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1 November 2023

## **NOTICE OF MEETING**

A meeting of the **HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP** will be held **ON A HYBRID BASIS BY MICROSOFT TEAMS AND IN THE MARRIAGE SUITE IN THE HELENSBURGH AND LOMOND CIVIC CENTRE** on **TUESDAY, 7 NOVEMBER 2023** at **10:00 AM**, which you are requested to attend.

## **BUSINESS**

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES**
  - (a) Meeting of the Helensburgh and Lomond Community Planning Group held on Tuesday 22 August 2023 (Pages 5 - 16)
- 4. HELENSBURGH AND LOMOND AREA COMMUNITY PLANNING GROUP MEETING ARRANGEMENTS**

Report by Committee Manager (Pages 17 - 18)
- 5. COMMUNITY WELLBEING**
  - (a) Public Health Team - Local Adult Health Area Profile (Pages 19 - 86)
- 6. PARTNER UPDATES**
  - (a) Scottish Fire and Rescue Service Update (Pages 87 - 92)
  - (b) Police Scotland Update (Pages 93 - 96)
  - (c) Ministry of Defence Police Update (Pages 97 - 98)

- (d) Argyll and Bute Health and Social Care Partnership - Public Health Update (Pages 99 - 102)
- (e) Argyll and Bute Council's Community Development Team Update (Pages 103 - 104)
- (f) Argyll and Bute Citizens Advice Bureau Update (Pages 105 - 106)
- (g) Live Argyll Community Learning Services Update (Pages 107 - 108)
- (h) UHI Argyll Update (Pages 109 - 110)
- (i) Fun First Update (Pages 111 - 112)
- (j) Helensburgh Community Council Update (Pages 113 - 114)
- (k) Argyll and Bute TSI Update (Pages 115 - 116)
- (l) Helensburgh Community Hub Update (Pages 117 - 118)
- (m) Plastic Free Helensburgh Update (Pages 119 - 120)
- (n) Opportunity for Verbal Updates

## **7. COMMUNITY FOCUS**

- (a) We are with you  
Presentation by Angela Robertson

## **8. CLIMATE CHANGE**

- (a) Climate Change Working Group Update  
Verbal update by Representative
- (b) TSI/ACT Climate Change Hub  
Verbal update from Angela Anderson
- (c) Time For Change Argyll and Bute  
Verbal update from Angela Anderson

## **9. COMMUNITY PLANNING PARTNERSHIP MANAGEMENT COMMITTEE UPDATE**

Report By Committee Manager (Pages 121 - 124)

## **10. DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 13 February 2024.

# **Helensburgh and Lomond Community Planning Group**

Sarah Davies (Vice-Chair)

David Moore (Chair)

Contact: Julieann Small, Senior Committee Assistant - 01546 604043

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**MINUTES OF THE MEETING OF THE HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP HELD ON A HYBRID BASIS BY MICROSOFT TEAMS AND IN THE MARRIAGE SUITE IN THE HELENSBURGH AND LOMOND CIVIC CENTRE ON TUESDAY, 22 AUGUST 2023**

**Present:** David Moore (Chair), Scottish Fire and Rescue Service  
 Stuart McLean, Committee Manager, Argyll and Bute Council  
 Sarah Davies, Fun First/Plastic Free Helensburgh/Helensburgh Community Council  
 David Hagerty, Community Development Officer, Argyll and Bute Council  
 Antonia Baird, Community Development Officer, Argyll and Bute Council  
 Gill Simpson, Helensburgh Community Hub  
 Katrina Sayer, Jean's Bothy  
 Victoria Daveney, Argyll College UHI  
 Angela Coll, Argyll and Bute Health and Social Care Partnership  
 Rhona Grant, Community Learning Services, Live Argyll  
 Councillor Fiona Howard  
 Angela Anderson, Time for Change Argyll and Bute/Plastic Free Helensburgh  
 PC Laura Evans, Police Scotland  
 Morevain Martin, Garelochhead Station Trust  
 Councillor Paul Kennedy  
 Fiona Baker, Destination Helensburgh  
 John Auld, Cove and Kilcreggan Community Council  
 Rita Easterbrook, Department for Work and Pensions  
 Duncan MacLachlan, Arrochar & Tarbet Community Development Trust/Friends of Loch Lomond & the Trossachs  
 Veronica Ferguson, H&L Living Well Network  
 Carol-Anne McDade, Argyll and Bute Health and Social Care Partnership

**Attending:** Charlie Murphy, Centre for Local Economic Strategies (CLES)  
 Ross Gunn, Atkins WSP Joint Venture  
 Iain Adams, Atkins WSP Joint Venture  
 Mali Gravell, Project Lead for Food Policy and Delivery, Argyll and Bute Council  
 Hannah Riding, Helensburgh Army Cadets  
 Andy Galloway, Local Democracy Reporter

## **1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting and highlighted his thanks to Councillor Fiona Howard who chaired the last meeting in his and the Vice-Chair's absence.

Apologies for absence were intimated on behalf of:

John Lewis, The Submarine Family;  
 Samantha Campbell, Argyll and Bute Health and Social Care Partnership;  
 Neil MacFarlane, Transport Scotland;  
 Alasdair MacCuish, Helensburgh Gaelic Group;

Councillor Mark Irvine, Argyll and Bute Council;  
Councillor Gemma Penfold, Argyll and Bute Council;  
Allan Comrie, Strathclyde Passenger Transport, (SPT);  
Laura Eales, Home Start Lomond;  
Karlyn Marshall, Helensburgh Art Hub;  
Becs Barker, Carr Gomm;  
Yvonne McLeod, We Are With You Argyll and Bute;  
Vicky Brindley, Naval Families Federation;  
Jen Broadhurst, Citizens Advice Bureau; and  
Jayne Burnett, Visiting Friends.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

## **3. MINUTES OF THE MEETING OF THE HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP HELD ON TUESDAY 9 MAY 2023**

The Minutes of the Helensburgh and Lomond Area Community Planning Group meeting held on Tuesday 9 May 2023 were approved as a correct record.

## **4. COMMUNITY PLANNING**

Antonia Baird, Community Development Officer Argyll and Bute Council, provided the Group with an overview of Community Planning in Argyll and Bute. The presentation included information on the Community Empowerment (Scotland) Act 2015; the roles and responsibilities of the Community Planning Team; where the Area Community Planning Groups fit into the partnership and their relationship with the Management Committee; cross cutting themes and principles of effective community planning. The presentation also included information on the development day which is held once a year; action plans for each of the Area Community Planning Groups as well as the Argyll and Bute's Outcomes Improvement Plan and how the Community Planning Team communicate with partners and members of the groups.

### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Community Development Officer, Argyll and Bute Council)

## **5. TRANSPORT INFRASTRUCTURE**

### **(a) Transport Update - Argyll and Bute Council**

Consideration was given to a Transport Update by the Contract Officer at Argyll and Bute Council. The update provided information on the work done in preparation of pupils returning to school after summer and the continued work with SPT on spending the available funding from the bus stop infrastructure capital programme.

### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Contract Manager, Argyll and Bute Council, dated 22 August 2023, submitted)

**(b) Access to Argyll and Bute (A83)**

The Group gave consideration to a presentation by Transport Scotland and Atkins WSP Joint Ventures on the permanent solution for the A83. The presentation included information that had been delivered at both virtual and in person public exhibitions within in the locality, specifically key features and benefits of the preferred route; the preferred route plan; the scheme assessment process and the next stages of the assessment and construction phases.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Presentation by Transport Scotland and Atkins WSP Joint Ventures)

**6. COMMUNITY WEALTH BUILDING**

The Group gave consideration to a presentation on Community Wealth Building from Charlie Murphy from CLES (Centre for Local Economic Strategies). Charlie highlighted that the CLES mission is to develop local economies which work for people, planet and place and that it is the lead organisation for Community Wealth Building in the UK.

Charlie advised the Group that CLES have been commissioned by the TSI on behalf of the CPP to conduct research on Community Wealth Building in Argyll and Bute.

It was highlighted that CLES would be running a workshop in Helensburgh on the 8<sup>th</sup> September exploring Community Wealth Building in Argyll and Bute.

The Group highlighted their disappointment that they did not have a Faslane based representative attend the meetings considering that Faslane are one of the biggest employers in the area.

**Decision**

The Helensburgh and Lomond Area Community Planning Group:

1. considered and noted the information provided; and
2. requested that the Committee Manager liaise with Faslane based Partners regarding their attendance and participation at future Group meetings.

(Reference: Presentation by Researcher, Centre for Local Economic Strategies)

**7. PARTNER UPDATES**

(a) **Police Scotland Update**

Consideration was given to an update which included information on the ongoing work of the Service and provided information on the expansion of the Partners intelligence portal; retailers support in Helensburgh; the 'Move in May' challenge which Police Scotland staff took part in; Progress Pride flag's journey around Argyll and West Dunbartonshire Division and the Keep Safe scheme.

PC Evans highlighted that crime in the area has increased with a rise in common theft, theft of fuels and low level shop lifting and advised that the Police are engaging with retailers and fuel stations to ensure they have enough crime prevention systems in place. PC Evans also advised that incidences of fraud and bogus callers continue and that the Police are providing fraud prevention talks in the area to combat.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Police Scotland, submitted)

(b) **Ministry of Defence Police Update**

The Group gave consideration to a written update by PC Drew Omand, Ministry of Defence Police. The update included information on the roadworks on the A814 at HMNB Clyde which will continue until December 2023 with the road under traffic control; community drop in's which have been introduced for local residents and base employees to discuss any issues or concerns they may have; the Police Scotland Youth Volunteers who continue to attend community engagement events and the summer football which was held for 12-18 year olds.

**Decision**

The Helensburgh and Lomond Area Community Planning Group:

1. considered and noted the information provided; and
2. noted that in the absence of a representative from the Ministry of Defence Police, any questions could be forwarded to the Committee Manager following the meeting and any responses circulated to the Group.

(Reference: Report by Ministry of Defence Police, submitted)

(c) **Scottish Fire and Rescue Service Update**

The Group gave consideration to a report highlighting the Scottish Fire and Rescue Service's (SFRS) FQ1 review of local performance across Helensburgh and Lomond for the period 2023-24. The report included information on the local firefighter training plan; incidents during this time period; unwanted fire alarm signals; road and water safety campaigns; community engagement activities; East and West Dunbartonshire and Argyll and Bute Local Senior Officer Activities and home fire safety.

The Chair highlighted that he is hoping that the Youth Volunteer Scheme will be up and running in Helensburgh around September time and that he would provide an update at the next meeting.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Scottish Fire and Rescue Service, submitted)

**(d) Helensburgh Community Council Update**

The Group considered an update from Sarah Davies, Helensburgh Community Council, which provided an overview of the Community Council's activities. The update provided information on the 2 major projects affecting Helensburgh, specifically the Waterfront development and the Taylor Wimpey golf course housing development; the community clubs and society events which was held in March; the environmental work and the work on making the area more welcoming and the retail support.

Sarah highlighted that everyone is welcome to attend the Community Council meetings which are held on the last Thursday of every month.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Convenor, Helensburgh Community Council, submitted)

**(e) Argyll and Bute Council's Community Development Team Update**

Consideration was given to an update from David Haggerty, Community Development Officer at Argyll and Bute Council. The update included information on the recent Supporting Communities Fund in which Community Development Officers have been in touch with successful and unsuccessful applicants and are now supporting unsuccessful applicants with identifying alternative sources of funding.

The update also provided information on the developments of Groups supported by The Community Development Team such as the Princess Louise Hall Committee, the Welcome In Recovery Café, the Kirkmichael Community Development Group and the Climate Action Plan – Working group.

Discussion took place in relation to Volunteers and the Group agreed that there is a need for a volunteer co-ordinator in the area. Gill Simpson advised that she is looking into funding to secure a co-ordinator to be based at the Helensburgh Community Hub.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and

noted the information provided.

(Reference: Report by Community Development Officer, Argyll and Bute Council, submitted)

(f) **Live Argyll - Community Learning Services Update**

The Group gave consideration to an update by Rhona Grant, Live Argyll - Community Learning Service. The update provided information relating to youth work in Helensburgh which includes the summer GIVE programme which has been very successful; the Friday night football which finished on the 11 August and the wider achievement opportunities, accredited learning and Youth Service support to young people that will be continue now the schools have returned.

The update also included information on Adult learning which has continued over the summer period and it was highlighted that the Community Learning Worker is currently looking at Adult Learning opportunities and engaging and working with Partners to identify some of the current needs and provision required in the area.

Rhona highlighted that through the GIVE programme, young people are required to volunteer hours and are then awarded with a trip and advised that the Youth Worker Thomas Guy is always looking for opportunities for young people to get involved in.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Team Leader – Community Learning Services, Live Argyll, submitted)

(g) **Skills Development Scotland Update**

The Group gave consideration to a written update by Susan MacRae, Skills Development Scotland. The update included information on the work that career advisors have been doing in Hermitage Academy; the support they have been providing to school leavers; the Partnership Action for Continuing Employment initiative and the annual participation measures which are due to be published on 31st August.

**Decision**

The Helensburgh and Lomond Area Community Planning Group:

1. considered and noted the information provided; and
2. noted that in the absence of a representative from Skills Development Scotland, any questions could be forwarded to the Committee Manager following the meeting and any responses circulated to the Group.

(Reference: Report by Area Manager, Skills Development Scotland, submitted)

(h) **UHI Argyll Update**

Consideration was given to an update by Victoria Daveney, UHI Argyll. The update provided information on new courses that are available and highlighted that UHI lecturers recommenced teaching a range of courses at Hermitage Academy week commencing the 14<sup>th</sup> August.

Victoria highlighted that building works has now started to create more classrooms that will create a more functional and welcoming reception area which will improve both the student experience and the external appearance of the centre for the local community.

### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by UHI Argyll, submitted)

#### **(i) Argyll and Bute Health and Social Care Partnership - Public Health Update**

The Group considered a public health update from Angela Coll, Argyll and Bute Health and Social Care Partnership on the ongoing wellbeing and prevention activities overseen and delivered by the HSCP Public Health Team in Argyll and Bute. The update highlighted information on the Public Health Intelligence Team (PHIT); the Money Counts Level 1 awareness raising sessions; the Living Well Networks and the merge of the Living Well Strategy and Prevention Board.

### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Health Improvement Lead, Argyll and Bute Health and Social Care Partnership, submitted)

#### **(j) Argyll and Bute TSI Update**

The Group gave consideration to a written update by Paula Darbyshire of Argyll and Bute TSI which included information on Community Wealth Building in which CLES will be running a workshop in Helensburgh on 8<sup>th</sup> September; the funding for the Communities Mental Health and Wellbeing Fund – Year 3 which is £282,303.16; Argyll and Bute Positive Destinations who are still accepting referrals and a volunteer conference which will be held in Helensburgh in November.

### **Decision**

The Helensburgh and Lomond Area Community Planning Group:

1. considered and noted the information provided; and
2. noted that in the absence of a representative from Argyll and Bute TSI, any questions could be forwarded to the Committee Manager following the meeting and any responses circulated to the Group.

(Reference: Report by Argyll and Bute TSI, submitted)

(k) **Helensburgh Community Hub Update**

Consideration was given to an update by Gill Simpson from Helensburgh Community Hub. The update provided information on the #essential sector campaign which will be launched in November; the volunteer recognition event held in June which was a great success and the restructured membership. The update also provided information on the activities and clubs in the Hub.

Gill highlighted that the Hub has now been open for 2 years and that they are holding an open day on the 16 September to celebrate and to engage with the public.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Development Manager, Helensburgh Community Hub, submitted)

(l) **Jean's Bothy Update**

The Group considered an update from Katrina Sayer, Jean's Bothy. The update included information on the current membership numbers; the first "on location" day which was held on the 10<sup>th</sup> June at Geilston Gardens; a successful open day held in July; the support provided for members to start their own groups; the planning of fundraising and events for later in the year and the Maid of Loch exhibition.

Katrina highlighted the annual Millport cycling event which takes place on the 5<sup>th</sup> September with everyone welcome to participate.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Development Manager, Jean's Bothy, dated August 2023, submitted)

(m) **Opportunity for Verbal Updates**

Fun First

Sarah Davies highlighted that Fun First continued to run throughout the summer holidays which was very successful and appreciated by families and advised that they have at least one session on every day in either Rosneath, Cardross, Garelochhead or Helensburgh. Sarah asked that the Group continue to direct people with young children to Fun First.



## Garelochhead Station Trust

Morevain Martin advised that the Station Trust are currently in negotiations with Network Rail for the lease of the station building and hope to have the lease secured by the end of the year.

Morevain highlighted that they have been working with the UHI to explore how well the Station Trust are delivering services and that a number of their members spent time in Summer School in Inverness. Morevain also highlighted that they were the only organisation in Argyll and Bute and 1 of 7 organisations in Scotland to be chosen to be part of The Ideas Fund. It was noted that they continue to run the fortnightly brunch clubs, weekly line dancing and carpet bowls, monthly bus trips, and fortnightly craft and modelling groups.

## Transport Scotland

In the absence of Neil MacFarlane the Committee Manager provided the following update which was submitted before the meeting:

I can report that there will be one major road resurfacing scheme ongoing by the time the meeting is held on the 22<sup>nd</sup>.

Starting on the 20<sup>th</sup> for 4 nights there will be convoy works at Stuckgowan to facilitate the resurfacing works.

## Plastic Free Helensburgh

Angela advised that Plastic Free Helensburgh held a meeting with Public Health Scotland who are looking in to developing relevant case studies. Angela also highlighted that large black bins have been installed along the Helensburgh Waterfront beside the silver bins and added that there has been difficulties with the removal of the silver bins due to those being cemented in.

Angela reported that Plastic Free Helensburgh had received money through the Council's Supporting Communities Fund to get skips for the beach cleans and for litter picking stations and added that 40-50 volunteers regularly attend organised beach cleans.

## Destination Helensburgh

Fiona Baker highlighted that there has been a 30-50% increase of footfall with visitors now coming for longer holidays, and that she hopes to have more precise statistics for the next meeting. Fiona also highlighted that the first Cruise ship, the Silver Seas Endeavour, arrived in May with Destination Helensburgh organising excursions with the most popular being the walking tours to Rhu and Glenarn and that hopefully 4 cruise ships will be arriving next year.

Fiona advised of a collaboration with Glasgow School of Art on a branding project of Helensburgh; the participation in the new Helensburgh business group and the start of Christmas advertising.

The Group noted that they should notify Destination Helensburgh of any events to

allow these to be included on their 'What's on' calendar and 'What's on this weekend' social media post.

Discussion took place in relation to the works being done in the Helensburgh town centre and the Group highlighted their dismay that this had been done in summer holidays time. Sarah advised that the Community had no communication regarding this and wondered what permissions were agreed by the Council. Angela advised that a lot of litter had been left over following the works.

**Action – The Committee Manager to seek clarification from the Roads department and respond to the Group in due course.**

## **8. COMMUNITY FOCUS**

### **(a) Helensburgh Army Cadets**

Hannah Riding from Helensburgh Army Cadets left the meeting before this item due to work commitments and it was agreed that this item would be taken forward to the next meeting of the Group.

## **9. CLIMATE CHANGE**

### **(a) Climate Change Working Group Highlight Report**

Consideration was given to a report which highlighted the ongoing work of the Climate Change Working Group. The report outlined the proposal to produce a strategic Action Plan as a means to address the climate emergency in Argyll and Bute; the approved governance arrangements to support the Climate Change Project Manager post and the ongoing work on the recruitment of a Project Manager.

#### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by Chair of the Community Planning Partnership Climate Change Working Group, dated 2 August 2023, submitted)

## **10. PROGRESS ON ARGYLL AND BUTE CLIMATE HUB**

The Group gave consideration to a written update by Takki Sulaiman, CEO at Argyll and Bute TSI.

#### **Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the information provided.

(Reference: Report by CEO, Argyll and Bute TSI, submitted)

**11. COMMUNITY PLANNING PARTNERSHIP MANAGEMENT COMMITTEE UPDATE**

Consideration was given to a briefing note which provided information on matters discussed during a meeting of the Community Planning Partnership (CPP) Management Committee, held on 22 June 2023.

The Committee Manager highlighted the Community Wealth Building audit and made reference to the housing emergency declared by Argyll and Bute Council.

**Decision**

The Helensburgh and Lomond Area Community Planning Group considered and noted the briefing note.

(Reference: Report by Committee Manager, Argyll and Bute Council, dated 22 August 2023, submitted)

**12. DATE OF NEXT MEETING**

The Chair thanked everyone in attendance at the meeting, and thanked all partners for their continued proactive work in the community.

The Group noted that the next meeting of the Helensburgh and Lomond Area Community Planning Group would take place on Tuesday 7 November 2023.

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**Argyll and Bute Community Planning Partnership****Helensburgh and Lomond Area Community Planning Group****Tuesday 7<sup>th</sup> November 2023**

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**Helensburgh and Lomond Area Community Planning Group Meeting Arrangements**

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**Introduction**

The Helensburgh and Lomond Area Community Planning Group considered feedback received from Partners regarding meeting arrangements in November 2022 and agreed to review these arrangements in a years' time.

**Background**

During the August 2022 meeting the Area Community Planning Group agreed that a survey would be undertaken to gain feedback from Partners on future meeting arrangements. The results were subsequently considered during the meeting held in November 2022 - the report and associated appendices can be accessed by following this [LINK](#).

A majority of respondents felt that they would like the option for either face to face or Hybrid meetings and that they were happy to continue with daytime meetings with the majority in favour of morning meetings. Many respondents also indicated that they would like to offer the opportunity to return to meetings taking place in other venues around the area, with the option to have Hybrid arrangements in place.

In the 12 months since the survey was undertaken attendance remains high amongst Partners with no feedback, formal or informal, that Partners are unhappy with the existing meeting arrangements i.e. held during the morning, by Microsoft teams and in the Marriage Room, Helensburgh and Lomond Civic Centre.

**Recommendations**

The Helensburgh and Lomond Area Community Planning Group are asked to consider the future meeting arrangements of the Group.

**For further information please contact:**

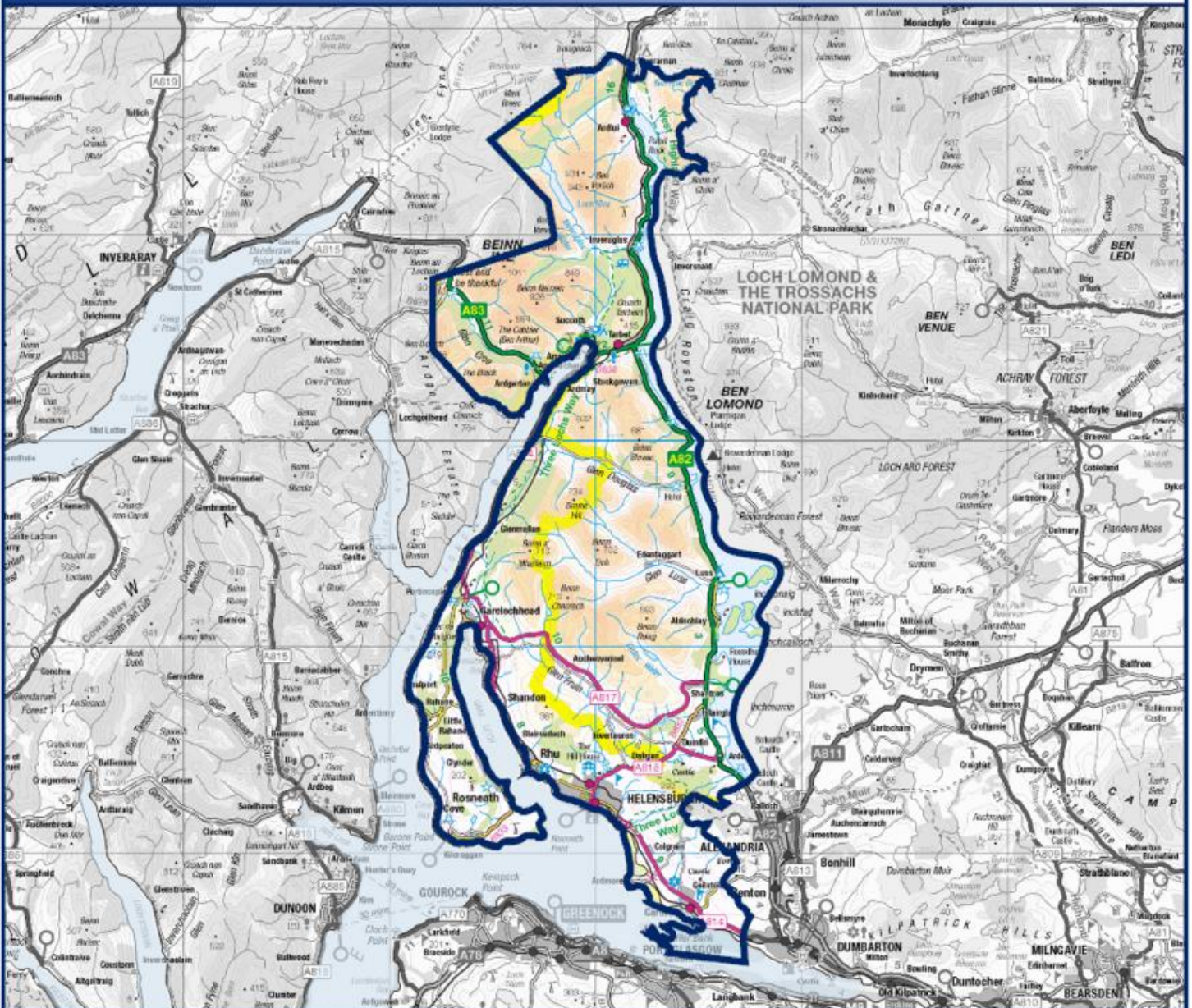
Stuart McLean, Committee Manager - 01436 658717

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# HELENSBURGH & LOMOND

## Partnership Profile Adult Health & Wellbeing



Public Health Intelligence  
March 2023



The Public Health Intelligence team are part of the Directorate of Public Health of NHS Highland and provide an expert resource on epidemiology, demography and population health evidence.



nshh.publichealthintelligence@nhs.scot



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Version	Issued	Next review	Prepared by	Authorised by
1	31/03/2023		Public Health Intelligence	C Hunter-Rowe, Public Health Intelligence Manager
2				
3				

Distribution	Method
Distributed to NHS Highland stakeholders, Public Health Directorate staff, community planning partners and Public Health Intelligence intranet page	Intranet with email link



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## **Introduction**

This report provides an overview of adult population health and wellbeing in Helensburgh and Lomond. Evidence for the health of the population is drawn from multiple sources including deaths, disease registrations and hospitalisations. It is a companion volume to a profile of demography and deprivation published in November 2022.

All data are presented for Helensburgh and Lomond and, where available, intermediate zones or neighbourhoods within Helensburgh and Lomond. Comparisons are made to the Argyll and Bute local authority and Scotland.

Further profile reports will present information covering a range of topics relating to the health of infants, children and young people and health inequalities. The reports do not cover information on the use or provision of health or social care services which other colleagues in NHS Highland may provide.

## **Geographies and populations**

Profile reports are available for nine community planning partnerships in Highland local authority and four community planning partnerships in Argyll and Bute local authority. These partnership areas are the focus of action to improve the health of the people and communities in the area covered by NHS Highland Health Board.

This report uses four levels of geography: local authority, partnership area, intermediate zone and datazone. Local authorities, intermediate zones and datazones are nationally agreed geographical areas with defined boundaries. Partnership areas are locally defined geographies created without reference to national geographies. Therefore, partnership areas and national geographies may not neatly align.

The intermediate zone is the smallest spatial unit most commonly used for releasing and presenting potentially sensitive statistical data and reporting measures of population health. Most measures and figures presented in this report are aggregations from datazones to higher geographical levels. The number of events in the intermediate geographies that best align with a partnership area may not sum to the exact total.

## **Deprivation and Inequalities**

This report presents some information on deprivation using the Scottish Index of Multiple Deprivation (SIMD)<sup>1</sup>. The SIMD is an area-based measure of relative deprivation rather than household or

individual deprivation. The SIMD can help to understand the life circumstances and health outcomes of people living in areas identified as experiencing high levels of deprivation.

Health inequalities have been defined as the “unjust and avoidable differences in people’s health across the population and between specific population groups”<sup>2</sup>. Inequalities are not caused by a single issue, and can occur by gender, income, deprivation, ethnicity, disability, geography and other factors.

The SIMD is used to monitor health inequalities by dividing the population into five groups (quintiles) or ten groups (deciles) based on their area deprivation level.

The SIMD represents deprivation less accurately in rural areas<sup>3</sup>. The statistical indicators used in the index do not capture the nature of rural disadvantage, and poor households in rural areas are unlikely to be spatially concentrated. Rural areas tend to be less socially homogeneous than urban ones in terms of deprivation, and deprived households in rural areas are unlikely to make much statistical impact on a small area (datazone) basis. A consequence is that rural disadvantage is less visible and ‘less easily tractable’ than in urban areas.

### **Indicator Definitions**

Many of the indicators presented in this report are published by the Scottish Public Health Observatory (ScotPHO). Full details of the indicator definitions used by ScotPHO are available within the ScotPHO online profiles tool<sup>4</sup>.

Further information on the geographies, populations and other terms used within the report are available in the [Glossary](#).

## Helensburgh and Lomond Summary

Male and female life expectancy is higher in the partnership area than in Scotland. Long-term trends for increasing life expectancy have stalled in recent years. It is a significant concern that a sentinel measure of population health and social progress is not improving.

Social and economic inequalities in health and wellbeing are evident within the partnership area. Small areas with a higher proportion of people experiencing income deprivation generally rank more poorly according to the Scottish Index of Multiple Deprivation (SIMD) health domain.

By presenting data for small areas, the profile highlights that systematic differences in population health are associated with income deprivation across a range of measures, providing further evidence of current health inequalities within the partnership and across the local authority.

In common with other partnership areas, leading causes of death include ischaemic heart disease, dementia and Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases and certain cancers. There have been decreases in early deaths from cancer and coronary heart disease, but improvements have stalled in recent years.

Common long-term conditions include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders<sup>5</sup>. The prevalence of many conditions and the number of people with frailty are likely to increase as the number of older people increases.

Rates of cancer registrations have remained relatively constant, indicating earlier diagnosis and treatment may have driven previous improvements in premature deaths from cancer.

Hospitalisations due to coronary heart disease (CHD) show decreases over time. Chronic obstructive pulmonary disease (COPD) admissions also reduced, although rates fluctuated during the reported period. Both remain significant causes of poor health.

Psychiatric patient hospitalisations have markedly decreased over time, reflecting a change in the provision of care towards supporting people in the community.

Prescriptions for anxiety, depression or psychosis have increased over time.

Problem alcohol and drug use can significantly impact physical and mental health and have long-term social impacts, including family break-ups, domestic abuse, unemployment, homelessness and financial problems. There are increased risks of accidents, injuries, violence and antisocial behaviour.

Standardised rates of alcohol-related admissions vary significantly by intermediate geography area in the partnership area. Drug-related hospital admission for the partnership area is relatively low compared to Scotland, but the trend is increasing in common with the local authority.

As the number of older people in the population increases, the number of people requiring support at the end of life is likely to increase.

Trends have shown increases in deaths occurring in a homely setting. Increased primary, community and palliative care resources will be needed to support families and individuals at home if this pattern is sustained.

## Life Expectancy

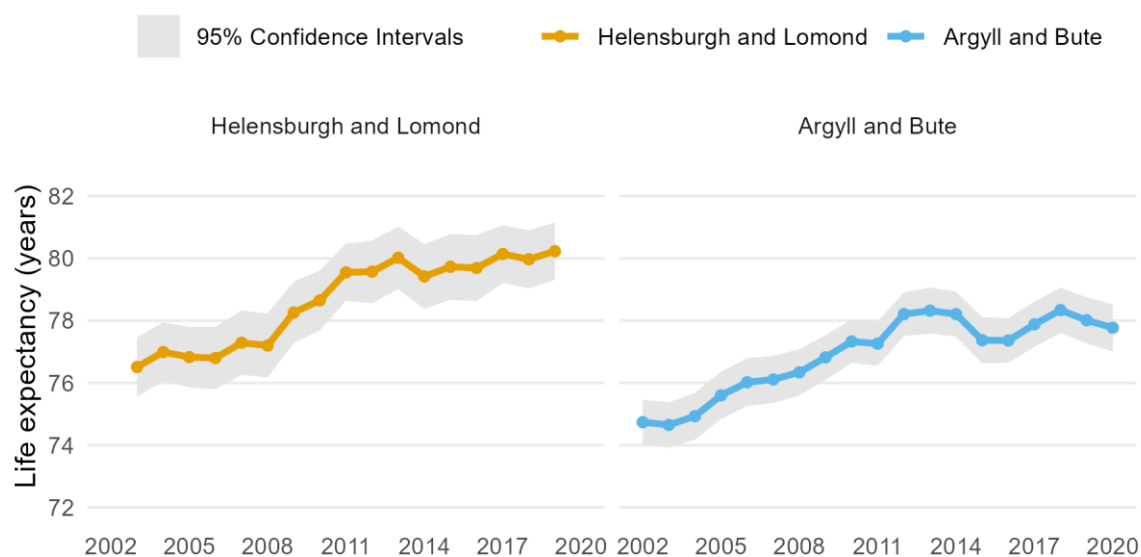
Life expectancy provides a high-level measurement of the health of a population. Life expectancy at birth measures the average number of years a newborn is expected to live if they experienced the period's age and sex-specific mortality rates.

Areas in which the population experience more significant ill health and where people die at a younger age have a lower life expectancy. Male life expectancy in the UK is generally lower than female life expectancy. Across the UK and Scotland, life expectancy has tended to increase over time, except for the World Wars and the Spanish flu pandemic of 1918-19. This improvement in life expectancy has stalled in recent years (since around 2012-2014), and some areas have seen a decrease in life expectancy predating the COVID-19 pandemic<sup>6</sup>. It is a significant concern that a sentinel measure of population health and social progress is not improving.

**Table 1:** Male life expectancy at birth by area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Argyll and Bute	77.8	77.0	78.5	+	
NHS Highland	77.7	77.2	78.1	+	
Scotland	76.6	76.5	76.7		-
Helensburgh and Lomond	80.2	79.3	81.2	+	+
Mid-Argyll, Kintyre and Islay	78.0	76.8	79.2	+	
Bute and Cowal	77.5	76.2	78.8		
Oban, Lorn and the Isles	77.4	76.3	78.5		

Source: ScotPHO Online Profiles  
2019-2021 (3-year aggregate for Scotland, Council and Board); 2017-2021 (5-year aggregate for other areas)

**Figure 1: Male life expectancy at birth over time**

Source: ScotPHO Online Profiles  
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)  
 2001-2005 to 2017-2021 (5-year aggregate for other areas)  
 The vertical-axis does not start at zero.

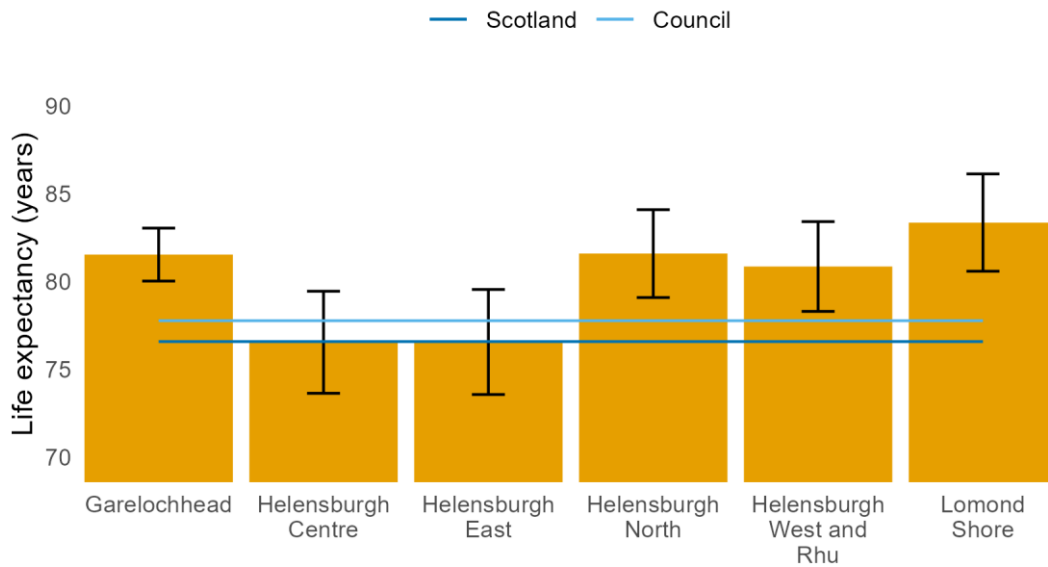
**Table 2: Male life expectancy at birth by intermediate geography in the area**

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Lomond Shore	83.4	80.6	86.1	+	+
Helensburgh North	81.6	79.1	84.1	+	+
Garelochhead	81.5	80.0	83.0	+	+
Helensburgh West and Rhu	80.9	78.3	83.4	+	
Helensburgh East	76.6	73.6	79.5		
Helensburgh Centre	76.5	73.6	79.5		

Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

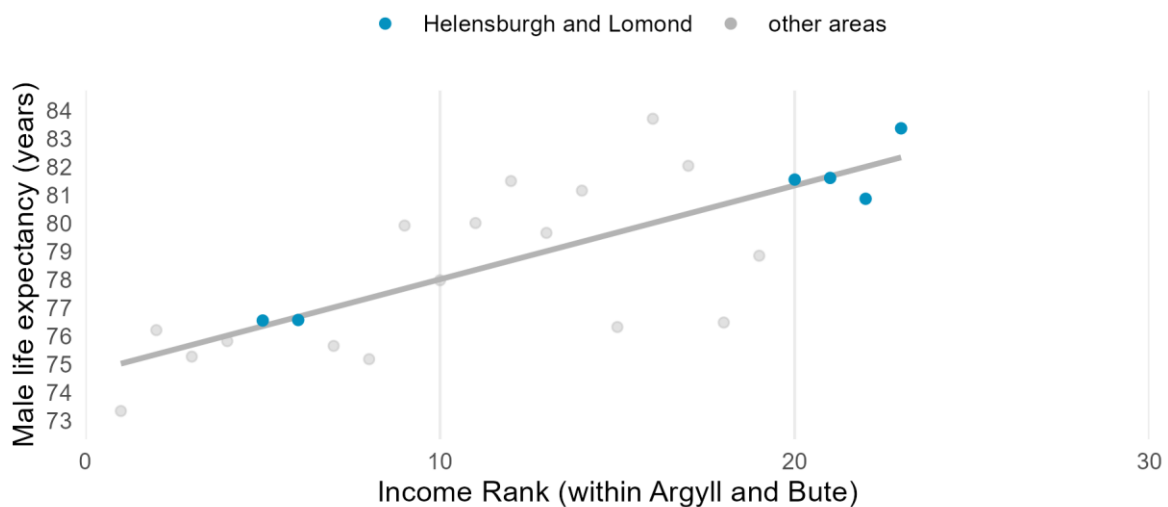


**Figure 2:** Male life expectancy at birth by intermediate geography in the area



Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 3:** Variation in male life expectancy associated with income deprivation by intermediate geography



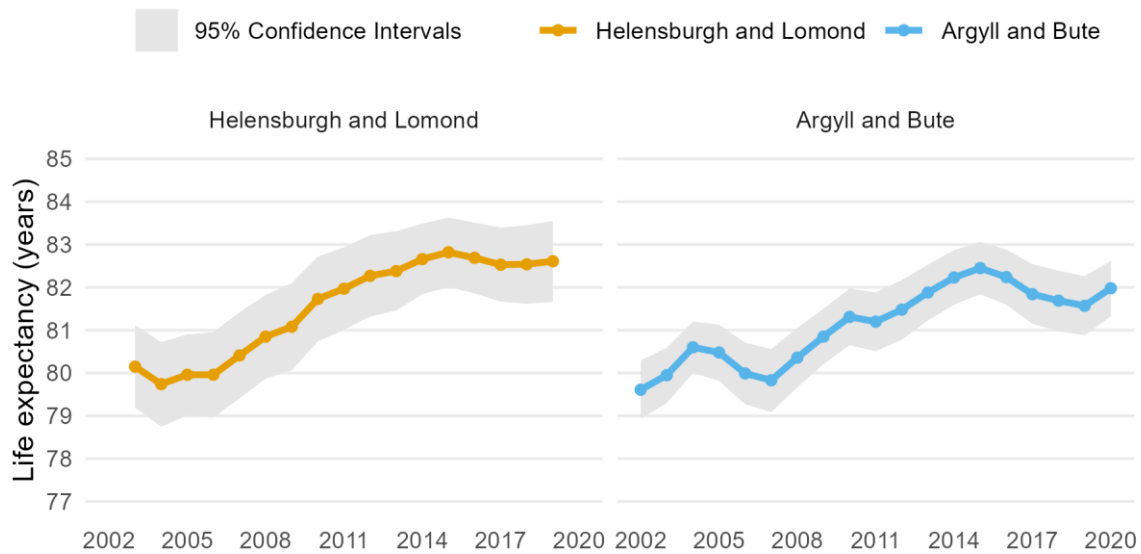
Source: ScotPHO Online Profiles Life Expectancy 2017-2021 (5-year aggregate)  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

**Table 3:** Female life expectancy at birth by area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Argyll and Bute	82.0	81.3	82.6	+	
NHS Highland	82.0	81.6	82.4	+	
Scotland	80.8	80.7	80.9		-
Helensburgh and Lomond	82.6	81.7	83.5	+	
Mid-Argyll, Kintyre and Islay	82.6	81.7	83.5	+	
Oban, Lorn and the Isles	82.5	81.5	83.6	+	
Bute and Cowal	80.3	79.1	81.4		

Source: ScotPHO Online Profiles  
 2019-2021 (3-year aggregate for Scotland, Council and Board); 2017-2021 (5-year aggregate for other areas)

**Figure 4:** Female life expectancy at birth over time



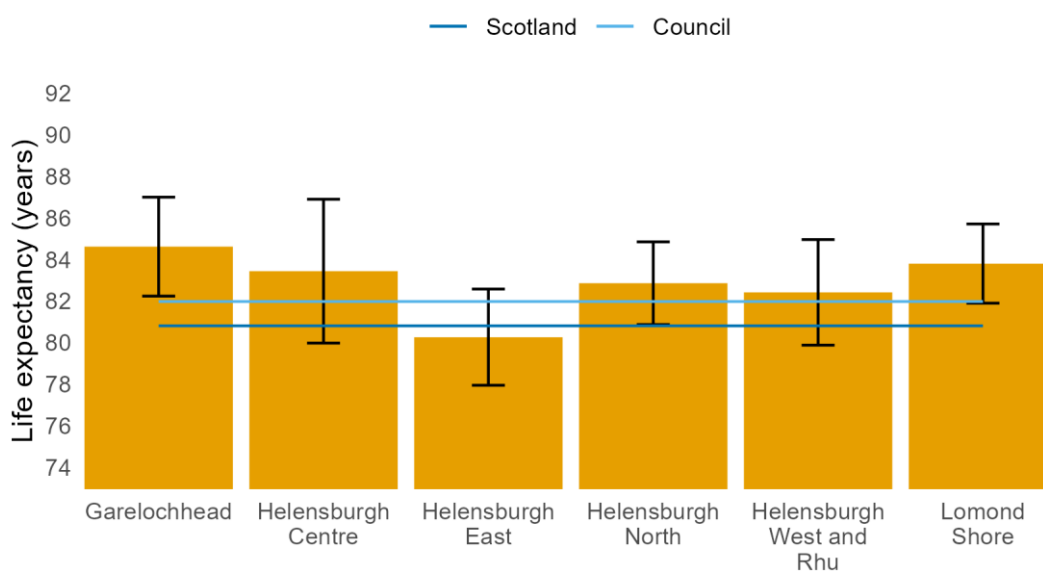
Source: ScotPHO Online Profiles  
 2001-2003 to 2019-2021 (3-year aggregate for Scotland, Council and Board)  
 2001-2005 to 2017-2021 (5-year aggregate for other areas)  
 The vertical-axis does not start at zero.

**Table 4:** Female life expectancy at birth by intermediate geography in the area

	Life Expectancy	Lower bound	Upper bound	Significance	
				Scotland	Council
Garelochhead	84.6	82.2	87.0	+	
Lomond Shore	83.8	81.9	85.7	+	
Helensburgh Centre	83.4	80.0	86.9		
Helensburgh North	82.9	80.9	84.8		
Helensburgh West and Rhu	82.4	79.9	85.0		
Helensburgh East	80.3	78.0	82.6		

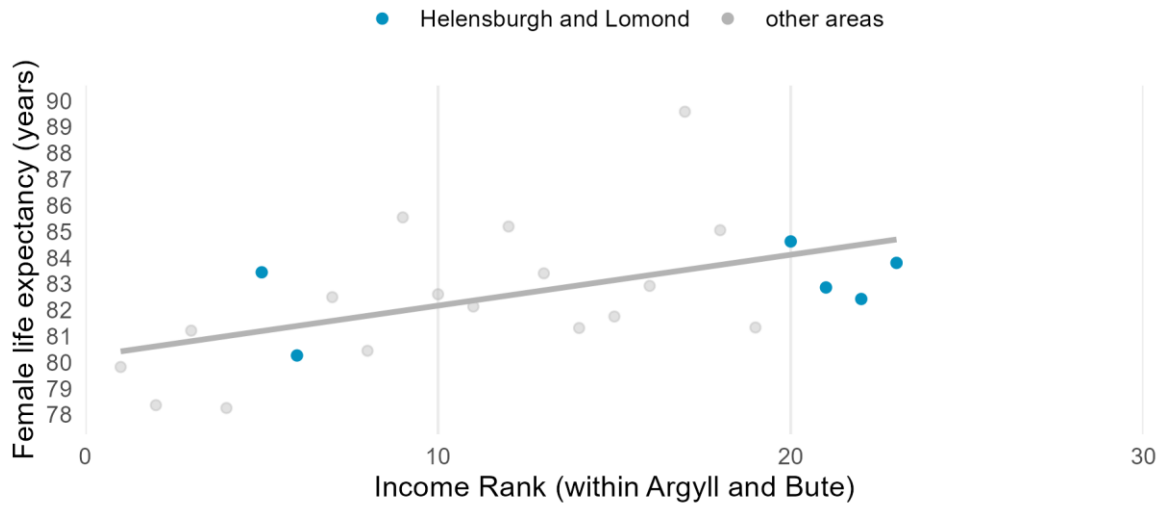
Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)

**Figure 5:** Female life expectancy at birth by intermediate geography



Source: ScotPHO Online Profiles 2017-2021 (5-year aggregate)  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 6:** Variation in female life expectancy associated with income deprivation by intermediate geography



Source: ScotPHO Online Profiles Life Expectancy 2017-2021 (5-year aggregate)  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

### Health and income

The Scottish Index of Multiple Deprivation (SIMD) health domain combines multiple population health measures to create a summary statistic for every small area (datazone) in Scotland. Areas are ranked from 1 (most deprived) to 6976 (least deprived).

The SIMD income domain ranks datazones by estimating the proportion of the population who are income deprived.

We highlight the correlation between the ranking of areas on the health and income domains. Those most income-deprived areas are also more likely to be amongst the most overall health deprived.

**Figure 7:** Health domain rank by income domain rank for datazone geography



Source: SIMD 2020v2  
Each point represents a datazone

**Table 5:** Datazones in the most health deprived 20 percent in Scotland by area

	Total number of data zones in the area	Areas in the 20% most deprived in Scotland	Local share of the 20% most deprived areas in Scotland
Argyll and Bute	125	11	8.8%
Bute and Cowal	33	5	15.2%
Helensburgh and Lomond	36	3	8.3%
Mid-Argyll, Kintyre and Islay	29	2	6.9%
Oban, Lorn and the Isles	27	1	3.7%

Source: SIMD 2020v2

**Table 6:** Helensburgh and Lomond datazones within the most health deprived 20 percent in Scotland

Datazone	Intermediate zone	Datazone name
S01007399	Helensburgh East	Helensburgh East - 02
S01007398	Helensburgh East	Helensburgh East - 01
S01007395	Helensburgh Centre	Helensburgh Centre - 02

Source: SIMD 2020v2

## Mortality

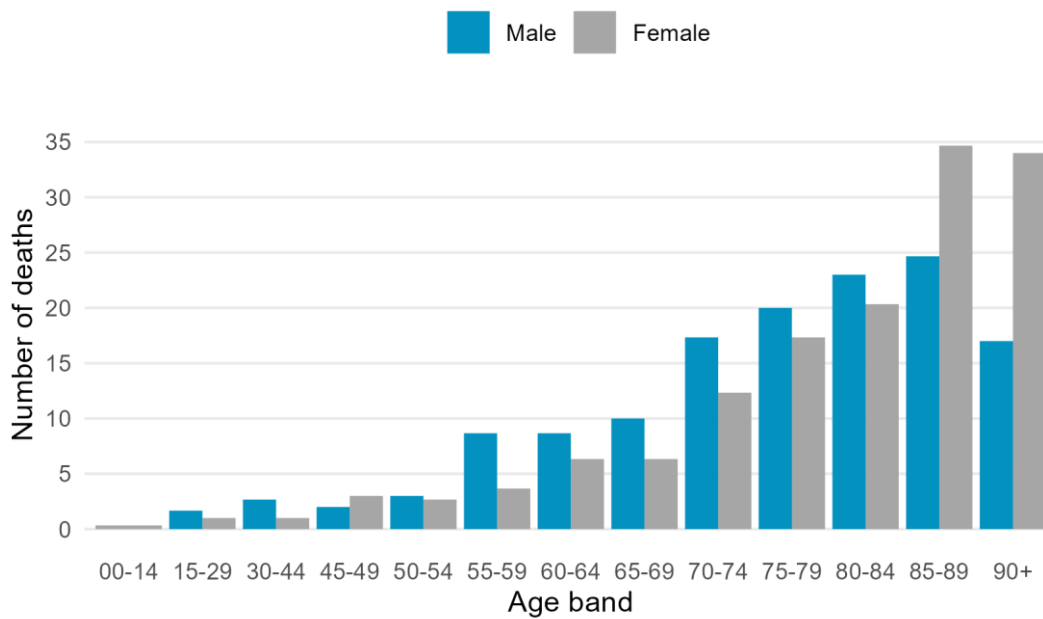
Mortality data provides information on causes of death and provides valuable insights into the general health of an entire population. The primary source of death data in Scotland (death registrations) is the National Records of Scotland (NRS).

**Table 7:** Average annual deaths all ages by sex

	Number	Percent
Female	143	50.8
Male	139	49.2
Total	282	100.0

Source: National Records of Scotland; 2019-2021

**Figure 8:** Average annual deaths by age group and sex



Source: National Records of Scotland; 2019-2021

### Deaths by Age Group and Sex

The number of deaths in an area depends on the population's size, health, and external factors, e.g. traffic accidents and the environment. The number of deaths generally increases with age. We highlight all-cause mortality in those aged 15-44. Deaths in this age range typically result from external causes that are most likely preventable.

**Table 8:** Deaths aged 15-44 years by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	26	101.8	65.9	150.2		
NHS Highland	117	115.5	95.4	138.4		
Scotland	2,300	117.1	112.4	122.1		
Bute and Cowal	8	149.0	61.1	302.5		
Oban, Lorn and the Isles	7	109.7	42.7	229.9		
Mid-Argyll, Kintyre and Islay	5	94.8	30.3	221.6		
Helensburgh and Lomond	7	73.7	26.8	159.1		

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

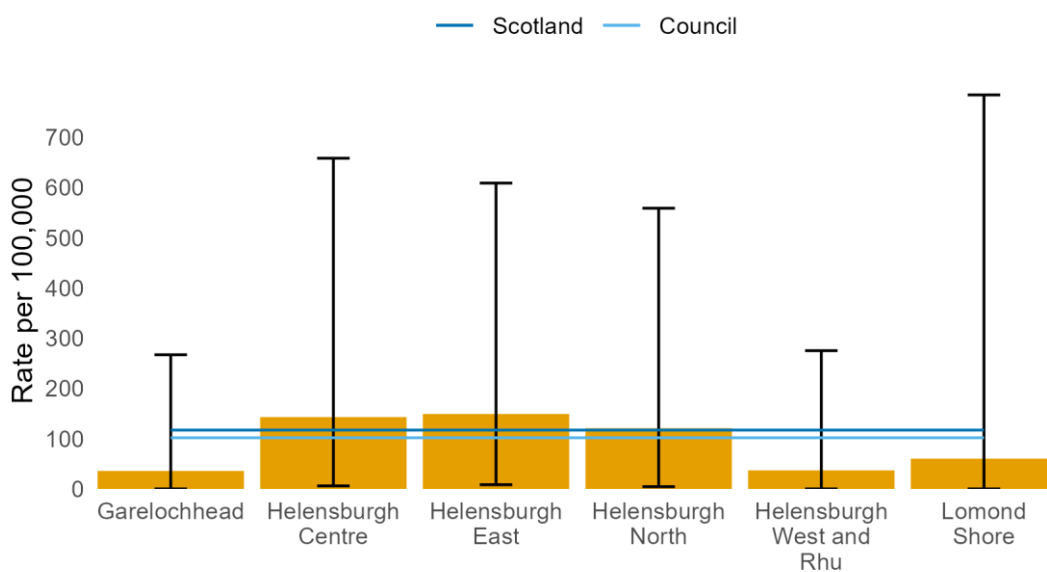


**Table 9:** Deaths aged 15-44 years by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	1.7	149.2	8.4	609.0		
Helensburgh Centre	1.3	143.0	6.0	658.4		
Helensburgh North	1.3	120.9	4.5	558.9		
Lomond Shore	0.3	60.2	0.0	784.5		
Helensburgh West and Rhu	0.7	36.9	0.0	275.3		
Garelochhead	0.7	35.8	0.0	267.1		

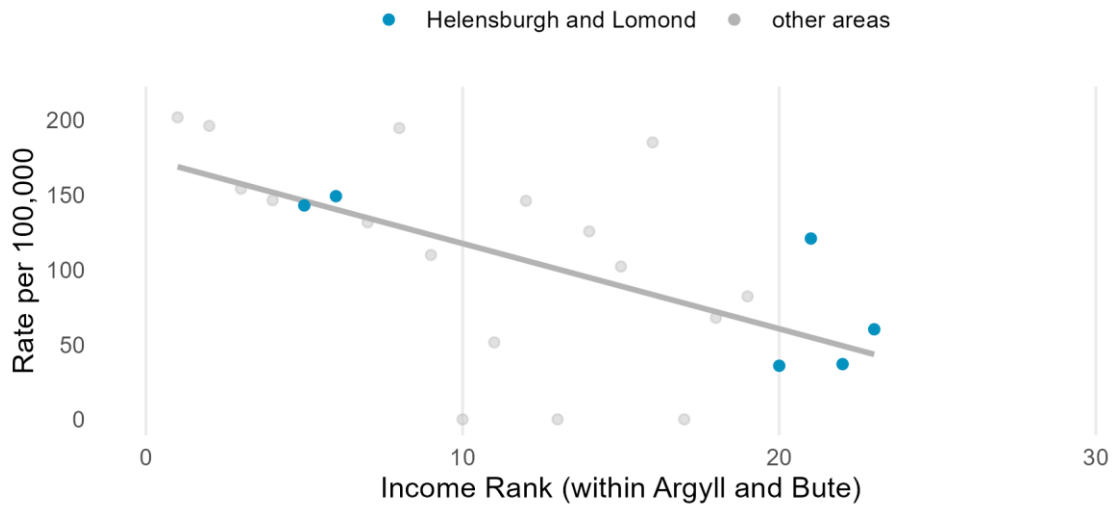
Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 9:** Deaths aged 15-44 years by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 10:** Deaths aged 15-44 years by income deprivation rank for intermediate geography

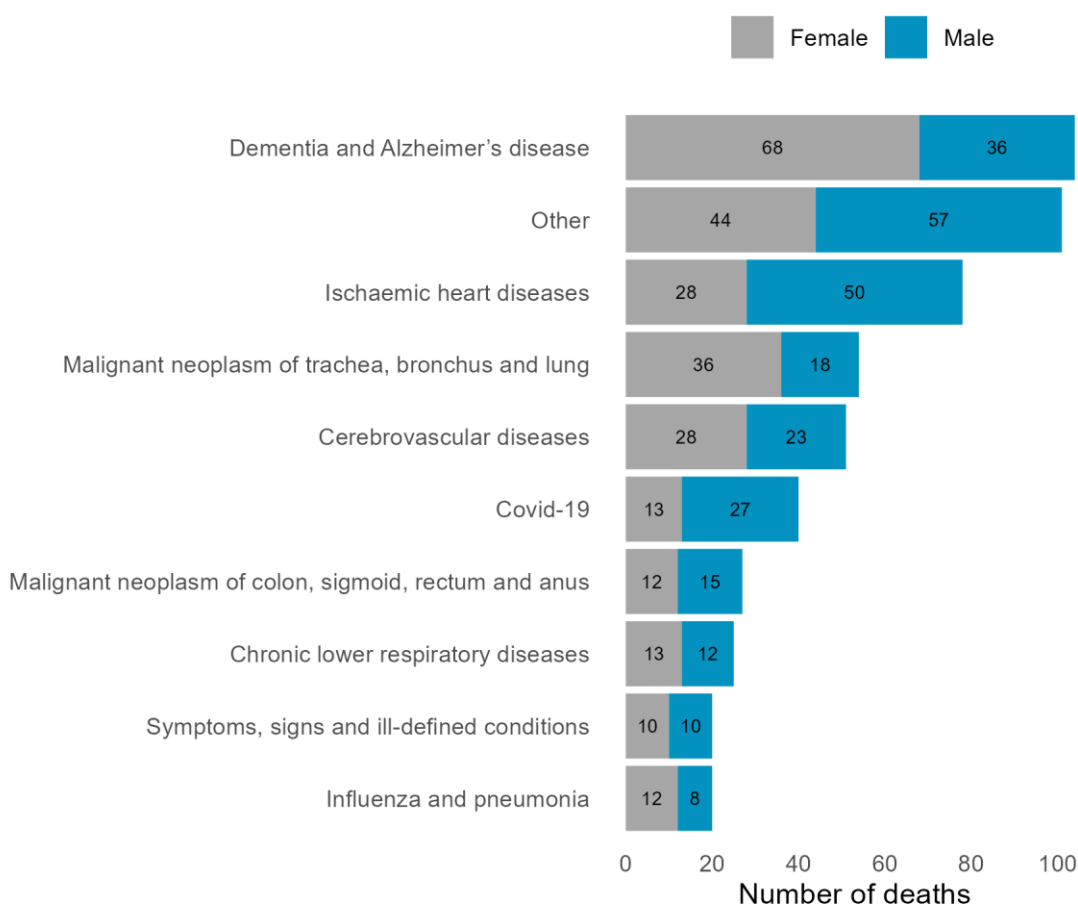


Source: ScotPHO Online Profiles; Deaths aged 15-44; annual data calculated from 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

**Leading causes of death**

The leading cause of death analysis uses a World Health Organisation (WHO) categorisation. There are over 60 categories, and cancers are reported according to the site. Lung, breast and bowel cancers are therefore assigned and counted separately. If all cancers were grouped, cancer would account for the most significant cause of death. Ischaemic heart disease, chronic lower respiratory diseases (including chronic obstructive pulmonary disease, COPD) and cerebrovascular disease (including stroke) are among the leading causes of death. Over recent years, the number of deaths caused by dementia and Alzheimer’s disease has increased.

**Figure 11:** Top ten causes of death in the area

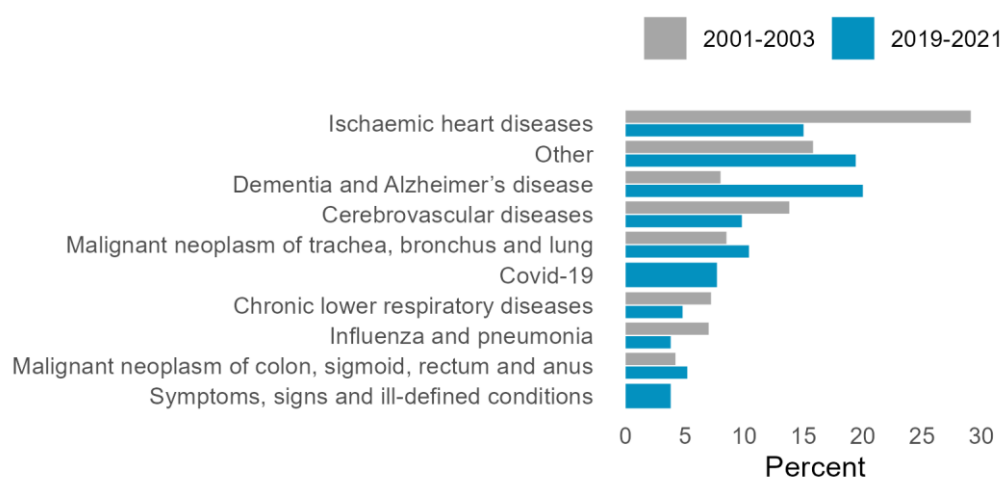


Source: National Records of Scotland; number of deaths over 3 year period, 2019-2021

**Table 10:** Top ten causes of death in the area in 2019-2021 compared to 2001-2003

	2019-2021	2001-2003	Percent change
Dementia and Alzheimer's disease	104	48	117
Other	101	95	6
Ischaemic heart diseases	78	175	-55
Malignant neoplasm of trachea, bronchus and lung	54	51	6
Cerebrovascular diseases	51	83	-39
Covid-19	40		
Malignant neoplasm of colon, sigmoid, rectum and anus	27	25	8
Chronic lower respiratory diseases	25	43	-42
Influenza and pneumonia	20	42	-52
Symptoms, signs and ill-defined conditions	20		

Source: National Records of Scotland; number of deaths over 3-year period

**Figure 12:** Top ten causes of death in the area in 2019-2021 compared to 2001-2003

Source: National Records of Scotland  
Deaths by cause as a percentage of total deaths calculated over each 3 year period

## Cause specific early deaths

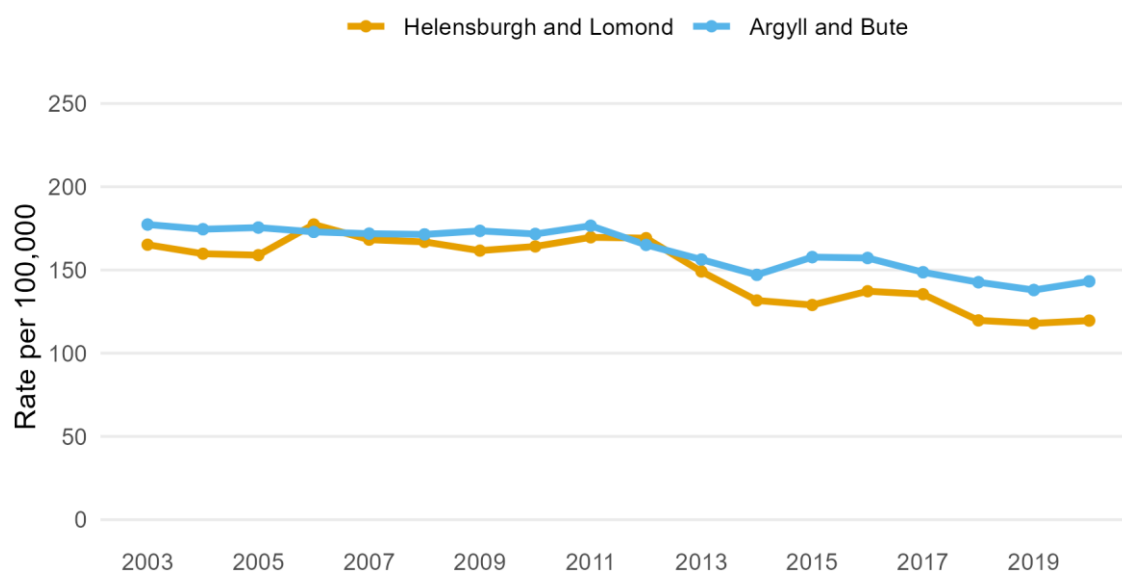
Early deaths from cancer, coronary heart disease (CHD) and deaths from suicide, although not all preventable, can be influenced by appropriate interventions, provision of services and changes in health-related behaviours.

### Early deaths from cancer

**Table 11:** Early deaths from cancer by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	146	143.2	120.6	168.8		
NHS Highland	501	141.3	129.1	154.3		
Scotland	7,677	149.6	146.2	153.0		
Oban, Lorn and the Isles	38	166.6	117.0	229.8		
Bute and Cowal	41	151.3	107.0	207.4		
Mid-Argyll, Kintyre and Islay	34	140.6	96.9	196.9		
Helensburgh and Lomond	34	119.6	82.2	168.0		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Figure 13:** Early deaths from cancer over time

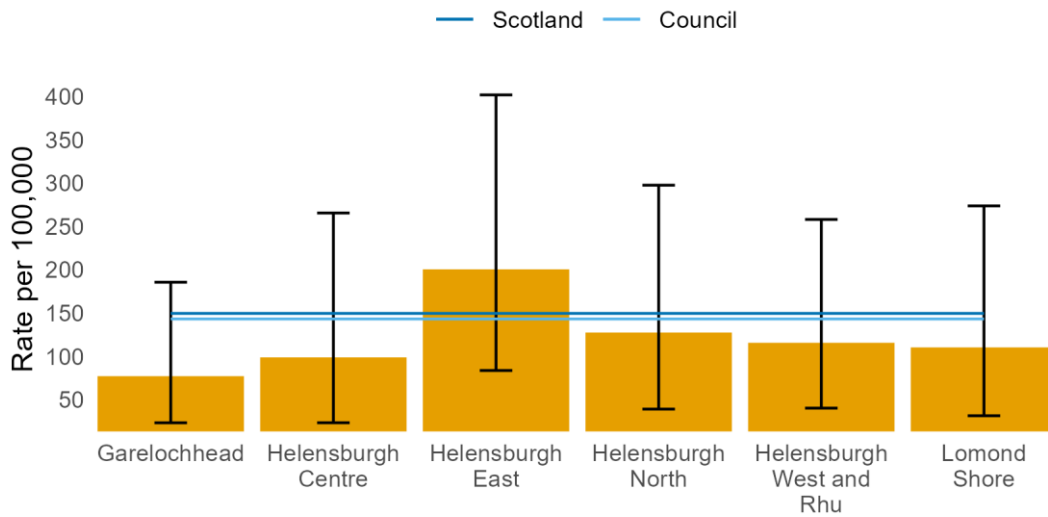
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Table 12:** Early deaths from cancer by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	7.7	200.4	83.7	401.8		
Helensburgh North	5.3	127.5	39.1	297.6		
Helensburgh West and Rhu	5.7	115.7	40.2	258.0		
Lomond Shore	4.3	110.3	31.4	273.7		
Helensburgh Centre	3.7	98.8	23.4	265.5		
Garelochhead	4.7	77.1	23.3	185.6		

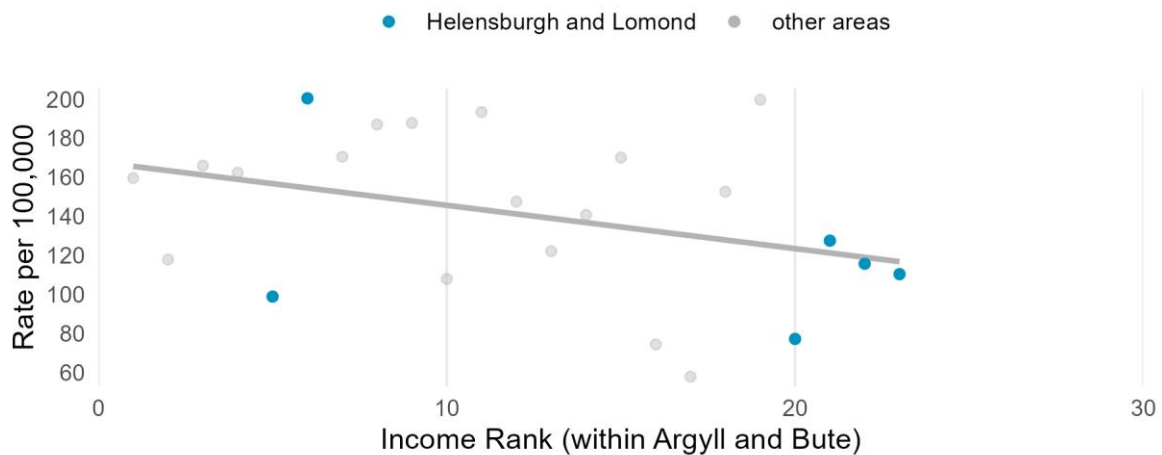
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Figure 14:** Early deaths from cancer by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.  
 The vertical-axis does not start at zero.

**Figure 15:** Early deaths from cancer by income deprivation rank for intermediate geography



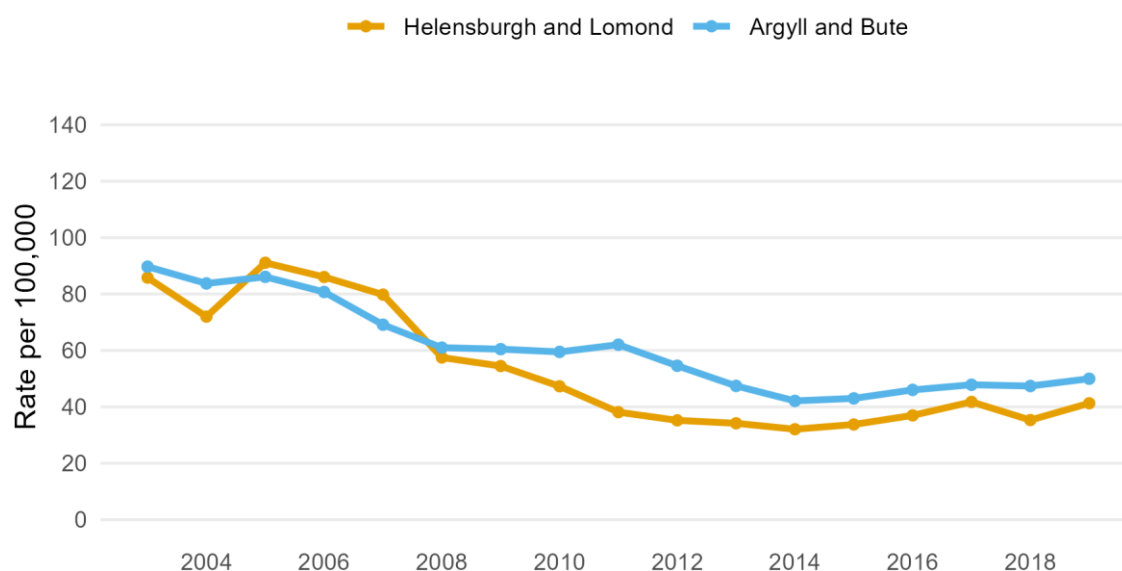
Source: ScotPHO Online Profiles; Early deaths from cancer; annual data calculated over 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.  
 Early deaths are defined as those occurring in people aged under 75 years.

**Early deaths from coronary heart disease (CHD)****Table 13:** Early deaths from coronary heart disease by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	49	50.0	36.8	66.3		
NHS Highland	159	45.9	39.0	53.7		
Scotland	2,528	50.6	48.6	52.6		
Bute and Cowal	16	62.2	34.1	103.6		
Mid-Argyll, Kintyre and Islay	14	59.3	31.2	101.7		
Helensburgh and Lomond	12	41.3	20.8	73.3		
Oban, Lorn and the Isles	9	41.2	18.6	78.4		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.



**Figure 16:** Early deaths from coronary heart disease over time

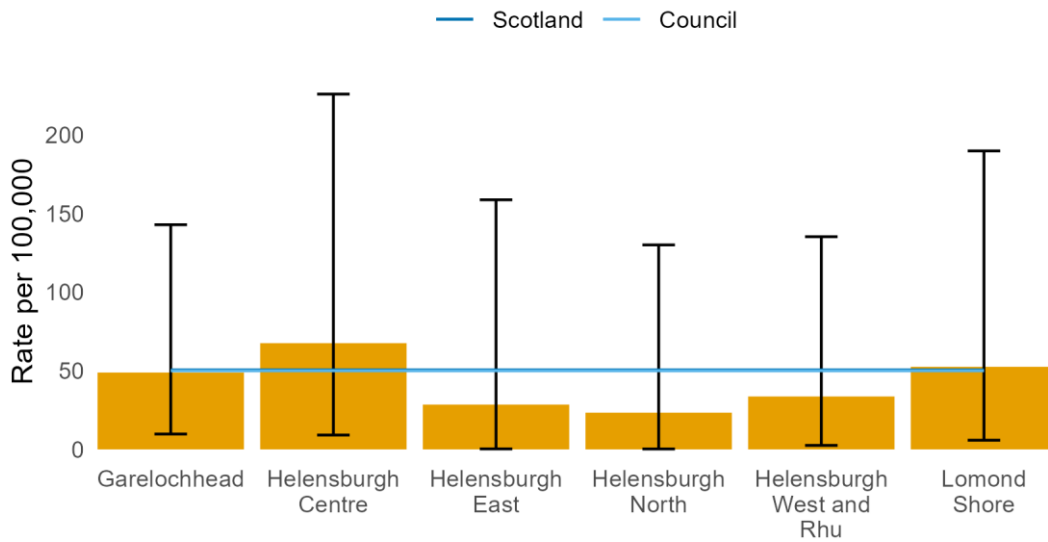
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002-2004 to 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Table 14:** Early deaths from coronary heart disease by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh Centre	2.3	67.5	9.1	225.9		
Lomond Shore	2.0	52.5	5.8	189.8		
Garelochhead	3.0	48.9	9.8	142.9		
Helensburgh West and Rhu	1.7	33.6	2.5	135.3		
Helensburgh East	1.0	28.5	0.3	158.7		
Helensburgh North	1.0	23.3	0.3	130.0		

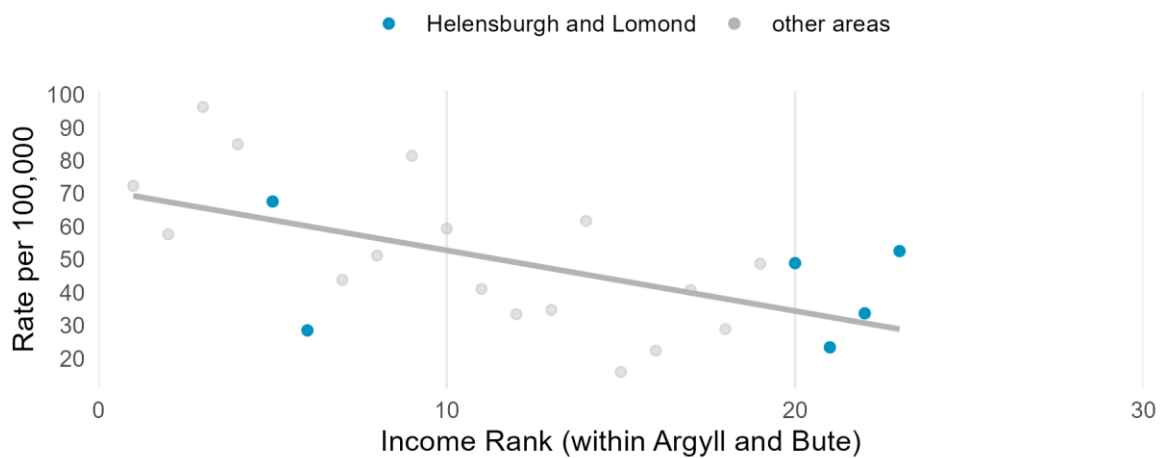
Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.

**Figure 17:** Early deaths from coronary heart disease by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population  
 Early deaths are defined as those occurring in people aged under 75 years.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 18:** Early deaths from coronary heart disease by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Early deaths CHD; annual data calculated over 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.  
 Early deaths are defined as those occurring in people aged under 75 years.

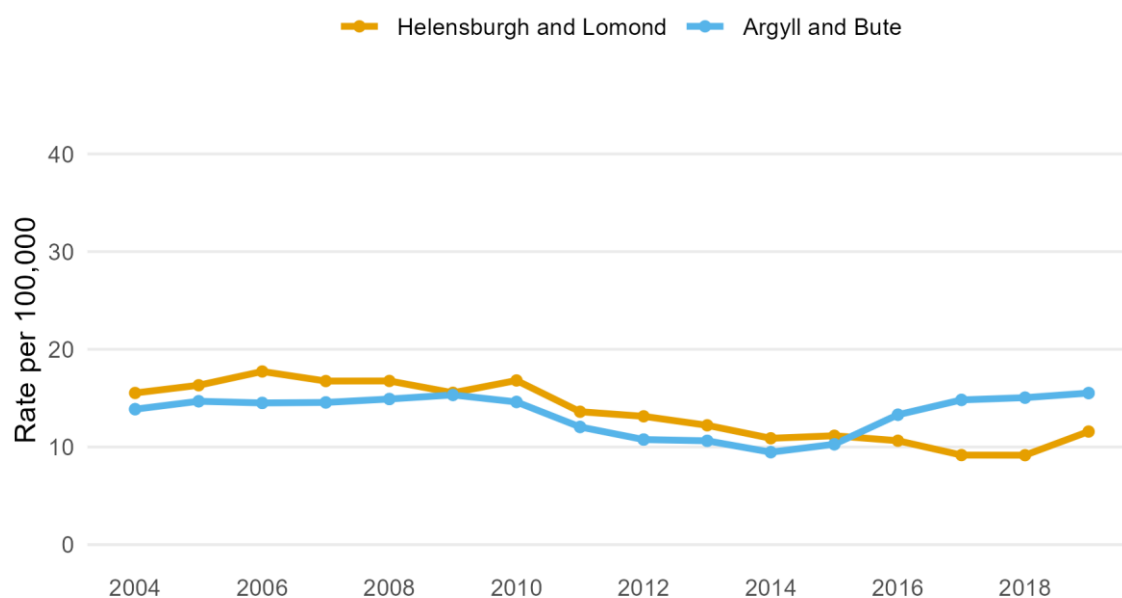
## Deaths from suicide

**Table 15:** Deaths from suicide by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	13	15.5	8.1	26.8		
NHS Highland	62	19.8	15.1	25.5		
Scotland	759	14.1	13.1	15.2		
Oban, Lorn and the Isles		20.6	5.3	53.2		
Bute and Cowal		15.1	2.3	45.8		
Mid-Argyll, Kintyre and Islay		14.7	2.5	43.8		
Helensburgh and Lomond		11.6	2.2	34.0		

Source: ScotPHO Online Profiles; annual data calculated over 5 year time period, 2017-2021  
Age-sex standardised rate per 100,000 population.  
Some potentially disclosive values have been suppressed.

**Figure 19:** Deaths from suicide over time



Source: ScotPHO Online Profiles; annual data calculated over 5 year time period, 2002-2006 to 2017-2021  
Age-sex standardised rate per 100,000 population.

## Chronic disease and long-term conditions

As life expectancy has improved, the number of people living to older ages with chronic diseases and long-term conditions has increased<sup>7</sup>. This section looks at the number of people recorded with or estimated to have selected common conditions and those hospitalised as a result.

### Cancer registrations

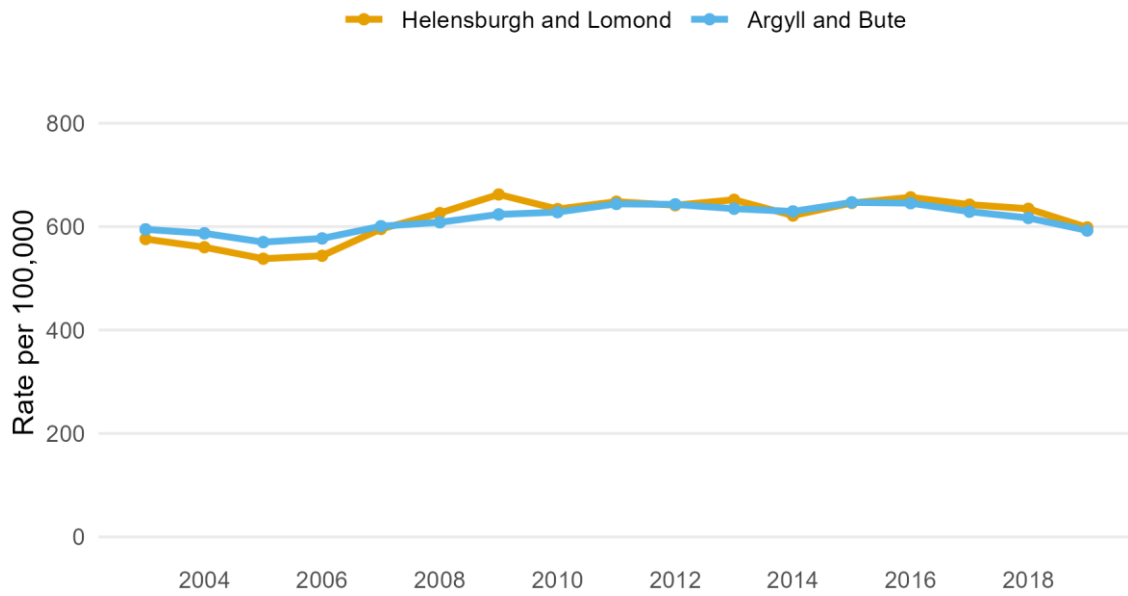
Most cancer cases occur in older age groups. Therefore, we show age and sex-standardised rates to allow a fairer comparison of cancer registration across areas and between periods. The differences in rates between areas might still be due to other influencing factors rather than an actual difference in cancer incidence. Higher levels of deprivation are associated with some types of cancer<sup>8</sup>. Differences in smoking prevalence and other risk factors may also contribute.

**Table 16:** Cancer registrations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	626	592.6	545.9	642.2		
NHS Highland	2,217	601.0	575.8	626.9		
Scotland	33,473	625.2	618.4	632.0		
Oban, Lorn and the Isles	142	637.7	532.8	756.7		
Bute and Cowal	173	601.7	511.2	703.0		
Helensburgh and Lomond	174	598.5	511.5	695.8		
Mid-Argyll, Kintyre and Islay	138	550.9	459.8	654.3		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

**Figure 20:** Cancer registrations over time



Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002-2004 to 2018-2020  
Age-sex standardised rate per 100,000 population.

## Type 2 diabetes prevalence

Type 2 diabetes is an important cause of morbidity. The condition is progressive and increases the risk of coronary heart disease and other health problems. Type 2 diabetes is more common at older ages and in deprived areas. Prevalence of type 2 diabetes is linked to continuing inequalities in diet, weight and physical activity that need to be addressed<sup>9</sup>.

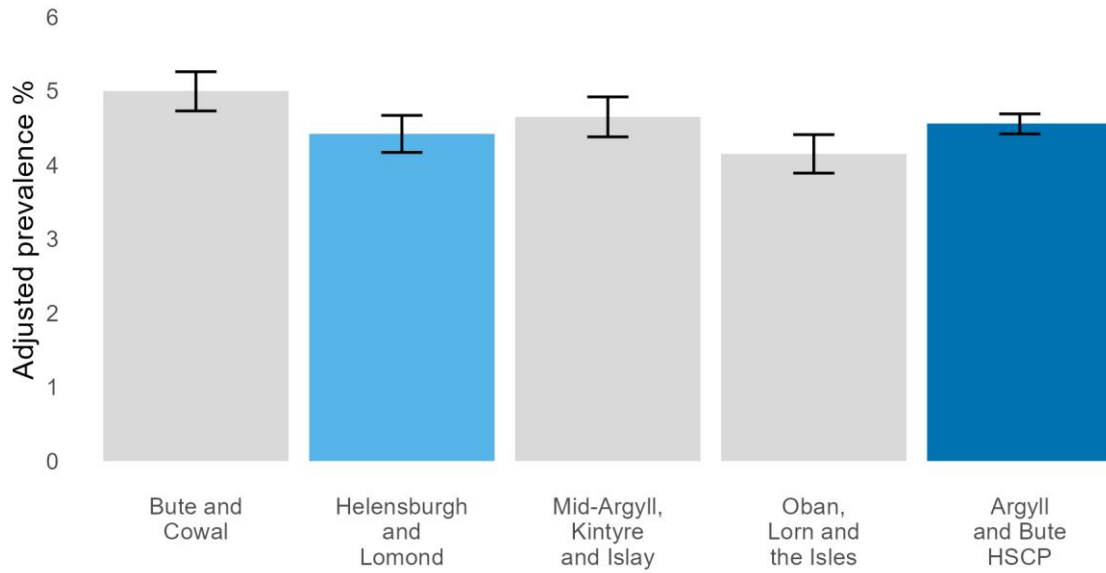
**Table 17:** Prevalence of type 2 diabetes by area

	Number on type 2 diabetes register	Crude prevalence (%)	Age-adjusted prevalence (%)	Lower bound	Upper bound	Significance	
						Health board	Council
NHS Highland	17,719	5.46	4.59	4.51	4.66		
Argyll and Bute	4,902	5.69	4.56	4.42	4.69		
Bute and Cowal	1,482	6.99	5.00	4.73	5.26	+	+
Helensburgh and Lomond	1,256	5.03	4.42	4.17	4.67		
Mid-Argyll, Kintyre and Islay	1,193	5.96	4.65	4.38	4.92		
Oban, Lorn and the Isles	971	4.85	4.15	3.89	4.41	-	-

Source: SCI-Diabetes as at January 2023.

Age-adjusted prevalence based on direct age-sex standardisation using NRS mid-2021 population estimate for Scotland as the reference population.

**Figure 21:** Prevalence of type 2 diabetes by intermediate geography in the area



SCI-Diabetes as at January 2023.

Age-adjusted prevalence based on direct age-sex standardisation using NRS mid-2021 population estimate for Scotland as the reference population

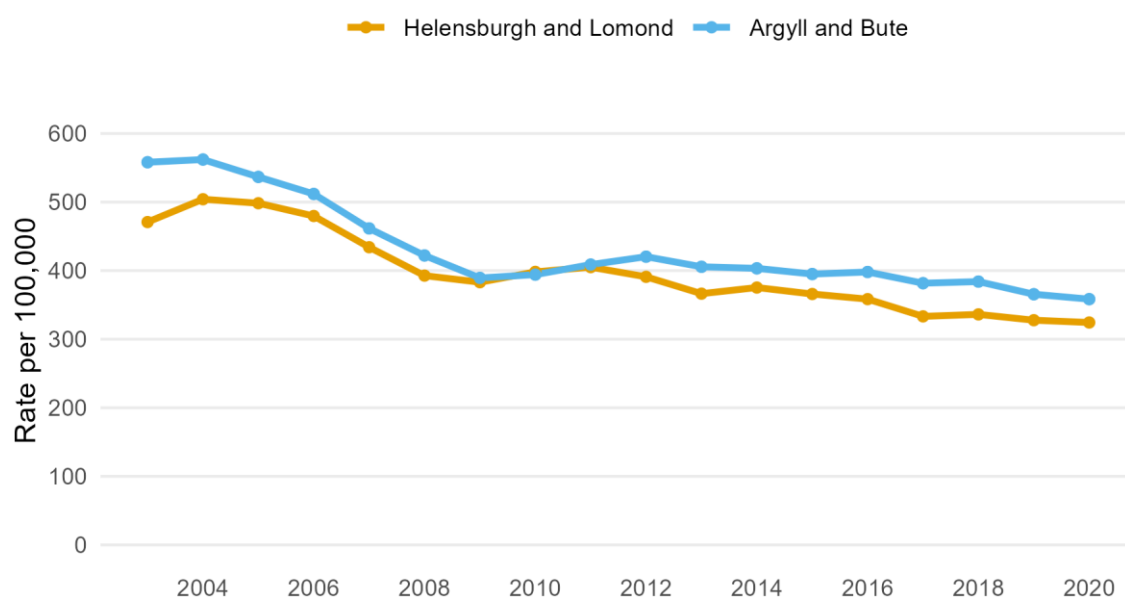
## Coronary Heart Disease (CHD) patient hospitalisation

**Table 18:** Coronary heart disease patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	381	358.4	322.6	397.1		
NHS Highland	1,274	341.8	323.0	361.3		
Scotland	18,414	341.6	336.6	346.6		
Oban, Lorn and the Isles	110	485.8	396.2	589.1	+	
Mid-Argyll, Kintyre and Islay	89	352.2	281.1	435.4		
Helensburgh and Lomond	96	324.4	262.0	397.0		
Bute and Cowal	86	311.3	245.7	388.2		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 22:** Coronary heart disease patient hospitalisations over time



Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

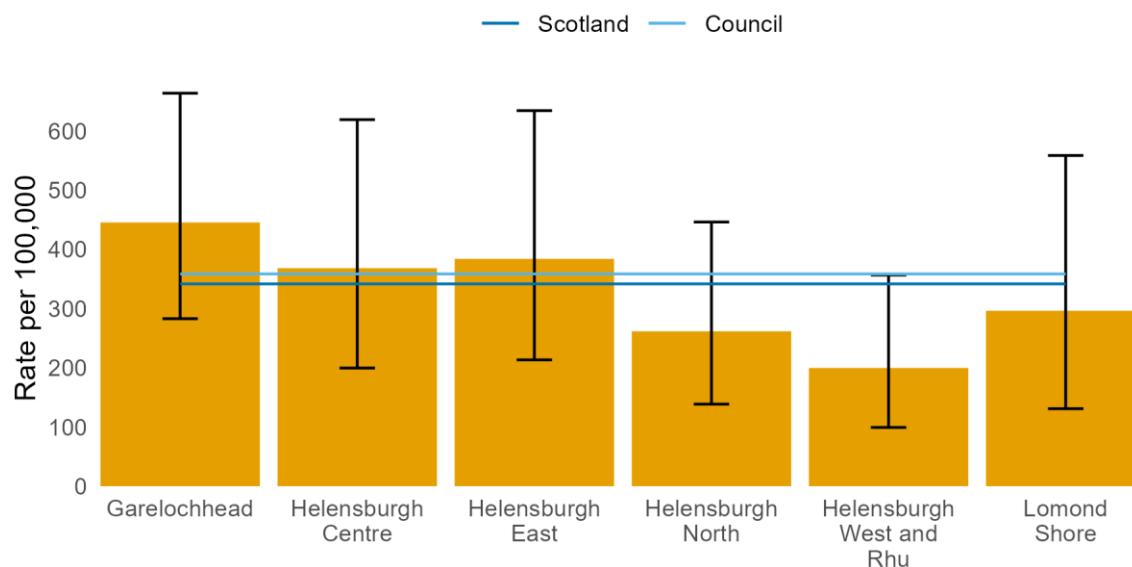


**Table 19:** Coronary heart disease patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Garelochhead	25.7	445.3	282.9	663.6		
Helensburgh East	15.3	383.9	213.3	634.1		
Helensburgh Centre	14.3	368.1	199.5	618.9		
Lomond Shore	10.7	296.2	130.9	558.4		
Helensburgh North	13.7	261.5	138.5	446.1		
Helensburgh West and Rhu	11.3	199.6	99.2	356.6		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 23:** Coronary heart disease patient hospitalisations by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

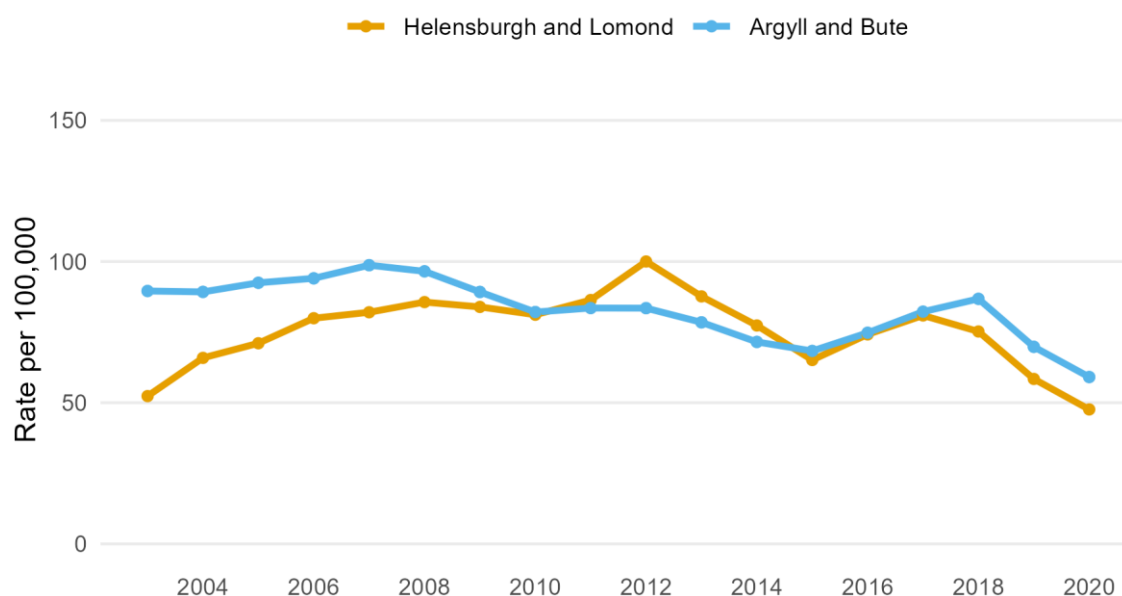
### Asthma patient hospitalisation

Asthma is a common chronic disease of the small airways in the lung. Public Health Scotland, experimental prevalence data suggests that in 2021/22, 6.3% of the Scottish population registered with a GP had a diagnosis of asthma. The disease can affect anyone but usually begins in childhood. Hospital admission represents a loss of control of a person's asthma and is a significant adverse outcome. Around three-quarters of emergency, admissions are estimated to be preventable. Higher rates of hospital admission are related to deprivation.

**Table 20:** Asthma patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	49	59.1	43.2	78.8		
NHS Highland	212	67.9	58.9	77.9		
Scotland	3,753	68.4	66.3	70.7		
Mid-Argyll, Kintyre and Islay	14	73.3	38.8	124.8		
Oban, Lorn and the Isles	12	63.0	32.1	110.8		
Bute and Cowal	11	59.2	27.8	108.6		
Helensburgh and Lomond	12	47.6	23.7	84.7		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 24:** Asthma patient hospitalisations over time

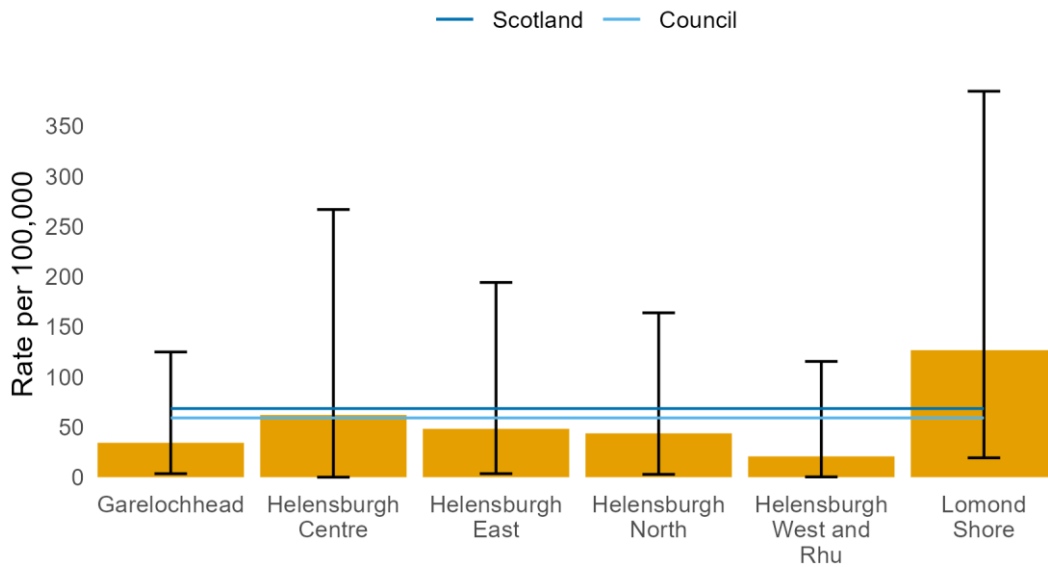
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Table 21:** Asthma patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Lomond Shore	3.0	126.6	19.3	384.7		
Helensburgh Centre	1.7	62.0	0.0	266.8		
Helensburgh East	1.7	48.2	3.5	194.1		
Helensburgh North	2.0	43.7	2.8	163.8		
Garelochhead	2.0	34.3	3.5	124.8		
Helensburgh West and Rhu	1.0	20.7	0.3	115.4		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 25:** Asthma patient hospitalisations by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
 Age-sex standardised rate per 100,000 population.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## COPD patient hospitalisation

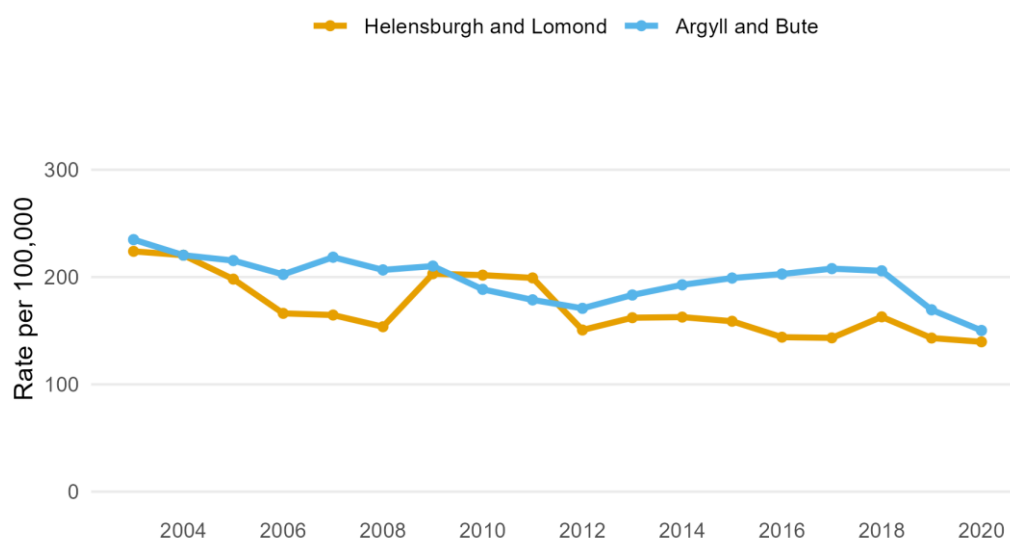
Chronic Obstructive Pulmonary Disease (COPD) is a smoking-related respiratory condition and a significant cause of hospital admission and mortality. The primary treatment is smoking cessation.

**Table 22:** COPD patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	138	150.2	125.7	178.0	-	
NHS Highland	428	134.6	122.0	148.1	-	
Scotland	9,463	207.4	203.2	211.7		+
Oban, Lorn and the Isles	34	165.5	113.7	232.5		
Bute and Cowal	38	152.2	106.5	210.5		
Mid-Argyll, Kintyre and Islay	32	143.0	96.5	203.7		
Helensburgh and Lomond	35	139.6	96.5	195.2	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 26:** COPD patient hospitalisations over time



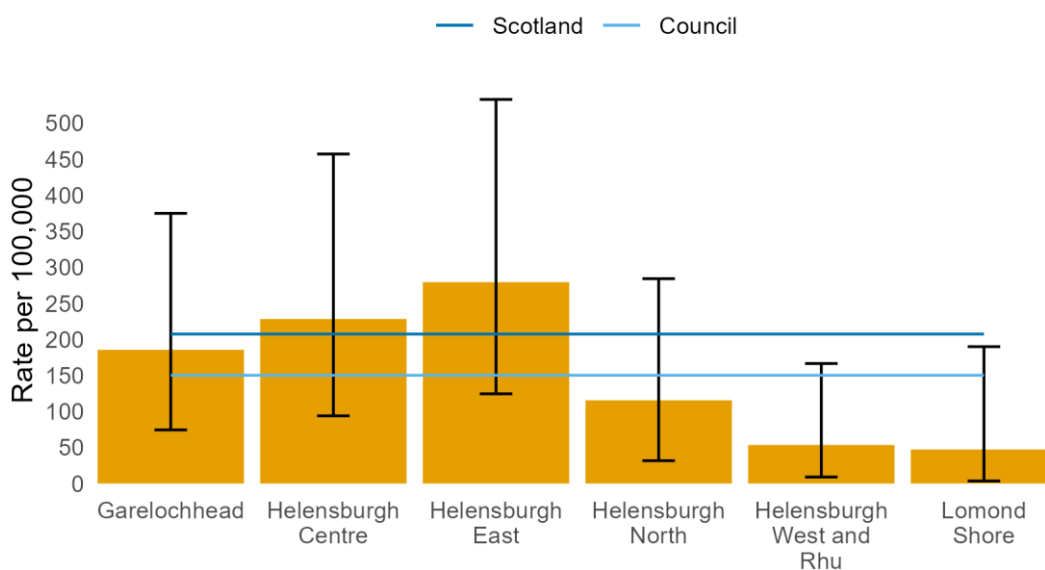
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Table 23:** COPD patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	9.3	279.3	124.5	532.9		
Helensburgh Centre	8.0	228.2	93.9	457.2		
Garelochhead	8.0	185.5	74.4	374.9		
Helensburgh North	4.7	115.4	31.7	284.2		
Helensburgh West and Rhu	2.7	53.5	9.0	166.5	-	
Lomond Shore	1.7	47.2	3.5	189.9	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 27:** COPD patient hospitalisation by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## Dementia and frailty

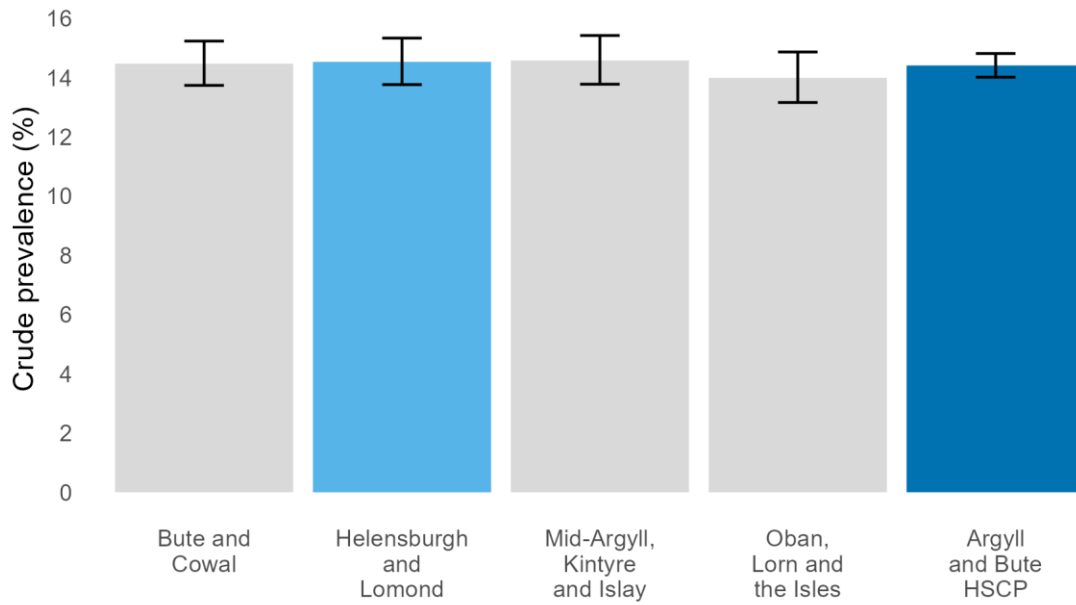
Dementia and frailty are a major cause of disability and dependency among older people. Frailty is a state of health and is related to the ageing process. It refers to a person's mental and physical vulnerability and ability to recover from changes in health resulting from relatively minor injury and illness<sup>10</sup>. Prevalence estimates are based on recent population studies<sup>11 12</sup>. Being able to identify and assess dementia and frailty allows early intervention to increase independence, slow progression and reduce the risk of adverse outcomes.

**Table 24:** Estimated prevalence of frailty in people aged 60 and over by area

	Estimated number	Crude prevalence (%)	Lower bound	Upper bound	Significance	
					Health board	Council
NHS Highland	14,707	14.35	14.14	14.57		
Argyll and Bute	4,274	14.41	14.01	14.81		
Bute and Cowal	1,230	14.47	13.74	15.23		
Helensburgh and Lomond	1,124	14.53	13.76	15.33		
Mid-Argyll, Kintyre and Islay	1,032	14.58	13.78	15.42		
Oban, Lorn and the Isles	889	13.99	13.16	14.86		

Source: Gale C et al. Age-sex specific prevalence of frailty for people living in the community applied to NRS mid-2021 population estimates. Excludes residential care homes.

**Figure 28:** Estimated prevalence of frailty in people aged 60 and over by area



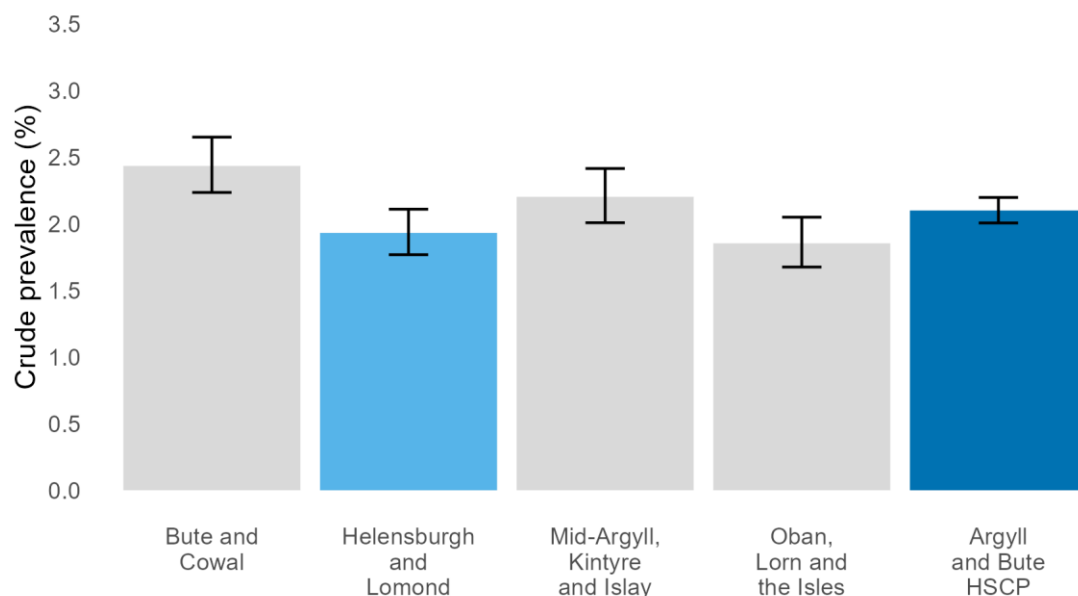
Source: Gale C et al. Age-sex specific prevalence of frailty for people living in the community applied to NRS mid-2021 population estimates. Excludes residential care homes.



**Table 25:** Estimated prevalence of dementia by area

	Estimated number	Crude prevalence (%)	Lower bound	Upper bound	Significance	
					Health board	Council
NHS Highland	6,242	1.92	1.88	1.97		-
Argyll and Bute	1,810	2.10	2.01	2.20	+	
Bute and Cowal	516	2.43	2.23	2.65	+	+
Helensburgh and Lomond	483	1.93	1.77	2.11		
Mid-Argyll, Kintyre and Islay	441	2.20	2.01	2.41	+	
Oban, Lorn and the Isles	371	1.85	1.68	2.05		

Source: Alzheimer Europe.  
Age-sex specific prevalence of dementia applied to NRS mid-2021 population estimates.

**Figure 29:** Estimated prevalence of dementia by area

Source: Alzheimer Europe.  
Age-sex specific prevalence of dementia applied to NRS mid-2021 population estimates.

### Population prescribed drugs for anxiety, depression or psychosis

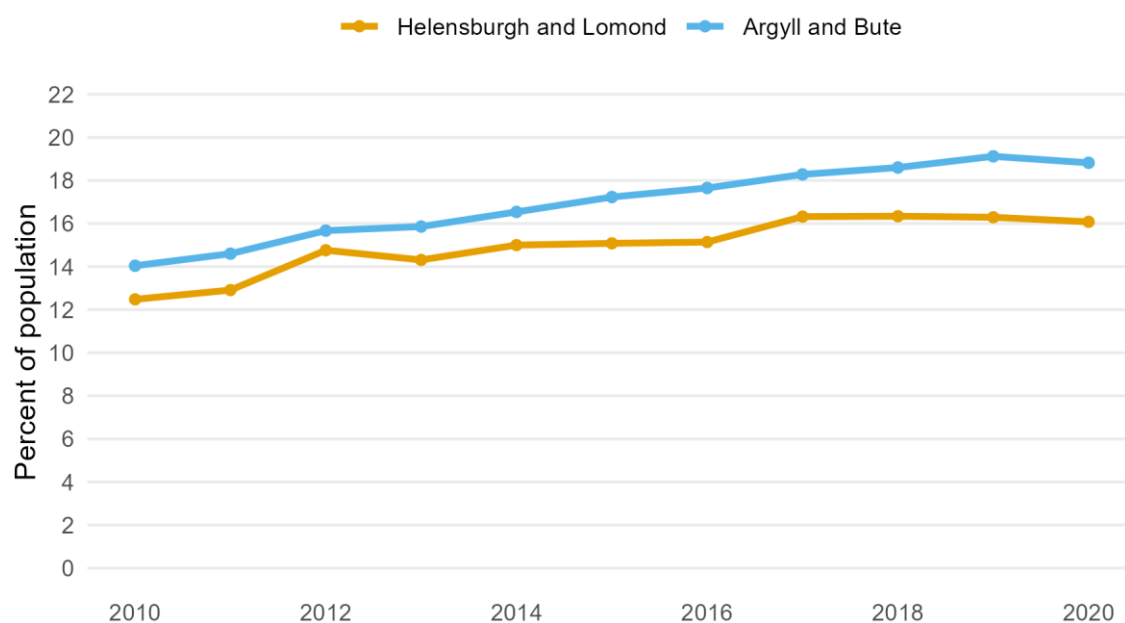
The data are derived from prescriptions dispensed in the community. The prescribing rate has increased over the period, with higher levels seen with increasing levels of deprivation.

**Table 26:** Population prescribed drugs for anxiety, depression or psychosis by area

	Number	Percent of population	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	16,081	18.8	18.6	19.1	-	
NHS Highland	57,125	17.8	17.7	17.9	-	-
Scotland	1,054,374	19.3	19.3	19.3		+
Bute and Cowal	4,587	22.9	22.4	23.5	+	+
Mid-Argyll, Kintyre and Islay	3,894	19.6	19.1	20.1		
Oban, Lorn and the Isles	3,465	17.5	16.9	18.0	-	-
Helensburgh and Lomond	4,135	16.1	15.6	16.5	-	-

Source: ScotPHO Online Profiles; 2020/21

**Figure 30:** Population prescribed drugs for anxiety, depression or psychosis over time



Source: ScotPHO Online Profiles; 2010/11 to 2020/21

## Psychiatric patient hospitalisations

The indicator only includes patients treated in a psychiatric hospital or unit. There has been a long-term strategic shift in the care of people with mental health problems from inpatient treatment towards various forms of community care.

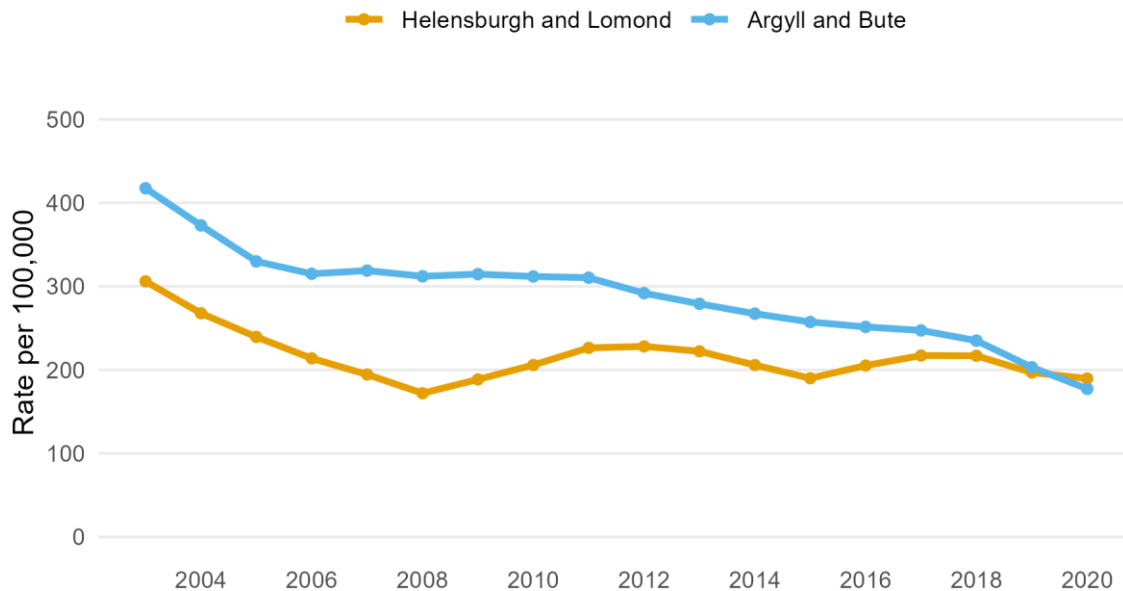
Patients discharged from psychiatric specialties will have a range of diagnoses recorded. More common diagnoses will include mood (affective) disorders, diagnosis of schizophrenia and delusional disorders, mental disorders due to substance misuse and organic mental disorders, including conditions like dementia and delirium which predominantly affect older people.

There is a profound socio-economic gradient with psychiatric admission rates known to increase with area deprivation.

**Table 27:** Psychiatric patient hospitalisations by area

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	146	177.3	148.8	209.6	-	
NHS Highland	573	181.2	166.4	196.9	-	
Scotland	12,442	229.8	225.8	233.9		+
Mid-Argyll, Kintyre and Islay	38	197.9	137.4	275.1		
Helensburgh and Lomond	48	189.6	137.6	254.3		
Bute and Cowal	30	165.3	108.0	240.6		
Oban, Lorn and the Isles	31	164.1	110.6	234.1		

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 31: Psychiatric patient hospitalisations over time**

Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22. Age-sex standardised rate per 100,000 population.

## Harm to health from alcohol and drug use

Reducing the use of and harm from alcohol, drugs and other substances is a national public health priority<sup>9</sup>. There is no safe level of drinking alcohol and no completely safe level of drug use. People's use of alcohol and drugs may incur harm from many issues.

Alcohol and drug use can have a significant impact on physical and mental health, as well as long-term social impacts, including family break-ups, domestic abuse, unemployment, homelessness and financial problems. There are increased risks of accidents, injuries, violence and antisocial behaviour. Substance use by parents and carers can also have a huge adverse effect on children and young people's health and wellbeing.

There is a clear socio-economic gradient with alcohol and drug-related admission rates known to increase with area deprivation. For many people, multiple disadvantage contributes to substance use, which in turn contributes to further disadvantage.

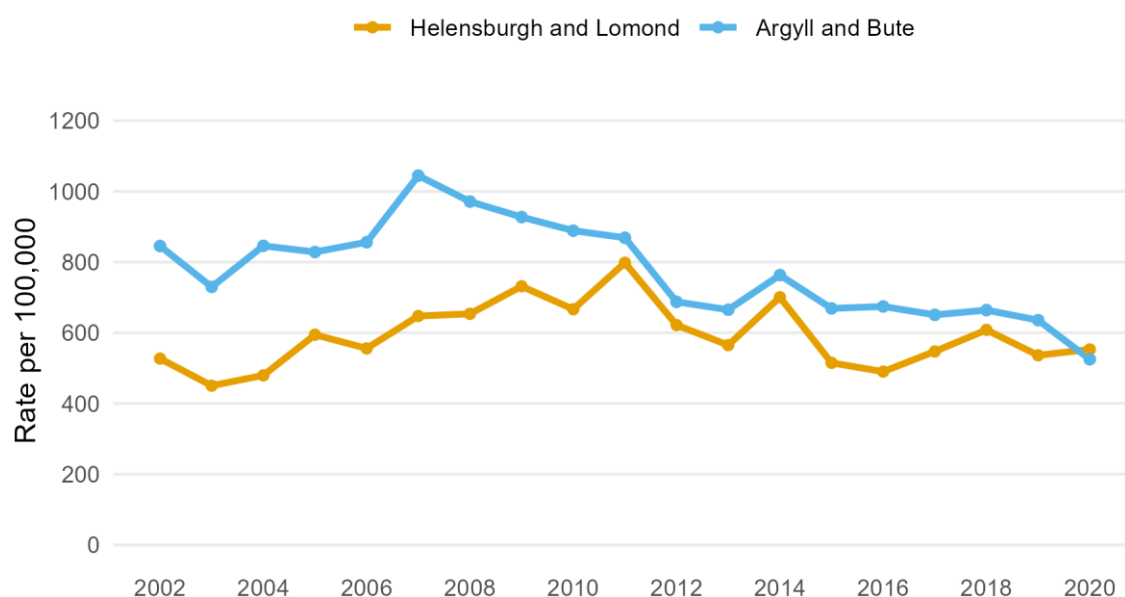
## Alcohol-related hospital admissions

**Table 28:** Alcohol-related hospital admissions by area

	Number	Rate	Lower bound	Upper bound	Scotland	Council	Significance
Argyll and Bute	468	524.9	476.8	576.4	-		
NHS Highland	1,974	606.5	579.6	634.4			+
Scotland	33,432	621.3	614.6	628.0			+
Bute and Cowal	108	556.0	448.5	680.1			
Helensburgh and Lomond	150	552.9	465.5	651.5			
Mid-Argyll, Kintyre and Islay	108	532.6	432.0	648.9			
Oban, Lorn and the Isles	105	505.9	411.9	614.4	-		

Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population

**Figure 32:** Alcohol-related hospital admissions over time



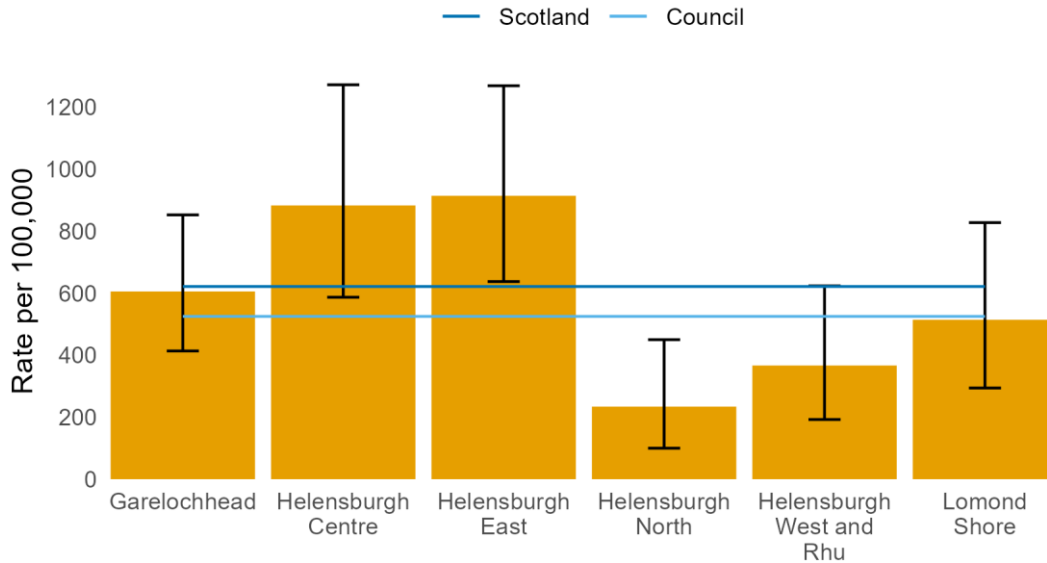
Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population

**Table 29:** Alcohol-related hospital admissions by intermediate geography in the area

	Number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	36	913.8	637.2	1,268.5	+	+
Helensburgh Centre	30	882.7	586.6	1,271.7		+
Garelochhead	36	605.2	413.4	852.2		
Lomond Shore	18	514.0	294.0	827.3		
Helensburgh West and Rhu	15	366.6	192.4	623.2		
Helensburgh North	9	234.0	99.9	449.9	-	-

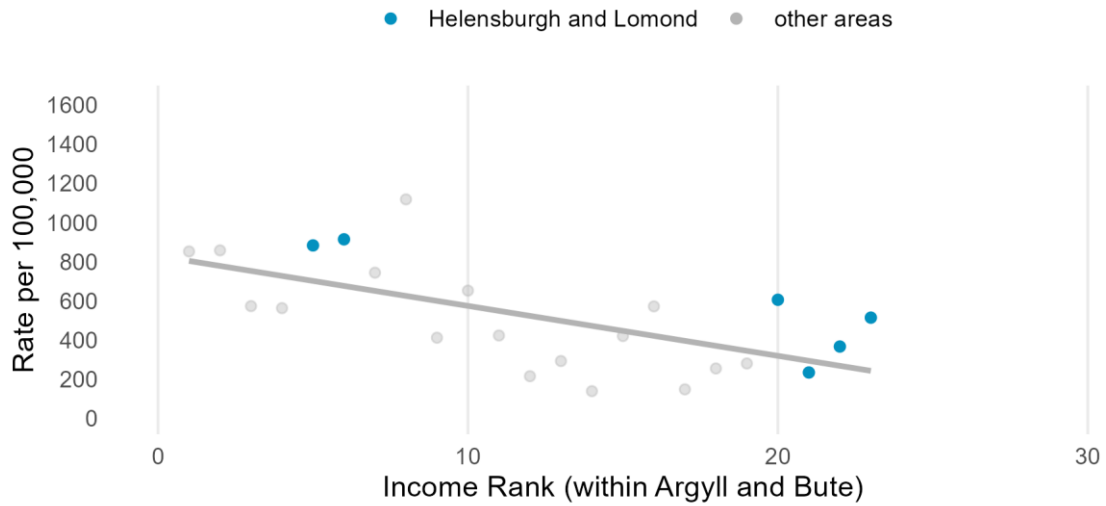
Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population

**Figure 33:** Alcohol-related hospital admissions by intermediate geography in the area



Source: ScotPHO Online Profiles; 2020/21  
Age-sex standardised rate per 100,000 population  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 34:** Alcohol-related hospital admissions by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Alcohol-related hospital admissions; 2020/21  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

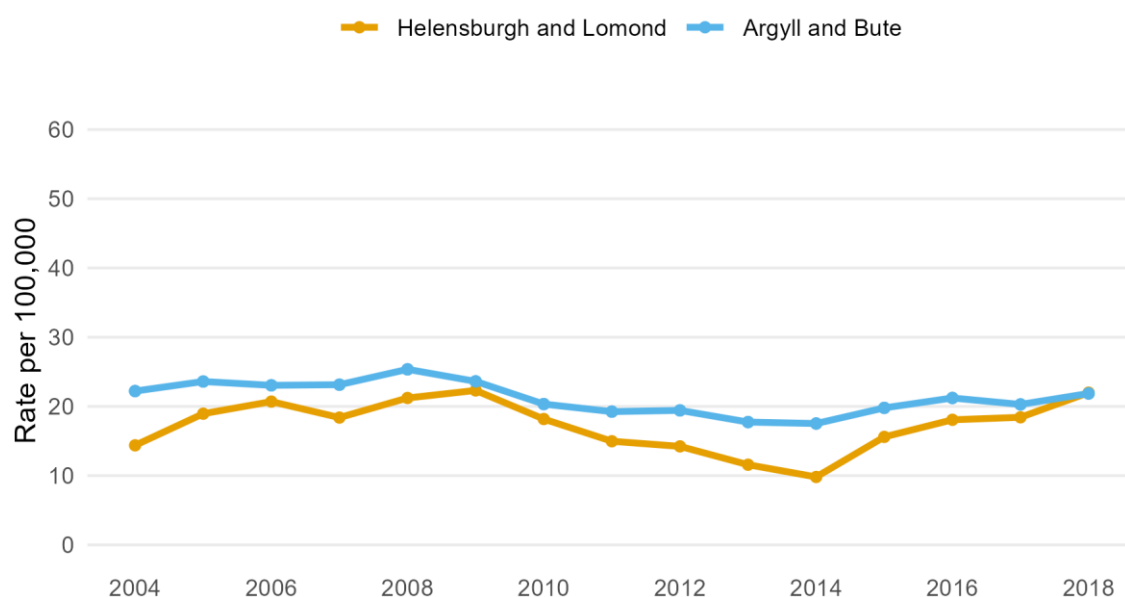
## Alcohol-specific deaths

**Table 30:** Alcohol-specific deaths by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	21.6	21.9	13.4	33.5		
NHS Highland	78.6	22.1	17.5	27.7		
Scotland	1,116.2	20.8	19.6	22.1		
Mid-Argyll, Kintyre and Islay	7.4	30.1	12.1	61.4		
Helensburgh and Lomond	6.2	22.0	8.1	47.5		
Oban, Lorn and the Isles	4.4	21.4	5.4	54.1		
Bute and Cowal	3.6	16.0	3.2	44.4		

Source: ScotPHO Online Profiles; annual data calculated from 5 year time period, 2016-2020  
Age-sex standardised rate per 100,000 population

**Figure 35:** Alcohol-specific deaths over time



Source: ScotPHO Online Profiles; annual data calculated from 5 year time periods, 2002-2006 to 2016-2020  
Age-sex standardised rate per 100,000 population.



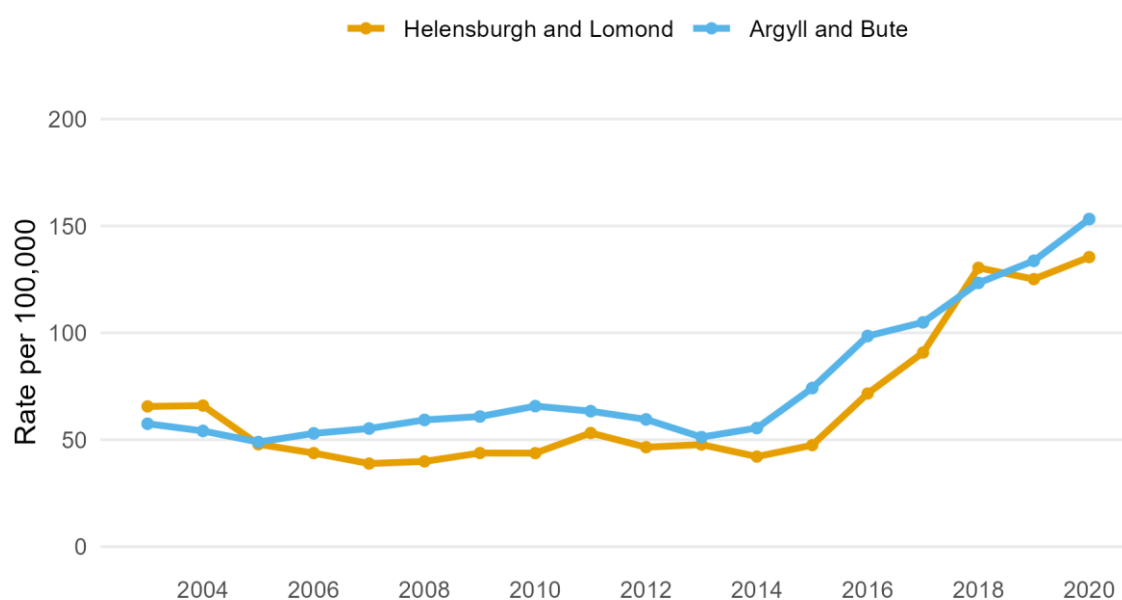
## Drug-related hospital admissions

**Table 31:** Drug-related hospital admissions by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	111	153.2	125.4	185.2	-	
NHS Highland	384	134.9	121.7	149.2	-	
Scotland	12,099	228.3	224.2	232.4		+
Oban, Lorn and the Isles	36	215.7	150.3	299.8		
Bute and Cowal	30	201.8	135.2	288.6		
Helensburgh and Lomond	30	135.4	90.5	194.2	-	
Mid-Argyll, Kintyre and Islay	12	80.0	41.5	138.8	-	

Source: ScotPHO Online Profiles; annual data calculated over 3 year time period, 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

**Figure 36:** Drug-related hospital admissions over time



Source: ScotPHO Online Profiles; annual data calculated over 3 year time periods, 2002/03-2004/05 to 2019/20-2021/22  
Age-sex standardised rate per 100,000 population.

## External causes of harm to health

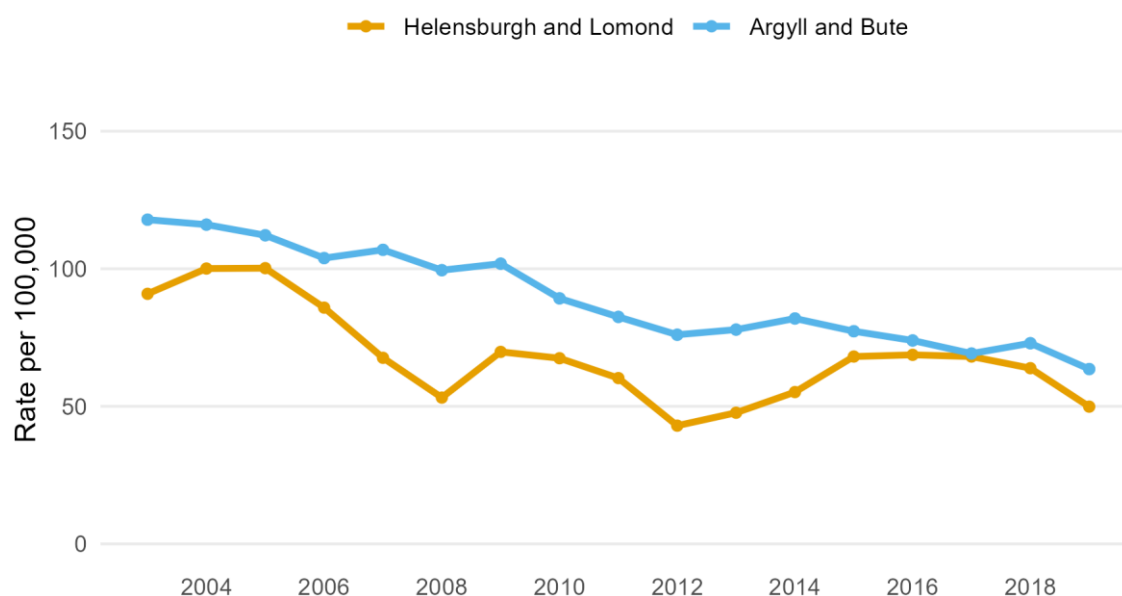
External causes are a common cause of harm to health. They include accidents and unintentional injuries that occur in diverse settings, including the home, the workplace, leisure and sports activities and road transportation. The road traffic accident indicator only includes people admitted or who dies as a result of a road traffic accident. Road traffic accidents that result in slight injury, serious injury or death have been reducing over the last decade. Effective accident prevention requires multi-agency action within national and local policy and plans.

### Road traffic accident patient hospitalisations

**Table 32:** Road traffic accident patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	54	63.5	47.2	83.6		
NHS Highland	224	70.5	61.4	80.6	+	
Scotland	3,103	57.3	55.3	59.4		
Mid-Argyll, Kintyre and Islay	17	89.5	49.7	147.2		
Oban, Lorn and the Isles	13	65.4	34.0	113.3		
Bute and Cowal	12	57.8	27.2	105.3		
Helensburgh and Lomond	13	49.9	25.9	86.3		

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

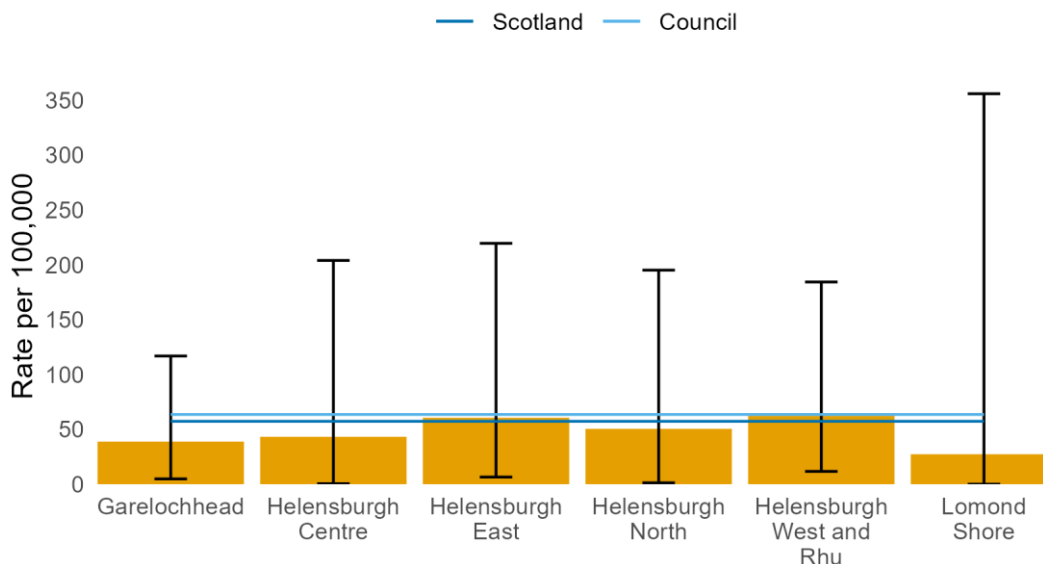
**Figure 37:** Road traffic accident patient hospitalisations over time

Source: ScotPHO Online Profiles; calculated from 3 year time periods, 2002-2004 to 2018-2020  
Age-sex standardised rate per 100,000 population.

**Table 33:** Road traffic accident patient hospitalisations by intermediate geography in the area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh West and Rhu	3.0	62.4	11.7	184.3		
Helensburgh East	2.0	60.6	6.5	219.6		
Helensburgh North	2.0	50.5	1.3	195.1		
Helensburgh Centre	1.3	43.2	0.5	204.0		
Garelochhead	3.3	38.8	4.8	116.8		
Lomond Shore	0.3	27.3	0.0	355.9		

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
Age-sex standardised rate per 100,000 population.

**Figure 38:** Road traffic accident patient hospitalisations by intermediate geography in the area

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2018-2020  
 Age-sex standardised rate per 100,000 population.  
 Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## Emergency care

### Emergency patient hospitalisations

An emergency admission is when a person is admitted to a hospital urgently and unexpectedly. Emergency admissions often occur via Accident and Emergency departments but can result directly from a GP consultation or consultant clinic.

Emergency admission rates are highest in the very young and old. Generally, rates increase with patient age from young adulthood and are related to deprivation.

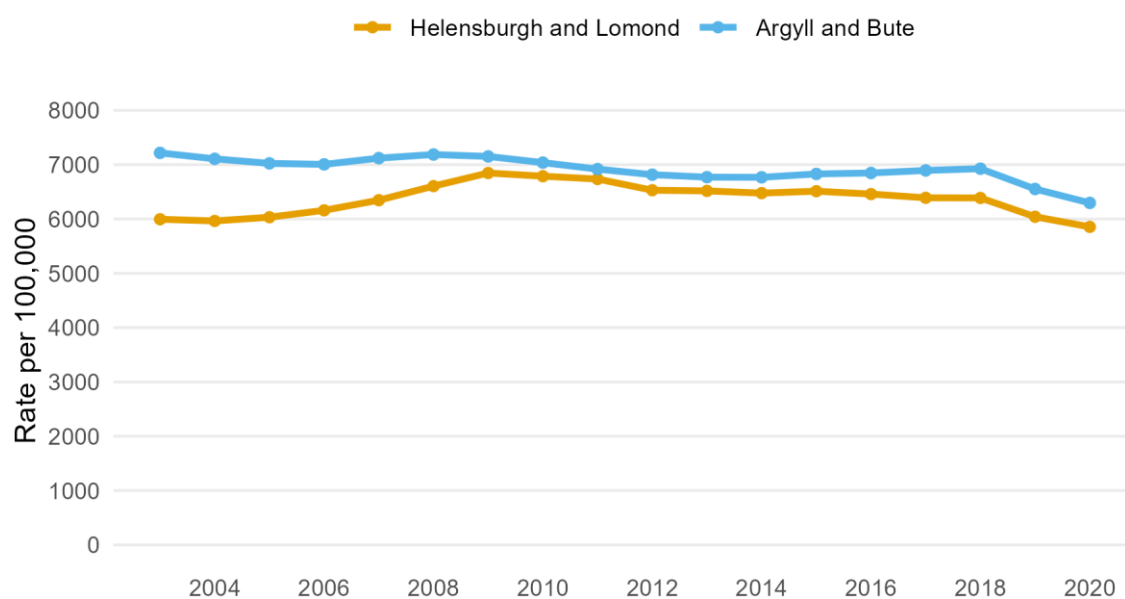
A proportion of emergency hospital admissions are likely to be preventable. High emergency or multiple admissions rates can also indicate that primary and community services may be stressed or not in place to prevent hospital admission.

Reducing emergency admission rates would indicate that people are being supported in managing their care appropriately at home with less reliance on hospital use. Work to achieve this includes health improvement and prevention, reducing accidents, improving home safety, and providing support to carers and social care.

**Table 34:** Emergency patient hospitalisations by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	5,934	6,296.3	6,130.5	6,465.3	-	
NHS Highland	23,183	6,858.8	6,768.9	6,949.6	-	+
Scotland	392,280	7,234.0	7,211.1	7,257.0		+
Bute and Cowal	1,583	6,828.9	6,468.1	7,203.4	-	+
Oban, Lorn and the Isles	1,385	6,569.8	6,216.4	6,937.6	-	
Mid-Argyll, Kintyre and Islay	1,414	6,336.3	5,994.2	6,692.1	-	
Helensburgh and Lomond	1,560	5,855.1	5,558.8	6,162.7	-	

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

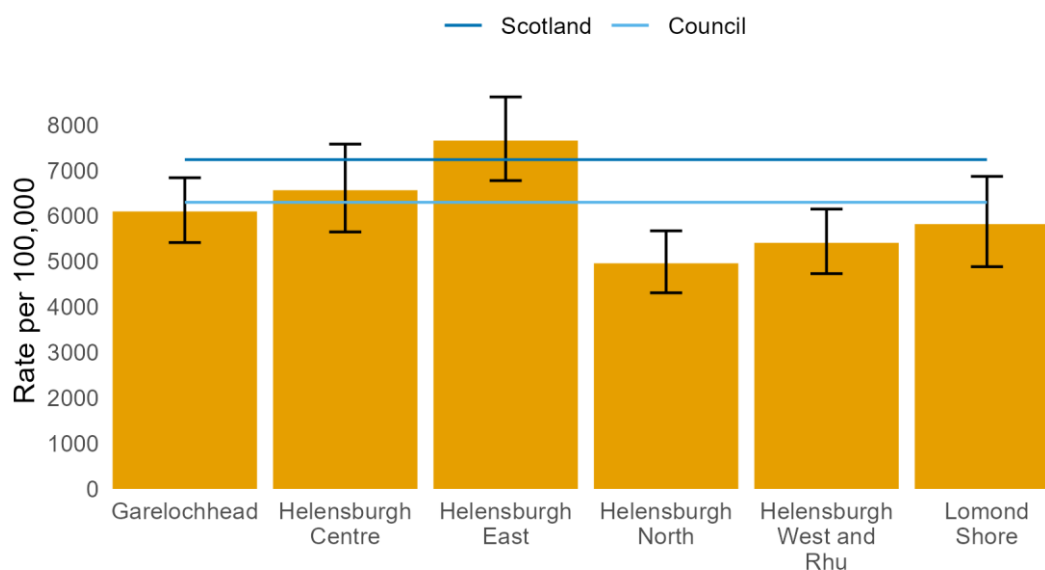
**Figure 39:** Emergency patient hospitalisations over time

Source: ScotPHO Online Profiles; annual data calculated from 3 year time periods, 2002-2004 to 2019-2021  
Age-sex standardised rate per 100,000 population.

**Table 35:** Emergency patient hospitalisations by intermediate geography in the area

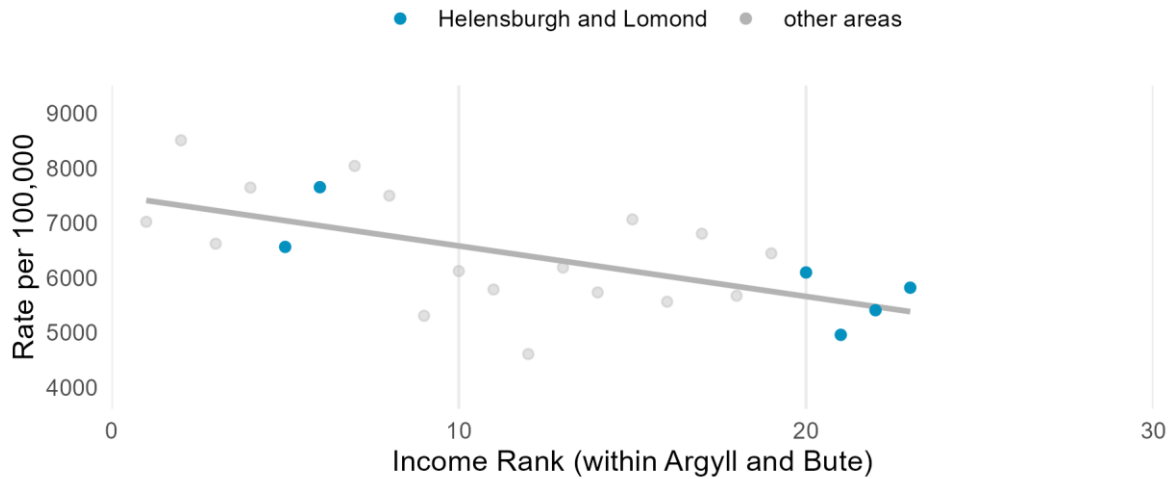
	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	291	7,652.4	6,773.5	8,611.1		+
Helensburgh Centre	219	6,561.9	5,645.4	7,575.2		
Garelochhead	329	6,095.1	5,412.4	6,836.1	-	
Lomond Shore	172	5,817.6	4,881.9	6,865.5	-	
Helensburgh West and Rhu	261	5,406.0	4,729.2	6,147.9	-	
Helensburgh North	241	4,956.4	4,308.0	5,669.7	-	-

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 40:** Emergency patient hospitalisations by intermediate geography in the area

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

**Figure 41:** Emergency patient hospitalisations by income deprivation rank for intermediate geography



Source: ScotPHO Online Profiles; Emergency patient hospitalisations; annual data calculated from 3 year time period, 2019-2021  
 Age-sex standardised rate per 100,000  
 Income rank based upon the SIMD 2020v2 income domain where the area ranked one is the population most income deprived.  
 The vertical-axis does not start at zero.  
 Each point represents an intermediate geography.  
 A line of best fit shows the correlation between income deprivation and the measure of health.

### Patients 65 years and over with multiple emergency hospital admissions

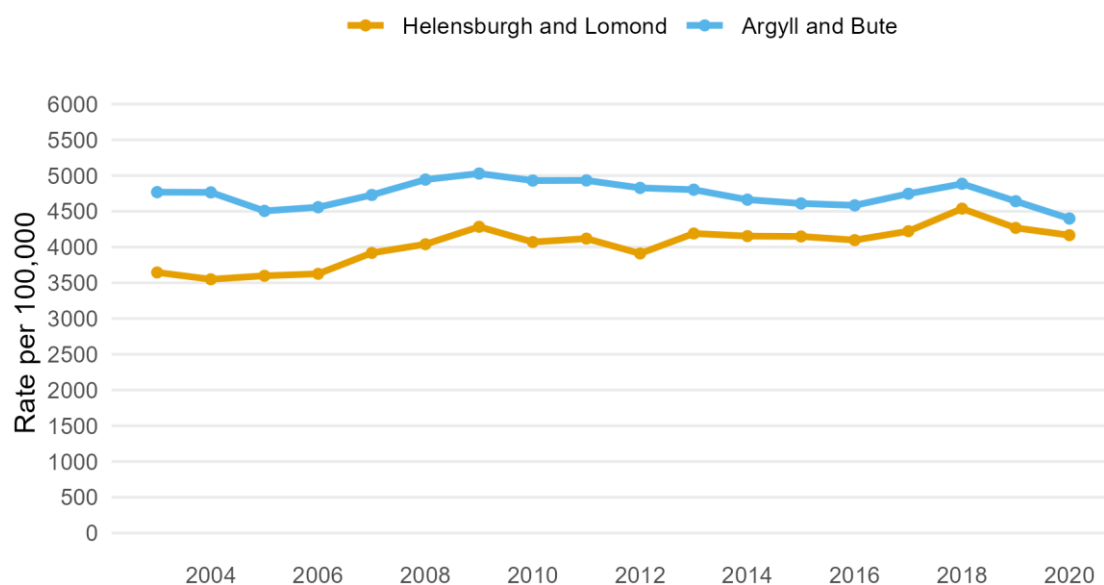
While adjusted for age and sex differences, rates of patients with multiple emergency admissions may vary because of deprivation, patient case mix, and the availability of health and social care.

**Table 36:** Patients 65 years and over with multiple emergency hospital admissions by area

	Average number	Rate	Lower bound	Upper bound	Significance	
					Scotland	Council
Argyll and Bute	953	4,398.8	4,115.8	4,695.8	-	
NHS Highland	3,168	4,251.3	4,101.7	4,404.9	-	
Scotland	51,625	4,997.9	4,953.9	5,042.3		+
Oban, Lorn and the Isles	223	4,956.7	4,300.3	5,681.8		
Mid-Argyll, Kintyre and Islay	235	4,472.1	3,903.5	5,098.5		
Helensburgh and Lomond	242	4,166.1	3,646.3	4,737.9	-	
Bute and Cowal	251	4,118.9	3,606.4	4,681.7	-	

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 42:** Patients 65 years and over with multiple emergency hospital admissions over time



Source: ScotPHO Online Profiles; annual data calculated from 3 year time periods, 2002-2004 to 2019-2021  
Age-sex standardised rate per 100,000 population.

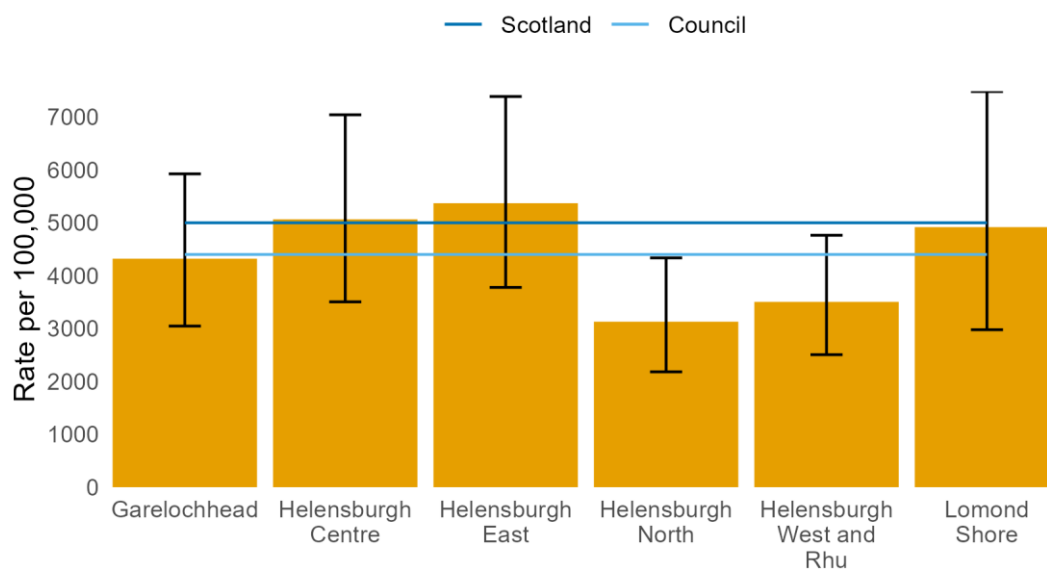


**Table 37:** Patients 65 years and over with multiple emergency hospital admissions by intermediate geography in the area

	Average number	Rate per 100,000	Lower bound	Upper bound	Significance	
					Scotland	Council
Helensburgh East	40	5,367.4	3,776.2	7,384.4		
Helensburgh Centre	40	5,063.5	3,503.6	7,038.9		
Lomond Shore	29	4,915.4	2,976.7	7,479.1		
Garelochhead	42	4,318.9	3,045.4	5,922.4		
Helensburgh West and Rhu	41	3,503.0	2,505.0	4,761.9	-	
Helensburgh North	38	3,128.3	2,180.7	4,334.5	-	

Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.

**Figure 43:** Patients 65 years and over with multiple emergency hospital admissions by intermediate geography in the area



Source: ScotPHO Online Profiles; annual data calculated from 3 year time period, 2019-2021  
Age-sex standardised rate per 100,000 population.  
Error bars (vertical lines at column series ends) show a 95% confidence interval range.

## End of life care

### Place of death

Understanding mortality patterns and place of death is important to help provide appropriate care and resources. A 2012 report found that most people prefer not to die in a hospital but at home, in a care home or a hospice<sup>13</sup>.

The proportion of deaths occurring outside of hospitals has increased in recent years. Patterns of the place of death changed further during the COVID-19 pandemic, with increased deaths at home during and between pandemic waves. If this pattern is sustained, primary, community and palliative care resources will be needed to support families and individuals at home.

**Table 38:** Deaths by place of death over time

	Percentage					Average annual number of deaths
	Hospital	Care Home	Home / Non-institution	Hospice	Other places	
2001-2003	55.8	19.0	24.4	0.7	0.1	277.7
2004-2006	52.8	20.2	26.3	0.7	0.0	285.3
2007-2009	48.3	21.8	28.6	1.3	0.0	276.3
2010-2012	48.0	20.2	29.4	2.4	0.0	266.7
2013-2015	46.7	18.8	31.8	2.4	0.3	259.0
2016-2018	40.0	24.8	33.2	2.1	0.0	276.0
2019-2021	37.5	20.4	40.7	1.3	0.1	281.7

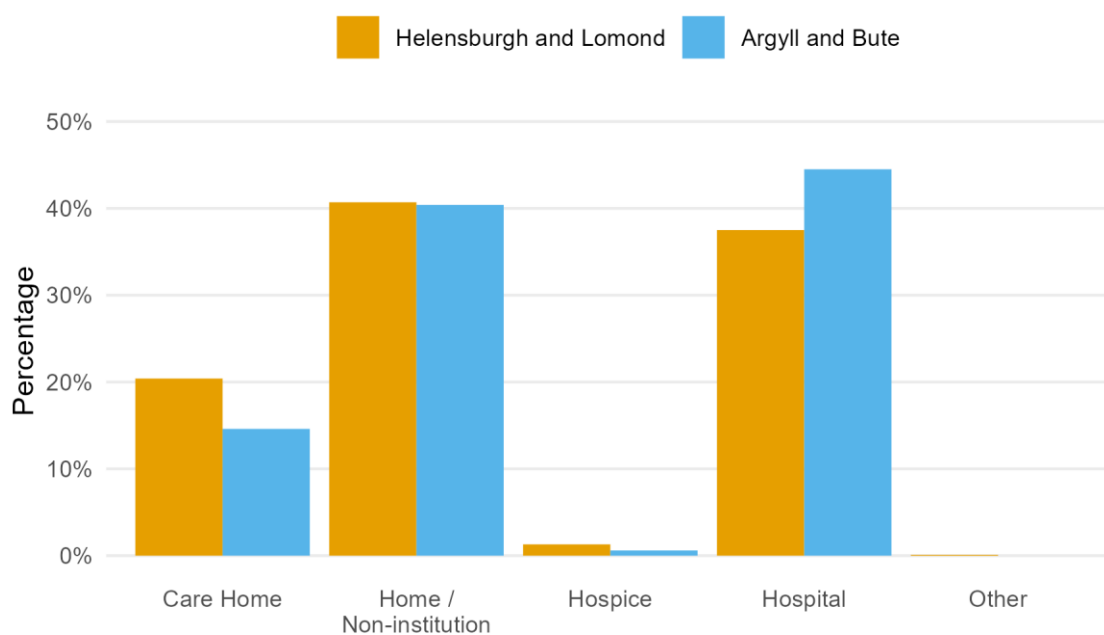
Source: National Records of Scotland; 2019-2021

**Table 39:** Deaths by place of death

	Percentage					Average annual number of deaths
	Hospital	Care Home	Home / Non-institution	Hospice	Other places	
Helensburgh and Lomond	37.5	20.4	40.7	1.3	0.1	282
Argyll and Bute	44.5	14.6	40.4	0.6	0.0	1,133

Source: National Records of Scotland; 2019-2021

**Figure 44:** Deaths by place of death



Source: National Records of Scotland; 2019-2021

### Dementia and place of death

Patterns of the place of death vary by cause, sex, age and geographical location. The ageing of the population is projected to lead to an increase in dementia cases. Dementia is already a leading cause of death among all diseases and one of the most significant causes of disability and dependence among older people.

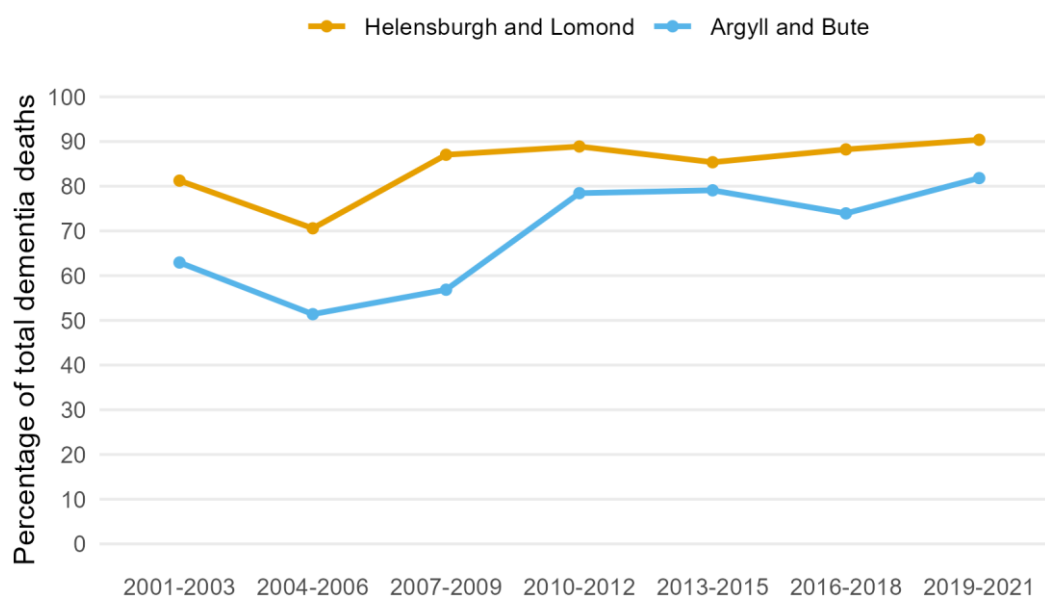
Understanding the place of death of people with dementia is essential for the organisation and provision of end-of-life care that could help patients with dementia avoid dying in a hospital and support carers and families.

**Table 40:** Dementia deaths in a homely setting as a percentage of all dementia deaths

					Significance
	Average annual number	Percentage	Lower bound	Upper bound	Council
Argyll and Bute	102	81.8	77.6	85.4	
Bute and Cowal	27	77.4	68.5	84.3	
Helensburgh and Lomond	31	90.4	83.2	94.7	
Mid-Argyll, Kintyre and Islay	22	76.7	66.8	84.4	
Oban, Lorn and the Isles	21	82.1	72.1	89.0	

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

**Figure 45:** Dementia deaths in a homely setting as a percentage of all dementia deaths

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

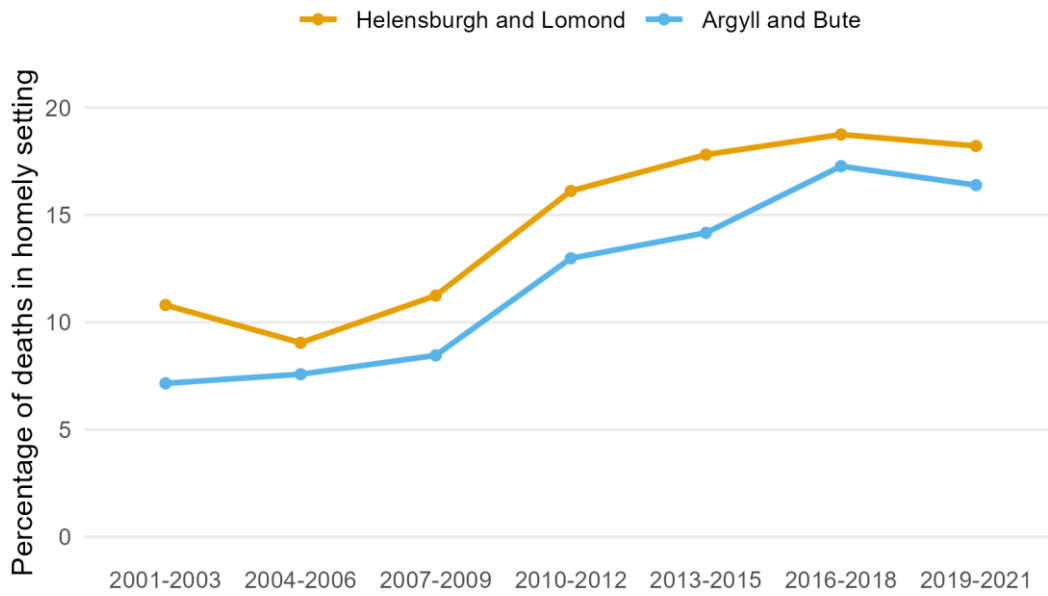
**Table 41:** Dementia deaths in a homely setting as a percentage of all deaths in a homely setting

					Significance
	Average annual number	Percentage	Lower bound	Upper bound	Council
Argyll and Bute	102	16.4	14.8	18.1	
Bute and Cowal	27	16.3	13.4	19.8	
Helensburgh and Lomond	31	18.2	15.1	21.8	
Mid-Argyll, Kintyre and Islay	22	15.4	12.3	19.1	
Oban, Lorn and the Isles	21	15.2	12.1	18.9	

Source: National Records of Scotland; 2019-2021

Deaths in a homely setting include deaths at home, in a care home or a hospice location.

**Figure 46:** Dementia deaths in a homely setting as a percentage of all deaths in a homely setting



Source: National Records of Scotland; 2019-2021  
 Deaths in a homely setting include deaths at home, in a care home or a hospice location.

## Glossary

Term	Description
Age-sex standardised rate	An age-sex standardised rate is a summary measure of the rate that a population would have if it had a standard age structure. Standardised rates are used to allow comparisons across geographical areas by controlling for differences in the age and sex structure of local populations. It is also used when comparing rates for one geography over time. All rates shown are standardised to the European standard population 2013.
Confidence Interval (CI)	A confidence interval (CI) is a range of values that describes the uncertainty around a point estimate of a quantity, for example a mortality rate, arising from either random or 'natural' variation. Confidence intervals quantify the uncertainty in point estimates: the wider the confidence interval the greater the uncertainty. The width of the confidence interval depends upon the size of the population from which an estimate is derived, the degree of variability in the indicator being measured, and the required level of confidence. In public health the conventional practice is to use 95% confidence intervals.
Deprivation deciles or quintiles	The SIMD deprivation analyses in this report rank datazones from 1 (most deprived) to 6,976 (least deprived). These are then split into five deprivation quintiles with 20% of the datazones in each quintile. Deprivation deciles have 10% of the datazones in each decile.
Datazone	The datazone is the standard national small area geography used in the production of statistics. There are 6,976 datazones in the 2011 release (125 in Argyll and Bute and 312 in Highland local authorities). Nationally datazones are used as the 'building bricks' for higher level geography such as intermediate zones and are the smallest spatial area that population estimates are published for in the inter-census period. Datazones are used routinely to provide 'best fit' populations for local geographies such as Community Partnerships. Details of the mapping are available in the Scottish Health and Social Care Open Data platform.
Early deaths	An early death is defined as a person dying whilst under the age of 75 years. Early deaths are also known as premature deaths.
Emergency patient hospitalisations	An emergency admission is one where a patient is admitted to hospital urgently and unexpectedly i.e. the admission is unplanned. Emergency admissions often occur via Accident and Emergency departments but can result directly from a GP consultation or consultant clinic.
European Standard population (ESP)	The European Standard Population (ESP) is an artificial population structure which is used in the weighting of mortality or incidence data to produce age standardised rates. The current version is the ESP2013, which is based on an average of states' population projections for 2011 - 2030.
Intermediate zone	Intermediate zones (also referred to as intermediate geographies or neighbourhoods) are constructed from aggregations of data zones and provide a small area geography

	that is more suitable for the release of potentially sensitive data and for reporting routine measures of population health. The intermediate zone is the standard spatial unit of analysis used in the Scottish Public Health Observatory online profiles tool.
Income deprivation	Income deprivation, as defined by the SIMD, is a measure of the percentage of the population (adults and their dependents) in receipt of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, and Child and Working Tax Credits.
Life expectancy	Life expectancy (at birth) is an estimate of the average length of time a newborn can expect to live if the age and sex specific mortality rates of the local population applied throughout their lifetime. It is a theoretical measure as death rates may increase or decrease during a person's lifetime, and people may move to areas with different mortality risks.
Long-term conditions	Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.
Lower and Upper bounds	The lower and upper bounds are the lower and upper limits of a 95% confidence interval. They represent the range of values between which the true value of a point estimate is expected to fall within.
Morbidity	Morbidity refers to the extent of illness (disease, injury or disability) in a given population.
Palliative care	Palliative care is about improving the quality of life of anyone facing a life-threatening condition. It includes physical, emotional and spiritual care.
Population estimates	The size of the population estimated on an annual basis, using 30 <sup>th</sup> June (mid-year) as a reference point. Scotland's Census is used as a base for the population estimates, with annual adjustments made for the number of births, deaths and estimates of migration. National Records of Scotland (NRS) are responsible for producing official population figures for Scotland.
Prevalence	Prevalence describes the proportion of a population with a particular disease or health condition at a given point in time or over a specified time period.
SCI-Diabetes	Scottish Care Information – Diabetes (SCI-Diabetes) is NHS Scotland's diabetes patient management system. It provides a fully integrated shared electronic patient record to support treatment of people with diabetes.
ScotPHO profiles tool	The Scottish Public Health Observatory (ScotPHO) collaboration is led by Public Health Scotland. ScotPHO's online profiles tool present a range of indicators intended to increase understanding of local health issues. The online profiles and indicator definitions are available at the following URL: <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Scottish Index of Multiple Deprivation (SIMD)	The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of deprivation. The latest version is the SIMD 2020 and is based on small areas called datazones. The SIMD is a measure of relative deprivation and takes



	account of indicators across seven domains: income, employment, education, health, access to services, crime and housing. The seven domains are combined into a single index score and ranked.
Statistical significance of differences	Confidence intervals are used to interpret whether a measure is statistically higher or lower than another. If the confidence intervals of one particular area have no overlap with a comparison area confidence interval then it is statistically significantly higher/lower than the comparison. If there is overlap then there is no statistically significant difference between them. Statistical significance of differences are indicated by a + or - in the tables in this report.

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**Working together  
for a safer Scotland**



**SCOTTISH  
FIRE AND RESCUE SERVICE**  
Working together for a safer Scotland

# **Helensburgh and Lomond CPG Briefing Report**

## **Q2 2023/24**

## **Performance & Activity Report**

<b>From:</b>	<b>1<sup>st</sup> July 2023</b>	<b>To:</b>	<b>30<sup>th</sup> September 2023</b>
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## Introduction

Welcome to the Scottish Fire and Rescue Service Community Board Performance Report. This performance report is designed to provide citizens, stakeholders and partners with information relating to Community Board based activity undertaken by the Scottish Fire and Rescue Service.

Whilst using historic statistical benchmarking data, consideration must be taken of the somewhat random nature of fire related incidents and events, and how this can pose difficulties in interpreting emerging patterns and trends. This is of specific relevance where Community Board level data is analysed due to the relatively small number of actual incidents/events that occur in Community Board areas.

However, regardless of statistical anomalies, emerging patterns and trends in fire related incidents and events can assist the Scottish Fire and Rescue Service and Community Planning Partners plan and implement preventative intervention initiatives to target reducing fire related incidents and events.

## Local Firefighter Training Plan

Below is a list of subjects the operational crews have been focusing on within this period. Each subject has been covered both practically and theoretically and recorded in the Fire Service Training recording system.

	July/August/September
Training Subjects	<ul style="list-style-type: none"> <li>● CFBT / Tactical ventilation Q2</li> <li>● Casualty Care Q2</li> <li>● RTC and Extrication Q2</li> <li>● HAZMAT Q2</li> <li>● Knotts, Ladders &amp; Pumps Q2</li> <li>● Water Awareness</li> <li>● High Rise</li> </ul>

## Accidental Dwelling Fires (ADF)

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	1.3	0	2
Helensburgh Central	2.7	3	3
Lomond North	1.3	0	3
<b>Community Board Total</b>	<b>5.3</b>	<b>3</b>	<b>8</b>

## ADF Casualties

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	0	0	0
Helensburgh Central	0	0	1
Lomond North	0	0	0
<b>Community Board Total</b>	<b>0.3</b>	<b>0</b>	<b>1</b>

## Deliberate Secondary Fire Setting

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	1.3	2	0
Helensburgh Central	3.3	0	2
Lomond North	2.3	5	1
<b>Community Board Total</b>	<b>7</b>	<b>7</b>	<b>3</b>

## Fires in Non-Domestic Property

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	0	0	0
Helensburgh Central	0.7	1	0
Lomond North	0.3	0	1
<b>Community Board Total</b>	<b>1</b>	<b>1</b>	<b>1</b>

## Casualties from Non-Fire Emergencies

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	0	0	0
Helensburgh Central	0	0	0
Lomond North	0	0	0
<b>Community Board Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Unwanted Fire Alarm Signals

Ward	3 Year Average	2022/23	2023/24
Helensburgh & Lomond South	3	4	1
Helensburgh Central	16	25	8
Lomond North	7.3	6	1
<b>Community Board Total</b>	<b>26.3</b>	<b>35</b>	<b>10</b>

### Incidents/Activities of Note

#### Unwanted Fire Alarm Signals (UFAS)

We continue to work with partners across Argyll & Bute to support duty holders in reducing unwanted fire alarm signal incidents. A new UFAS mobilisation policy has been devised by a dedicated project team within SFRS with an aim at reducing UFAS incidents further. This policy went live from 1<sup>st</sup> July 2023, and we have already seen a reduction in the number of UFAs incidents. This has been reflected in the relevant KPI's contained within this report.

#### Road & Water Safety campaigns

In this reporting period, we have continued to work with various partners across Argyll & Bute including Police Scotland, The RNLI and local business on Road and Water safety campaigns. During peak holiday season we visited hotels from across Argyll & Bute to give road safety advice including Road Safety Scotland materials aimed at foreign drivers.

We have maintained a presence at Operation Ballaton meetings, allowing us to provide attendance of operational crews to support agencies such as Police Scotland and Loch Lomond & Trossachs Park Rangers, at specific hotspots in the park during busy summer weekends.

In June we held a multi-agency water rescue exercise at Mugdock Quarry to simulate a Tombstoning water rescue incident. This included SFRS personnel from across Argyll & Bute and allowed us to test operational resilience with an incident of this nature.

## **Community Engagement Activities**

- Post Domestic Incident Response (PDIR) following every domestic incident.
- To mark World Drowning Prevention Day our Community Action Team (CAT) attended Helix Park in Falkirk to support various partners promoting national water safety messages.
- Continue to deliver Fire Safety advice via HFSVs and provision of smoke detection.
- Representation on Multi Agency Risk Assessment (MARAC) for those affected by domestic violence.
- Continue to support 'Make the Call' campaign and On Call recruitment drive for retained and volunteer stations within Argyll and Bute
- Supporting Partnership Approach to Water Safety (PAWS) group and engaging with the public: #RESPECTTHEWATER campaign.
- Engaging with communities utilising our Summer Thematic Action Plan (TAP)
- Careers engagement pathway engagement sessions delivered by CAT to schools across Argyll & Bute
- CAT visited various hotels including Travelodge Helensburgh to deliver road safety messages to visiting tourists.
- In June the CAT delivered CPR lessons at event held with YSort-it Young Carers in Bonhill
- CAT attended Helensburgh Library to give Water Safety advice and fire safety advice to youths attending the Summer GIVE project.

## **EWDAB LSO Activities**

- In August we held a Business Continuity exercise with our Civil Contingencies team and a representative from CalMac ferries.
- Continued roll out of new fleet SFRS Electric Vehicles and on-station charging points within the area.
- Ongoing On-call recruitment campaigns – Participation in Practical Selection Tests for new candidates as well as successful completion of Task and Task Management by new On-call Firefighters across the area.
- Completion of multi-agency training exercise Antonine at Craighend Quarry, Mugdock Park. Utilising personnel from across the EWDAB area.
- In August all rural WCs across Argyll and Bute attended an On Call seminar, held at Oban Community Fire Station.
- Congratulations to Group Commander Des Oakes who retired after 29 years of dedicated and exemplary service to the communities of Argyll & Bute.
- In September we held two On Call seminars with crews from across Argyll & Bute covering presentations on health & wellbeing, practical scenarios & demonstrations.

## **Home Fire Safety**

As part of our commitment to building a safer Scotland we offer everyone in Scotland a free home fire safety visit. We'll help you sort out a fire escape plan and provide information about smoke, heat and carbon monoxide alarms.

**For a Free Home Fire Safety Visit, please:**

- Call [0800 0731 999](tel:0800 0731 999)
- Text "FIRE" to 80800 from your mobile phone.

**Twitter link:** <https://twitter.com/abewdhq>





## Police Scotland Update

### Fraud Prevention and Awareness

Our popular and educational Scam Savvy Quiz inputs have continued with our vulnerable groups as crimes of fraud are still of concern. Locally there was an input provided at Centre 81 in Garelochhead in partnership with Helensburgh and Lomond Carers, Centre 81 and Garelochhead Station Trust focussed on digital safety. This had a fantastic turnout with members agreed the input was very educational and let the audience know about the scams that are going around but also how to spot and therefore avoid falling victim to this. These talks continue to be available for any community group or local organisations including community councils.



One of the most common scams we have seen across Helensburgh and Lomond has been around Sextortion. This almost wholly is targeted to young males (under 30 years of age). Sextortion is sexual extortion. It involves the threat of having sexual information, photos or videos shared. This is done to get money from the victim, to control behaviour or to pressure them for further images. Many sextortions start with seemingly harmless flirting on social media or dating sites. Criminals are experts at creating fake profiles that appear genuine. Flirtatious conversations quickly turn sexual and the victim is actively encouraged to remove clothing, perform a sexual act on camera or share explicit images. These images and videos are often recorded without the victim's knowledge and then can be held to ransom. The criminals will often have already accessed your social media contacts and will threaten to share these images with them unless you comply with their demands. As young males are being told their images will be shared with everyone they know, this is having an impact on their mental health with victims often feeling embarrassed and ashamed they are often keeping themselves isolated rather than reporting to Police and reaching out for support. Police Scotland would encourage everyone to share awareness around this either through social media, newsletters or in conversation with young males you know. If any members

have ideas or suggestions on how we can help education young males on the risk involved with this type of offences.

# SEXTORTION

A SELF-HELP GUIDE



**POLICE SCOTLAND**  
Keeping people safe  
POLEAS ALBA

Sextortion refers to a specific type of cyber-enabled crime in which victims are lured into performing sexual acts in front of their webcam.

Unbeknown to victims, their actions are recorded by criminals who then use the video footage in an attempt to blackmail them. Generally criminals request money and if demands are not met, these offenders threaten to upload the recording(s) to the internet and send to the victims' friends and family.

### VICTIM REASSURANCE

- Don't panic
- Police Scotland will take your case seriously
- We will not make judgements on your behaviour
- The matter will be dealt with in absolute confidence

### VICTIM ADVICE

- Do NOT delete any correspondence
- Do NOT pay
- Do NOT communicate further with the offenders
- DEACTIVATE your accounts
- REPORT online indecent images to the host website

### OBTAIN THE FOLLOWING INFORMATION AND PASS ON TO THE POLICE

1. The Skype name, and more importantly;
2. The Skype I.D.; Be aware that the scammer's Skype name is different to their Skype ID, and it's the ID details we need. To get that, right click on their profile, select "View Profile" and then look for the name shown in blue rather than the one above it in black. It will be next to the word "Skype:" and will have no spaces in it.
3. The Facebook URL;
4. The Western Union or MoneyGram Money Transfer Control Number (MTCN);
5. Any photos that were sent

### HOW TO REMOVE INDECENT IMAGES

#### G GOOGLE

You can ask Google to remove a nude or sexually explicit image or video of you that's been shared without your consent. To do this:

1. Click on **Settings** in bottom right-hand corner
2. Select **Search Help**
3. Expand **Troubleshoot & Request Removals** from menu
4. Finally click on **Remove information from Google** and follow the step by step instructions

#### T TWITTER

You do not need an account to remove information about yourself. Fill out a form at the following address:

<https://support.twitter.com/forms/private-information>

#### f FACEBOOK

To report a photo or video:

1. Click on the photo or video to expand it
2. Click on the ellipsis (•••) or the drop down in the top right
3. Click 'I don't like this photo' or 'report this post'
4. Choose relevant option for example 'I think it shouldn't be on Facebook'

#### ▶ YOUTUBE

How to flag a video:

1. Below the YouTube video player click the **More** button
2. Highlight and click the **Report** button in the drop-down menu
3. Click the reason for flagging that best fits the violation within the video
4. Provide any additional details that may help the review team make their final decision

Produced with kind permission of Hampshire constabulary

### Bereavement Support

Local officers meet people affected by bereavement as part of their daily role. Officers are now able to provide family and friends of deceased person with a full support pack which has practice advice and emotional support contacts. Working with Argyll and Bute Registrars, NHS Highland Chaplaincy, Argyll and Bute Citizens Advice Bureau, Change Mental Health and Cruse Bereavement, packs provide those suffering from bereavement with advice they can look at when they are ready to and aims to reduce distress.

### Road Safety

Following a fatality on the Argyll road network involving a towing vehicle, a series of Safe Towing videos have been produced and shared via our social media channels. This follows a change in legislation around driving licence requirements for those towing trailers, caravans, boat trailers and horseboxes. Police Scotland worked with a DVSA approved assessor in Campbeltown to produce these videos. These aim to help people understand legal towing limits, hitching, unhitching and safety checks.

A Partnership Approach to Road Safety group is being formed with representation from across West Dunbartonshire and Argyll and Bute. This group will focus on locations of



concern and key contributing factors from road traffic collisions where someone has been killed or seriously injured to enable us to prioritise education and enforcement towards key locations or demographics.

### Youth Engagement

Our Youth Engagement Officers worked closely with Live Argyll to welcome back the Friday Night Football project which ran throughout the summer holidays. This focussed on deterring youths from ASB and provided them a focus during the weekend. Officers also assisted the Live Argyll GIVE project where youths were asked to volunteer in their community and attend inputs around ASB.

Our Helensburgh and Lomond Police Scotland Youth Volunteers (PSYV) visited HMNB Clyde for the day during the summer holidays to see a different side of policing and the work of other emergency services in the area. Police Scotland working closely with Ministry of Defence Police arranged a demonstration from the Dog Unit, Clyde Marine Unit and Defence fire service. This work helps to break down barriers with our younger people with some of our PSYV being from disadvantaged and care experienced backgrounds.



Argyll and West Dunbartonshire Police Division have welcomed a new Youth Engagement Officer in the Helensburgh area. PC Haining Gallagher will be focusing her efforts in break down barriers with young people at Hermitage Academy and other areas of Helensburgh and Lomond. PC Gallagher will deliver various presentations designed to raise awareness and promote personal safety to young persons as well as working closely with the school pupil support team, looking for opportunities to act as a mentor or role model.



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### Ministry of Defence Police Update

**Police Scotland Youth Volunteers (PSYV)** are still looking for opportunities to support the local community at different events over the coming months. If there is anything you believe would develop the skills of our youngsters then please contact [Haining.Gallagher@scotland.police.uk](mailto:Haining.Gallagher@scotland.police.uk) or [andrew.omand100@mod.gov.uk](mailto:andrew.omand100@mod.gov.uk).

**Drone Reports** - HMNB Clyde is a 'NO DRONE ZONE'. Report any sightings to ext 2222 or 01436 655765. There is an ever-growing threat of drone incursion which the MDP aim to target.

Details to report - time, location, description, direction of travel and details of any operator.

**Roadworks (Appears to be on schedule)** - Roadworks on the A814 at HMNB Clyde will continue until December 2023. We do apologise for any inconvenience when entering or leaving the base especially at peak times. Traffic control will continue and MDP will attempt to alleviate any congestion caused.

**Internet Safety Campaign** - Ministry of Defence Police and Police Scotland officers are continuing to work together by providing our annual Internet Safety Campaign. A presentation and discussion has been created specifically targeting p5 - p7 children from 11 primary schools in the local area. We aim to highlight the dangers of being online and what can be done to prevent it.

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**Argyll & Bute Community Planning  
Partnership  
Area Community Planning Group  
Partnership update  
Date: October 2023**




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### **Partner update – Public Health**

The paper provides an update on ongoing wellbeing and prevention activity overseen and delivered by the HSCP Public Health Team in Argyll and Bute.

#### **Alcohol and Drug Partnership – Scottish Government Consultation**

The Scottish Government consultation on Minimum Unit Pricing (MUP) is now live. Consultation closes on 22-11-23. The Scottish Government introduced a policy of MUP in 2018 which is subject to a Sunset clause, meaning the policy will expire unless there is agreement for it to continue.

<https://www.gov.scot/policies/alcohol-and-drugs/minimum-unit-pricing/#:~:text=Minimum%20unit%20pricing%20set%20a,higher%20the%20minimu m%20unit%20price>

Following the Scottish Government reporting in September on the operation and effect of MUP, consultation their proposal to increase the price to 65p is now open.

Scottish Government Reporting shows that MUP resulted in an estimated 13.4% reduction in alcohol deaths and a reduction in alcohol related hospital admissions, compared to what might have happened if MUP had not been in place.

The Scottish Government proposes setting a price of 65ppu (pence per unit), to maintain the value (due partly to inflation) of the unit price and would likely achieve greater public health benefits than have been seen at 50ppu. The Scottish Government is therefore proposing continuing MUP and setting the minimum unit price at 65ppu.

A modelling report from the University of Sheffield modelling report shows that high inflation and the pandemic have eroded the effectiveness of MUP in Scotland, and that increasing the MUP level would lead to greater health benefits.

The analysis shows that heavier drinkers increased their drinking during the pandemic, which they estimate will lead to a marked increase in alcohol harms. For example, even if alcohol consumption returned to pre-pandemic levels in 2022, an estimated 663 more people will die and there will be 8,653 additional hospital admissions linked to alcohol, costing the NHS £10.9 million, by 2040.

This report provides us with further evidence of the positive impact of MUP in saving lives and the need to increase the MUP to counter balance the effect of inflation and mitigate the negative impact of the pandemic into the future.

The Scottish Government have published a further report on public attitudes of MUP. A survey was conducted by Ipsos Mori in July 2023 with over 1000 adults. Overall, people were slightly more likely to be in favour of MUP (43%) than against it (38%).

The Alcohol and Drug Partnership would encourage you all to take part in the consultation below and submit your feedback. The link to the consultation is:

MUP Public Consultation ([www.gov.scot](http://www.gov.scot))

The consultation asks just three questions:

Do you think Minimum Unit Pricing (MUP) should continue? Yes/No

If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence? Yes/No

We invite comments on:

the Scottish Ministers' proposal to continue MUP, and

the proposed Minimum Unit Price of 65 pence.

For more information on the impact assessment of MUP please click on this attached link

<http://www.gov.scot/ISBN/9781835213742>

### **Alcohol and Drug Partnership Funding Announcement**

The Alcohol and Drug Partnership (ADP) are excited to announce grant funding to support the delivery of alcohol and drugs prevention work in local communities. Prevention and Early Intervention is one pillar of the ADP 2023 Refresh Strategy. The ADP Action Plan identifies that working with partners and communities across Argyll & Bute is needed to make prevention and diversionary activities available for all age groups and address alcohol and drug related stigma. Argyll and Bute ADP are therefore delighted to have offered up to £5000 of grant funding for communities to support the development of this work aimed at reducing harm caused by alcohol and drugs and improving life choices. The ADP thanks the Third Sector Interface who have supported the application process for these grants. Grants will be processed and awarded by the end of December 2023 to all successful applicants.

### **Coproduction – Training the Trainers**



Two members of the Public Health team undertook a three day training course in Coproduction in Inveraray in September. The course was supported by the Living Well Board. The course provided participants with a good grounding in the theoretical grounding of coproduction, based on the academic works of Nobel Prize winner Elinor Ostrom and philosopher Michael Polanyi. But theory, as we all know, often fails when we encounter real life. Which is why the training the trainers course equipped participants with a framework to support others to recognise the coproduction that they are doing now, and to identify how more could be done. The training encouraged a different way of thinking about our relationships with others in our communities, whether our community is where we live or the complex human network that we interact with every day. Those trained will be able to utilise their knowledge in their day to day work, as well as being able to identify core concepts in coproduction and design courses for those they work with.

### **Good Conversations Training**

The Public Health team supported the provision of Good Conversations training, this took place over 3 days throughout August and September. The course was attended by a range of professionals from the NHS, Council and Third Sector organisations. The Good Conversations course explored why personal outcomes and asset based approaches are a central feature of Person-Centred Rehabilitation and Supported Self-Management. It covered a core set of skills which enable practitioners to orientate towards what matters most to people, what they want to achieve from support and how to harness the role of the person, their strengths, social networks and community supports, with a particular focus on supporting people living complex and challenged lives. The skills set is useful during initial engagement type conversations, reviews and during ongoing everyday conversations while working with people that serve to create a culture of self-management. This is one of the areas of work for the Living Well Strategy Board.

### **Adult Health Profiles**

The Adult Health Profiles produced by the Health Intelligence team were discussed at an earlier ACPG. The profile reports present an overview of indicators relevant to the health of adults and older people in each partnership. The information presented covers a range of topics relating to health status (morbidity and mortality) and health harms across the life course. The profiles are published at:

Oban, Lorn and The Isles:

<https://www.nhshighland.scot.nhs.uk/media/hwwb0yaa/demography-obanlornandtheisles-2022.pdf>

Mid Argyll Kintyre and Islay:

<https://www.nhshighland.scot.nhs.uk/media/xqdebbhr/demography-midargyllkintyreandislay-2022.pdf>

Bute and Cowal:

<https://www.nhshighland.scot.nhs.uk/media/l2paf142/demography-buteandcowal-2022.pdf>

Helensburgh and Lomond:

<https://www.nhshighland.scot.nhs.uk/media/rlphw0nn/demography-helensburghandlomond-2022.pdf>

The information and data in the profiles are a safe evidence based resource which can be utilised by partners in a variety of ways such as to inform targeting of services, support or aid in funding applications.

### **Child Health Profile Development**

Following positive feedback about the Adult Health Profiles, the Health Intelligence team are developing profile reports for children and young people. This will include indicators relevant to the health of children and young people in each partnership. The profiles will be published on the NHS Highland website, the estimated date for publishing these is mid November. The profile locations will be shared at the next ACPG.

### **REPORT AUTHOR AND CONTACT**

Author Names: Rory Munro (Health Improvement Lead).

Email: [nhsh.abhealthimprovement@nhs.scot](mailto:nhsh.abhealthimprovement@nhs.scot)

**Community Development H&L Update****October 2023****New Team Lead**

Suzanne Mason has started as the new Engagement and Communities Lead, managing the Community Development team.

This new role involves leading the council's Engagement Strategy and the mainstreaming of Participatory Budgeting in Argyll & Bute; working with and advising colleagues across the council when engaging with communities; while also supporting communities with a focus on capacity building through best practice in community development.

Suzanne Mason: [Suzanne.Mason@argyll-bute.gov.uk](mailto:Suzanne.Mason@argyll-bute.gov.uk)

**Community Funding Training**

The Community Development team recently delivered funding sessions to interested community groups, one online and an in-person event, at Arrochar 3 Villages Hall.

The sessions discussed the types of funding groups could apply for, how to prepare applications, and asked groups to reflect on their funding needs. David Rennie the Council's Funding officer gave input at the sessions, as did Peter Watson from the National Lottery. Both encouraged groups to consider applying in the near future, offering support.

**Helensburgh & Lomond Disability Access Forum**

Community Development have liaised with Disability Equality Scotland who will hold their first meeting by Zoom on Tuesday 31<sup>st</sup> October, to gauge interest in an Access Panel for Helensburgh. Indications that this will be well attended with a mix of representatives with lived experience of disability, and agencies who could assist in addressing any future issues that are raised. It is hoped that the group will help address issues of Access relating to buildings, transport, housing, education and health.

It is anticipated that future meetings will take place in a hybrid format with offers already received from partner agencies to host these meetings.

**Princess Louise Hall**

The PLH committee have completed a number of community consultation events over October to gauge interest from the local community on future hall use. This will be the basis of future funding applications from the group with support from the CD team.

The group are finalising the lease agreements with AB Council for long term lease of the building.



**Argyll & Bute Citizens Advice bureau Community Planning Partnerships Update Oct 2023****Volunteer recruitment**

Citizens Advice Bureau is a volunteer led organisation and relies on the unpaid work of our volunteer advisers. We currently have 10 fully qualified advisers and 3 trainees about to come into solo practice stage.

We are about to initiate our recruitment drive for volunteers within the Bureau and are actively looking for advisers within the following locations: MAKI, Helensburgh, Oban and Dunoon. This will support our increased outreach activity in these areas and really require stakeholders to share with their networks this valuable opportunity.

Full training is provided, and we have roles available in advice, admin and communications.

**Energy Efficiency Advice Sessions**

Our city & guilds qualified adviser is running our annual programme of advice sessions once again. We are providing 1:1 and group information sessions on energy efficiency measures. To arrange a session please contact Libby Dobbie at the bureau 01546 605550 or email [info@abcab.org.uk](mailto:info@abcab.org.uk)

Additionally our advisers can support clients to negotiate with their suppliers, and have additional supports available to those households that are off-grid or who rely on alternative sources of heating. We are referral partners to a wide range of emergency supports:

Home Heating Advice support fund- debt reduction and ongoing awards possible for PAYG & dry meters clients' dependent on details.

Fuel Bank Foundation- Emergency support available for PAYG clients and alternative fuel clients

**Services with the Bureau**

**Welfare Rights** – support with completing applications, submitting mandatory reconsideration requests and representation at tribunal/appeals.

**Housing Debt** – support for people in housing arrears or facing debts that threaten tenure retention. FCA regulated support to address debts and seek free solutions includes court representation where required.

**Energy efficiency and debt support** – Support to negotiate with Suppliers, seek debt reduction, change tariffs,, submit complaints to suppliers and Ombudsman.

**Lloyds Pre-debt** – referrals from Lloyds for people experiencing ‘pre-debt’.

**Armed Services Advice Project**, targeted support to serving and former military personnel and their dependants

**Patient Advice Support Service** – advice on patient rights, complaints to GP’s, HSCP, and SPSO.

**Money Talks** – Income maximisation project looking to reduce costs, increase income through benefits entitlements and address low persistent debt.

**Carers Advice Project.** – Provision of targeted advice to carers across Argyll & Bute. Support to access care, raise issues, complete applications for Power of Attorney etc, address financial supports and access benefits.

**Generalist advice on Housing, Employment relationship, court processes, parking charge notices and neighbour disputes.**

## **Outreach Locations**

Dunoon [Food bank, Crossroads Carers and JC+]

Oban [Hope Kitchen and JC+]

Campbeltown JC+

Helensburgh Carers Centre

## **Research areas**

Private Rental Sectors – looking at impact of local housing market on communities in and across Argyll & Bute

Cost of Caring – Investigating the impact of the cost of living crisis on carer’s communities.



## LiveArgyll Update



### Adult Literacy and Numeracy Argyll and Bute Wide

Community Learning Services now has in place an Adult Literacy and Numeracy Project co-ordinator Hugh O'Hagan who has just taken up the Post at the start of September.

Hugh can be contacted on telephone 01700801086 Email: [Hugh.OHagan@liveargyll.co.uk](mailto:Hugh.OHagan@liveargyll.co.uk) Adult Literacy and Numeracy support and provision will be offered in a 1:1 capacity and also in group settings. This will include the delivery of numeracy programmes across the areas and we will send further information out to Partners as soon as the details of the programmes/events are confirmed.

We are at present in the middle of the recruitment of part-time Adult Literacy and Numeracy workers for each of the Learning areas Rothesay, Dunoon, Lochgilphead, Campbeltown, Oban and Helensburgh. The positions will be in place until March 2025 and funded through the UKSPF and Multiply Funding. We hope to have ALN (Adult Literacy and Numeracy) Workers in place by December.

### New Management Structure within other Services of LiveArgyll

**Paul Ashworth is the Services and Support Manager** and is responsible for strategic management of all non-commercial services such as Library and Archives services and Partnership services including Community Learning, Health and Wellbeing and Development. He is also responsible for support service-type functions, including Finance and Funding, Human Resources, Information Management and Technology, Governance, Risk and Administration. Email: [Paul.Ashworth@liveargyll.co.uk](mailto:Paul.Ashworth@liveargyll.co.uk) Tel: [01369708591](tel:01369708591)

**Alex Edmonstone is the Commercial Operations Manager** and is responsible for the strategic operational management of Performance Venues, Halls, Community Centres, Leisure Centres and Sport-related activities including Active Schools, Community Sports Hubs and Sports Development. Email: [Alex.Edmonstone@liveargyll.co.uk](mailto:Alex.Edmonstone@liveargyll.co.uk) Tel: [01436 658737](tel:01436658737)

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# UHI | ARGYLL

We have several new part-time courses starting in early November:

- Garden Design
- Therapeutic Horticulture
- ESOL Level 4
- ESOL Level 5
- Beginners Italian
- Beginners Gaelic

These courses can be attended from the centre or online, for those students in more remote areas. Further information can be found here

<https://www.argyll.uhi.ac.uk/subjects/evening-and-short-courses/>

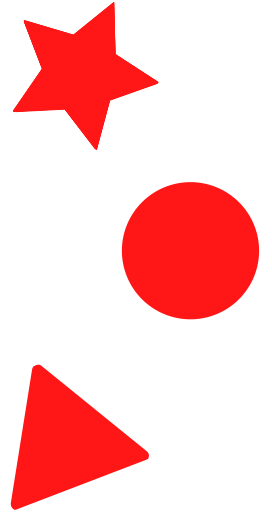
Our next Open Day is scheduled for Tuesday 14<sup>th</sup> November, visitors are welcome to drop in during the day (10am-7pm), no appointment required. Staff will be available to offer advice and guidance on courses and funding.

Semester 2 begins w/c 22<sup>nd</sup> January and we will start advertising our January start courses in the coming weeks.

The college building works are well underway and running to schedule. The completion date is w/c 20<sup>th</sup> November. Students have been working in our new classrooms for several weeks now and the student social space should be ready for use early November. We are looking forward to students being able to spend time in this space and hope they will benefit from the improved social experience. The extension, at the front of the building, will provide us with a welcoming and more accessible reception area, as well as improving the appearance of the building for our students and the local community.

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# Fun First



## Autumn newsletter

What a great first term!

We have enjoyed a fantastic start to our new year 2023/2024 and we hope you have enjoyed it too!

### Dolly Parton Library

We are happy to share that wherever you live in Helensburgh, you are able to sign up to the Dolly Parton Imagination Library. Dolly Parton's Imagination Library is a book gifting programme devoted to inspiring a love of reading in the hearts of children everywhere.



The books are carefully selected, and full of variety. They include traditional stories and rhymes, books by beloved authors and illustrators, non-fiction content, and newly published titles. Each month a high quality, age appropriate book is posted to children from birth to age five. The books are specially wrapped and addressed to the child, and are delivered at no cost to the family.

## Join our committee!

Fun First is proud that of the fact that it is run by families that use our fantastic service. In fact, at our last EGM it was ratified in our constitution that at last 40% of committee members would be service users. Speak to Jennie (our manager) or Sarah (our chairwoman) to find out more!



**A special Fun First welcome to Jenny and Jo our new leaders. They are looking forward to seeing you all at sessions so do stop by to say hello!**

## Dates for your diary!

### **Thursday 26th October 10am Victoria Halls - Halloween party!**

We hope you can join us for our Halloween party where we will enjoy, crafts, songs, stories, refreshments and even a prize for the best fancy dress! Tickets can be bought at sessions. If anyone is able to bring a bottle (of anything... wine... ketchup!) for our fundraiser at Hermitage Academy we would be so grateful!

### **Saturday 18th November 11am-2pm - Hermitage Academy PTA Craft Fayre**

Fun First will have a stall at the Hermitage Academy PTA Craft Fayre. We would appreciate members donating a bottle of anything for our stall to raise some much needed funds to help with the running costs of our sessions. In addition, if anyone is available to help for an hour or so, we would be very happy to see you - do let a leader know if you can help!

### **Thursday 2nd November 11.30-2.30 and Tuesday 7th November 9.30-11.30 - Christmas Bauble Painting at Pitter Patter Potter.**

Once again we will be Christmas bauble painting at Pitter Patter Potter. This was so popular last year and we are expecting it to be just as fantastic this year! Cost £8 per bauble.

### **Thursday 14th December 10am Victoria Halls - Christmas Party**

Save the date for our Christmas party this year! All the usual fun, songs and games and even a visit from the man in red himself! As always, it's so nice to get together, meet other families and be part of this wonderful community.

**Thank you for your continuing support of Fun First and we look forward to seeing you soon!**

**Just a small favour - could you please check that we are your charity for your Co-Op membership. It costs you nothing but the money raised makes a huge difference.**

Helensburgh Community Council Update October 2023

It is with great sadness that we inform the community of the death of our convener of the last eight years, Norman Muir.

Norman was a great champion of the town in so many ways and was frequently found tidying the shrub beds in Colquhoun Square, cleaning the beach and out and about troubleshooting the provision of rubbish bins, problems with parking etc etc.

Recently he had been instrumental in the setting up of a local business group.

Norman was the lead organiser of the annual Remembrance Parade in Hermitage Park and sadly it will go ahead this year without him.

The community appreciation of Norman was evident in the local press and on social media with so many heartfelt tributes from local residents, organisations and officials.

Norman Helensburgh thanks and remembers you for everything you did to make it a better place for residents and visitors alike.

Other Community Council business continues in his absence with the HCC having been chosen as one of the preferred bidders for the waterfront, continued involvement in planning applications and our regular beach cleans and shrub bed tidying.

We hope that many of you will join us for the Annual Remembrance Day Parade in Hermitage Park at the War Memorial on November 12<sup>th</sup> at 10:30 am. Please see the details in the poster attached.

Sarah Davies  
HCC Secretary



**Sunday 12th November**  
**Helensburgh's Annual Service of**  
**Remembrance**  
**10.40am**

**Helensburgh Hermitage Park, Memorial Garden**

**Veterans are invited to join the muster at 10.15 am**  
**in the roadway above the Park Pavillion.**

**The public is to gather in the Memorial Garden**  
**from 10.20 am to be in by 10.40 am.**

**Following the two minutes' silence at**  
**11 am, wreaths will be laid at the**  
**park's war memorial.**

**Music from the West of Scotland**  
**Military Wives Choir.**

**In the event of inclement weather (persistent**  
**rain), the service will take place in Victoria Halls.**



For information contact: Sarah Davies  
[sarahd Daviesde@yahoo.co.uk](mailto:sarahd Daviesde@yahoo.co.uk)



**Legion**  
**Scotland**

**Helensburgh and Lomond Area Community Planning Group****Report Submitted by: TSI****Date: 24 October 2023****1. New TSI Support**

The Third Sector Support Advisor (TSSA) for Helensburgh and Lomond recently moved on from the organisation and has been replaced by Caryl McLean who also lives in the area. Caryl joined the TSI on 3<sup>rd</sup> October 2023.

**2. Communities Mental Health and Wellbeing Fund.**

For the third year, the TSI are administering the Fund. The total value of the Fund is £282,303.16.

A number of workshops were held in September/October 2023. It is notable that there has been an increase in interest, meaning this year's fund is likely to be even more oversubscribed than last year.

The Fund opened for Expression of Interest applications on 29<sup>th</sup> September 2023 and the last date for completed EOIs was 27<sup>th</sup> October, with full applications due back by 24<sup>th</sup> November 2023. The TSSAs will score the bids in December and the Reference Panel will make decisions in early January 2024.

A number of groups in the Helensburgh and Lomond area have submitted EOIs to the Fund.

**3. Events**

During the past quarter, the TSI has actively organised a number of events including Community Wealth Building Workshops, held in various locations across Argyll during September. These workshops were financially supported by the TSI through the partnership with the Community Planning Partnership.

Additionally, we assisted with four days of co-production training, a TSI funded initiative, which garnered substantial in-person attendance in Inveraray, with 17 individuals participating.

In support of the Communities Mental Health & Wellbeing Fund, we organised a number of online workshops in the run up to the EOI submission deadline.

Furthermore, we are preparing for and promoting our upcoming Volunteer Conference, to be held in Helensburgh Parish Church on Thursday 16 November 2023 from 12:00 – 15:30.

**4. Board member recruitment**

The TSI Board is currently down from seven trustees as of August 2023 to five and have current vacancies in the two key areas of Chair and Treasurer.

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Helensburgh Community Hub – H&L Community Planning Group update, November 2023**Expansion of Dolly Parton's Imagination Library programme**

We are delighted to be able to expand our coverage area for the Dolly Parton's Imagination Library programme to the whole of Helensburgh.

This is a globally renowned literacy initiative that provides free books every month to all children aged 0-5. Through our partnership with the Imagination Library we have been offering this programme in Helensburgh East and Central since December 2022, and we are now able to expand the area to the whole of the town.

We currently have more than 120 children registered with us and being inspired to love reading which will have lifelong benefits.

The Hub funds this programme through income from the Book Nook, supported by additional fundraising through the Argyll Community Lottery and ad hoc donations either directly to us or via the Imagination Library website.

As more children register we will be increasing our fundraising activities in 2024.

**Hub Open Day**

We held a very successful Open Day in September, which was aimed at getting feedback from the community about the first two years of the Hub's operation as well as ideas and suggestions for future activities.

We asked what people liked about the Hub?

- Something for all ages, everyone is welcoming, nurturing and caring, running groups to include those who might feel lonely or excluded
- Positive impact on the local community
- Always something going on
- A warm and welcoming space with lots of great activities

We also asked what we could do better and from the feedback we have already started a festive crafting course kindly run by one of our Hub regulars and we will be hosting more coffee and family fun Saturday morning events.

**Reading Minds Book Festival 22-24 March 2024**

Save the date for Helensburgh's second book festival, which is a collaboration between the Hub, Jean's Bothy and H&L Carers Centre. Reading Minds is about bringing people together to connect over reading and books because it is so beneficial for our health and wellbeing.

The first Reading Minds festival, which was funded through the Community Mental Health and Wellbeing Fund, saw more than 200 people attending a variety of events. Building on this success we have already got some fantastic authors lined up and we will be introducing events for children as well.

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### **Plastic Free Helensburgh**

In the last quarter, along with HCC we cleared 150kg of mainly plastics from the beaches plus a number of large items including a fridge door, a seat cushion and a ton or so of large logs and each month a skip full of rotting methane emitting, debris strewn seaweed.

With thanks to A&B Communities we have we have ordered four litter picking stations to facilitate regular litter picking by concerned citizens at litter hot spots.

We also attended Scottish Waters Stakeholder Annual Conference and have organised two events.

On the 18<sup>th</sup> of November Scottish Waters “**Bin the Wipes**” campaign is coming to the market in Colquhoun Square and to the PTA Fair at Hermitage Academy from 1000 to 1400. You may have seen the campaign adverts on TV. Look for more in social media, postered around the area and messages stencilled on the streets.

**Many people havre no bathroom bin. Scottish Water will be distributing FREE BINS.**

With heavy flooding rainfall it is increasingly important to keep our combined drainage system as free flowing as possible.

That includes rubbish flowing into street drains.

The message is only flush 3 Ps, **Pee, Poo and Paper.**

We find all sorts of Sewage related debris and foul wipes on the beaches.

Helensburgh had 108 blockages, this costs, in terms of nuisance, time, disruption and resources.

It also leads to flooding and the Combined Sewer Overflows discharging 6mm screened but untreated into the sea.

Wipes clog with fat lead to fat bergs. Labelling as flushable only means they go round the bend.

PFH and SW are supporting the banning of wipes manufactured with plastics.

The second exiting outing is to **Helensburgh Sewage Treatment Works** where we are interested to seen just how much rubbish from loos, sinks and drains is cleared from the system prior to treatment.

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**Argyll and Bute Community Planning Partnership****Helensburgh and Lomond Area Community Planning Group****7 November 2023**

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**Community Planning Partnership Management Committee Update**

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This briefing relates to the meeting of the Community Planning Partnership (CPP) Management Committee which was held on 7 September 2023. The briefing is for noting and relevant discussion.

**Summary**

The CPP Management Committee met on the 7 September 2023 with the meeting being held on a hybrid basis from the Council Chambers, Kilmory and via MS Teams. This update provides an overview of the discussion which took place.

Reports which were discussed at the meeting can be found by following this link - [Agenda for Argyll and Bute Community Planning Partnership - Management Committee on Thursday, 7 September 2023, 10:30 am - Argyll and Bute Council \(argyll-bute.gov.uk\)](https://www.argyll-bute.gov.uk/agenda-for-argyll-and-bute-community-planning-partnership-management-committee-on-thursday-7-september-2023-1030-am-argyll-and-bute-council)

**HIGHLIGHTS****Matters Arising from Area Community Planning Groups**

An update was provided on the discussions which had taken place at all 4 Area Community Planning Groups during the August 2023 cycle of meetings. The Management Committee noted the report highlights, the changes to the Chair and Vice Chair positions for both the Oban Lorn & The Isles and the Mid Argyll, Kintyre & the Islands ACPGs, and the request from the Bute and Cowal ACPG for a meeting to discuss the Dunoon-Gourock car ferry.

**CROSS CUTTING THEMES****Climate Change**

Stan Philips gave a presentation in addition to his paper on "Addressing the Climate Emergency in Argyll and Bute project by the Climate Change Working Group (CCWG)". Mr Philips advised that recruitment is underway for the Argyll and Bute Climate Action Project Manager who will undertake the development of the Argyll and Bute Climate Change Mitigation, Adaptation and Engagement Strategy and

Action Plan. Interviews have been held and a preferred candidate has been selected.

The Project Manager post will be hosted by Argyll and the Isles Coast and Countryside Trust who will provide day-to-day line management. A Steering Group will be established to provide support and guidance to the Project Manager and oversight of the Project. The Steering Group will report to the Climate Change Working Group, which reports to the CPP.

### **Financial Inclusion**

Fergus Walker submitted a written update that highlighted the range of work being delivered around financial inclusion, including Crisis Grants, Community Care Grants, Discretionary Housing Payments, Flexible Food and Fuel Fund, and School Clothing Banks.

The report also advised that the Council Tax team had processed applications from customers for the Energy Bill Support Scheme and Alternative Payment Fund on behalf of the UK government. These schemes, which are now closed, were aimed at people who do not have a direct relationship with an energy supplier and therefore hadn't benefitted from the £400 grant that reduces energy bills or the £200 for those using oil or gas central heating.

### **Community Wealth Building (CWB)**

Takki Sulaiman presented an update on the mapping exercise being undertaken by CLES, funded by TSI on behalf of the CPP. Takki advised that CLES have conducted key informant interviews and held community based workshops in each of the administrative areas.

### **UPDATE ON THE ARGYLL AND BUTE OUTCOMES IMPROVEMENT PLAN DEVELOPMENT**

Rona Gold provided an update on the development of the new 10-year Argyll and Bute Outcomes Improvement Plan. Short presentations were delivered by Miss Gold, Lucy Dunbar and John McLuckie on the three priority themes of Community Wellbeing, Housing and Transport Infrastructure respectively.

### **UPDATE ON PRESENTATION OF THE DIRECTOR OF PUBLIC HEALTH REPORT ON PREVENTION TO THE IJB HIGHLIGHTS**

The Management Committee considered and noted a public health report on the ongoing wellbeing and prevention activities overseen and delivered by the HSCP Public Health Team in Argyll and Bute. Sam Campbell, Health Improvement Principal, presented a number of key messages from the 2022 annual report of the Director of Public Health on Prevention. The full report can be found at:- [NHS DPH Annual Report 2022 \(adobe.com\)](#)

**For further information, please contact:**

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