Cornwall and Isles of Scilly
Integrated Care System

Isles of Scilly

Neighbourhood engagement overview and feedback pack

May 2026

WHAT'S IN THE NEIGHBOURHOOD ENGAGEMENT EVALUATION PACK

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- Introduction
- Neighbourhood area details
- Your neighbourhood health team in action
- Non-emergency patient transport
- Reaching our communities – comms actions
- Photos from neighbourhood health event
- Neighbourhood health event engagement findings
- Recommendations and next steps

INTRODUCTION



Meeting local people on St Agnes.



Attending the stay and play session on St Marys.

Working in partnership with local neighbourhood teams and system partners, we delivered neighbourhood health & wellbeing engagement events across the Isles of Scilly in May 2026.

Our engagement reached over 150 people across 4 off-islands, St Mary's, an online event and survey – which will continue to run until the end of July 2026.

Feedback received will help to support the creation of local neighbourhood health & wellbeing plans and develop our neighbourhood engagement approach for the Isles of Scilly.

This pack provides an overview of the neighbourhood engagement activity for the wave 1 team for 'Isles of Scilly' that took place in May 2026.

For any questions, please contact:
ciosicb.engagement@nhs.net

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ENGAGEMENT ACTIVITY OVERVIEW

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Where we went

- All islands covered: St Mary's plus Tresco, Bryher, St Martin's and St Agnes
- Community venues and branch surgery locations used to maximise reach
- Included an online session and survey to enable extend access

Inclusive engagement included:

- Delivered 3 days of engagement (19–21 May) across multiple locations
- Combined drop-ins (informal conversations) and workshops (presentation + discussion)
- Ran targeted cancer experience session (group + 1:1 discussions)
- Promoted surveys (online + paper) to capture wider feedback
- Worked with local partners and community organisations

Approach

- Focused on listening to local experiences and ideas
- Offered multiple ways to engage (face-to-face, online, group, 1:1)
- Ensured coverage across island communities, including off-islands



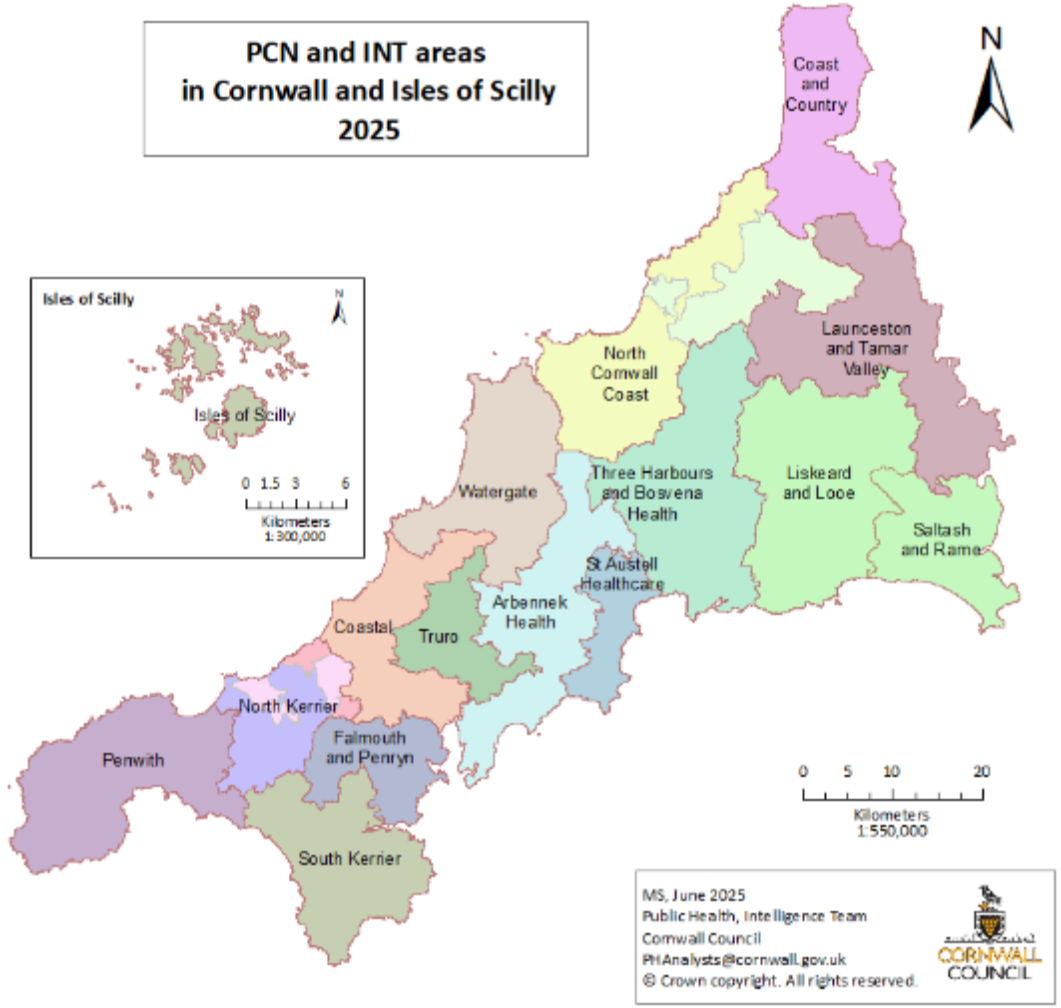
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Neighbourhood health and wellbeing on the Isles of Scilly overview

NEIGHBOURHOOD LOCATIONS IN CORNWALL AND ISLES OF SCILLY

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- 5 initial neighbourhoods for 5 areas
- Rolling out to **16 sites** in waves
- Significant investment has been allocated to support delivery.
- Cornwall and Isles of Scilly are part of the national programme



Isles of Scilly (INT)

Population Health Overview

1 x Practice
- St Mary's Health Centre

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POPULATION HEALTH DATA FOR THE ISLES OF SCILLY

Appointments delivered in March 2026

330	same day appointments
104	appointments within 1 day
486	appointments within 2-7 days
6.8%	of people did not attend a booked appointment

89% of appointments were face to face

4% of appointments were by telephone or online

Population

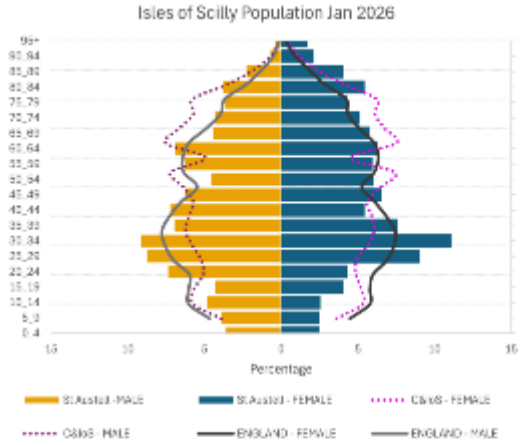
The age profile of the Isles of Scilly INT closely mirrors that of Cornwall overall, but with a higher proportion of working age (25-64).

3,035 registered patients, 0.5% of total Cornwall and IoS population.

2.7% registered patients are from ethnic minority groups

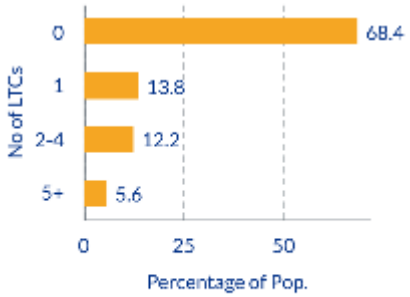
% of Pop. by age group





Health and Wellbeing

Number of Long Term Conditions



People are increasingly living with multiple conditions

- more than 1 in 4 smoke
- 16% of patients are obese
- 1 in 11 have high blood pressure
- 10% of patients have an asthma diagnosis
- 6% have low level depression
- more than 1 in 20 (4.7%) have diabetes

Life expectancy varies:

	Male LE	Female LE
Isles of Scilly	86.3	87.9
England	79.1	83.0

Deprivation and Poverty

1% of patients live within the most deprived 20% of areas nationally, but methodology for IMD not reflective of unique island pressures.

5.1% of children and young people live in relative low income households (poverty)

17.9% of households are living in fuel poverty

HOW THIS COMPARES* TO NATIONAL AND CORNWALL DATA

🚬 Smoking

UK: 10–11%

Cornwall: 12–14%

Isles of Scilly: 25%

🫁 Asthma

UK: 8–9%

Cornwall: 9–10%

Isles of Scilly: 9%

Low-level Depression

UK: 17–20%

Cornwall: 18–22%

Isles of Scilly – 6%

⚖️ Obesity

UK: ~30%

Cornwall: 28–32%

Isles of Scilly: 16%

High Blood Pressure

UK: 25–30%

Cornwall:30-31%

Isles of Scilly: 9%

Diabetes

UK: 7–9%

Cornwall: 7–8%

Isles of Scilly – 5%

*Derived from ONS, NHS Digital (Health Survey for England), OHID Fingertips, and GP register/QOF data, triangulated to provide indicative comparisons between Cornwall and national averages.

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Neighbourhood health & wellbeing in action on the Islands so far

MEET YOUR INTEGRATED NEIGHBOURHOOD TEAM

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INTEGRATED NEIGHBOURHOOD CARE IN PRACTICE

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- A new integrated health and social care facility has opened for the islands
- The new Isles of Scilly Hospital wing opened in July 2025, with Isles of Scilly care home residents expected to move in over the coming months
- Facility provides 12 residential care home beds, NHS inpatient beds, and a modern maternity suite
- Outpatient services are continuing, including x-ray, minor injury unit, dental and consulting rooms
- Additionally. an NHS and adult social care team of teams is providing a new model of care
- The multi-disciplinary team is working together to deliver more care on the doorstep. That includes the Hospital at Home Service, which is fully up and running on the islands. It enables patients to receive hospital level care in their own home or care home







MAKING THE MOST OF DIGITAL TECHNOLOGY

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Aim: To better connect the off-islands to the hospital and the hospital to the mainland with new equipment and training for colleagues.

This includes:

- installing **new diagnostic machines** to allow clinicians to carry out a range of blood tests, there and then
- working with partners to extend the **availability of imaging, with the aim of training staff on the islands to take x-rays**
- **fitting large screens and cameras to enable remote appointments with consultants** on the mainland
- exploring how we can **improve support for people with mental health conditions** and young people in the islands

Impact:

- Enhanced service for local people
- Reduced transfers to the mainland for treatment or outpatient appointments.

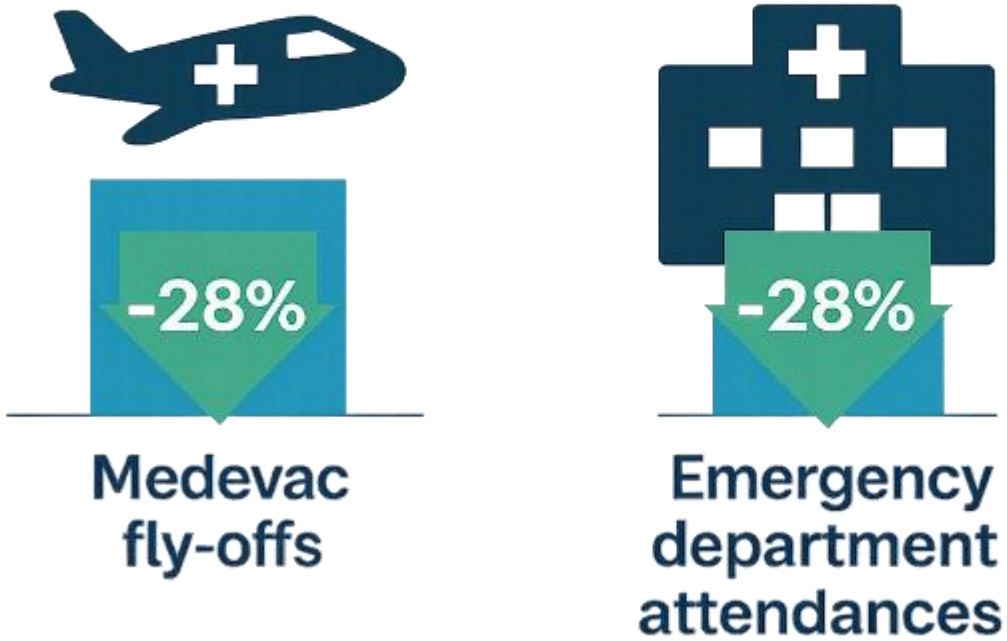


THE IMPACT FOR ISLES OF SCILLY RESIDENTS

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New Model of Care Delivering Results

A new model of care and advances in digital technology have led to significant reductions



April 2025-April 2026



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Isles of Scilly Non-Emergency Patient Transport

NON EMERGENCY PATIENT TRANSPORT 2025/26

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In the twelve months from March 2025 the ICB funded:

- **3,405** flights to and from the mainland for planned care appointments (outpatients, diagnostics, planned admissions, discharges) at a cost of £442,019.87
- **141** boats to and from the mainland at a cost of £15,206.21
- **78 claims** for off island boat journeys to and from St Mary's at a cost of £5,844.50

This was at a total cost of **£463,070.58**

Of all journeys **19.9%** were there and back on the same day

Since **October 2025, 263** journeys have taken place by helicopter



INTRODUCTION OF HELICOPTER FLIGHTS



INTRODUCTION OF HELICOPTER FLIGHTS

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In October 2025 the ICB in conjunction with HTG introduced helicopter flights for the following circumstances:

- Where a day return cannot be accommodated on fixed wing planes due to early/late appointment times, but by using the helicopter a day return can be facilitated
- Where a day return cannot be accommodated on fixed wing planes due to the unavailability of flights but by using the helicopter a day return can be facilitated
- A patient would otherwise trigger a stretcher booking on the Skybus (e.g. mobile but unable to climb the plane stairs).Note: the helicopter requires only one step up and in, and staff will assist boarding
- Cancellations from fixed wing plane service due to weather, where the helicopter service is still able to fly (rebooking of flights whether on fixed wing or helicopter for cancelled journeys, must be done through the centralised booking service, and not by patients direct to any flight provider)

POTENTIAL TO USE HELICOPTER FLIGHTS MORE

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The NHS has a duty to the taxpayer to ensure that funds are spent in the most efficient way possible.

If we want to increase the use of a more expensive option, we need to look at how the budget we already have is used.

Increasing the number of day returns for patients travelling from the Isles of Scilly will be key to this. The more day returns we can enable the overall cost will decrease therefore making the use of helicopters “pay for itself”.

We hope this will also prevent the need for patients to have to stay on the mainland overnight, disrupting their lives and potentially adding to their own costs.

Therefore, we are proposing two changes:

- Isles of Scilly care co-ordinators
- Day returns as default

DAY RETURNS

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To help us be cost effective in how we provide transport we plan to increase use of day returns as the default travel option, as they offer better value for money.

Exceptions to day returns:

- Appointment timing/location makes same-day travel unfeasible
- Clear clinical need for travel before or after the appointment
- To enable multiple appointments in one trip
- No available transport on the day (e.g. Sundays)
- Weather-related disruption

Providing more flexibility on departure options:

- For eligible patients on smaller islands, flexible use of Tresco or St Mary's with supporting transport

PROPOSED CARE CO-ORDINATORS

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In response to patient feedback, the IoS Integrated Neighbourhood Team is working with the ICB to trial care co-ordinators.

The role aims to better support patients travelling to the mainland by coordinating appointments and travel arrangements.

Key responsibilities:

- Align appointment times with travel schedules
- Coordinate same-day appointments where possible
- Reduce repeat journeys through better planning and review of care
- Arrange and manage travel bookings (flights and mainland transport)
- Advocate around transport eligibility criteria and identify best travel options
- Simplify processes (e.g. sickness confirmations for cancellations)
- Work with partners (e.g. SWAST) to optimise urgent travel
- Capture learning and feedback to inform future improvements

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Reaching our communities

Communications to promoting the events and afterwards

NEIGHBOURHOOD COMMUNICATIONS

A communication plan supported the promotion of local engagement activity including:

- Film clip to promote and encourage people to attend
- Media coverage from press notice
- GP practice sent text message to patients
- Social media adverts and posts across ICB, partner and channels
- Social media shared onto local IOS Facebook groups before, during and after the events
- Printed posters displayed locally
- Communications toolkits with print and social content, draft articles

We had good awareness of our visit and engagement – especially from Facebook, text and poster displays.



[Isles of Scilly Residents Invited to Shape Future of NHS Care - CornishStuff]

NEIGHBOURHOOD COMMUNICATIONS

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Promotional materials were created for the Isles of Scilly events which included:

- Series of social media posts
- Poster
- GP text messages
- Wording to use in newsletters/bulletins
- Communications toolkit sent to partners



[View the communications toolkit]

View the socials:

[Facebook reel]

[Facebook animation to advertise events]

SOCIAL MEDIA: ISLES OF SCILLY

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NHS Cornwall and Isles of Scilly's post

NHS Cornwall and Isles of Scilly
Published by Susie Smith · 22 May at 17:02

We were delighted to be part of the celebrations for the Isles of Scilly Health and Care Partnership on St Mary's, Isles of Scilly today.

It marks the completion of the build project for the Isles of Scilly Hospital (formerly St Mary's Community Hospital) and Islands View Care Home.

The integrated health and social care facility provides NHS inpatient beds, a modern maternity suite, and outpatient services. These include x-ray, a minor injury unit, dental, and consulting rooms. It will also provide 12 residential care home beds. We expect the new care home to welcome its first residents over the coming months.

The project is about more than just a building. It is focussed on developing a digitally-enabled model of care that better connects the off-islands to the hospital and the hospital to the mainland. Led by the health and social care team of teams, this work is already seeing a reduction in the number of urgent and emergency fly-offs.

The Isles of Scilly Integrated Neighbourhood Team will continue this work, with the goal to care for more people at home or as close to home as possible.

https://www.cornwallft.nhs.uk/isles-of-scilly-health-care







PROMOTING EVENTS: ISLES OF SCILLY

Facebook post	Reach
📣 Residents of the Isles of Scilly, you're invited to shape ...	4,498
Scilly residents help us shape health plans for the Islands at …(	343
Share your experiences of cancer care on the Isles of Scilly…	643
Calling Isles of Scilly community groups & local organisations	619
Calling youth groups, schools & children's organisations on Scilly	233
Looking forward to seeing you all on 19-20-21 May on our engagement events	197
Happening soon on the isles of scilly…	426
We are visiting Tresco and Bryher on Tuesday…	5,243
On our way to Tresco and Bryher…	1,144
Great to be out and about in St Mary's, Tresco and Bryher today!	3,891
Help shape the future of health and care in the isles of scilly…	58
Our first neighbourhood health workshop ...	1,085
Why can't we have a mole check clinic or ...	1,471
We've arrived and are enjoying meeting our ...	3,159
Lovely time at the 'Stay and play' session	1,376
Wow we were delighted to speak with over 150 people	3,182
What do you think about health and care on the Isles of Scilly? Animated reel	2,118
Video (reel)	1,410
Royal visit	6,800
TOTAL reach	**37,896**

Social media commentary (summary)

- Interest in session details (times, locations, island coverage
- Appreciation for outreach and events
- Requests to promote additional support (e.g. online FND group)
- It's the sort of event residents have wanted for a while.
- Concern over limited local health and care support, particularly dementia services, with reliance on mainland care and high personal cost burden

ISLES OF SCILLY WHERE IS BEST COMMUNICATIONS

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https://cios.icb.nhs.uk/help-us/isles-of-scilly-health-information/

HOW MANY PEOPLE WERE REACHED DURING OUR ENGAGEMENT

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Over 150 people got involved with our engagement events on St Mary's, St Agnes, St Martin's, Tresco and Bryher which included:

- Drop-in sessions at all events
- In person neighbourhood health workshop x 2
- Online neighbourhood health workshop
- Cancer experiences session
- Health and wellbeing marketplace
- Drop in at local events e.g. Stay and Play session









From 121 conversations to workshops over 3 days


Isles of Scilly Neighbourhood Health Events
Want to help improve health and wellbeing on Scilly?
NHS teams and local partners will be visiting the islands on Tuesday 19 May, Wednesday 20 May and Thursday 21 May.
We'd love to hear from local people!
Sessions on Tresco, St Mary's, St Martin's and St Agnes
Drop-ins Workshops Online
Everyone welcome
Find out more and book workshop places
NHS Cornwall and Isles of Scilly
Share Your views Hear Our plans Shape Health, wellbeing and care

DROP IN SESSIONS AND HEALTH AND WELLBEING MARKET PLACE

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Drop in and market place:

- 121 conversations with film and audio clips captured as part of the feedback
- Worked with local health and wellbeing partners to promote on island support over the events
- Invited local NHS research partners to attend and look into future provision of research opportunities

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Getting out and about:

- Visiting the off Islands of St Agnes, St Martin's, Tresco and Bryher
- Speaking to local residents where they are – including workplaces and public places
- Attending existing support groups and events such as stay and play sessions

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Engagement findings

INSIGHT FROM DROP IN SESSIONS – ST MARY'S

Key point: ***The challenge is not the quality of care, but the ability to access it in a way that reflects island living.***

Residents told us they have good access to primary care (pharmacy, dental and GP) on the Islands, but when they need specialist or emergency care access can be difficult, costly and stressful.

This ranges from maternity, cancer treatment, emergency care (DVT, stroke, heart attack) examples.

Barriers are driven by:

- Transport limitations
- Financial pressures – having to pay for accommodation, travel and carer related costs
- Fragmented pathways and appointment planning
- Services designed for mainland models



KEY THEMES FROM DROP-IN SESSIONS – ST MARY'S

1. Transport is the dominant constraint

- Limited availability, reliability, and affordability
- Understand factors are beyond the NHS control (weather impacting travel)
- Impacts on all care (routine, urgent, maternity, family support)

2. Systems, services and appointment planning are not designed for island realities

- Poorly coordinated appointments across services and sectors
- Travel-dependent pathways – need rethinking to consider if service/support can be brought to the islands in proportionate way
- Delays leading to overnight stays and added cost that are beyond individual's control

3. Cumulative burden on residents

- Emotional stress
- Time off work and impact on family
- Risk of being unfairly put at the back of the waiting list if an appointment is missed

4. Prevention is constrained

- High cost and limited access to exercise
- Poor availability of healthy food on the islands
- Limited access or added barriers for screening and early intervention e.g Mammograms happen in winter when travel is harder!



KEY PRIORITIES FROM DROP-IN SESSION – ST MARY'S



Improving access, coordination, and local provision offers the greatest opportunity to reduce inequality and improve outcomes.

1. Improve transport and access

- Reliability, affordability, and family travel support
- Make booking easily and more tailored to Islander needs

2. Redesign pathways and services

- Better coordination of appointments
- Align services with transport realities
- Bring specialist services and professionals to the Islands e.g. eye tests, mole check done digitally and clinics for specific high need areas

3. Increase local provision

- Screening (eye, skin, cancer)
- Diagnostics (mobile services)
- Routine health checks

4. Financial burden

- Address the “missing middle”
- Some happy to pay more for more suitable travel options

5. Strengthen prevention and wellbeing

- Affordable exercise
- More health education and access to recipes, equipment and healthy food (due to limitations)
- Mental health awareness and in person support on Island
- Inclusive offers for different groups

KEY THEMES FROM OFF-ISLANDS: ST MARTIN'S

- Cost of winter travel (up to £80 each way)
- Inconsistent reimbursement of travel to St Mary's (only if referred on to mainland)
- Residents report no social care provision
- Requests for progress on mobile x-ray
- Appointments on island for medical care associated with age, due to difficulty in traveling. Including podiatry, glaucoma checks, skin cancer checks
- Onward travel, including timing of appointments and being allowed to use helicopter for mammograms (as scanner is a short walk from helicopter)
- Lack of specialist care co-ordination given off-island locations
- Concerns and anxiety when needing to access emergency care





KEY THEMES FROM OFF-ISLANDS: ST AGNES

- Urgent care delays and unreliable 111 responses create patient safety risks
- Poor signal and change of pagers by SWAST mean emergency alerts may be missed
- Access to care depends on boat transport, especially challenging out of hours
- Off-island residents experience unequal access compared to St Mary's/mainland
- Emergency care relies heavily on volunteers and charity-funded services
- Winter weather makes leaving the Islands near impossible to get to the mainland
- Weather impacts travel – often the issue is a boat to St Mary's isn't possible and therefore you can't get to the Mainland
- Travel to St Mary's and mainland very difficult in winter making vaccinations and screening harder to access over that time
- Vaccinations are offered on the off-islands, so you need to take babies, children and older people to St Mary's to get their vaccinations
- Residents reported that the on island GP clinics are sometimes cancelled, necessitating a trip to St Mary's or waiting for the next on-island clinic which can be a few weeks.
- Due to tides, there are limited on island clinic appointments which impacts on how soon you can be seen – would like a 'drop-in' option to make access easier
- Types of appointments only offered on specific days which limits access for those working or caring for others e.g. Smear tests and vaccinations only on Mon, Tues and Wed
- Weather impacts appointments – so eye appointments cancelled but not rearranged
- Use of helicopter should be used more to ensure travel is possible and is more cost effective in long run





KEY THEMES FROM DROP-IN SESSIONS – TRESCO & BRYHER

- Travel from the off-islands to St Mary's is not always easy and sometimes uncomfortable depending on the illness or injury, with travel to the mainland even harder.
- The availability of some services on the islands (specialist hearing & eye tests were mentioned, as well as clinical scans and tests such as x-ray).
- Patients who do have to go to the mainland for care not being able to have all their appointments in one go and often being asked to return for a follow-up a week or so later, which is not practical given the difficulty and affordability of travel.
- Linked to the above point is a lack of knowledge of island life from clinicians on the mainland (care coordinator role would be helpful).





KEY THEMES FROM DROP-IN SESSIONS – TRESCO & BRYHER

- Travel from the Bryher to St Mary's is expensive, and the costs add up if you need multiple trips for appointments.
- Navigating travel arrangements on the mainland can be tricky especially if the plane/helicopter is delayed due to weather.
- Connectivity of transfers, trains and buses often do not work out which then causes stress and concerns that the appointment will be cancelled and rearranged if you are late.
- Frustration when you travel for an appointment at Treliske and get there to find the clinic is cancelled but no-one has let you know.
- No clear plans or understanding of the complexity of travel arrangements for islanders to return home from the mainland., especially after an emergency admission.
- It would be great to have some exercise classes on Bryher especially around strength and stretches.





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Photos and outputs from the events

KEY THEMES FROM DROP IN SESSIONS

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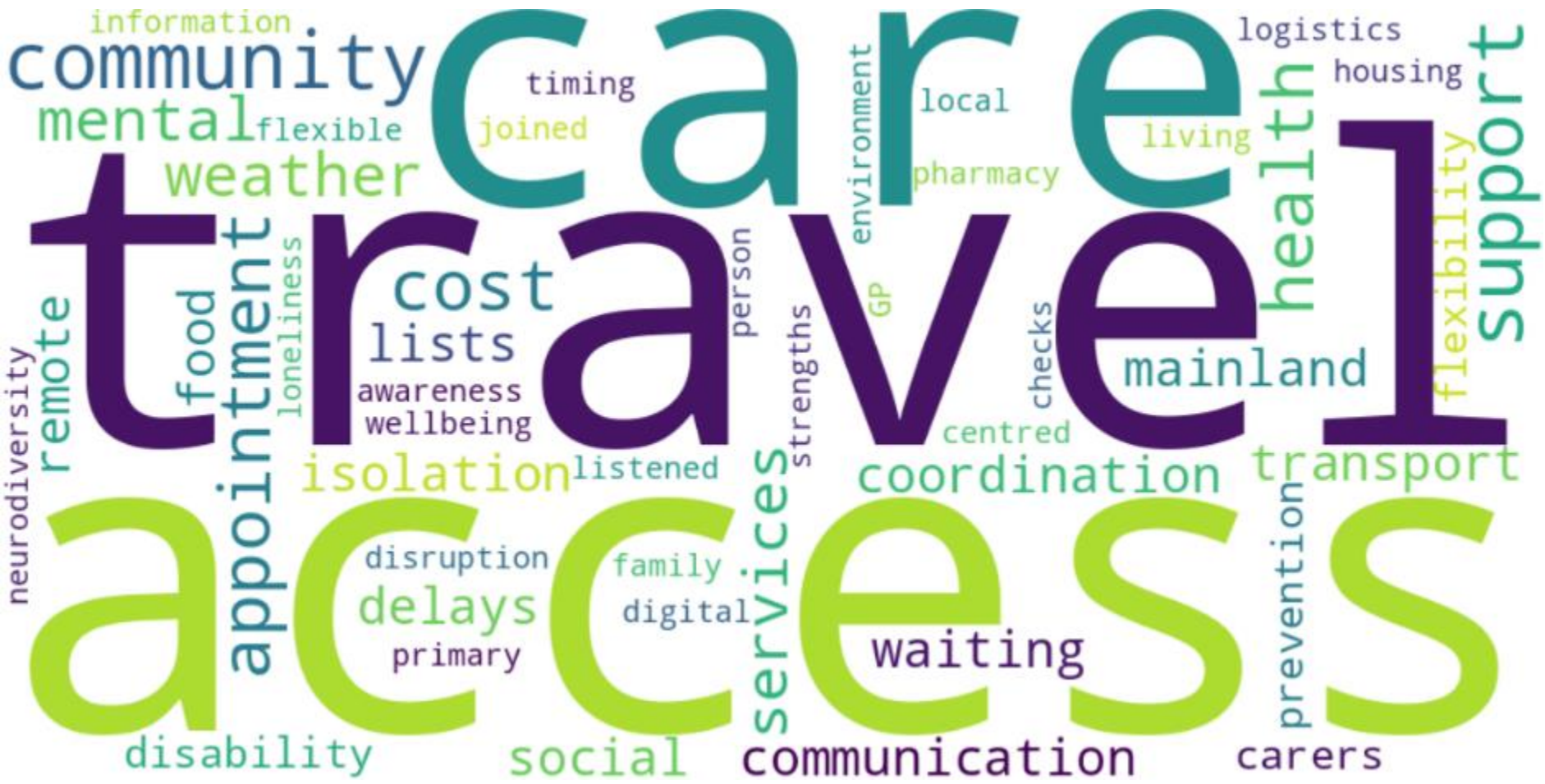
IN PERSON AND ONLINE WORKSHOP HEADLINES

- Local care is trusted and valued
- On Island primary care access is good (GP, pharmacy and dental)
- Off Island access can be harder or limited to certain days
- Access to care is shaped by geography, weather and travel possibilities
- Patients experience is fragmented between service and level of support available
- Mental health provision is mainly phone based and not comparable to the types of in person or community support offered on mainland
- Everyone knows your business – privacy can be harder e.g. midwife appointments on set day and same person
- Wider determinants significantly impact health



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KEY THEMES FROM WORKSHOPS



PATIENT TRANSPORT FEEDBACK

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"It's too stressful to arrange, I dread calling, with all the questions and it's fight to get anything booked."
"The coordinator role… will be key"
"Day returns feel impossible due to stress, weather and limitations"
"What happens if the flight is cancelled?"
"Need to be realistic with timings"
"Feels very bureaucratic"
"Think about the onward journey – train, buses etc"

The reality for patients: Care is accessed through a complex, fragile 'multiple' travel journey—not a simple appointment

Travel is:

- **Inflexible** (timings of appointments don't align)
- **Unreliable** (weather disruption is likely)
- **Fragmented** (no end-to-end planning)

Patients are often left to:

- Coordinate their own care and the care of loved ones in their absence
- Manage risk of missed appointments and being put back further on a waiting list
- Carry financial and emotional burden – lots of stress!

What would make the biggest difference:

1. Coordination

A single role to organise:

- Alignment with appointment planning
- Travel and less questions/struggle to get booked
- Understanding individual and island needs

2. Not having to travel off in the first place – why can't you plan to bring specialists or dedicated clinics to us which more than 1 person can access

3. Flexibility

Travel options and timings aligned to real lives
Ability to adapt when things change

4. End-to-end appointment & journey design

From island → mainland → hospital → home
Including onward transport and accommodation

5. Clear contingency planning

What happens if travel fails
Protection of appointment status – so people are put at the back of the line

IN PERSON AND ONLINE WORKSHOP KEY THEMES

What we heard

- "We can get an appointment quite quickly"
- "I like that staff listen"
- "Pharmacy is excellent… offer advice and help"
- "Dentist service is great"
- "Long waiting lists for eye checks/matters"
- "Having to go to mainland for trivial things"
- Self care and prevention is impacted by island living
- Screening, health checks and vaccination access is harder especially over winter

What it means

- Strong foundation of trusted, relationship-based care
- Good access for primary care and minor illness support

Implication

- Bring more services and specialists to the Island co-ordinated to make the most for smaller population
- Design service and pathways around Island living and limitations e.g. don't plan winter screening, bring vaccinations combined with other health checks to the Off Islands

Access and Travel Barriers

What we heard

- **"Having to travel to the mainland for unnecessary appointments"**
- **"Day returns feels impossible due to stress, weather and limitations"**
- **"Timing for appointments is not realistic when travel is needed"**

What it means

- Geography creates systemic inequity in access

Implication

- Redesign pathways to:
  - Reduce need for travel
  - Align appointments with transport
  - Improve flexibility
  - Reflect seasonal risks when planning for screening, vaccination and long term conditions checks

IN PERSON AND ONLINE WORKSHOP KEY THEMES

Fragmented and Uncoordinated Care

What we heard

- “Mainland appointments not joined up”
- “Having to chase follow up appointments”
- “Left hanging”
- Discharge poorly planned for islands from mainland

What it means

- Patients are acting as their own care coordinators

Implication

- Introduce navigation / coordination roles
- Improve system integration across providers
- Increase awareness and use of ‘digital flags’ on system to make professionals aware

Mental Health Gaps

What we heard

- “Mental health support in person or community option… not available here – compared to mainland offer”
- “Phone support isn’t ideal”
- “Missing long term and ongoing support”

What it means

- Limited, inaccessible, and inconsistent provision

Implication

- Develop:
  - Local and community-based in person support working with voluntary ad community sector
  - Make it less about ‘mental health’ and more about wellbeing to reduce stigma
  - Mental health advice and signposting, once available

IN PERSON AND ONLINE WORKSHOP KEY THEMES

Inequality and wider determinants

What we heard

- "Food incredibly expensive… difficult to feed your family"
- One supermarket limits access to fruit and veg – year-round (tourist impact in summer and access in winter)
- "Real divide between poverty and wealth"
- "Housing is expensive and scarce"

What it means

- Hidden poverty and cost pressures impact outcomes
- People don't seek support as it is obvious in a small place

Implication

- Integrate health with:
  - Housing and cost of living support
  - Make support less obvious – so more focus on health and wellbeing rather than 'mental health' or 'parenting support' to reduce stigma

Inclusion and personalisation

What we heard

- "I'm listened to"
- "Not everyone is the same"
- "Difficult to have needs understood – both autistic"

What it means

- Services not consistently delivering person-centred care
- Lack of specialist support or knowledge on certain areas is limited by 'generalist' approach

Implication

- Strengthen:
  - Reasonable adjustments noted on people's records
  - Neurodiversity awareness
  - Access and health education for those on waiting lists
  - Personalised care approaches

IN PERSON AND ONLINE WORKSHOP KEY THEMES

Information and communication

What we heard

- "Not knowing how to access services"
- "Need to know what services you are entitled to"
- "Tell us who is who"
- "lots going on but not easy to find out in one place;
- I'm keen to continue to give my feedback

What it means

- Information gaps limit access and trust
- Access to finding out about self-care, prevention and health education may be impacted

Improve:

- Clarity of services
- Regular communication (newsletter, digital, local channels)
- Visibility of teams
- Health education and prevention advice for all and those with long term conditions
- Ongoing ways for people to be involved

Community Strengths

What we heard

- "Good connected community"
- "People really pull together"
- "Safe place… fresh air… natural environment"

What it means

- Strong protective factors for health

Build on:

- Community assets
- Voluntary and community sector
- Peer support
- Communications to reach local people

Most people we spoke to were keen to be involved with improving health and wellbeing in the future – which supports our plans to set up an Island feedback method with the neighbourhood team.

IN PERSON AND ONLINE WORKSHOP KEY THEMES

What Would Make the Biggest Difference

Quick wins

- Clearer communication on services and entitlements (prescriptions, travel, personal health budget)
- Better coordination and follow-up
- Remove penalties for missed appointments due to travel

Medium-term

- Increased remote and outreach services
- Mental health provision locally
- Improved appointment scheduling and transport alignment

Longer-term

- Transport system redesign
- Expanded local service offer
- Integrated, place-based model addressing wider determinants

Key Takeaway

"There is a strong, trusted local health and care services for Islanders - but it does not work equally for everyone."

To improve outcomes:

- Reduce inequity caused by geography
- Design services around real lives, not systems
- Strengthen coordination, communication, and community-based care
- Bring more services and specialist care to the Islands

Cornwall and Isles of Scilly Integrated Care System

Online survey findings

KEY THEMES FROM ONLINE SURVEY

What works well

Strong community and environment support wellbeing

- A strong sense of community and belonging
- Support from neighbours or local networks

Natural environment is a major asset

- Access to nature, coast and outdoor spaces
- Opportunities to be physically active

People feel safe and benefit from island lifestyle

- Feeling safe and secure
- A slower pace of life/reduced stress

Healthy behaviours already well established

- Eat well
- Spend time in nature
- Connect with others

Clear information channels already used

- Local community or area social media
- Information on the NHS App
- Information displayed in local areas

KEY THEMES FROM ONLINE SURVEY

Key challenges and gaps

Travel is the biggest barrier to care

- Weather affecting travel
- Cost or availability of transport
- Travel to the mainland for appointments

Limited availability of services locally

- Limited availability of specialist services
- Difficulty accessing GP or health services

Transport cost and logistics repeatedly highlighted

- £80.00 one way… £160.00 return (winter travel example)
- Boat is only option and expensive so don't bother unless urgent

Access to diagnostics and urgent care is limited

- X-ray much more frequently needed
- Access to x-ray more often than 1 x weekly
- Local access to x-ray is vital

Services don't always feel joined up or accessible

- Being able to have several parts of my care in one visit
- Knowing that hospital and local staff are well connected

Gaps in local provision and waiting times

- Way, way too long waiting times (years)
- Eye tests… at least 2 year waiting

Isolation and lack of consistent support

- Support is very intermittent… feel very isolated
- Don't know where to get help

Care and support capacity

- Nursing care provision in the care home
- Availability of respite care

KEY THEMES FROM CANCER EXPERIENCES SURVEY

Mixed experience of support

Challenges in being heard and diagnosed

- "If hadn't asked for a blood test not sure what would have happened"

Physical, emotional, financial and social impact

Travel logistics add stress and limit care

- "Such a small time frame, especially the winter months"

Coordination described as inconsistent

Issue with communications and continuity

- "Treliske often don't have the history/notes… send irrelevant info"

Local support

- "Macmillan cancer support group was great, but has since pulled funds so will end next year"

Desire for more local care options

- "If only treatment could take place here"

Impact on daily life and wellbeing

- "Continue to care for family and pets"

More local clinical support wanted

- "Seeing a district nurse more often"

Limited access to local screening

- "More screening please"

Sense of isolation and inequality

- "Other conditions have equipment that can monitor, diagnose and treat"