

Argyll and Bute Council
Comhairle Earra Ghaidheal agus Bhoid

Customer Services
Executive Director: Douglas Hendry



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31 October 2011

SUPPLEMENTARY PACK 1

SOCIAL AFFAIRS THEMATIC CPP GROUP – MONDAY 7 NOVEMBER 2011 AT 9.30 AM, COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD

I enclose herewith items 14h (**THIRD SECTOR PARTNERSHIP HIGHLIGHT AND EXCEPTION REPORT**) and 14j (**HEALTH IMPROVEMENT PLANNING AND PERFORMANCE HIGHLIGHT AND EXCEPTION REPORT**) which were marked “to follow in the above agenda.

I also enclose report for item 7 (**CHOOSE LIFE STRATEGY**).

Douglas Hendry
Executive Director - Customer Services

BUSINESS

7. CHOOSE LIFE STRATEGY

Presentation by Alison McGrory, NHS Highland (Pages 1 - 6)

14. HIGHLIGHT AND EXCEPTION REPORTS

(h) Third Sector Partnership (Pages 7 - 10)

(j) Health Improvement Planning and Performance (Pages 11 - 12)

SOCIAL AFFAIRS THEMATIC CPP GROUP

Marlene Baillie
Councillor Mary-Jean Devon
Councillor Anne Horn
Derek Leslie
Eleanor MacKinnon
Andrew McClure
Councillor James McQueen
Councillor Elaine Robertson

Councillor Vivien Dance
Glenn Heritage
Councillor David Kinniburgh
Verina Litster
Councillor John McAlpine
Councillor Roderick McCuish
David Price
Cleland Sneddon

Angus Gilmour
Lynda Thomson
Iain Jackson
Jo Smith
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Graeme Forrester
Carol Walker
Raymond Flanagan
Alison McGrory
Anne Devine

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Argyll and Bute Community Planning Partnership

Social Affairs Thematic Group
Date: 7 November 2011

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Title: Health Improvement Update

1. SUMMARY

1.1 This update on Health Improvement in Argyll and Bute has been provided at Cleland Sneddon's request for information on the Choose Life Initiative. Background information is required to frame this so the paper also contains information on:

- The Health Improvement Planning and Performance Action Group (HIPPAAG).
- The Mental Health Improvement Strategy.
- The Choose Life Initiative.

2. RECOMMENDATIONS

2.1 The Social Affairs Group is asked to note the contents of this paper and consider how the CPP can further support health improvement in Argyll and Bute.

The Group is asked to give support to the forthcoming draft strategies for:

- Health Improvement
- Mental Health Improvement

The Group is asked to give commitment to the "See Me" pledge.

3. BACKGROUND

3.1 Health Improvement and HIPPAAG

Health Improvement in Argyll and Bute is delivered by a large number of staff in the public and third sectors and relies on a partnership approach. The attached diagram gives a visual illustration of the partnerships for health improvement. Strategic direction for Health Improvement is provided by the Health Improvement Planning and Performance Action Group (HIPPAAG).

The Health Improvement Team has a small number of dedicated health improvement professionals delivering agendas such as:

- Smoking cessation

- Alcohol brief interventions
- Community development
- Mental health improvement
- Healthy weight
- Reducing health inequalities
- Sexual health

A running theme for the health improvement agenda nationally is to reduce health inequalities between the well off and the not so well off. It is now thought that the best way to do this is by community development and building on the assets and resources already present in communities. This is known as an “asset approach” as opposed to a “deficit approach”.

For further reading on this see the Chief Medical Officer’s Annual Report for 2009:

<http://www.scotland.gov.uk/Publications/2010/11/12104010/0>

The Health Improvement Team supports community development for health improvement via the 7 Local Public Health Networks. We have recently carried out a review of this function and HIPAG and a summary report is available.

3.2 Mental Health Improvement

The NHS mental health modernisation programme is underway. One element of this programme involves the launch of a Mental Health Improvement Strategy to address upstream preventative measures to enable people to look after their mental health. There is much that people can do to protect their mental health but these messages are not as well known as physical health messages.

A joint short life working group has been tasked with developing the strategy and is due to issue a draft strategy for consultation by the end of the year.

This will be launched in early 2012 and it is envisaged that it will be a joint Community Planning Partnership strategy. As part of the launch it is proposed that the CP Partners commit to the “See Me” pledge.

The draft strategy is being informed by national policy and will involve planned initiatives at all stages of the lifecourse. Examples include:

- Parenting programmes for Early Years.
- Social support networks for older people.
- General population initiatives such as the Scottish Mental Health Arts and Film Festival.

- Wider lifestyle initiatives such as physical activity and sensible drinking messages.

In some cases the strategy maps out what is happening already, in others it identifies gaps and recommends actions to fill these gaps. The strategy requires commitment from all CP Partners.

3.3 Choose Life Initiative

The national strategy for suicide prevention has been in place since 2002 with the aim of reducing suicide incidence by 20% by 2013. Ring fenced funding was provided to local authorities year on year till 2010/11 to support Choose Life. In 2011/12 Argyll and Bute Council committed to a further 3 years' funding for Choose Life under a service level agreement. This is to the value of £83k per year.

In April 2011 the existing Choose Life Team was restructured and brought into the Public Health Department of Argyll and Bute Community Health Partnership. The staff complement is as follows:

- Choose Life Co-ordinator (part-time)
- Choose Life Trainer (part-time)
- Choose Life Administrator (part-time)

The core components of the Choose Life delivery plan are:

- Training
- Reducing the stigma of suicide
- Raising awareness of sources of support
- Challenging attitudes and values
- Monitoring and evaluation

The key messages from Choose Life relate to suicide being a social issue and not purely about mental health. As such society and the community can have an impact on the incidence of suicide.

The Choose Life agenda is managed by a joint steering group that meets bi-monthly. The steering group is supporting a comprehensive review into Choose Life that will commence shortly and report by May 2012. The findings of this review will inform the final 2 years of the SLA.

3.4 Supplementary Information

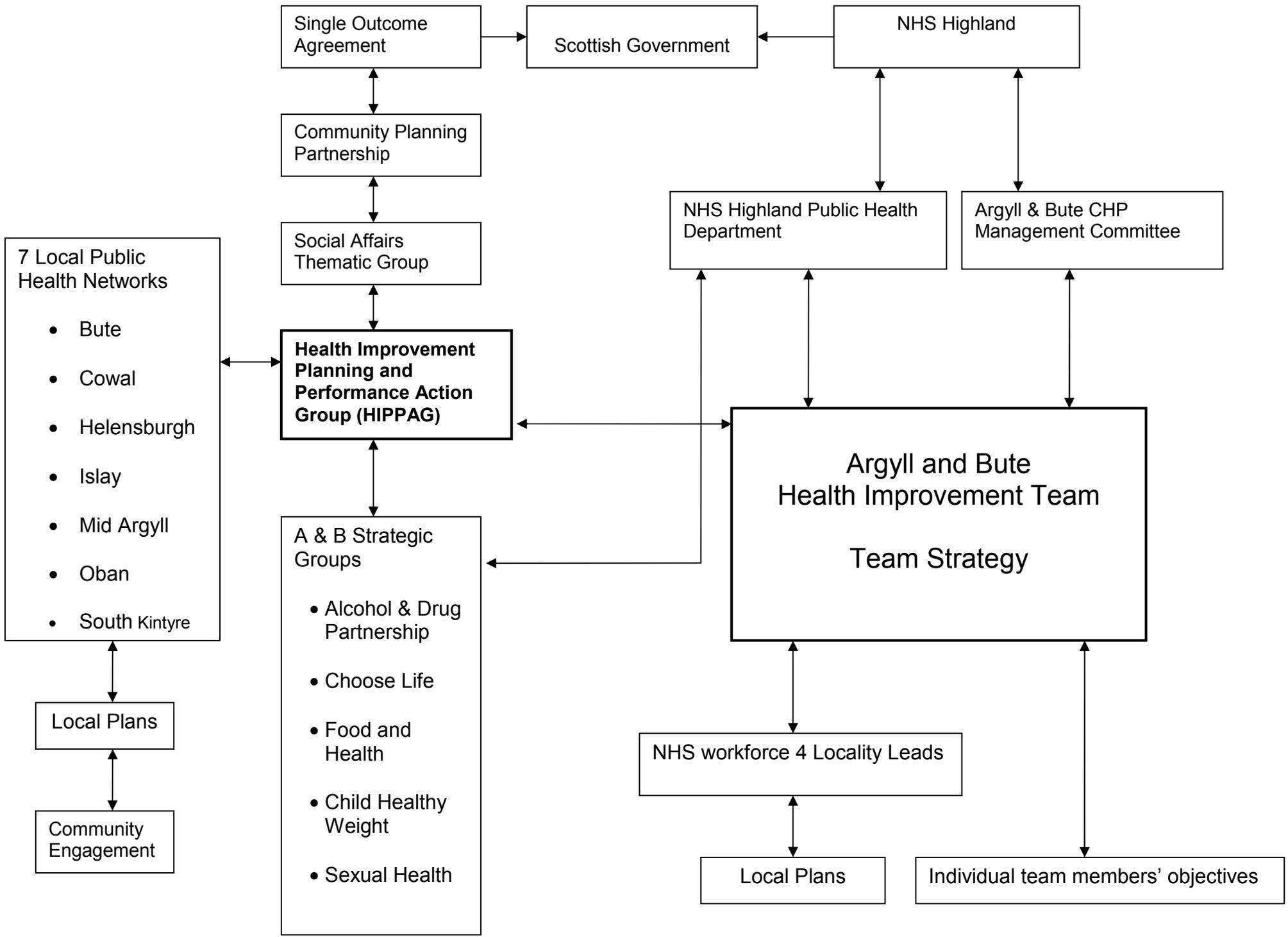
1. Diagram of partnerships for health improvement
2. HIPAG review summary report

4. CONCLUSION

- 4.1 The delivery of health improvement in Argyll and Bute relies on appropriate success measures and indicators. At the moment the Single Outcome Agreement and Community Plan lack sufficient sensitive measures. It is recommended that these updated plans include health indicators from the CHP Health and Well-being Profile published annually by the Scottish Public Health Observatory. See:

http://scotpho.org.uk/web/FILES/Profiles/2010/Rep_CHP_S03000025.pdf

For further information contact:	Alison McGrory Health Improvement Principal Argyll and Bute Community Health Partnership
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Strategic Partnership Highlight & Exception Report

Strategic Partnership (Name of Partnership you are reporting on)	Third Sector Partnership
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> CPP/CP01 – competitive and successful businesses <input type="checkbox"/> CPP/CP02 – sustainable economic assets <input type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input checked="" type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input checked="" type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input type="checkbox"/> CPP/CP09 – people feel safe and secure <input type="checkbox"/> CPP/CP010 – our diverse culture is celebrated

Activity Summary in Period

(please state period you are reporting on)

Argyll Voluntary Action – period 1st April 2011 – 30th September, dealt with 7,000 enquiries and offered 1:1 support to 1,240. Volunteer placements and matches numbered 1,772. September is start of young people MV awards and thus far we have 345 young people registered as young volunteers. Scottish Government and Voluntary Action Scotland (our umbrella body) are changing the system for young people next March to one which is more complex; we are hoping this will not deter the numbers of young people across who take up volunteering each year. It will also require additional staff time – something of a challenge!

The Partnership has referred many organisations to the newly launched Just Enterprise support programme and ABSEN are supporting 4 with bids to the Enterprise Growth Fund.

289 organisations have gained training over the last six months. IJCVS now have a monthly surgery on Jura to improve accessibility and continue to explore options which will support a third sector forum for Islay and is acceptable to intended participants – much effort is devoted to this support.

Income leveraged in by the TSP over the half year is a minimum of £967,504 – although some organisations do not share this information. In addition, protected current funds stands at £470,000.

ABSEN held a very successful conference in early October and has just completed the recruitment of a graduate to develop capacity in information and communications and improve communications with members. ABSEN also continues to work with Argyll & Bute Council, following on from the children & Families event.

AVA has assisted 34 new groups to start up and a third interim community engagement report has been published; final report due before end of this year. This work has reached over 900 people on a small groups basis and much greater numbers during events. We are now embarking on assisting with the budget consultation.

IJCVS – is currently consulting with its community over plans for an island bakery as social enterprise and working with the High School to raise social enterprise awareness.

IJCVS have been instrumental in developing South Islay Development – funded through HIE. A key achievement was the Festival of the Sea, a major 3 day event bringing all elements of community together and increased visitor numbers, increased income and funds to assist South Islay Development sustainability.

AVA has supported 2 staff to attend 4 day social enterprise training and is undertaking SROI training to better demonstrate added value of third sector.

	<p>ABSEN – continued support to social enterprises through regional fora, e-bulletins website and training to 10 organisations.</p> <p>We continue to work in partnership and to bring organisations and agencies together wherever possible. A new opportunity has opened with a further stage of community engagement – AVA working closely with public sector partners with a project ‘From Involving to Devolving’ – which is probably as ambitious as it sounds.</p> <p>There is no information relating to Bute Community Links which has not been within the TSP since 4th August and did not complete any reporting prior to that date. However, ABSEN and AVA have supported organisations and volunteers on the island. We have leveraged income since August and AVA has completed mapping of all 92 organisations on the island to establish a robust database.</p>
<p>Key Challenges & Actions to Address</p>	<p>Increased demand and an uncertain funding situation continues to be problematic for all third sector, including TSP members. Inevitably some services will have to be reviewed and delivery in other ways considered.</p> <p>Changes brought about by Voluntary Action Scotland have impacted on Argyll & Bute voice at national level as this TSP is now part of a ‘college’ sharing votes with 3 Ayrshires; we are unable to ascertain why that decision as it further complicates co-terminosity and reduces this area to one quarter vote. As this affects funding to support our entire sector we see this as detriment. In addition, the rationale is based on population – a criterion which never serves the unique interests and challenges of this area. This TSP continues to pursue this issue and if this groups wishes to support that we would welcome a minute being taken to which we could refer.</p>
<p>Name</p>	<p>Glenn Heritage</p>
<p>Date</p>	<p>25th October 2011</p>

Please complete and return to:

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Strategic Partnership Highlight & Exception Report

Strategic Partnership (Name of Partnership you are reporting on)	Health Improvement Planning and Performance Action Group (HIPPAAG)
CPP Thematic Group (i.e. Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved
Activity Summary in Period (please state period you are reporting on) April – June 2011	<p>The ongoing review into health improvement in Argyll and Bute has now finished and a final report is due in early November 2011. A joint planning session will be held on 30 November 2011 in Lochgilphead to develop an action plan from the recommendations.</p> <p>HIPPAAG administers the Health Improvement Fund (HIF) and till end Oct 2011, £36,098.76 had been awarded to 28 initiatives throughout the area, from a total fund of £71,000.</p> <p>A new application and scoring procedure has been implemented since April 2011.</p>
Key Challenges & Actions to Address	<p>The administration of the HIF has been challenging as there is a requirement to balance appropriate accounting arrangements with autonomy and decision making ability at a local level. This is being achieved by having local assessment panels review local applications, alongside having a clearly</p>

	defined protocol and scoring process for passing bids.
Name	Alison McGrory
Date	7 November 2011

Please complete and return to:

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