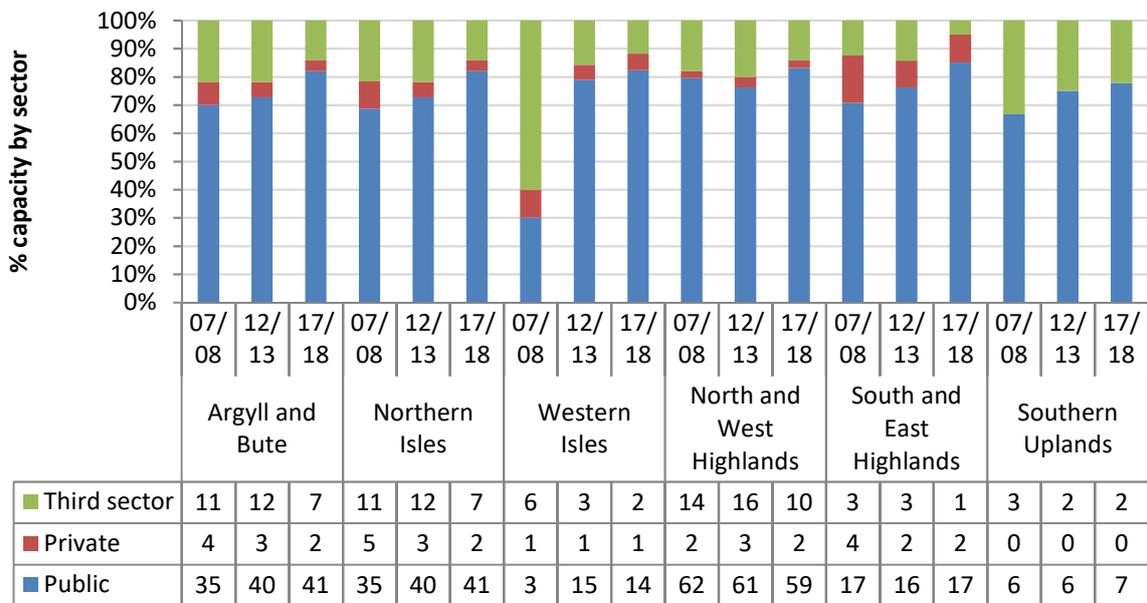
Figure 7. Number and proportion of day care services by sector and SPA sub-region

3. Education

3.1 Policy context

Schools are often considered to be an indicator of a rural community's vibrancy, a 'key' service that keeps residents living in the area and attracts new families to move there – although this assertion has been debated (Slee and Miller, 2015). However, provision of primary and secondary education also constitutes a considerable cost to Scotland's local authorities and, in areas with a rural composition, the cost-per-child can be very high indeed, rising further still in areas of low and sparse population (Audit Scotland, 2014). In economically challenging times, this makes rural education vulnerable to rationalisation and rural schools vulnerable to closure.

In 2010, the Schools (Consultation) (Scotland) Act introduced a formal consultation process for local authorities, ensuring that proposals to make changes to schools are thoroughly considered, transparent and fair. This included a presumption against closing rural schools, which, following Scotland's Urban Rural Classification, applies to schools located in settlements of fewer than 3000 people and accounts for 34% of Scotland's schools (Scottish Government, 2017b). The Act requires local authorities to formally consider, in an 'educational benefits statement', the broad impact of proposed closure of these schools, not only on current pupils but also on prospective pupils, other users of the school's facilities and the pupils of other schools in the area. Proposals and statements are then subject to consideration by parents, pupils and the local community.

In the early years of the Act, some of the closure proposals put forward by local authorities received strong criticism from local communities on the grounds of inaccurate school roll projections and the perceived role of schools in rural communities (Slee and Miller, 2015). To explore these issues, in 2011 the Scottish Government and COSLA set up the Commission on the Delivery of Rural Education, which reviewed the implementation of the Schools (Consultation) (Scotland) Act 2010 and reported on "how the delivery of rural education could maximise the attainment, achievement and life chances of young people in rural areas, and the link between rural education and rural communities" (Commission on the Delivery of Rural Education, 2013). Based on public consultations, meetings with stakeholders and visits to schools – throughout rural Scotland but also drawing on examples from other European countries – the Commission published 38 recommendations for the delivery of rural education in Scotland (*ibid.*). These included improved guidance on school closures, greater rigor, transparency and accuracy in financial arguments, and that local authorities consider 'rural proofing' policies to ensure that a community's rurality is taken into account in local decision making.

Following an Education Governance Review consultation in 2016-2017, the Scottish Government is currently preparing for further education reforms, which it will introduce through the Education (Scotland) Bill 2018 (Scottish Government, 2018b). The scope of the Bill is to legislate for 'empowering schools': devolving power to schools so that they can make more decisions about their children's education and how the school is run. While the focus of this legislation is primarily on closing the deprivation-related attainment gap and has little emphasis on rurality, there will nonetheless be further pressure on rural local authorities to maintain a high quality service while delivering on school-led reform.

3.2 Data and commentary

This analysis draws on three principal sources of historical Scottish school data:

- Historical school rolls, 2006 to 2016,[4] derived from the annual pupil censuses;
- Scottish schools that have opened or closed between 2006 and September 2017.[5] This is derived from the Openings and Closings exercise, June 2017; and
- Teacher numbers, 2006 to 2016, also drawn from the annual Openings and Closings exercises.[4]

Our analysis focuses on the period 2006 to 2016 to provide an indication of recent changes, and on local authority schools only, for which complete data sets are available.

3.2.1 Primary schools

Historical trends in primary school pupil and teacher numbers in the SPA, in urban areas and in rural regions of Scotland not covered by the SPA are presented in Figure 8, covering the years 2006 to 2016.[3,4] While there are some year-on-year fluctuations, the overriding trend is one of declining primary school pupil numbers in the SPA, falling from 9,352 in 2006 to 8,103 in 2016, a decrease of 13%. Primary school teacher numbers across the SPA have fallen more steeply, from 876 to 682, a decrease of 22%.

In contrast, over the same time period, pupil numbers in urban primary schools fell until 2010 and have risen steadily since then, resulting in an overall increase of 10% between 2006 and 2016 (from 262,716 to 288,067). This is loosely mirrored in teacher numbers in urban primary schools, which fluctuated until 2011 and have since increased year on year, resulting in a more modest increase over the period of 4% (from 15,994 in 2006 to 16,570 in 2016).

Primary school pupil numbers in rural areas not covered by the SPA have fluctuated the least and were in fact very similar in 2006 and 2016, at 103,674 and 103,713 respectively. During the period, numbers decreased to a low of 98,603 in 2011 then steadily recovered.

Figures 9 and 10 explore the SPA figures in more depth, showing primary school pupil and teacher numbers for each sub-region of the SPA in 2006 and 2016. Pupil numbers fell across every area except the Western Isles, in which they increased from 638 to 717 (12%). The North and West Highlands and Argyll and Bute saw the largest decreases in pupil numbers, falling by 454 (16%) and 416 (14%) respectively.

Primary school teacher numbers (Figure 10) decreased across every part of the SPA, with the North and West Highlands again seeing the largest decrease, losing 65 (25%) of its teachers between 2006 and 2016. Strikingly, the Western Isles have seen a 40% drop in teacher numbers over the decade, from 123 to 74, despite an increase in pupil numbers.

Primary school closure and opening figures for 2006 to September 2017 echo the SPA data for pupil and teacher numbers, with 23 closures in the SPA; an additional nine primary schools were

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[4] Source: Scottish Government (2018) Historical school rolls, 1996-2017, available: http://www.gov.scot/Topics/Statistics/Browse/School-Education/HistoricDatasets/Rolls-2006 [accessed 5 April 2018]

[5] Source: Scottish Government (2018) School contact details, available: http://www.gov.scot/Topics/Statistics/Browse/School-Education/Datasets/contactdetails [accessed 5 April 2018]

mothballed (Table 4). Closures were spread across all sub-regions of the SPA except for Argyll and Bute where two schools were mothballed (Table 5). A majority of closures (13) occurred in the Western Isles. During the same period, five schools opened in the SPA, including one in the Western Isles.

Notably, more primary schools were closed than opened in other parts of Scotland, with 49 closed and 12 mothballed in rural regions outwith the SPA. 133 primary schools were closed in urban Scotland and 63 were opened in towns and cities throughout the decade.
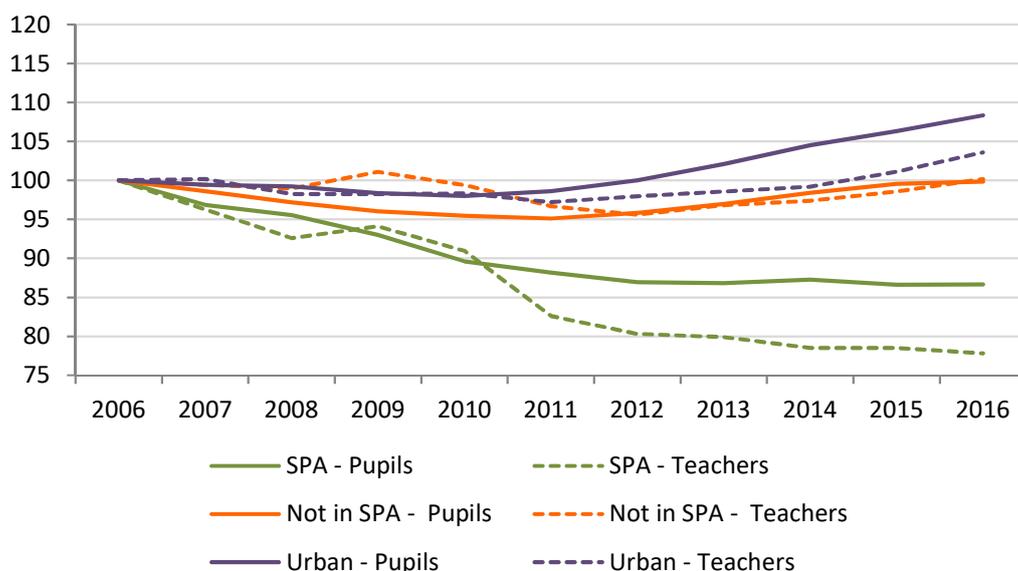
Figure 8. Primary school pupils and teachers, 2006 to 2016 (2006=100)
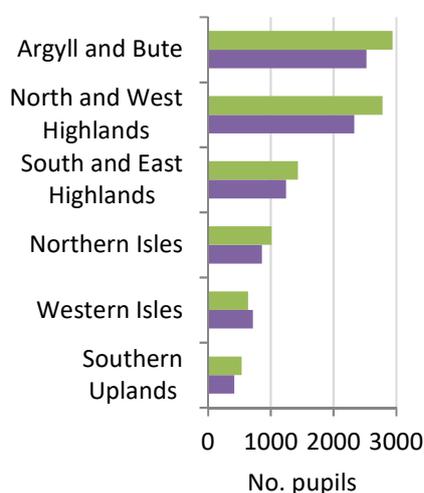
Figure 9. No. primary school pupils by SPA sub-region, 2006 and 2016
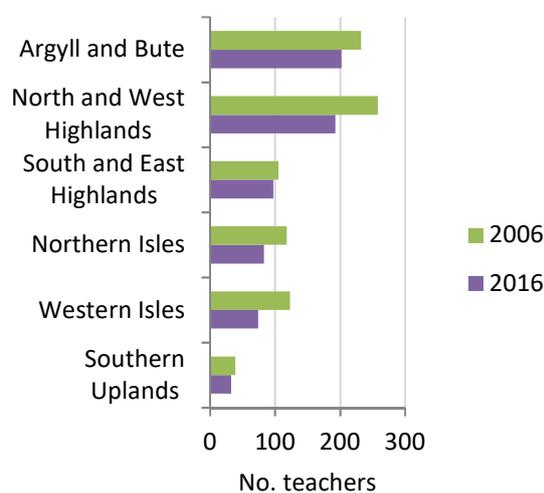
Figure 10. No. primary school teachers by SPA sub-region, 2006 and 2016

Table 4. Primary schools closed/opened/mothballed between 2006 and September 2017

	Closed	Mothballed	Opened
SPA	23	9	5
Not in SPA	49	12	14
Urban	133	1	63

Table 5. Primary schools closed/opened/mothballed between 2006 and September 2017, by SPA sub-region

	Closed	Mothballed	Opened
Argyll and Bute	0	2	0
Northern Isles	2	3	1
Western Isles	13	1	1
North and West Highlands	3	3	1
South and East Highlands	3	0	1
Southern Uplands	2	0	1

3.2.2 Secondary schools

Figure 11 shows historical trends in pupil and teacher numbers in Scotland's secondary schools between 2006 and 2016. Pupil numbers again fell substantially in the SPA from 3,127 in 2006 to 2,476 in 2016, a decrease of 21%, with a particularly sharp drop between 2011 and 2015. Secondary school teacher numbers in the SPA increased sharply between 2007 and 2009 but have since fallen steeply, from a high of 719 in 2009 to 591 in 2016 and an 11% decrease over the decade as a whole.

Trends in SPA secondary school numbers are indicative of patterns across Scotland more generally, with pupil and teacher numbers in urban secondary schools also decreasing between 2006 and 2016: pupil numbers fell from 295,637 to 273,737 (7%) while teacher numbers dropped from 22,091 to 18,635 (16%).

Secondary school pupil numbers also decreased in rural areas not covered by the SPA, falling from 6,179 in 2016 to 5,209 in 2006, a decrease of 16%, while teacher numbers increased sharply between 2007 and 2009 and thereafter decreased modestly until 2016, resulting in an overall increase of 399 teachers (12%) over the period.

Figures 12 and 13 show a breakdown of secondary school pupil and teacher numbers for sub-regions of the SPA. They indicate decreasing pupil numbers across all sub-regions, with the North and West Highlands seeing the largest drop in numbers (439) and the Western Isles seeing the highest percentage decrease (35%). Argyll and Bute also saw a large decrease of 366 secondary pupils (19%).

Trends in secondary school teacher numbers vary across the SPA (Figure 13) with decreases in all areas except Argyll and Bute and South and East Highlands, where increases were modest (12 and 9 teachers respectively). The Western Isles saw a notable decrease, from 108 teachers in 2006 to 70 in 2017, a drop of 35%. The North and West Highlands also saw a substantial decrease from 211 to 178 (16%).

Secondary school opening and closure figures for 2006 to September 2017 show just two closures in the SPA, one in the Western Isles and one in the Northern Isles; none was opened or mothballed (Tables 6 and 7). One further secondary school was closed in a rural area outwith the SPA, and urban areas saw 24 closures and 11 openings.
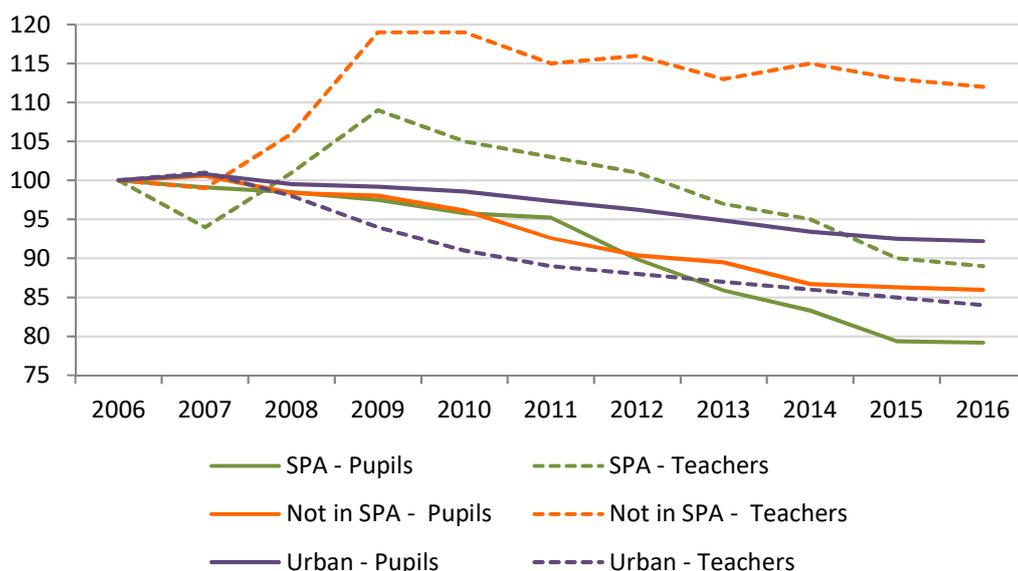
Figure 11. Secondary school pupils and teachers, 2006 to 2016 (2006=100)
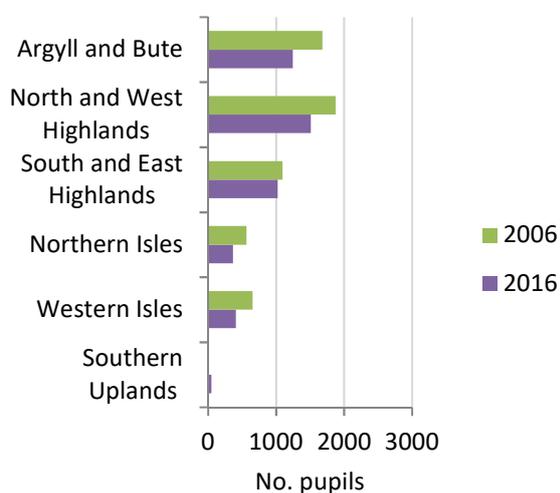
Figure 12. No. secondary school pupils by SPA sub-region, 2006 and 2016
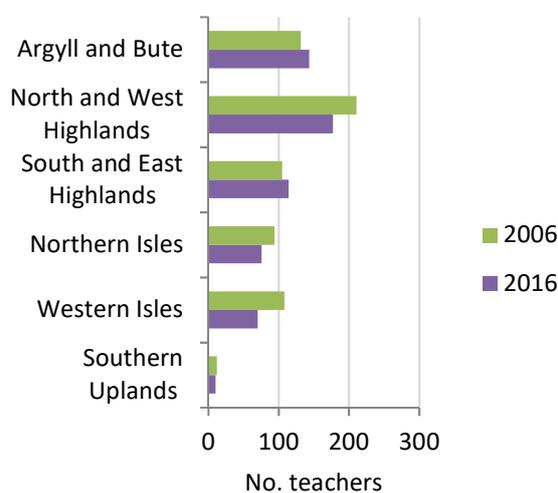

Figure 13. No. secondary school teachers by SPA sub-region, 2006 and 2016

Table 6. Secondary schools closed/opened/mothballed between 2006 and September 2017

	Closed	Mothballed	Opened
SPA	2	0	0
Not in SPA	1	0	0
Urban	24	0	11

Table 7. Secondary schools closed/opened/mothballed between 2006 and September 2017, by SPA sub-region

	Closed	Mothballed	Opened
Argyll and Bute	0	0	0
Northern Isles	1	0	0
Western Isles	1	0	0
North and West Highlands	0	0	0
South and East Highlands	0	0	0
Southern Uplands	0	0	0

4. Primary care

4.1 Policy context

In 2007, the Scottish Government launched the Better Health, Better Care: Action Plan (Scottish Government, 2007c), outlining a new direction for healthcare in Scotland. The Action Plan aims to "shift the balance of care" towards preventing ill health and promoting wellbeing by helping people to sustain and improve their health and ensuring quick access to care (Figure 14). Access to care for remote and rural populations is listed as one of eight areas for improvement.

Shifting the Balance of Care framework and its links to Outcomes

8 SBC Improvement areas

1. Maximise flexible and responsive care at home, with support for carers
2. Integrate health and social care and support for people in need and at risk
3. Reduce avoidable unscheduled attendances and admissions to acute hospitals
4. Improve capacity & flow for scheduled care
5. Extend range of services provided by non-medical practitioners outside acute hospital
6. Improve access to care for remote and rural populations
7. Improve palliative and end of life care (EOL)
8. Improve joint use of resources (capital and revenue)

Shifts/impact (examples)

Improved individual experience

Increased independence and personal choice

Prevent adverse events by earlier interventions

Decreased institutional beddays

Better use of medical and non medical professionals

Use existing technology as fully as possible

Reduced inequalities in time and geography

Reduced overall infrastructure costs and minimise carbon footprints

National Performance Framework

Single outcome agreements

HEAT targets

Figure 14. Shifting the Balance of Care Improvement Framework (Scottish Government, 2009)

This "shifting the balance" approach sets the tone for subsequent healthcare reform in Scotland. Current policy is framed within the Scottish Government's Healthcare Quality Strategy, which sets out the ambition for bringing about this cultural shift by providing person-centred, safe and effective care (Scottish Government, 2010b, p1). The 2020 Vision, published the following year, provides a framework and practical actions for taking this forward sustainably amid current financial and demographic pressures, so that "everyone is able to live longer healthier lives at home, or in a homely setting" (Scottish Government, 2011).

Integration between health and social care services was considered key to implementing this vision and achieving budget efficiencies, and was legislated for in the Public Bodies (Joint Working) (Scotland) Act 2014. The Act requires local authorities and NHS boards to assume joint responsibility for planning, resourcing and governing key health and adult social care services through an 'Integration Authority' and an integrated budget. All NHS boards and local authorities subsequently formed Health and Social Care Partnerships and published integration plans outlining how they would respond to the legislation locally. In 2016, First Minister Nicola Sturgeon described the

integration of health and social care as "the most radical reform in healthcare in Scotland since the foundation of the NHS" (Scottish Parliament, 2016).

Scotland's Digital Health & Care Strategy explores the potential for digital services to play a role in transforming the healthcare system (Scottish Government, 2018c). In particular, it focuses on building a technological and governance infrastructure that supports a shift in the balance of care by empowering people to access and use digital information, services and tools. This includes access to electronic records for staff and patients as well as virtual appointments and remote monitoring of conditions, which have clear applications in remote and rural areas.

Primary care, which forms the focus of the analysis below, is at the heart of healthcare reform, and a programme of Primary Care Transformation and a £72 million Primary Care Fund are currently in place to modernise delivery and bring services in line with the 2020 Vision (Scottish Government, 2017c). To this end, the Government has articulated a vision for the future of primary care services specifically, "for multi-disciplinary teams, made up of a variety of health professionals, to work together to support people in the community and free up GPs to spend more time with patients in specific need of their expertise" (*ibid.*) An Outcomes Framework maps out the changes required between 2018 and 2028 (Figure 15).

Figure 15. Primary Care Outcomes Diagram (Scottish Government, 2018d)

A new General Medical Services Contract has been agreed between the Scottish Government and the British Medical Association, outlining the role of GPs and their practices in achieving these outcomes (Scottish Government, 2018e). However, the Rural GP Association of Scotland (RGPAS) has voiced concern that the new contract does not adequately reflect the challenges of providing

primary care in remote and rural areas; furthermore, no increased funding or resource has been provided to deliver the new contract in rural practices (RGPAS, 2018). The Scottish Government intends to address rural concerns in a second phase of contract proposals, but the view from RGPAS is that this is "not good enough" for rural communities, prompting them to create a #RememberRural hashtag to raise awareness of their campaign.

4.2 Data and commentary

The below analysis focuses on data for GP practices in Scotland over the period 2007/08 to 2017/18, acquired from the Information Services Division of NHS Scotland.[6] Note that, in the figures below, we have used a straightforward count of the number of GP practices to inform a broad insight into service changes; more complex measures such as appointment numbers, staffing and capacity are not considered at this stage.

Figure 16 shows that the number of GP practices increased between 2007/08 and 2017/18 in urban areas of Scotland and in rural areas outwith the SPA. In the SPA, the number of practices fell steeply after 2011/12, with 18 fewer practices in 2017/18 than in 2011/12. The number of practices started to decrease in urban areas after 2014/15 and in rural areas outwith the SPA after 2015/16. Some of this decrease may be accounted for by the merger of some Community Health Partnerships to form Health and Social Care Partnerships in April 2016 [*RW to follow up – I understand there were just a couple of mergers but would like to confirm*].
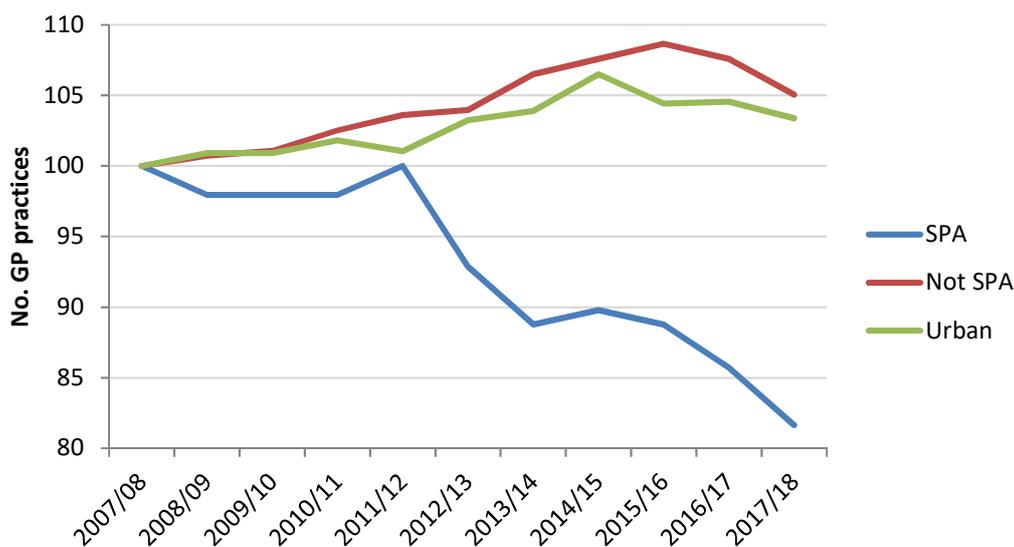
Figure 16. No. GP practices, 2007/08 to 2017/18 (2007/08=100)

Table 8. No. GP practices, 2007/08 to 2017/18

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
SPA	98	96	96	96	98	91	87	88	87	84	80
Not SPA	277	279	280	284	287	288	295	298	301	298	291
Urban	769	776	776	783	777	794	799	819	803	804	795

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6   http://www.isdscotland.org/Products-and-Services/Data-Definitions-and-References/National-Reference-Files/Nat-Ref-Files/GP_CHP.xls

Figure 17 shows that the number of GP practices has fallen across all regions of the SPA, except the Southern Uplands where the number has remained constant at two. The biggest decrease was seen in the Northern Isles SPA, where the number of practices fell from 16 in 2007/08 to 9 in 2017/18. The North and West Highlands and the Western Isles also saw substantial reductions of four and three SPA practices respectively.


	Argyll and Bute	Northern Isles	Western Isles	North and West Highlands	South and East Highlands	Southern Uplands
2007/08	26	16	10	30	14	2
2012/13	26	15	8	28	12	2
2017/18	24	9	7	26	12	2
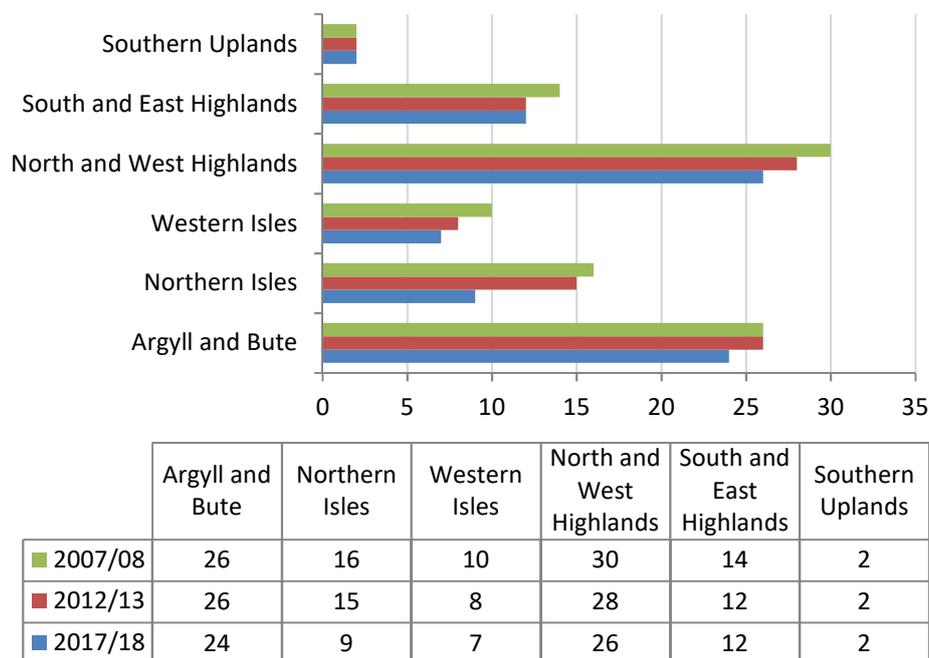
Figure 17. No. GP practices by SPA sub-region

Looking across the NHS health boards for an administrative view (Figure 18), it is notable that the vast majority of GP practices in the SPA fall into the NHS Highland area. The number of GP practices increased or remained stable in all but the Borders (-3), Greater Glasgow & Clyde (-11), Highland (-1), Lanarkshire (-4) and Orkney (-8). Fife, Forth Valley and the Western Isles have seen large increases of 12, 9 and 13 practices respectively. Notably, the number of practices in the Western Isles has increased while in the Western Isles SPA the number has decreased, suggesting some centralisation of services in Stornoway.

Figure 17 identified a large decrease in GP practices in the Northern Isles; Figure 18 shows that this is concentrated in Orkney while Shetland has remained stable. There were previously nine GP practices in sparsely populated areas of Orkney and now there are two.
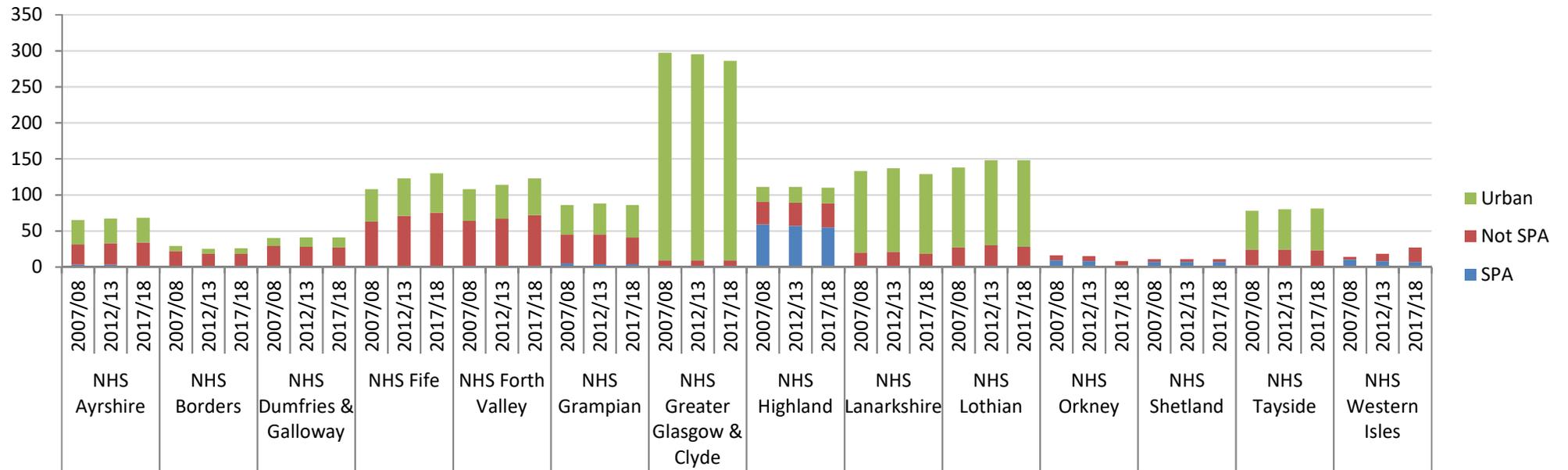
Figure 18. No. GP practices by NHS Health Board

5. Care for older people

5.1 Policy context

Scotland is experiencing unprecedented demographic change, with increasing life expectancy and falling birth rates resulting in an ageing population. This trend is set to continue into the future, leading to a fundamental shift in the make-up of society (NRS, 2017). In 2007, the Scottish Government published 'All Our Futures: Planning for a Scotland with an Ageing Population', which set out its vision for addressing the manifold social and economic implications of this change (Scottish Government, 2007b). The vision focuses on nurturing the positive contributions that older people offer to society, while acknowledging the challenge of increasing demands for care and healthcare. This includes: a commitment to enabling older people to stay at home as long as possible, should they wish; supporting the rollout of telecare services for older people; and inviting the public, private and third sectors to work together to design services to meet the growing need for care, in the spirit of the partnership working taking root in other capacities across Scotland.

In 2010, the Scottish Government set out a national framework for Reshaping Care for Older People (RCOP), citing it as one of Scotland's three biggest challenges (alongside climate change and economic recovery), given the extent of projected demographic change, consequent growth in demand for services and constraints on public spending (Scottish Government, 2010c). The framework calls for a new approach in order to meet the scale of the challenge, stating that current arrangements are not sustainable or fit for future purposes. Central to its reshaping vision is a more preventative system that keeps older people healthier for longer, supporting them to "enjoy full and positive lives in their own home or in a homely setting" (*ibid*, p. 5). In the spirit of "shifting the balance of care (Scottish Government, 2007c), this can be achieved by working in partnership to provide services that focus on prevention, rehabilitation and maintaining independence, and a suite of commitments is outlined to support this vision. With respect to care homes, which are the focus of our analysis below, the framework proposes an increased emphasis on rehabilitation and shorter term care, more personalised care and new models of accommodation that cater to different requirements. To support this vision, a £300 million Change Fund was made available to local health and social care partnerships between 2011 and 2014 with the aim of stimulating quick and effective movement towards preventative and home-based support.

Several publications followed in 2014 that unpack aspects of the RCOP vision. To understand what new care models might look like and enable local partnerships to implement the RCOP strategy effectively, in NHS Health Scotland published an Outcomes Framework for 'Optimising Older People's Quality of Life' (NHS Health Scotland, 2014). This highlights the urban/rural aspect of population distribution in Scotland, with higher proportions of older people living in rural areas, and suggests that telemedicine might have a role in providing services to people living in more remote parts of the country. In the same year, NHS Health Scotland and the Joint Improvement Team (JIT) published an action plan for active and healthy ageing outlining some practical actions relating to the national outcomes (NHS Health Scotland and JIT, 2014). The Scottish Government and COSLA also published a report on the future of residential care for older people, taking forward the RCOP vision to support older people to live in their own home or in a "homely setting" (Scottish Government and COSLA, 2014). This presents strategic outcomes for adult residential care for the following 20 years and outlines a set of recommendations regarding delivering personalised care, developing "other

homely settings", providing a skilled workforce that is appropriately paid, ensuring a high standard of care and reviewing sector funding and the fee structure of care home placements.

A review of the impact of RCOP by the Scottish Parliament's Public Audit Committee in June 2014 found that limited progress had been made towards "shifting the balance of care" in the first three years of the programme, with contributors highlighting the long term nature of such a fundamental shift in direction, and some emphasising the difficulty of even maintaining pre-existing levels of service while demands increase and finances reduce (The Scottish Parliament, 2014). Among its recommendations, the Committee advised that the costs of delivering care need to be better understood, and that Integrated Resource Framework data could be used more intelligently regarding the differences between local authority areas. In addition, greater clarity is needed regarding how the impact of the programme's various dimensions will be evaluated.

Notably, a series of inspections of adult health and social care by the Care Inspectorate and Healthcare Improvement Scotland in 2015 highlighted particular challenges for rural and island local authorities, including providing consistent care across large and diverse geographical areas and difficulties recruiting staff, although positive examples were emerging from rural authorities of the use technology to enable older people to live safely at home, and of virtual appointments between older people in remote locations and healthcare staff (Care Inspectorate and Healthcare Improvement Scotland, 2015). Opportunities for the delivery of care through digital technology are explored in detail in *Scotland's Digital Health & Care Strategy* (Scottish Government, 2018) and outlined in the 'Health care' section of this report.

In 2017, Scotland's Housing Minister, Kevin Stewart, announced the launch of new shared equity schemes to enable older people to access a range of housing options that better meet their needs, making it easier and more affordable to live close to a point of care or to move to "independent living" accommodation, for example (Scottish Government, 2017d).

5.2 Data and commentary

This analysis is based on Care Inspectorate data concerning care homes for older people. [7]

The number of care homes for elderly people in Scotland's sparsely populated areas has fallen steadily and substantially since 2007/08, from 51 to 42 (Figure 19, Table 7). The number of care homes in rural areas outwith the SPA and in urban areas increased in the years following 2007/08 then decreased from 2011/12. Across the decade as a whole, the number showed a small increase in both categories, of eight and seven care homes respectively.

The capacity of care homes in the SPA has also decreased, albeit less steeply, from 794 places to 708 (Figure 20, Table 8). There does not appear to have been a notable expansion of the capacity of remaining care homes, at least across the SPA as a whole. The capacity of care homes in rural areas outwith the SPA and in urban areas also rose and then fell, but overall there has been a substantial increase in capacity between 2007/08 and 2017/18, suggesting that the capacity new and existing care homes has somewhat mitigated the impact of closures.

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[7] Data source: ServiceList010618final, which includes care home services for older people in Scotland registered with the Care Inspectorate since 2002, excluding those cancelled prior to 01 April 2007. Postcodes of those services not on the public list were removed. Services with no postcode (171) or with postcodes that did not match an output area (2) were also excluded from the analysis. Years are calculated from April to March, e.g. 2007/08 is 1 April 2007 to 31 March 2008.
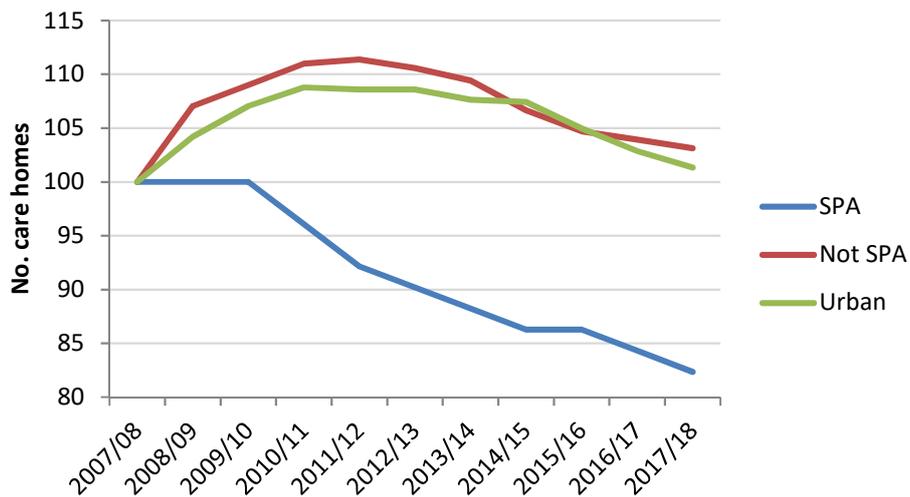
Figure 19. No. care homes for older people, 2007/08 to 2017/18 (2007/08=100)

Table 9. No. care homes for older people, 2007/08 to 2017/18

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
SPA	51	51	51	49	47	46	45	44	44	43	42
Not SPA	255	273	278	283	284	282	279	272	267	265	263
Urban	524	546	561	570	569	569	564	563	550	539	531
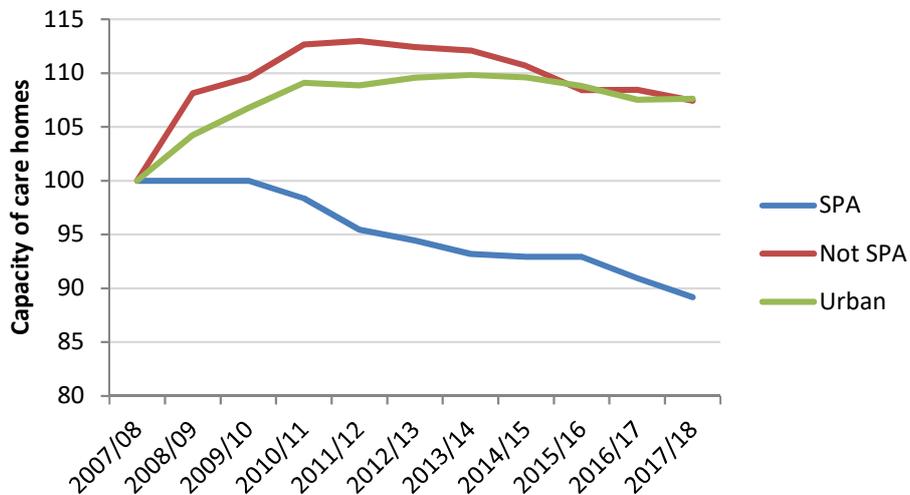
Figure 20. Capacity of care homes (2007/08=100)

Table 10. Capacity of care homes for older people, 2007/08 to 2017/18

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
SPA	794	794	794	781	758	750	740	738	738	722	708
Not SPA	9076	9813	9946	10225	10255	10203	10175	10044	9839	9842	9751
Urban	24802	25852	26481	27062	26998	27177	27240	27181	26986	26666	26690

The number and capacity of care homes decreased in the North and West Highlands and in Argyll and Bute (Figures 21 and 22). Across other SPA sub-regions, numbers remained stable.
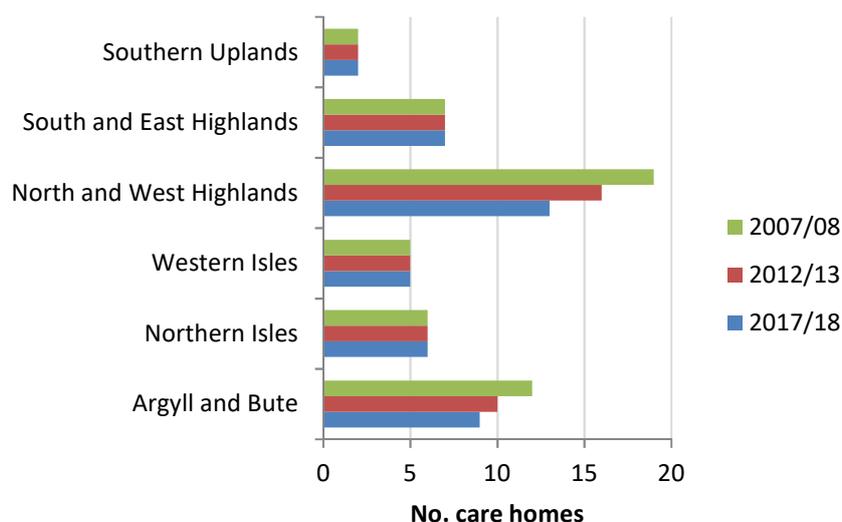

**Figure 21. No. care homes by SPA sub-region**
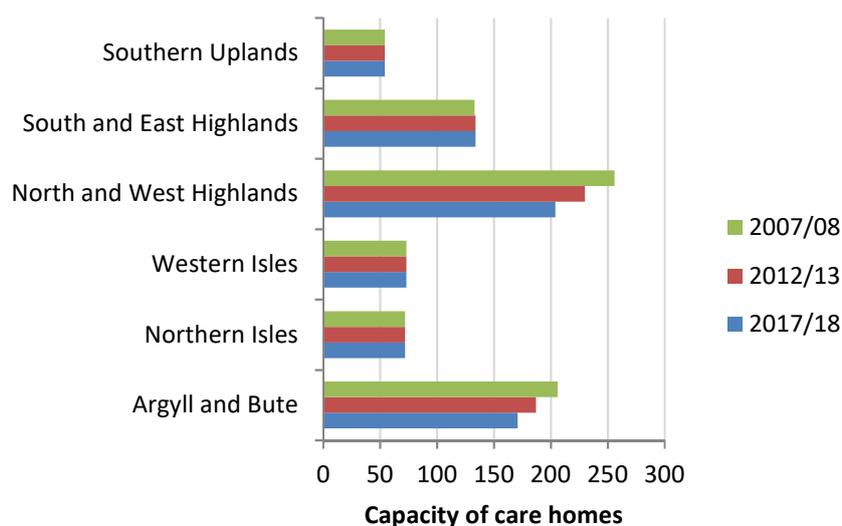
Figure 22. Capacity of care homes by SPA sub-region

In terms of who is providing care home services, patterns are starkly different in the SPA compared to urban and rural non-SPA areas, with the majority of SPA homes for older people provided by the public sector (Figures 23 and 24). In rural areas not covered by the SPA and in urban areas, the majority of homes are provided by private companies. Moreover, this difference is increasing, with proportionately more public sector care homes in the SPA in 2017/18 compared to 2007/08 and proportionately more private sector homes in non-SPA and urban areas.

Notably, the number of both private and the public sector care homes has decreased in the SPA, while third sector provision has been stable.

	SPA			Not in SPA			Urban		
	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18
■ Third sector	5	5	5	24	25	23	77	81	73
■ Private	17	15	11	193	219	209	354	398	390
■ Public	29	26	26	38	38	31	93	90	68
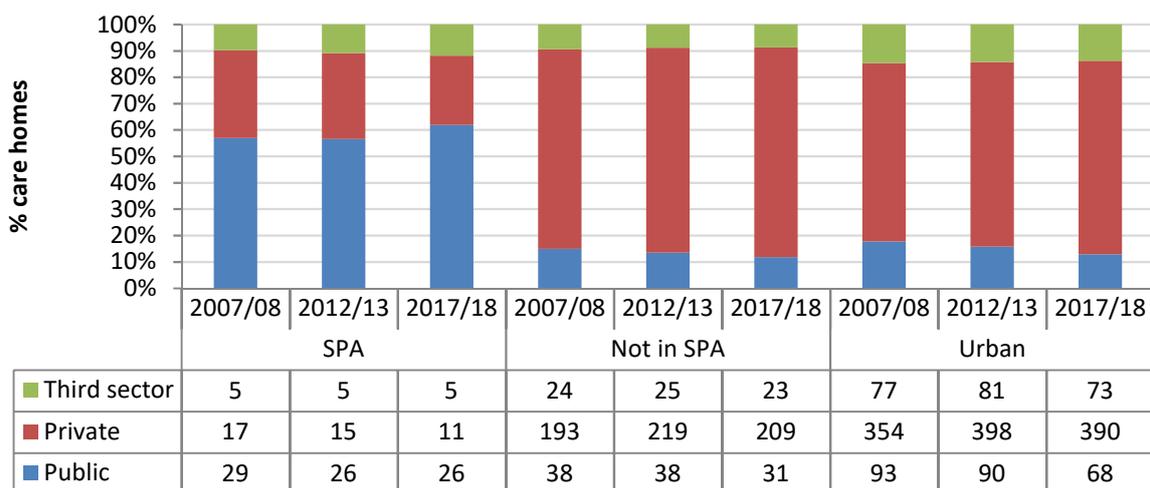
Figure 23. % of care home services by sector

|	SPA			Not in SPA			Urban		
	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18	2007/08	2012/13	2017/18
■ Third sector	112	112	112	612	679	661	2614	2772	2583
■ Private	347	325	283	7385	8415	8114	18988	21216	21382
■ Public	335	313	313	1079	1109	976	3200	3189	2725
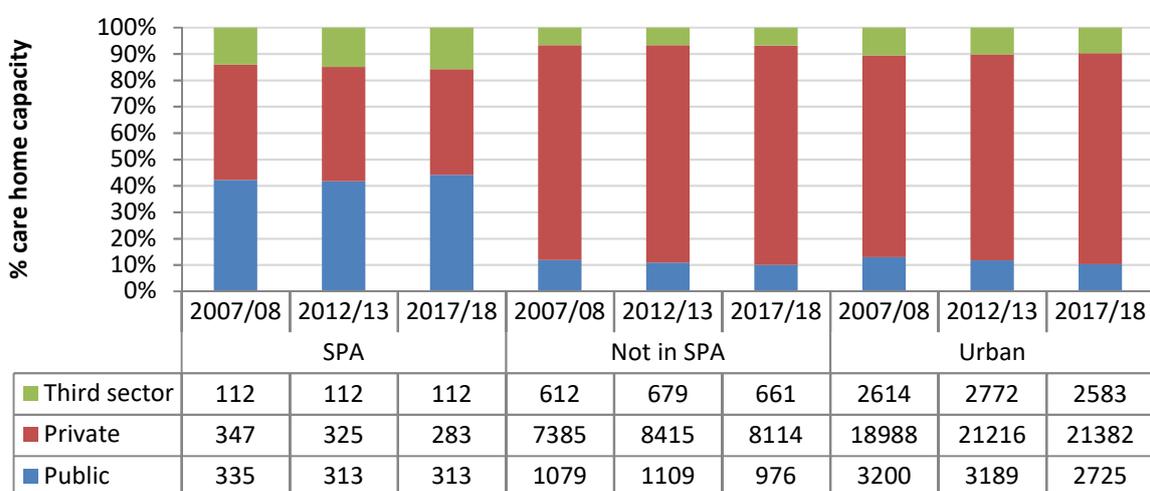
Figure 24. % capacity of care home services by sector

Zooming in on the SPA (Figure 25), strikingly different patterns of provision across the sub-regions, with care homes in the Northern Isles entirely and consistently publicly funded while in the Southern Uplands they are entirely privately funded. The Western Isles has no privately funded care homes. The shrinking role of the private sector is evident in Argyll and Bute and North and West Highlands. In both of these sub-regions, the public sector has also cut services while third sector provision has remained constant albeit on a small scale (one third sector care home in each sub-region).

		Argyll and Bute			Northern Isles			Western Isles			North and West Highlands			South and East Highlands			Southern Uplands		
		07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18	07/08	12/13	17/18
🟩	Third sector	1	1	1	0	0	0	1	1	1	1	1	1	2	2	2	0	0	0
🟥	Private	5	4	3	0	0	0	0	0	0	8	7	4	2	2	2	2	2	2
🟦	Public	6	5	5	6	6	6	4	4	4	10	8	8	3	3	3	0	0	0
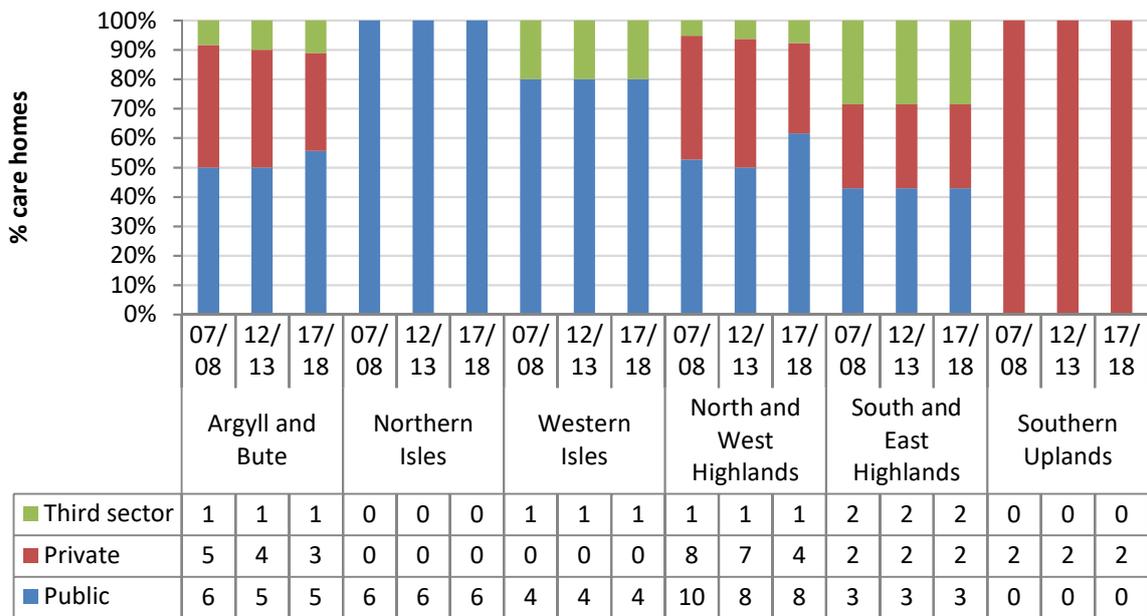
Figure 25. % care homes by sector and SPA sub-region

6. Conclusions

Importantly, indicators for the four exemplar services were selected based on the availability of robust and complete data for the past ten years. Our analysis draws on these data to show broad-brush trends in each service area, but its scope is necessarily limited by the data that are available. For example, the number of day care services for children is used as an indicator of childcare services, and the number of GP practices is used to measure trends in primary health care. Alternative service models and modes of delivery exist in both of these cases but are not included in this working paper. Our conclusions are therefore considered in the light of these limitations. In addition, our analysis does not attempt to attribute cause and effect between service provision and population change, which would call for a much more complex study, but rather to paint a picture of recent change that highlights particular questions and concerns for further consideration.

With respect to childcare, the marked decrease in the number and capacity of day care services in some sparsely populated areas raises concerns as to how the increased entitlement to 1,140 hours of funded childcare per year will be met (Scottish Government, 2017a), particularly in the North and West Highlands. This is in contrast to urban areas and rural areas outwith the SPA where capacity has increased. In the Western Isles, too, capacity has doubled. What factors have contributed to these differences between the SPA sub-regions and how might they be addressed going forward? Are alternative delivery modes being accessed by those areas that appear to be under-served by day care services?

The analysis highlighted a large number of primary school closures in sparsely populated areas and in rural areas outwith the SPA over the past decade. The Western Isles has seen changes in this area, with rising primary school pupil numbers in its sparsely populated areas accompanied by 13 school closures and a 40% drop in teacher numbers. The Schools (Consultation) (Scotland) Act 2010 includes a presumption against closing rural schools but challenges remain in recruiting staff to remote areas.

The policy review highlighted radical new directions for healthcare in Scotland, underpinned by an improved primary care infrastructure and an expanded workforce (Scottish Government, 2018d). However, our analysis has shown a marked decrease in the number of GP surgeries over the last decade in the SPA while services have grown in urban areas and in rural regions outside the SPA. When we look at the data in more detail, Orkney and the Western Isles in particular have seen a number of closures in recent years. It is not clear, at least from this analysis alone, how the reduction in geographical inequalities and improved access to care for remote and rural populations envisaged in the Better Health, Better Care Action Plan (Scottish Government, 2007c) will be realised, although we are conscious that we have examined just one dimension of service provision in this area (GP practices) and that other services may be in place locally. It appears that primary care services for the Western Isles are becoming centralised around more populous townships. How does this impact residents of remote and sparsely populated areas in the island chain? Are technological or other solutions in place to compensate for greater distances between patients and GPs?

Our analysis has also flagged a decrease in the number and capacity of care homes for elderly people in the North and West Highlands and in Argyll and Bute and we noted strikingly different patterns of public, private and third sector provision across the SPA sub-regions and a retreating private sector.

Is the private sector is picking up public sector closures in all but the SPA? Third sector provision, although small scale, has been stable, while public and private sector provision appear to have been vulnerable to economic change. What are the implications for an ageing rural population and are 'at home' and other 'homely setting' services in place to respond to future demand?

Looking across the four exemplar services as a whole, the differences between service provision in the SPA and in other regions are stark (Figure 26).


No. primary school pupils and teachers

Capacity of children's day care services

No. GP practices

No. care homes
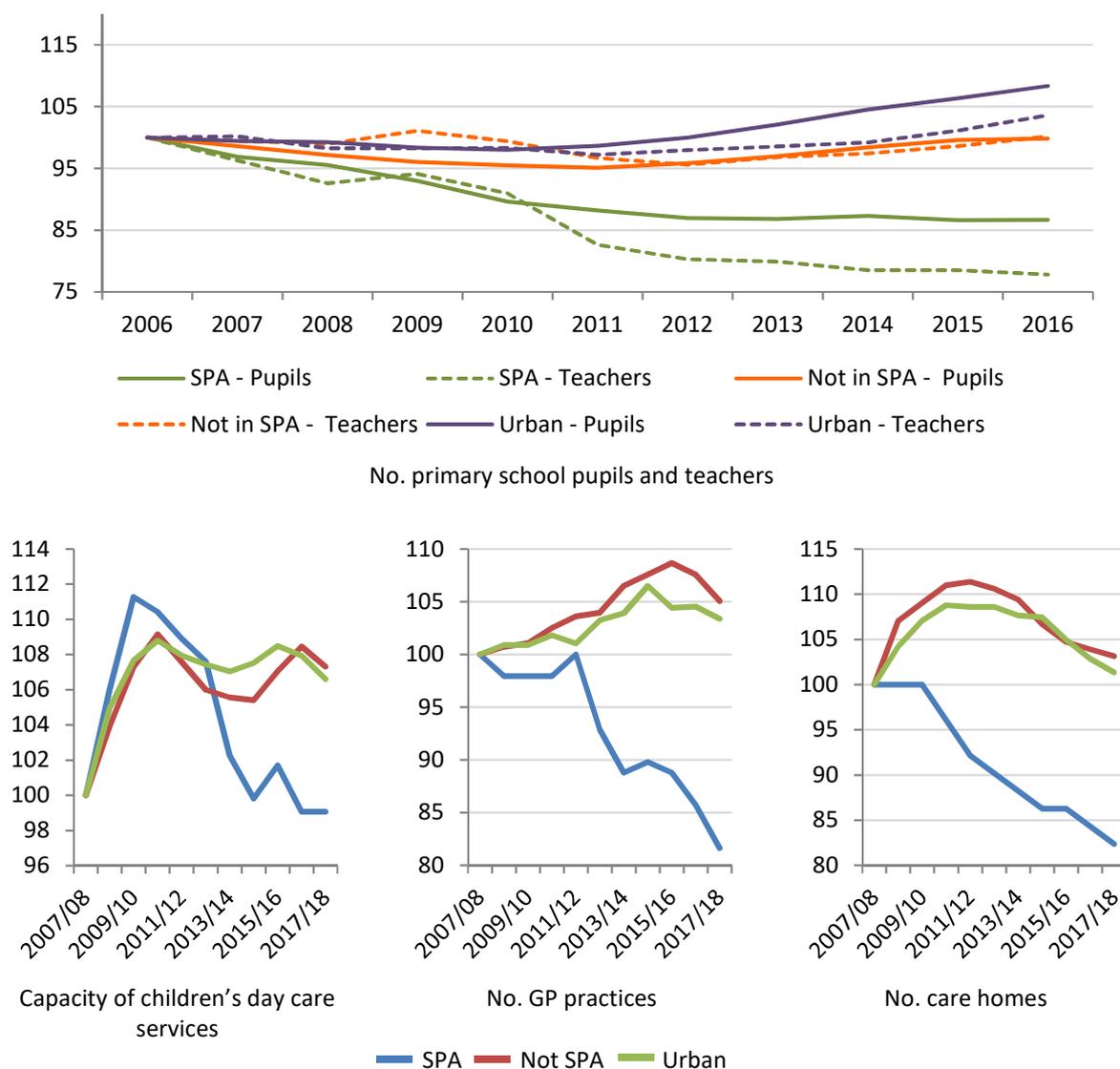
Figure 26. Trends across all four exemplar services

Across all four exemplar services, the SPA has experienced some reduction in provision over the past decade, according to the indicators used. In most cases, trends have been markedly similar in urban and rural areas outwith the SPA. In addition, the analysis has revealed stark variations between SPA sub-regions, particularly in childcare and primary care. We suggest that our definition of 'sparsely populated areas' provides a helpful lens for considering service provision to more remote rural areas and brings to the fore places and issues that a broad brush 'rural' classification might mask. Additionally, we emphasise the value of disaggregating coarse rural classifications, including our own SPA definition, in revealing place-specific successes and concerns.

Taken together, what does this suite of service reductions mean for the everyday experiences of rural residents and how does it relate to demographic change and rural community resilience? This working paper draws on Scottish Government policies and on quantitative data and highlights trends and patterns, however we are conscious that local context will explain much about how and why these patterns have emerged, and that policy makers and local residents will be better placed to fill in these gaps.

> Notably, the Commission on the Delivery of Rural Education suggests a causal link between population decline and rural service provision, arguing that it may be part of an unavoidable cycle: Where there is continued decline in population, there is often an associated decline in and rationalisation of public and private sector service provision, which can potentially still further reduce the attractiveness of living in such areas. Natural change in population, as lifestyles and economics alter, cannot be avoided. (Commission on the Delivery of Rural Education, 2013, para 49)

The report goes on to argue that, "services such as schools can only be sustained in areas where there is an underlying economic rationale. If an area cannot sustain a viable local economy, including basic as well as dependent service-related jobs, it will not sustain a community" (*ibid*, para 50). It is this relationship – between provision of services and population decline – that this working paper and the James Hutton Institute's other work conducted under RESAS RD 3.4.1 is seeking to explore, and indeed our efforts to date support both that population patterns have been in decline in some areas, and that service provision has also reduced. However, we argue that the interdependencies between these two factors are more complex than suggested in the Commission's report and also leave room for more optimism than is suggested by the Commission, that improving or increasing the delivery of rural services may lead to increases in population and introduce an upward spiral of rural growth and prosperity.

Future plans

First, as promised in the Research Deliverable Framework, we plan to present these findings in the near future to stakeholders through a workshop or workshops, to stimulate discussion about addressing the challenges of service delivery in sparsely populated areas, particularly in relation to changing demographics. In particular, our hope is that the methodology we have employed here can assist Community Planning Partnerships in shaping and delivering aspects of Local Outcomes Improvement Plans for their sparsely populated areas.

Second, we plan to map the data contained in this working paper to our GIS maps of the SPA, to show the locations of services over time. This will provide contextual detail around the artificial urban/SPA/not in SPA split applied in this analysis that is not visible in figures and tables, allowing us to see the spread of services across Scotland and where they are located in relation to the SPA, and to visualise journey distances and times to reach service points. For example, it may be the case that some services are located in rural areas outwith the SPA, close to the border with the SPA. This would 'bring to life' some key findings from the analysis, and we feel that it would be a powerful visual tool for communicating our findings to stakeholders and local residents.

Finally, we would like to bring together this analysis with the demographic profiles mapped previously under Research Deliverable 3.4.1 (Hopkins and Copus, 2018), so that our findings are framed within the broader context of population change, making linkages between population

change and service delivery more transparent and enabling effective approaches to population decline to be designed.

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