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29 April 2019*

## **SUPPLEMENTARY PACK**

**MID ARGYLL, KINTYRE AND THE ISLANDS AREA COMMUNITY PLANNING GROUP – WEDNESDAY, 1 MAY 2019 at 10.30AM IN THE COLUMBA CENTRE, BOWMORE, ISLE OF ISLAY WITH VC FACILITIES AVAILABLE FROM THE HOUSING MEETING ROOM, KILMORY, LOCHGILPHEAD AND THE BURNETT BUILDING, CAMPBELTOWN**

I enclose herewith an additional report in respect of agenda item 7(a) (**HEALTH AND WELLBEING REPORT**) and a covering report in respect of item 7(b) (**LOCALITY PLANNING GROUP OPTION APPRAISAL**) which were not included in the agenda pack for the above meeting.

## **BUSINESS**

**7. ARGYLL AND BUTE OUTCOME IMPROVEMENT PLAN 2013-2023 - OUTCOME 5 (PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES)**

(a) Health and Wellbeing Report (Pages 3 - 14)

Report by Health Improvement Principal

(b) Locality Planning Group Option Appraisal (Pages 15 - 16)

## **MID ARGYLL, KINTYRE AND THE ISLANDS AREA COMMUNITY PLANNING GROUP**

Iain Brodie (Vice-Chair)

Andy Buntin (Chair)

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Argyll & Bute Health & Social Care Partnership

# **Health and Wellbeing Partnership Evaluation**

**March 2019**

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## Summary and Recommendations

### Key Points

This survey was to investigate attendance rates, role and function of the Health and Wellbeing Partnership (HWP). It was issued to 37 members in January 2019. The key findings include:

- The survey was completed by 23 respondents (62%).
- Four meetings took place in 2018 and the average attendance at each meeting was 9.5 people.
- 15 respondents also attended at least one local Health and Wellbeing Network (HWN) meeting.
- Six respondents did not attend the HWP or the HWN.
- The majority of respondents (16 of 23) covered all of Argyll and Bute as opposed to a specific area.
- The vast majority of respondent (21 of 23), considered there to be a need for strategic level meetings for health and wellbeing in Argyll and Bute. When asked to categorise this role, the majority (18) identified leadership for health and wellbeing as the key function of a strategic group.
- 14 respondents are also involved with the Community Planning Partnership, of these 7 are involved in Outcome 5 to improve health and wellbeing in the people of Argyll and Bute.
- Respondents were asked to rate the importance of the HWP on a scale of 1 to 10. An average response of 7.9 was given.

### Next Steps

An evaluation of the HWP was prompted by low attendance rates at meetings during 2018. This report provides the findings of a survey to investigate the value existing partners place on HWP. A high number of responders identified the need for strategic leadership for health and wellbeing in Argyll and Bute, yet a small proportion of members attend each meeting. This survey is one element of a wider review of the strategic direction for health and wellbeing. Further actions include:

- This report will be shared with HWP members and various stakeholders such as area wide and local community planning structures.
- Investigate the views of the Community Planning Partnership Management Committee members on strategic leadership for health and wellbeing.
- Investigate how Area Community Planning Groups can inform health and wellbeing priorities and contribute to their delivery. A survey is being presented at the May 2019 round of area meetings.

- In an increasingly complex policy arena, investigate what priorities should form the delivery plan for Outcome 5. A working group will convene in May 2019.

## Background

### What is the Health and Wellbeing Partnership

The Health and Wellbeing Partnership (HWP) is a strategic partnership of Argyll and Bute's Community Planning Partnership (CCP), which is chaired by Alison McGrory, Health Improvement Principal in Argyll and Bute Health and Social Care Partnership (HSCP). HWP was established in 2012 following a comprehensive review of the strategic leadership of health improvement in 2011.

The remit of HWP is to provide leadership and direction for improving the health of the people who live and work in Argyll and Bute. HWP also leads the delivery of Outcome 5 "People live active, healthier and independent lives" for the CPP. The integration of these two agendas took place in January 2018.

### Who are the members

The membership of HWP is determined by a Terms of Reference last updated in 2017. The email distribution list of members which is used to communicate details of meetings includes 37 names. Their employing organisation is listed in Table 1.

ORGANISATION	NUMBER OF MEMBERS
Argyll and Bute Council	10
Fire Scotland	3
Member of Public	2
Network Co-ordinator	7
NHS (not inc Public Health)	4
Police	1
Public Health Department (NHS)	9
Women's Aid	1

Table 1: Membership of the HWP (Source: HWP email distribution list, 2018/19)

### Attendance at meetings

Quarterly meetings were held in 2018, which in total had an attendance of 19 people, 51% of total possible attendees. Only 5% of members attended all 4 of the meetings with 49% of HWP members not attending any. Table 2 shows attendance rates for 2018.

HWP DATE	NUMBER OF ATTENDEES
January 2018	11
April 2018	10
July 2018	10
October 2018	7

Table 2: Attendance at 2018 HWP meetings (Source: HWP meeting minutes, 2018/19)

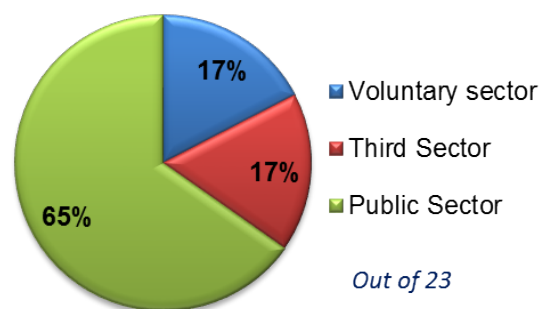
## The Survey

The survey was sent out to HWP members on 17th January 2018 and closed on 5th February. A total of 23 of the 37 members (62%) completed the survey. A copy of the survey questions are provided in Appendix 1.

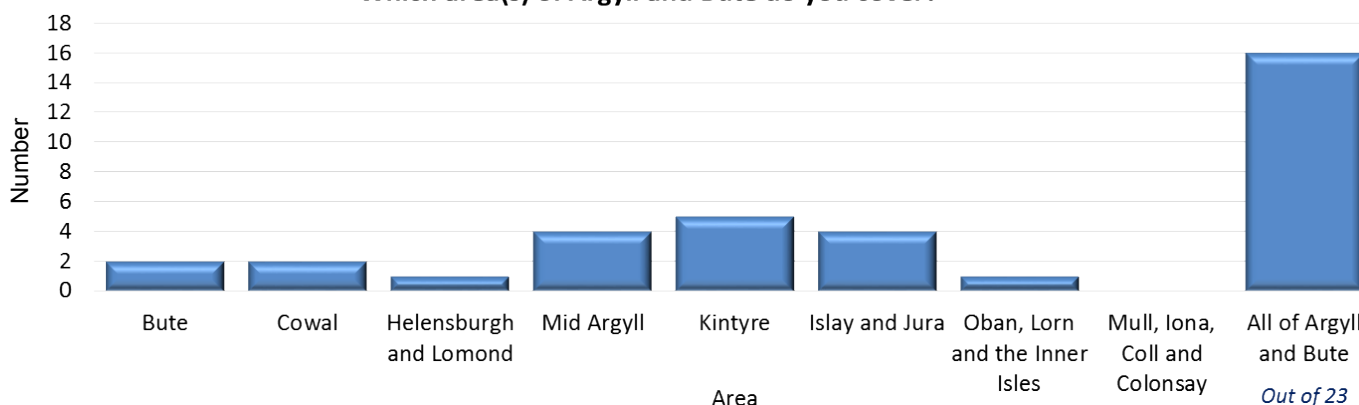
### Background on responding members

The largest group of 15 respondents were from the Public Sector (65%), with 4 from both the Voluntary and Third Sectors. There were responses from members covering each of the 8 local areas of Argyll and Bute with one exception (Mull, Iona, Coll and Colonsay). 16 members reported they cover Argyll and Bute as a whole.

### Respondents' background



### Which area(s) of Argyll and Bute do you cover?



### Attendance at the Health and Wellbeing Partnership

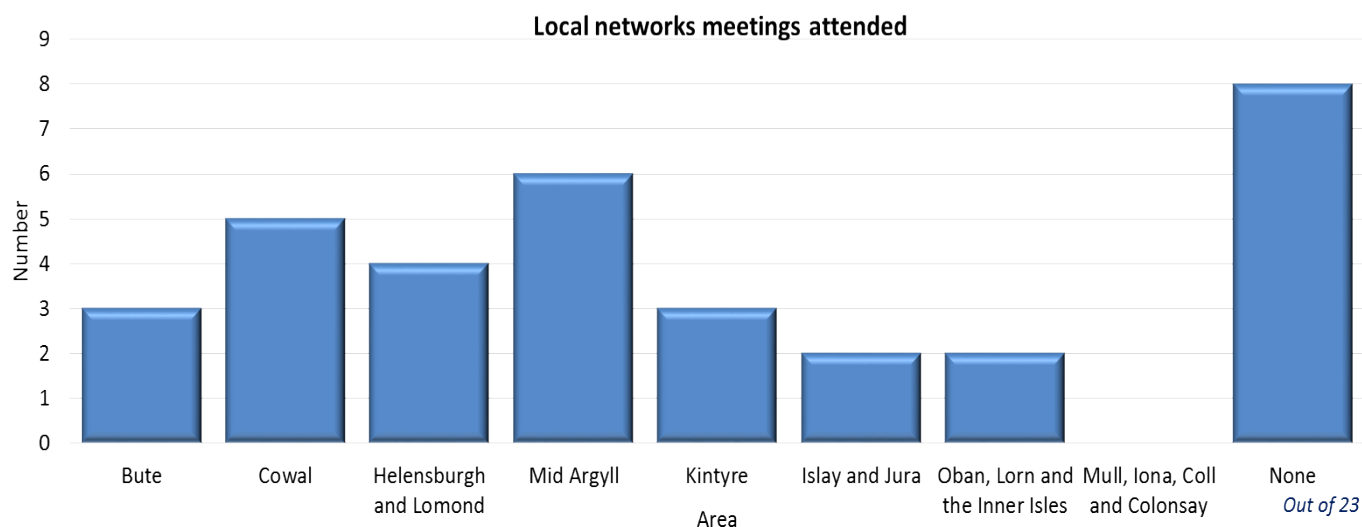
Of the 23 to respond, only one person had attended all four meetings during 2018. 30% had not attended any meetings, and 57% had attended between one and three meetings. 15 people commented that they were unable to attend as they had limited capacity or the meeting clashed with others of a higher priority to them. One person commented that they were sharing attendance with others in their department due to operational considerations. Two people reported they did not attend as they had been advised not to or their professional role had no material overlap with health and wellbeing. One member commented that they had only been invited to one meeting.



## Attendance at the Local Health and Wellbeing Networks

There are eight local Health and Wellbeing Networks (HWN), all of which hold regular meetings. Respondents were asked if they attended these meetings and which ones they attended.

8 people stated that they did not attend any of the local HWN meetings; of these 8 people 6 had also not attended any of the HWP meetings.



## The need for a Strategic level meeting for health and wellbeing

The majority of respondent 78% (21 of 23), considered there to be a need for strategic level meetings for health and wellbeing. Of these respondents, 18 considered this role to be to lead health and wellbeing activity in Argyll and Bute, one person considered the role being to monitor health and wellbeing activity in Argyll and Bute and one person considered the function to be for networking. One person answered unsure to this question.

## Community Planning Partnership Involvement

61% of respondents confirmed that they are also involved with the CPP. A number reported involvement in the 6 Outcome groups, seven of whom were involved in Outcome 5. Seven people also reported involvement in the local area Community Planning Groups. (NB more than 1 option could be selected).

COMMUNITY PLANNING AREA	NUMBER OF RESPONDENTS
Local area CPP	7
Management Committee CPP	3
Outcome 1	1
Outcome 2	1
Outcome 3	2
Outcome 4	2
Outcome 5 (combined with Health & Wellbeing Partnership)	7
Outcome 6	3

Table 3: Involvement with CPP

### Rating the importance and value of the Health and Wellbeing Partnership

The survey asked respondents to rate the importance of the HWP for partnership working on a scale of 0 to 10 (with 10 being most important). Overall the 23 respondent gave a rating of 7.9 out of 10. Respondents who did not attend any meetings placed a lower level of importance on the HWP, whereas those who attended all of the meetings gave an average score of 9.

The 23 respondents gave an average rating of 6.7 out of 10 for how important the HWP is for their work. Those that did not attend any HWP meetings give an average score of 5 and those that attended some of the meetings gave an average of 9.

This section included an open response box to allow people to state what they valued from attending the HWP. 19 of the 23 respondents completed this question: 53% stated that what they valued most was the information they received at the meetings, *“A chance to promote areas of my work and learn about what partners are doing in their work”* and *“Partnership working and a better understanding of the bigger picture, as well as being able to highlight what we are currently working on and the barriers”*. 37% valued the chance for networking, *“Connectivity with community and NHS colleagues highly valued”*. 11% valued the chance to raise the profile and inform others about what they are working on. Two respondents provided negative responses to this question, *“Less now than previously - now very little”*.

## Appendices

### Appendix 1: Survey Questions

1. There were 4 Health and Wellbeing Partnership meetings in 2018, please tick how many you attended?

0, 1, 2, 3 or 4

I attended some but I am unsure of how many

2. Can you please let us know if there are any reasons that you have not attended any/all of the meetings?

3. What value do you get from attending the Health and Wellbeing Partnership?

4. Do you see a need for a Strategic level meeting for health and wellbeing?

Yes, to lead health and wellbeing activity in Argyll and Bute

Yes, to monitor health and wellbeing activity in Argyll and Bute

Yes, for networking

No

Other (please specify)

### Local Health and Wellbeing Networks

5. There are 8 local Health and Wellbeing Partnerships, all of which hold regular meetings. Do you attend any of these meetings?

Bute

Cowal

Helensburgh and Lomond

Mid Argyll

Kintyre

Islay and Jura

Oban, Lorn and the Inner Isles

Mull, Iona, Coll and Colonsay

I do not attend any of the local Health and Wellbeing Network meetings

### Community Planning Partnership

6. Are you involved in the Community Planning Partnership?

Yes/No

### Community Planning Partnership Members

7. In what capacity are you involved in the Community Planning Partnership?

Local area CCP

Management Committee CCP

Outcome 1

Outcome 2

Outcome 3

Outcome 4

Outcome 5 (combined with Health and Wellbeing Partnership)

Outcome 6

### About you

8. What setting are you from?

Voluntary sector/Third Sector/Public Sector/Other (please specify)

9. Which area(s) of Argyll and Bute do you cover?

Bute

Cowal

Helensburgh and Lomond

Mid Argyll

Kintyre

Islay and Jura

Oban, Lorn and the Inner Isles

Mull, Iona, Coll and Colonsay

All of Argyll and Bute

## Appendix 2

Chart 1: What setting are you from?	
Locality	Number of reposes
Voluntary sector	4
Third Sector	4
Public Sector	15

## Appendix 3

Chart 2: Which area(s) of Argyll and Bute do you cover?	
Locality	Number of reposes
Bute	2
Cowal	2
Helensburgh and Lomond	1
Mid Argyll	4
Kintyre	5
Islay and Jura	4
Oban, Lorn and the Inner Isles	1
Mull, Iona, Coll and Colonsay	0
All of Argyll and Bute	16

## Appendix 4

Chart 3: Which area(s) of Argyll and Bute do you cover?	
Locality	Number of reposes
Bute	3
Cowal	5
Helensburgh and Lomond	4
Mid Argyll	6
Kintyre	3
Islay and Jura	2
Oban, Lorn and the Inner Isles	2
Mull, Iona, Coll and Colonsay	0
None	8

## Appendix 5

Do you see a need for a Strategic level meeting for health and wellbeing?	
Locality	Number of responses
Yes, to lead health and wellbeing activity in Argyll and Bute	18
Yes, to monitor health and wellbeing activity in Argyll and Bute	1
Yes, for networking	1
No	2
Other (please specify)	1

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**ARGYLL & BUTE COUNCIL****MID ARGYLL, KINTYRE AND THE ISLANDS  
AREA COMMUNITY PLANNING GROUP****Argyll & Bute Health and Social  
Care Partnership****WEDNESDAY, 1 MAY 2019 at 10:30 AM**

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**Locality Planning Group Option Appraisal October 2018**

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**1. SUMMARY**

- 1.1 Argyll and Bute IJB agreed, in October 2018, that a four model Locality Planning Group arrangement (Oban, Lorn and the Islands, Mid Argyll, Kintyre and Islay, Cowal and Bute, Helensburgh and Lomond) should replace the previous nine Locality Planning Group structure within Argyll and Bute. The attached paper is provided for information purposes, describing the option appraisal process and the agreed new model.
- 1.2 Feedback will be requested from area committees in relation to the requirement for elected member representation (one member) on the Locality Planning Groups.

**2. RECOMMENDATIONS**

Paper for information only.

**3. DETAIL**

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 is the legislative framework which directs the integration of health and social care services in Scotland. It requires Health & Social Care Partnerships (HSCPs) to establish at least two localities within its area. The 'nine planning group model' has been operational within Argyll and Bute HSCP for around two years.
- 3.2 Locality planning group members were invited to attend a half day Option Appraisal Workshop in October 2018 to evaluate the current model against other models in order to influence an improved and sustainable model for the future.
- 3.3 The Option 2: 'four locality planning group model' overwhelmingly emerged as the preferred option for future locality planning arrangements. This was formally agreed by the Argyll and Bute IJB in October 2018.

- 3.4 The nine locality model has now formally been dissolved and it is hoped the new model will be operational in June 2019.
- 3.5 The membership nomination process for the new groups is underway and is aligned to the prescribed requirements of Locality Planning Groups.
- 3.6 Elected members are not specifically listed as required members of the groups. However, they can be nominated if deemed appropriate.

#### **4. CONCLUSION**

- 4.1 The Option 2: 'four locality planning group model' was formally agreed by Argyll and Bute IJB in October 2018 as the model for future locality planning arrangements.
- 4.2 Feedback will be requested from area committees with regard to elected member representation on locality planning groups within Argyll and Bute.

#### **5. IMPLICATIONS**

- 5.1 **Policy** None
- 5.2 **Financial** None
- 5.3 **Personnel** None
- 5.4 **Equalities Impact Assessment** None.
- 5.5 **Legal** None

For further information, please contact **Sandra Cairney, Associate Director of Public Health, Argyll and Bute Health and Social Care Partnership.**