

Public Document Pack

ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP

A meeting of the **ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP** will be held in the **COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD** on **FRIDAY, 2 JULY 2004** at **11:00 AM**.

Coffee will be available from 10.45am

AGENDA

1. **WELCOME AND APOLOGIES**
2. **MINUTES OF THE MEETING HELD ON 5 MARCH 2004** (Pages 1 – 4)
3. **MATTERS ARISING**
4. **PRESENTATION BY ERIK JESPERSEN AND JUDITH ILLSLEY ON THE CLINICAL STRATEGY FOR NHS ARGYLL AND CLYDE** (Pages 5 – 12)
5. **KEY MANAGEMENT COMMITTEE RECOMMENDATIONS**
 - (a) CPP Transitional Structure - Bute & Cowal Pilot (Andrew Campbell)
 - (b) Integration of SIPs - Statement of Readiness (Muriel Kupris) (Pages 13 - 20)
 - (c) Partnership Communications Plan (Andrew Campbell) (Pages 21 - 24)
6. **COMMUNITY PLANNING ISSUES**
 - (a) Citizen's Panel - New Tenders (Lolita Lavery)
 - (b) Results of 7th Questionnaire to Citizens Panel (Andrew Campbell) (Pages 25 - 30)
 - E1 (c) CPP Budget - End of Year Spend Report (Lolita Lavery) (Pages 31 - 32)
 - (d) Update on New CPP Priorities (Theme Group Leaders)
 - (e) Feedback on Meeting with Scottish Executive (Lolita Lavery)
7. **BETTER NEIGHBOURHOOD SERVICES FUND - YEAR 4 LOCAL OUTCOME AGREEMENT AND SUSTAINABILITY BEYOND YEAR 4 (JAMES MCLELLAN)** (Pages 33 – 42)

8. **DRAFT COMMUNITY LEARNING & DEVELOPMENT STRATEGY (JIM MCCROSSAN)** (Pages 43 – 46)
9. **PARTNERSHIP ISSUES/CONCERNS TO BE DISCUSSED/TAKEN FORWARD BY MANAGEMENT COMMITTEE**
10. **DATE OF NEXT MEETING: FRIDAY 5 NOVEMBER 2004**

E1 *This Report is Private*

A buffet lunch will be provided after the meeting

**MINUTES of MEETING of ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP held in
the COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD
on FRIDAY, 5 MARCH 2004**

Present:

Councillor Allan Macaskill (Chair)
Councillor Robin Banks
James McLellan, Argyll and Bute Council
Lolita Lavery, Community Planning Partnership
Jon Pickering, Scottish Centre for Social Justice
Jenny Spratt, Scottish Centre for Social Justice
Joan Inglis, Tourist Board
Raymond Park, Strathclyde Police
Neil Wallace, Strathclyde Police
Andrew Campbell, Scottish Natural Heritage
Douglas Trigg, Association of Argyll and Bute
Community Councils
John Mungall, NHS Argyll and Clyde
David Fife Jackson, West Loch Fyne Community
Council
Joe Hughes, Luing Community Council
Jim Clinton, Bute Community Links
Lynn Smillie, Argyll and Bute Council

Carl Olivarius, Argyll and Bute Council
Bill Dalrymple, Loch Lomond and the Trossachs
National Park
Josephine Stojak, NHS Argyll and Clyde
Donald MacVicar, Argyll and Bute Council
Dougie Dunlop, Argyll and Bute Council
Jacqui MacLeod, Crofters Commission
Hilda McGonagall, Argyll and the Islands
Enterprise
Alan Milstead, Argyll and the Islands Enterprise
David Hutchison, Strathclyde Fire Brigade
Alison Debling, Argyll and Bute Council
Sandra McGlynn, Argyll and Bute Council
Ian Love, Argyll and Bute Council
Shane Rankin, Crofters Commission
Erik Jespersen, NHS Argyll and Clyde
Nick Purdy, Forestry Commission Scotland

1. WELCOME AND APOLOGIES

Councillor Allan Macaskill welcomed everyone to the meeting and introduced Shane Rankin and Jacqui MacLeod of the Crofters Commission and Bill Dalrymple of the National Park who were attending for the first time.

Apologies were accepted from the following people:-

Bob McIntosh, Forestry Commission Scotland
Frances Webster, Careers Scotland
Jim McCrossan, Argyll and Bute Council
Moir Nelson, SEPA
Alan Cumming, Ministry of Defence
Jack Martin, Jobcentre Plus
James Fraser, Tourist Board
David Dowie, Communities Scotland
Sue Nash, Argyll CVS
Alan MacDougall, Fyne Homes
Patricia Keenan, Argyll and Bute Council
Anne Clark, Islay and Jura CVS
Chris Thomas, Scottish Enterprise Dunbartonshire
Mitch Roger, Strathclyde Police
Karen Murray, NHS Argyll and Clyde
Alasdair Oatts, Argyll and Bute Care & Repair

2. PRESENTATION BY IAN LOVE ON THE COUNCIL'S LOCAL PLAN

The Head of Statutory Plans gave a presentation on the newly prepared consultative draft of the Argyll and Bute Local Plan which replaces the 8 adopted local plans covering most of Argyll and Bute. The Chair advised that the consultation period would end on 12 March 2004 and that a finalised plan would be prepared during 2004 (subject to any further consultation process that may be required to comply with the statutory provisions for the adoption of the Local Plan).

3. PRESENTATION BY ERIK JESPERSEN ON THE NEW GENERAL MEDICAL SERVICES CONTRACT

Erik Jespersen gave a presentation on the new GP contract implications for Argyll and Bute which included addressing recruitment problems in General Practice, rewarding Quality Practice and better Chronic Disease Management. Erik advised that the contract had to go through a public consultation exercise and was seeking the support of Local Politicians and MSPs. James McLellan asked that Erik provide an update at a future meeting of the Community Planning Partnership on the progression of the proposals.

4. PRESENTATION BY THE SCOTTISH CENTRE FOR SOCIAL JUSTICE ON DEPRIVATION AND SOCIAL EXCLUSION IN ARGYLL AND BUTE

There was a presentation on "Deprivation and Social Exclusion in Argyll and Bute" by the Scottish Centre for Research on Social Justice. The Partnership discussed the report submitted by the Scottish Centre and a question and answer session followed. It was agreed that in terms of taking this work forward, the 3rd Theme Group would be tasked with discussing the issues contained in the report and submitting proposals to the Partnership.

5. MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2003

The Minutes were accepted as an accurate record of the meeting held on 14 November 2004.

6. MATTERS ARISING

Andrew Campbell thanked the Chair for the support of the Partnership in securing money for the NADAIR Project from the Heritage Lottery Fund.

7. KEY MANAGEMENT COMMITTEE RECOMMENDATIONS

(a) PROPOSED CPP TRANSITIONAL STRUCTURE (ANDREW CAMPBELL)

Andrew Campbell advised of the proposed Community Planning Partnership transitional structure which included the remit, membership, accountability and frequency of meetings of the various components of the top level and area levels. The Partnership was invited to discuss and agree the various components of the structure to enable implementation to take place.

Having looked at the membership of the various components of the Community Planning structure at each of the levels, it was agreed that Community Representatives should reflect the main themes or priorities that the Community Planning Partnership is trying to address such as community regeneration, transition of young people and access to services and that it is left to each appropriate level to decide what themes or priorities the Community Representatives should represent. It was further agreed that the proposal for the Bute and

Cowal Pilot depicting the supporting staff structure be noted at this stage.

(b) PARTNERSHIP COMMUNICATIONS PLAN (ANDREW CAMPBELL)

Andrew Campbell advised that a Partnership Communications Plan was necessary to raise the profile of Community Planning and firmly embed it within Partner organisations. It was agreed to establish a small working group of PR professionals to take forward the preparation of the Communications Plan, and that the group comprise the Council (Chair), NHS Argyll and Clyde, Strathclyde Police, Highlands and Islands Enterprise, Communities Scotland, Scottish Natural Heritage and the Tourist Board.

(c) DRAFT 2004/2005 CPP BUDGET AND FUNDING FROM THE SCOTTISH EXECUTIVE FOR DEVELOPING COMMUNITY PLANNING (ANDREW CAMPBELL)

The Partnership discussed the draft 2004/2005 Community Planning Partnership budget together with the proposed contributions from Partners. It was agreed to go forward with Table 1 which illustrated a 3% inflationary increase being applied equally to the contributions of all current contributing Partners. James McLellan advised that the Management Committee should look into splitting the budget for 2004/05 into a central fund and one for specific projects. Lolita Lavery highlighted that the Scottish Executive were expecting all Community Planning Partnerships to be involved in discussions as to how they would be spending the resources which had been allocated to them. Lolita advised that the Partnership would be using the funds for the Communications Plan and for capacity building (training) initiatives identified through Bute and Cowal pilot which was agreed.

8. COMMUNITY PLANNING ISSUES

(a) LAUNCH OF 'DRIVESAFE' CAMPAIGN (CARL OLIVARIUS)

Carl Olivarius updated the meeting on the 'DRIVESafe' campaign and advised that it would be officially launched on 13 April 2004 and asked the Partnership to support the campaign. It was agreed to approve the recommendations contained within the report with the addition of the NHS Communications Team at 4.10.

(b) UPDATE ON NEW CPP PRIORITIES (THEME GROUP LEADERS)

The Theme Group Leaders spoke to their reports on the new Community Planning Partnership priorities and on how the groups proposed to take these forward. The Partnership noted the Actions contained within the reports and that the Joint Health Improvement Plan was being revised to reflect these Actions.

(c) CITIZENS' PANEL (LOLITA LAVERY)

Lolita Lavery advised that the 7th Citizens' Panel questionnaire which revisited the 1st questionnaire had been issued at the end of February and that the results would be discussed at the next meeting of the Community Planning Partnership. It was noted that

the results should be available to partners in advance of the meeting and so should allow a discussion of the results and the implications. Lolita also mentioned that the current Consultant's contract had come to an end and that a small working group had been established to prepare a brief for appointing a new consultant.

(d) UPDATE ON JOINT HEALTH IMPROVEMENT PLAN (JOHN MUNGALL)

Dealt with at 8(b) above.

9. ARGYLL & THE ISLES LOCAL ECONOMIC STRATEGY (ALAN MILSTEAD)

Alan Milstead gave the background to the Strategy which covered the area for Argyll and the Islands Enterprise and mentioned that the Strategy had previously been agreed by the Argyll and the Isles Enterprise and Argyll and Bute Council. The Partnership considered the strategy and after various questions agreed to adopt the strategy as submitted.

10. AOCB

Alan Milstead stated that having the papers for the meeting issued electronically was an excellent idea, but asked if the papers could be published on the Community Planning Partnership's website rather than on the Council's website. Lolita advised that in the short term the papers would sit in the Council's Committee system but that longer term arrangements were being investigated to put the papers on the Partnership's website.

11. DATE OF NEXT MEETING

The next Community Planning Partnership meeting will be held on Friday 2 July 2004 in the Council Chamber, Kilmory, Lochgilphead.



Shaping the Future

The Clinical Strategy for NHS Argyll & Clyde

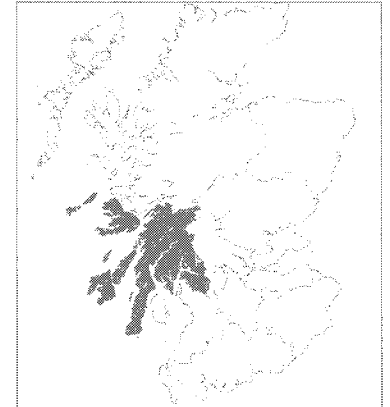
Paper for Public
Consultation
Summary

14 June - 17 September 2004

We are consulting on plans for future health services in Argyll and Clyde

Since October 2003 we have been talking with people across Argyll and Clyde to hear their views about the development of health services in the area. A number of principles to shape the future design of services emerged from our discussions. Services should be safe, sustainable and continuously improving in their quality and the standards of care. They should be accessible to patients and should be designed and run to deliver seamless care to patients. The services should be affordable within the budget given to NHS Argyll & Clyde and the changes that need to be made to achieve all the above must be achieved in a timely way.

We are already experiencing difficulties in sustaining services in some areas and face a number of pressures that will increase these difficulties. We cannot continue as we are now. Instead we need to plan ahead in a way that avoids sudden or unpredictable service failures, and that builds sustainable health services to meet the needs of our population both now and into the future. To do this we are proposing major change to services across Argyll and Clyde.



NHS Argyll & Clyde provides health services for an area of western Scotland stretching from Paisley and Inverclyde to Oban, and from Coll and Tiree to Dumbarton

The Need for Change

We need to change for many reasons:

Changes in the population in Argyll and Clyde

- there will be fewer children and young people
- there will be more older people
- overall the population is reducing (by 5% over 15 years)

We must make sure that our services develop to meet the specific requirements of our changing population. If we do not, then patients will not receive the services they need.

Addressing health needs

People's health in Argyll & Clyde is improving in many ways but is still poor compared to most other Western European countries. Within Scotland, Argyll and Clyde is one of the areas where people are likely to die younger and suffer poor health at a young age. The health services that we provide must meet the changing health needs of the people of Argyll and Clyde.

Changing clinical practice

Clinical practice is how healthcare professionals treat patients. What might have been best clinical practice in the past is unlikely to be the best that we can do today. Improved understanding of illnesses, better ways of finding out what is wrong with a patient and a greater range of treatments allow us to provide higher quality care today than ever before. Our services must change to allow us to make the most of these advances.



high quality care

There are many more opportunities in Argyll and Clyde for treatment and care to be given in people's homes or in local communities rather than being admitted for long term care to an institutional setting like a hospital.

Fewer hospital doctors are now trained to deal with a wide range of problems. Instead, they now specialise in treating a smaller number of conditions. Such specialisation produces more skilled and experienced staff with improved results for patients. However, this often requires services to be brought together in one place to enable essential skills to be shared and maintained.

A changing workforce

In Scotland we are, along with the rest of the UK, facing overall shortages of clinical staff and serious shortages in some areas including radiology, pathology and psychiatry. Unfilled posts disrupt services and increase waiting times.

Changes in medical training and practice sometimes make it difficult to attract and keep staff to provide certain services. Retaining good local access to services and maintaining quality may involve local clinicians working more closely with specialists from other hospitals to continue to provide services, but in a different way.

The impact of employment legislation

The European Working Time Directive places an obligation on employers to reduce the number of hours staff are allowed to work. Historically, the NHS has relied on doctors working very long hours – sometimes as much as 100 hours per week. We are not allowed to do this any more. We therefore need to redesign our services.

Pay modernisation

There are new, UK-wide, employment contracts for all staff. These changes will improve patient care and make careers in health more attractive, thereby improving the recruitment and retention of staff. These contracts will require radical redesign of how NHS staff work and will, in turn, allow major improvements to services for patients.

Professional training and development

The skills of our staff depend on on-going experience, professional training and development with adequate supervision. We must design our services so that our staff are able to maintain and develop their skills to provide the best possible standards of care and to meet accreditation requirements.

Resources

At the moment NHS Argyll & Clyde spends about £40 million each year more than the Scottish Executive gives us. We have to manage the health services within our budget. We also need to free up money to develop the health services that we need to have for the future.

Geography

The geography of Argyll and Clyde is one of the most diverse in Scotland. Making sure that health services are safe and sustainable across Argyll and Clyde presents particular challenges. Social deprivation and transport issues are important factors in accessing healthcare services.

What will happen if we do not change?

If we fail to respond to the need for change, health services in Argyll and Clyde will be subject to uncontrolled change. Staff will not wish to work where they feel they cannot provide the appropriate quality of service. We will be unable to sustain safely many of

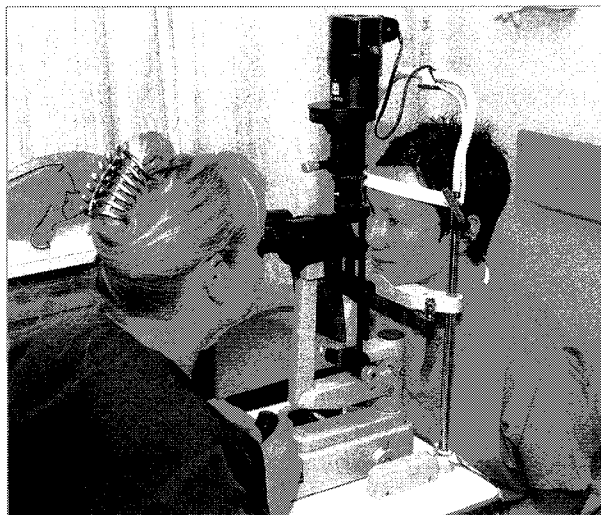
the services we currently have. This means, in blunt terms, that some services will collapse and will have to be withdrawn. Other plans would be put in place but in some cases services may only be provided on the basis of restricted availability, may involve extended waiting times or require significant travel for some patients.

We believe that we can respond to the need for change to provide safe and sustainable services. Moreover, we believe that we can take advantage of the opportunities for change to provide improved services that reflect the needs of our population.

Redesign of Services and Working Practice

Our main priority is to do as much diagnosis, treatment and management of patients in local communities without compromising the quality of care.

Eight months of discussions with public, patients and staff about the sort of health services we want have provided a clear view of the future for health services in Argyll and Clyde. Patients and carers identified communication, information, access and waiting times as the main areas for improvement. Staff concerns were also focussed around the challenges they currently face in providing a continuing acceptable level of care and how to improve standards.



maximising local treatment

Five overall themes emerged in our discussions with patients, carers, staff, local communities and partner organisations. These are:

- **Patients as partners** - people told us that they, their families and carers wished to be treated as equal partners. To make this more possible, we will commit to a range of specific actions including setting up patient information groups, providing comprehensive information and exploring how increased support can be given to families and carers, working closely with the voluntary sector and other partners.
- **Widening access to care** - people told us that they wanted access to healthcare made easier and quicker for all. Transport is a big issue in Argyll and Clyde, not just in remote and rural areas but between urban areas as well. We will identify an access co-ordinator with the responsibility to improve access throughout Argyll and Clyde.
- **Making pathways of care work** - patients, staff and partners are very enthusiastic about the patient pathway approach. To build on this, we will implement a phased and structured programme of development and roll-out of Managed Clinical Networks – in which all those involved in the care of a particular condition work together to make the best use of their specialist skills - for major specialties, starting with those networks currently under development.
- **Promoting local services** - people told us that they wanted to continue to receive most of their healthcare in their local communities. We will support clinicians from both primary care¹ and secondary care² to work together to maximise the amount of diagnosis, treatment and management – including in-patient beds - of both chronic

1. Primary care - the team directly attached to the GP practice, now expanding to include others, including pharmacists and allied health professionals such as physiotherapists and dieticians.

2. Secondary care - principally hospital-based specialists, increasingly exploring ways to work more closely with colleagues in primary care to provide services more locally.

and specific problems in local communities, without compromising the quality of care or outcomes. These ways of working are known as intermediate care.

- Improving acute care - despite the difficulties of sustaining high quality specialist services in some parts of Argyll and Clyde, our clinicians are confident that they can provide and sustain improved healthcare, most of it still provided locally. To do this we need to base specialist services on a single acute in-patient hospital, linked to substantial outreach services to local communities. People told us that they were prepared to travel for quality care and we understand the need to ensure that people's transport needs are met.



local teams provide local services

Modernisation and Reform of Services and Infrastructure

Overall, our priority is to develop primary care and further improve joint working between primary care, social care and secondary care to improve the patient experience. This will mean developing intermediate models of care to meet local needs and circumstances. We think these goals are ambitious, but achievable.

If we are to do this, we must make sure that our major acute services are stable and that we can provide safe and sustainable services while continuing to improve the quality of healthcare we provide. We also want to enable our staff working in acute services to play a full part in the transformation of our healthcare services as a whole.

Primary care

There are many opportunities to deliver real improvements to primary care by:

- Providing extended services such as chronic disease management
- Introducing new technologies such as near patient testing
- Working more closely with specialists to provide local access to specialist advice
- Developing intermediate care with increased skills for the primary care team.

Care in the community

We still have a lot to do to replace outdated institutionalised care for vulnerable patient groups with more appropriate community-based models of care in line with national strategy. The key areas are:

- Services for older people
- Mental health services
- Services for people with a learning disability.

We will work closely with staff and partners in managing the change to give services that are focussed on the needs of patients and their wish to have care provided as close to home as possible.

Acute care

The vast majority of healthcare is provided in local communities and, under these proposals, will continue to be. However, it is not possible to provide all services in every community. We believe that we can address the pressures for change and also deliver real improvements in acute services by:

- Increasing day surgery and other acute activity in local settings
- Developing specialist acute in-patient services in one major acute hospital for Argyll and Clyde
- Providing accident and emergency services anchored on the major acute hospital
- Developing an integrated regional network with other hospitals across the West of Scotland.



day surgery

Proposals

- The development of the site at the Royal Alexandra Hospital to become the major acute hospital for NHS Argyll & Clyde. This will become the main in-patient centre in Argyll and Clyde for critical care and acute specialist medical, surgical and orthopaedic services. Associated supporting facilities will also be located here, including diagnostics, intensive care and high dependency beds, together with comprehensive laboratory support. This will provide high quality acute in-patient and critical care services for those who need it. It will also help address issues of recruitment and retention of staff and meet professional training and accreditation requirements.
- The development of advanced and comprehensive diagnostic and treatment centres in Inverclyde, Lomond, and Renfrewshire. These centres will provide local access to a range of services that are safe, of high quality and can be sustained into the future.
- The development of intermediate care in Lomond, Renfrewshire and Inverclyde, including in-patient beds as appropriate. This will allow the retention of as many services as possible locally without compromising safety or quality. It will also promote the greater integration of services to the benefit of patient care.
- We are putting forward two options for Inverclyde and for Lomond that we are consulting on:
 - In Inverclyde we are proposing at the Inverclyde Royal Hospital:
 - **Option A - An ambulatory care hospital** providing out-patient and minor injury services (which make up the majority of current services). Emergency and acute in-patient services will be provided in Paisley.
 - **Option B - An intermediate hospital** providing out-patient and minor injury services (which make up the majority of current services) together with intermediate in-patient beds. Emergency and acute in-patient services will be provided in Paisley.

In Lomond we are proposing, at the Vale of Leven site or an appropriate alternative local site:

- **Option A - An ambulatory care hospital** providing out-patient and minor injury services (which make up the majority of current services). Emergency and acute in-patient services will be provided in Greater Glasgow as a long term plan, with a commitment to explore the possibility of providing intermediate care locally.
- **Option B - An intermediate hospital** providing out-patient and minor injury services (which make up the majority of current services) together with intermediate in-patient beds. Emergency and acute in-patient services will be provided in Paisley.
- In Argyll and Bute, we are proposing a community development programme to redesign services, involving people from local communities. We will build and commission the new Mid-Argyll Hospital in Lochgilphead. Subject to the conclusion of the community development process, we currently envisage consultant-delivered services at the Lorn and Islands Hospital. These would be within an intermediate model of care, integrated with primary care and networked with services in Argyll and Clyde and Glasgow.
- Consolidated assessment and treatment services for older people in Inverclyde, Renfrewshire and Lomond. We will provide more care in the community and, for those who need it, improved care, better integrated with other services. Once we have done this, we will close the beds for the care of the elderly at Ravenscraig Hospital, Dumbarton Joint Hospital, and the Victoria Infirmary in Helensburgh.
- Integrated community mental health services across all localities in Argyll and Clyde, supported with in-patient provision as appropriate. We will accelerate existing plans, in line with national policy, for community-based models of care for mental health. Once we have done this, Argyll and Bute Hospital in Lochgilphead and Ravenscraig Hospital in Inverclyde will close.
- Integrated learning disability services across all localities in Argyll and Clyde, supported with in-patient provision as appropriate. This will include the re-settlement of the remaining long-stay patients into community settings. This will free up resources to allocate to improved community-based provision where people wish to receive care. Once we have done this Merchiston Hospital in Johnstone will close.
- The new maternity services at the Vale of Leven, the Royal Alexandra Hospital and Inverclyde Royal Hospital will continue under these proposals, as will the existing renal dialysis service in Inverclyde and the new renal dialysis service at the Vale of Leven Hospital.

Conclusion

What we propose in this clinical strategy represents a significant change programme. These changes will be achieved over the next 2 to 15 years or more. The sooner we start to implement these changes, the sooner we will achieve stability and can start to focus on developing and improving health services. It is proposed to substantially complete the reconfiguration of services by the end of April 2007. Improving patient care will be central in managing these changes. We will work in partnership with staff to take forward these changes within the framework of NHS Argyll & Clyde's organisational change policies.

How to give us your views

Thank you for taking the time to read this document. We welcome your views.

You can give us your views in many ways:

- Write to **John Mullin**
Chairman, Argyll and Clyde NHS Board
FREEPOST PA 191, Ross House, Hawkhead Road, PAISLEY, PA2 7BR
- Email us at clinical.strategy@achb.scot.nhs.uk
- Free phone us on **0800 525034** and leave your views
- Log on to our website at www.show.scot.nhs.uk/achb

To ensure openness, details of the views and comments received will be available for public scrutiny, including on our clinical strategy website, unless you indicate that all or any part of your comments are confidential.

The consultation will end on Friday, 17th September 2004.

Please let us have your views by then.

At the end of the consultation period, the responses received will be considered by the NHS Board, along with any amendments to the initial proposals arising from the consultation. The NHS Board will then make recommendations to the Minister for Health and Community Care.

We will be holding local events across Argyll and Clyde during the consultation period. We hope that you will come along to these and contribute to the debate about future services. Details of these events will be publicised.

NOTE

If you would like to receive a copy of the full consultation document Free phone us on **0800 525034**

This summary document can also be made available, on request, on audio cassette tape, in braille, on disk, in large print and in other languages.

ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP

COMMUNITY REGENERATION: STATEMENT OF READINESS JUNE 2004

**INTEGRATION OF ARGYLL AND BUTE SOCIAL INCLUSION PARTNERSHIP WITH ARGYLL AND BUTE
COMMUNITY PLANNING PARTNERSHIP.**

Introduction

The Argyll and Bute Community Planning Partnership (CPP) and the Argyll and Bute Social Inclusion Partnership (SIP) have prepared this Statement of Readiness in response to the guidance published by Communities Scotland for integration of Social Inclusion Partnerships with the Community Planning framework.

The two partnerships created a Community Regeneration Implementation Group to merge strategic priorities and structures. They view this as a clear commitment to close the opportunity gap for deprived communities and to integrate Social Inclusion Partnership structures and resources into the community planning framework.

The Community Planning Partnership is an effective and efficient Partnership. 22 Partners work together through 3 theme groups to tackle priorities identified through the partnership's Citizen's Panel. The three theme groups are:

- Theme 1: Promoting health and wellbeing
- Theme 2: Improving opportunities for learning, employment and skills development
- Theme 3: Sustaining our communities, culture and environment

This partnership framework has informed the Social Inclusion Partnership's work. The Social Inclusion Partnership has identified similar priorities through various needs analysis exercises in each of its five areas.

The Community Planning Partnership reviewed its structure, role and purpose in 2003 following changes arising from the Local Government Scotland Act and the 'Closing the Gap' statement. The Implementation Group was a key contributor to this process. Specifically, the partnership looked at a new structure to enhance community engagement and bring regeneration to the centre of its work.

The Community Planning Partnership's third theme group will develop a Community Regeneration Strategy because tackling disadvantage is an important facet of sustainable communities. This group will also have a major role in the monitoring of Regeneration Outcome Agreements agreed by partners.

The independent evaluation of the Social Inclusion Partnership highlights the commitment of funds and support in-kind by partners to tackle disadvantage through the Community Planning Partnership. The Social Inclusion Partnership structure is unusual with five small areas spread throughout Argyll and Bute:

Social Inclusion Partnership Area	Population
Dalintober (including Millknowe) in Campbeltown	1229
Ardenslate (including the Glebe and West Milton) in Dunoon	1830
Kirkmichael (including Craigendoran) in Helensburgh	1390
Soroba in Oban	914
Ballochgoy on Bute	471

The evaluation noted that these areas have the common problems of social exclusion – e.g. poor health, limited educational attainment and environmental problems. They also have additional problems specific to rural areas – e.g. distance from good job opportunities, poor public transport options and a lack of affordable housing close to job opportunities.

The evaluation highlighted that the Social Inclusion Partnership objectives have been redefined over time and are now consistent with the objectives of the Community Plan. There is also clear evidence that the Social Inclusion Partnership has provided good value for money with positive outcomes for individuals and a high leverage on project activity (78%).

The Community Planning Partnership is committed to work with all communities throughout Argyll and Bute and to facilitate regeneration of communities in need.

1. Strategic Approach – Focus on Disadvantage

The Implementation Group commissioned the Scottish Centre for Research on Social Justice to undertake a quantitative and qualitative study of poverty and disadvantage to improve the quality of information available for Argyll and Bute. The study was based on the Scottish Index for Multiple Deprivation (SIMD). The study produced an authoritative account of deprivation and social exclusion that will inform internal decision making processes and assist in securing resources.

Argyll and Bute is not highly deprived compared to other local authority areas, but there are still significant numbers of people in deprivation (approx 11,400 income deprived and 12,200 employment deprived). The extent of disadvantage and deprivation in Argyll and Bute is illustrated below:

- Argyll & Bute is 15th on the National Deprivation Index, although there are no wards in the worst 10% in Scotland.
- 3 wards are in the worst 15% - they are located in Bute and Cowal, one of which, Ardenslate, is ranked as more deprived than Parkhead, Glasgow.
- Whilst the most deprived wards have much higher rates of deprivation, deprived individuals are found in all wards.
- Significantly, Argyll and Bute has the second highest access deprivation in Scotland. This access deprivation compounds rural poverty and there is insufficient attention paid to this in terms of resource allocation because of the low SIMD weighting (10%).
- Argyll and Bute has high levels of low paid and seasonal employment. This reinforces previous indications that rural deprivation has a lower profile than in urban areas because this pattern of employment can hide poverty and again is not sufficiently acknowledged in the SIMD.
- The current unemployment rate is 2.9% for Argyll and Bute, but ranges from 3.8% to 5.6% in the key wards in the Social Inclusion Partnership areas.
- There are an estimated 15,600 workless households in Argyll and Bute.
- Approximately 11% of pupils in Argyll and Bute receive free school meals, but this rises to 37% in the Social Inclusion Partnership areas.

The deprivation study highlighted that 66% of all deprivation within Argyll and Bute exists within 5 of the major towns: Campbeltown, Dunoon, Rothesay, Oban and Helensburgh. However, there are areas of deprivation within each town that are not included within current Social Inclusion Partnership boundaries. The Community Planning Partnership decided in early 2004 to extend the boundaries to include other key areas of deprivation in the interest of equity and social justice.

- The Campbeltown area of Dalintober/Millknowe will extend to include other key areas of Campbeltown that are deprived.
- The Helensburgh area of Kirkmichael/Craigendoran will extend to include Rosneath and Garelochhead areas.
- The Dunoon area of Ardenslate, West Milton and the Glebe will extend to include other key output areas in central Dunoon.
- The Bute area of Ballochgoy will extend to cover other key areas of deprivation in Bute.
- The Oban area of Soroba will extend to tackle other key areas of deprivation in Oban.

2. Partnership Investment in Tackling Disadvantage

Each of the 5 Social Inclusion Partnership areas has an Area Development Group (ADG). These are the focus for coordinating partnership working to tackle deprivation. The Community Planning Partnership decided in March 2004 that the Area Development Groups will become the main partnership mechanism for tackling deprivation across the wider deprived areas identified by the deprivation study.

The Area Development Groups' business planning process in 2003 identified four key priorities for these communities that would also make the current Social Inclusion Partnership work more sustainable. They were:

- Health and wellbeing
- Employability
- Infrastructure and environment
- Community capacity building

The Area Development Groups regrouped these into three areas that are key priorities across the five Social Inclusion Partnership areas. The groupings are:

- Health and Wellbeing
- Employment and Lifelong Learning
- Infrastructure of Communities and the Environment

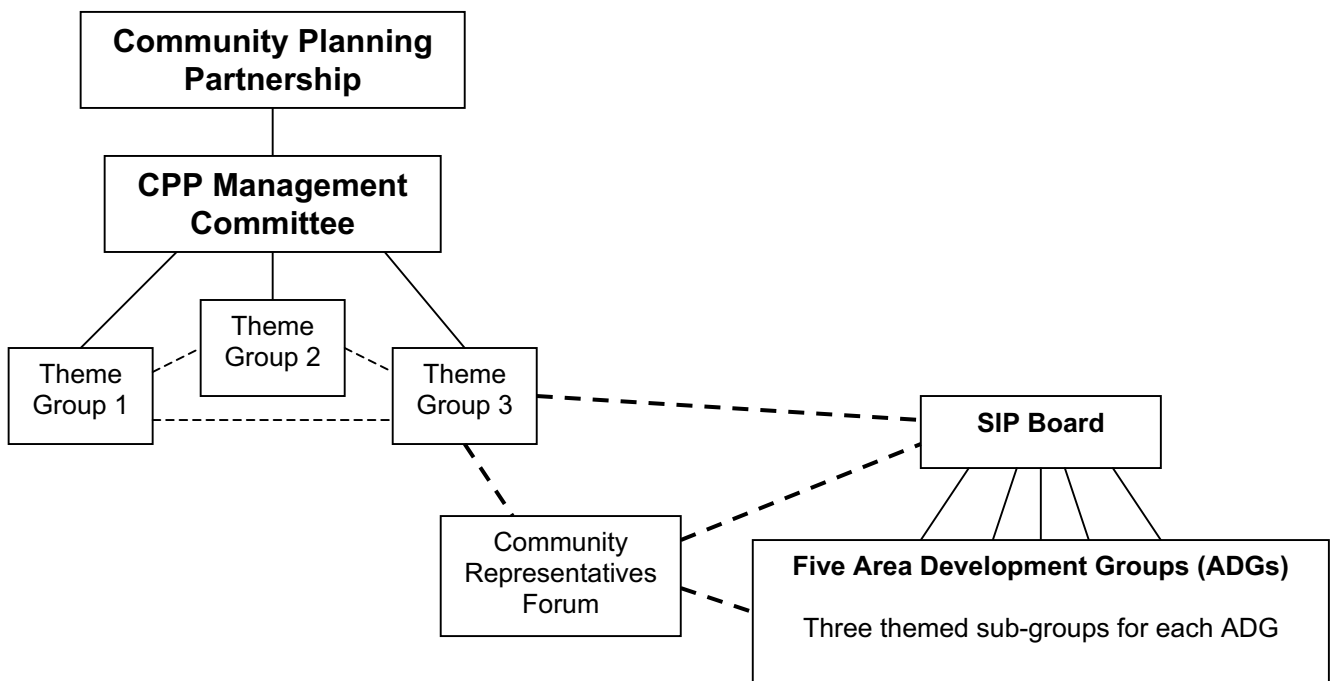
The three groups mirror the Community Planning Partnership priorities. The Area Development Groups have changed their structure to address these priorities. Each Area Development Group now has three sub-groups organised on a thematic base. The sub-groups will set the Regeneration Outcome Agreements for deprived communities and these will be monitored by the Area Development Group and the Community Planning Partnership (via the Community Planning Partnership's third theme group).

The evaluation highlighted the significant input from voluntary organisations and community representatives. The evaluation also commented on the good balance between central and local structures together with improved partnership working.

The evaluation report summarised the financial commitment from partners as:

- In-kind funding from partners in 2002/03 was worth over £250,000 to the Social Inclusion Partnership.
- Additional, identifiable, cash expenditure by Social Inclusion Partnership partners in Social Inclusion Partnership areas amounted to over £300,000, over and above the Social Inclusion Partnership 'sown funding.
- The Kirkmichael/ Craigmadoran Area Development Group has secured European funding of almost £250,000 for social economy development activity in the area.

The structure for integrating the Social Inclusion Partnership into the overall Community Planning Partnership is illustrated below:



The Area Development Groups will produce the Regeneration Outcome Agreements for each area by March 2005. These will reflect local and Community Planning Partnership priorities.

Consultation is already taking place with the newly identified output areas for the extended Social Inclusion Partnership areas. These will be included in the Regeneration Outcome Agreements. The business planning priorities have been identified through baseline analysis and consultation. They will form part of each Regeneration Outcome Agreement and will enable the Community Planning Partnership to evaluate overall progress. The Regeneration Outcome Agreements will meet Social Justice targets.

3. Effective Community Engagement

The Community Planning Partnership's original structure did not address Community Regeneration and was poorly equipped to engage effectively with communities at the local level. The Partnership has adopted a new structure to localise community planning and widen community involvement by aiming for 50% community representation at each level of the new structure.

Community engagement is a real strength of the Social Inclusion Partnership. A key reason is that the Partnership has been underpinned by the Community Learning and Development Strategy from the outset. This will continue as the Social Inclusion Partnership moves into the wider community planning context.

The Community Planning Partnership wants to integrate and build on the real progress that has been made with community engagement in the current Social Inclusion Partnership areas. The Community Representatives Forum will continue within the new community planning structure, with enhanced links to key groups.

Social Inclusion Partnership

Each Area Development Group currently sends two community representatives to the Social Inclusion Partnership Board. This strategic board comprises 50% community representatives and 50% agencies.

Community Representatives Forum,

This forum is an independently constituted organisation that has attracted separate funding. The Community Representatives Forum will continue to exist under the Community Planning Partnership third theme group banner. The Chair and Vice Chair of the Community Representatives Forum will be members of the third theme group. The Community Planning Partnership believes this as an effective way to link the Community Planning Partnership, Social Inclusion Partnership and engage with the communities in the Area Development Group areas.

Transitional Pilot

The Community Planning Partnership is currently planning a pilot to localise community planning within Argyll and Bute. This will test the effectiveness of a local area based structure to deliver a comprehensive range of partner services to local communities. The pilot will comprise a two-tier structure:

- A number of neighbourhood (level 1) community forums. These forums will be a major focus for encouraging communities to articulate their needs. Two Area Development Groups lie within the pilot area.
- Community needs and aspirations will feed into an area (level 2) structure. Representatives from the community and public agencies will translate local proposals into a realistic and comprehensive area strategy supported by appropriate investment plans and outcome agreements.

Capacity building and developmental support to the two Levels within the transitional structure are crucial. The precise nature of this support has still to be confirmed, but is likely to be provided by the following organisations:

Cowal and Bute – Community Planning Partnership Pilot

Level 2 Coordination by Argyll & Bute Council (via the Area Corporate Services Manager)					
Level 1 Area	East and West Cowal		Dunoon	Bute	Children and Young Person Group
	(Area outside the National Park)	(National Park Area)			
Coordination and Support	Argyll CVS	Loch Lomond and the Trossachs National Park	The local Area Development Group	The local Area Development Group	Community Regeneration and Dialogue Youth

The implementation of the pilot is a developmental process for all partners involved. The Community Planning Partnership recognises the importance of establishing effective information sharing and reporting mechanisms.

Funding has already been obtained from Communities Scotland for one part-time worker to support one of the level one groups (via Argyll CVS). The pilot will run over a two-year period. If successful, the structure will be introduced in the remaining areas of Argyll and Bute.

Community Learning and Development

The community capacity building and engagement of Social Inclusion Partnership projects has always been delivered in partnership with Community Learning. This process has worked well and will continue when the Social Inclusion Partnership is integrated into the Community Planning Partnership. The revised Community Learning Strategy will highlight how community capacity building underpins effective community engagement through the Area Development Groups. The strategy will address the following:

- Implementation of priorities for adult learning and for young people identified through the Regeneration Outcome Agreements.
- Implementation of priorities for adult learning and for young people identified through the Social Inclusion Partnership Business Plans.
- Building community capacity to implement the Community Planning Pilot in Cowal and Bute
- Building community capacity to support the extension of the Social Inclusion Partnership Areas and the Regeneration Outcome Agreements.
- Consideration of geographical targeting in light of the deprivation study commissioned by the Community Planning Partnership.

Social Economy and the Voluntary Sector

A new Voluntary Sector policy is being developed by a joint working group of council officers and Voluntary sector representatives. This will reinforce the sector's role within the Community Planning process in Argyll and Bute. The Community Planning Partnership is committed to support and raise the profile of the social economy.

Argyll and Bute has the second highest level of volunteering in Scotland. A recent study by Argyll CVS estimated that this sector contributed £28 million to the economy of Argyll and Bute, creating 600 jobs. Much of this work is targeted at disadvantage.

Housing and Neighbourhoods

Tenants and owners representatives play an important role in improving their environment and encouraging agencies to improve or expand service delivery within the existing Social Inclusion Partnership areas.

The Social Inclusion Partnership evaluation found that neighbourhood satisfaction rose from 68% in 2001 to 79% in 2003 and the proportion of people afraid to go out at night reduced from 36% to 30%. Community representatives are bringing the concerns of their communities to the Area Development Groups for action across Argyll and Bute.

4. Monitoring and Evaluation

The Community Planning Partnership Management Committee monitors and evaluates the strategic objectives of the Community Planning Partnership. Future monitoring of the Social Inclusion Partnership areas will be based on the Regeneration Outcome Agreements and business plans for the Area Development Group areas. The Community Planning Partnership's third theme group will monitor the Social Inclusion Partnership process as part of its remit for sustaining communities. The other Community Planning Partnership theme groups or Management Committee will be involved in the process as needs demand.

At a local level Area Development Groups will have a responsibility for monitoring Regeneration Outcome Agreements on a 3-monthly basis and feed this into the appropriate strategic theme group who will then report to the Community Planning Partnership Management Committee.

Financial Management

The Community Planning Partnership recognises the vital importance of robust financial management and monitoring arrangements. Argyll and Bute Council has provided the role of grant recipient on behalf of SIPs. In doing so the Council has ensured that systems are in place at both programme and project levels to provide appropriate safeguards of Governance arrangements and use of public funds. Consequently, we have in place:

- Annual SIP budget and project financial estimates
- Four-weekly budget monitoring
- Quarterly reviews of project funding
- Quarterly grant claims
- Annual reports and monitoring statements

These systems are capable of being adapted as necessary to maintain an efficient and effective stewardship of SIP funds on behalf of the Community Planning Partnership.

Outcome Agreements

The SIPs are currently developing their local Regeneration Outcome Agreements, which will feed into the overarching Regeneration Outcome Agreement. Communities are involved in developing these through the ADGs and the Community Representative Fora to ensure the targets and outcomes mirror the needs of the community.

Baseline information is in place in the SIP areas as a result of regular local surveys and Citizen Panel surveys conducted by the Community Planning Partnership. This information is an important component of future monitoring of progress towards agreed targets.

The full Community Planning Partnership will monitor Regeneration Outcome Agreements annually as part of its normal review and planning processes.

Conclusion

The Argyll and Bute Community Planning Partnership has been working towards the integration of the Social Inclusion Partnership since the publication of the 'Closing the Gap' Statement. Significant progress has been made to:

- Clarify and target areas of deprivation that require resource allocation
- Broaden current Social Inclusion Partnership structures to secure additional partnership involvement
- Expand and continue good community engagement using the Community Learning and Development Strategy to underpin this process
- Develop a new Pilot structure to localise community planning and secure effective community engagement across Argyll and Bute
- Set up mechanisms and structures to monitor and evaluate Regeneration Outcome Agreements

Having completed this work the Argyll and Bute Community Planning Partnership is in a strong position to take forward the integration of the Social Inclusion Partnership by March 2005.

SUPPORTING INFORMATION

Community Planning Partners

The Argyll and Bute Community Planning Partnership was launched on 2 April 2001 and includes the following organisations:

- Argyll and Bute Council
- Argyll and the Islands Enterprise
- Argyll CVS
- Association of Community Councils
- Bute Community Links
- Caledonian MacBrayne
- Careers Scotland
- Communities Scotland
- Jobcentre Plus
- Forestry Commission Scotland
- Housing Associations
- Islay and Jura CVS
- Loch Lomond & the Trossachs National Park
- Ministry of Defence
- NHS Argyll & Clyde
- Scottish Enterprise Dunbartonshire
- Scottish Environment Protection Agency
- Scottish Natural Heritage
- Scottish Water
- Strathclyde Fire Brigade
- Strathclyde Police
- Tourist Board

Community Regeneration Implementation Group

The Community Regeneration Implementation Group was set up to develop a new Community Planning framework to facilitate integration of the Social Inclusion Partnership and deliver the principles behind the Scottish Executive's Regeneration Statement and Local Government in Scotland Act.

The Community Regeneration Implementation Group comprises the following organisations/ representatives:

- Argyll & Bute Council
- Argyll & the Islands Enterprise
- NHS Argyll & Clyde
- Argyll CVS
- Communities Scotland
- Social Inclusion Partnership
- Community Learning Partnership
- Dialogue Youth/Young Scot
- Community Representatives

Progress to date includes the organisation of the Community Planning Review Day, the development of an outline Community Planning Partnership structure and the commissioning of research to develop a Deprivation Index for Argyll and Bute.

Citizens' Panel

The Partnership has a duty to promote greater public consultation and involvement in the decision-making processes of the various public agencies and, to this end, established a Citizens' Panel of 1000 local people in 2001.

Details of Questionnaires Issued

No.	Date Issued	Topic	Response Rate
1	June 2001	Satisfaction with public services in Argyll and Bute, what issues are important for Argyll and Bute and also what the Community Planning Partnership's priorities for action should be	69%
2	October 2001	Road maintenance, road safety and transport related issues	66%
3	June 2002	Environmental issues, waste management, renewable energy and Community Councils	68%
4	October 2002	Education, training and skills development, Library services and Council services	63%
5	January 2003	Improved Access to public services	63%
6	May 2003	Health related issues	68%
7	February 2004	Revisited 1 st questionnaire and also included a section on the draft Local Housing Strategy and Community Safety issues	68%

**ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP
COMMUNICATIONS STRATEGY (INTERMEDIATE)**

The following report was discussed by the Management Committee on 16 June 2004.

1. Summary

- 1.1 This paper proposes a way forward and a timetable for the development of a detailed and costed one year communications strategy for the Argyll and Bute Community Planning Partnership.
- 1.2 It also proposes a number of actions which can be undertaken during that development period.

2. Background

- 2.1 At its meeting in March 2004, the Argyll and Bute CPP Management Committee agreed to establish a Communications Working Group whose brief is to develop and recommend a comprehensive communications strategy.
- 2.2 The Working Group to comprise of PR representatives from Argyll and Bute Council (Chair), SNH, ALLST Tourist Board, NHS, Strathclyde Police, HIE and Communities Scotland.
- 2.3 An inaugural meeting of the Group took place on 26 April 2004 and the proposals in this paper are a result of the discussion, which took place at that meeting.
- 2.4 I would also like to acknowledge the contribution made to that discussion by East Dunbartonshire CPP and Perth and Kinross CPP who gave their time and shared the results of their work.

3. Current Position

- 3.1 Whilst to date, the Partnership has not formally adopted a comprehensive communications strategy, it has nevertheless an advantageous foundation on which to build. In particular:

a. IDENTITY

Argyll and Bute CPP established its own identity and logo, distinct from that of its constituent members, from the outset.

b. WEBSITE

The partnership established its own website with a distinct domain name at an early stage, and whilst the site requires some development work, it has contributed greatly to both the sense of identity and the dissemination of basic information about the partnership

c. CITIZENS PANEL

The Citizens Panel and its regular response to questionnaires has provided a good basis for public understand of the work of the partnership.

d. MEDIA COVERAGE

The partnership has put out a number of news releases in its own right, and these have received positive, if somewhat limited, media coverage.

e. PUBLICATIONS

To date two publications about the work of the partnership have been distributed to every household in the area.

- 3.2 The following proposals and action plan aim to build on the above.

4. PROPOSALS

- 4.1 The Communications Working Group agreed that it is fundamental to the success of any future communications strategy that it be wholly owned by the Partnership (as opposed to the Working Group).

The Communications Working Group recommends that a half-day workshop be arranged; aimed at mapping relationships (where partners have co-terminus boundaries and where we share with other partnerships), identifying target audiences, key messages and priorities.

- 4.2 A comprehensive one year communications strategy should be developed based on the outcomes from the workshop. This strategy to include a clear evaluation and review process, which should lead to the development of a further strategy, possibly covering three years.
- 4.3 The recommended extended lead-in time to the adoption of a comprehensive communications strategy should not preclude actions, which will build on and improve current communications practices (please see action plan for details)

Lynda Syed
Communications Manager
Argyll and Bute Council
May 31 2004

Objective	Aim	Action	By Whom	When
Strategy Development	<ol style="list-style-type: none"> 1. Map relationships 2. Identify key messages 3. Identify target audiences 4. Identify priorities 	Half day workshop or seminar	Partner representatives Categories or nominations to be advised	By end July 2004 or to be advised
	Identify existing channels of communication e.g. staff newsletters	Produce and circulate pro forma to each partner organisation	Communications Working Group	By end July 2004 or to coincide with above
	Produce comprehensive one year communications strategy based on outcomes from workshop and results of research	Convene meetings of the Communications Working Group	Chair of Group, members of Group	End of September 2004 or to be advised

Improve and Build on Existing Channels of Communication				
1. Website	Improve quality and availability of information on-line	<ol style="list-style-type: none"> 1. Transfer and rebuild current website onto dynamic CMC 2. Establish SLA to ensure timely updates 	Partnership Manager with ABC Communications Team	End September 2004
2. Media Relations	Develop a more proactive approach to news	<ol style="list-style-type: none"> 1. Identify "newsworthy" stories through attendance at meetings/ briefings 2. Organise events/photo opportunities as appropriate 	Members of Communications Working Group	With immediate effect

Other	To raise awareness of the CPP and its work to date amongst employees key to the successful implementation of a communications strategy	Develop and deliver an awareness raising programme aimed at e.g. middle management and delivered through a cross-partner events or series of events	Whilst this would lie within the remit of the existing Training Group, the Communications Working Group felt that it would be a key element in the implementation of any communications strategy and therefore felt it should be included in the intermediate strategy	End of September 2004 then ongoing as appropriate.
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RESULTS OF 7TH QUESTIONNAIRE TO CITIZENS' PANEL

The report on the results of the 7th Questionnaire to the Citizens' Panel as well as comparative data between the 1st and 7th Questionnaires was distributed to all Partners on 24 May 2004. The attached slides briefly summarise the findings of the Questionnaire.

As each Partner has been afforded the opportunity to distribute and discuss the results within their respective organisations, the discussions at the CPP meeting will centre around what the results mean for each organisation as well as how each organisation will be using the results to inform and improve service delivery.

Lolita Lavery
June 2004

Argyll and Bute Community Planning Partnership

Priorities/Issues for Argyll & Bute
(Revisited 1st Questionnaire)

Housing
Community Safety



Panel Profile and Response Rates

• Bute	80	49%
• Cowal	172	58%
• Helensburgh and Lomond	291	67%
• Isla, Jura, Colonsay, Gigha	39	72%
• Lorn	170	69%
• Mid Argyll and kintyre	200	57%
• Mull, Coll, Tiree, Lismore	59	76%



Methods of Receiving Information

»	Present	Preferred
• Local Newspapers	88%	40%
• Word of mouth	54%	7%
• Newsletters	41%	38%
• Information Leaflets	38%	32%
• Community Councils	26%	14%
• Councillors	19%	12%
• Radio	16%	11%
• Website	14%	22%
– Website 2001 – 6% present, 14% preferred		

Active Involvement and Access to Internet

- 49% would like to become more active in decision making process (56% - 2001)
- Access to internet at home – 64% (47%)
- Access to internet at work – 31% (20%)

Satisfaction & Dissatisfaction with Services

»	2004	2001
SATISFIED WITH SERVICES		
• Refuse collection	85%	73%
• Local doctor (GP)	83%	79%
• Fire service	81%	67%
• Post offices	81%	77%
• Access to woodlands and forests	76%	69%
DISSATISFIED WITH SERVICES		
• Repairs to roads, footpaths, cycle paths	79%	76%
• Recreation and sports facilities	45%	40%
• Street cleaning/removal of litter	41%	46%
• Road safety	33%	33%
• Hospitals	33%	17%

Informed regarding Organisations

»	2004	2001
MOST INFORMED		
• Argyll and Bute Council	67%	57%
• Strathclyde Police	58%	48%
• NHS Argyll and Clyde	54%	36%
• Tourist Board	53%	46%
• Caledonian MacBrayne	52%	44%
LEAST INFORMED		
• Communities Scotland	53%	45%
• Argyll CVService	52%	56%
• Scottish Enterprise Dunbartonshire	47%	42%
• SEPA	45%	44%
• Argyll and the Islands Enterprise	45%	47%

Statements Describing Argyll and Bute

• Attractive	64%	68%
• Remote	49%	44%
• Safe	47%	49%
• Stuck in the past	30%	34%
• Accessible	26%	31%
• Rundown	25%	25%
• Prosperous	17%	14%
• Enterprising	14%	14%
• Dull	11%	11%
• Caring	10%	11%
• Unfriendly	5%	4%
• Dangerous	2%	1%

How has the area changed

- Stayed the same 29% 32%
 - Improved 24% 42%
 - Got Worse 46% 26%
- Reasons given include empty shops, litter, young people hanging about, lack of investment, too many holiday homes

Issues of Importance

• Top 5 Issues	2004	2001
• Health	51%	53%
• Jobs	48%	56%
• Roads-Infrastructure	40%	33%
• Education	36%	46%
• Crime	32%	28%

Priorities for Argyll & Bute

- Promoting Health and Well Being
– 2004- 93%, 2001- 95%
- Improving Opportunities for Learning, Employment and Skills Development
– 2004 – 94%, 2001 – 97%
- Sustaining and Developing Argyll & Bute's Communities, Culture and Environment
– 2004 – 92%, 2001 – 93%

Community Planning Priorities

- Promoting Health and Wellbeing
- Improving Opportunities for Learning, Employment and Skills Development
- Sustaining and Developing Argyll and Bute's Communities, Culture and Environment
– Strong agreement regarding issues under each priority

Additional Priorities & Issues

Promoting Health and Well-being

- More Police officers
- Drug and alcohol education
- Public transport to and from hospitals
- Good local hospital provision

Improving Opportunities for learning

- Improved road transport
- Promotion of rural business areas
- Encourage tourism all year round

Sustaining Argyll and Bute's communities

- Improved facilities for recycling
- Affordable housing for local people
- Facilities for young people
- Adding to forestry
- Repair roads and pavements

Housing Strategy

- Issues raised include affordability, 50% holiday homes and unimaginative properties
- “To secure an adequate supply of good quality, affordable housing to help sustain the development of all the communities that we serve”.- 92% agreement

Housing Themes

- Securing access to an adequate supply of affordable housing to meet current and future needs
- Addressing issues of quality and condition in all housing tenures
- Promoting community development, regeneration and sustainability
- Addressing the housing and support needs of vulnerable people and people with special needs
– 90%+ agreement with these themes

Top 5 Strategic Objectives

- Building strong, safe and attractive communities.
- Increasing housing choice by promoting and enabling a mix of housing tenures, types and sizes.
- Addressing issues of condition, quality and sustainability in the social rented housing sector .
- Supporting economic development.
- Addressing issues of fuel poverty and energy efficiency.

Other Issues or Problems

- Houses sold as holiday homes
- Having like minded people living together- families, older people, people with disabilities
- Resources to bring housing up to a better standard
- Reduce scattered housing development
- More investment in social rented housing
- Brown field developments
- Enable independent living for vulnerable people

Housing Supply

- Housing to be built to satisfy needs of new households – 72% stating yes, with some built within main towns and some built in other areas
- Shortage of affordable housing – yes in all areas (35%), yes in some areas (44%)
- 61% state that private developers should have the responsibility for providing more affordable housing

Care and Support

- 88% agree that there is a need to increase the support available to enable people to stay in their own homes

Community Safety

TOP 5 ISSUES

- Community Policing 57%
- Vandalism 52%
- Youth disorder 47%
- Road safety 47%
- Underage drinking 39%

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BETTER NEIGHBOURHOOD SERVICES FUND – YEAR ‘4’ LOCAL OUTCOME AGREEMENT AND SUSTAINABILITY BEYOND YEAR 4

1. SUMMARY

- 1.1 This report appraises Community Planning Partners on the current and future status of the Better Neighbourhood Services Fund in Argyll and Bute.
- 1.2 Funding from the Scottish Executive, initially for 3 years, has been extended to March 2006. The initial allocation of £2.7m is available for the provision of services to October 2005. An additional 0.9m allows for services to be continued and rolled out to other parts of Argyll and Bute until March 2006.
- 1.3 Within this report are recommendations for the extension of Better Neighbourhood Services, to be included in the Year ‘4’ Local Outcome Agreement as required by the Executive. The recommendations have been formulated taking full account of the specific criteria and funding conditions set out by the Executive.

2. RECOMMENDATION

- 2.1 The Community Planning Partnership endorse the proposal that on the basis of the guidance provided by the Scottish Executive and the requirement to link the additional expenditure to areas of deprivation, a proposal that the additional £900,000 be expended as follows:
 - (i) Continue existing services on the 8 Atlantic islands and in South Kintyre from October 2005 until March 2006. This will cost an estimated additional **£87,550** over and above the budget provision of **£805,579** for 05/06.
 - (ii) The estimated balance **£812,450** will be used to:
 - a) Roll out older people’s services to 5 wards in Bute and Cowal which are identified as amongst the most deprived in Argyll and Bute in the social deprivation study recently commissioned by the Community Planning Partnership. These wards are Bute North, Bute Central, Milton, Ardenslate and Holy Loch.
 - b) Include the island of Lismore in the island project due to the problems of geographical isolation, the difficulties older people have accessing services and the high proportion of the population (35%) 50 people, aged over 65.
 - c) Roll out support service models established by the Community Support Network in South Kintyre, to families with disabled children across Argyll and Bute.
- 2.2 The Community Planning Partnership are asked to give early consideration to the sustainability issues for the services developed by the Better Neighbourhood Services Fund and support the Council in its representations to the Executive to secure ongoing funding.
- 2.3 As it is clear that none of the options available will provide total resolution of the problem, the Council and Community Planning partners are asked to consider future funding implications and impact for mainstream budgets. Community Services are examining all possible opportunities for ensuring the sustainability of BNS services. As part of the sustainability strategy we will examine a number of options for funding from other potential sources

3. BACKGROUND

- 3.1 Argyll and Bute Council is one of twelve local authorities to benefit from in The Better Neighbourhood Services Fund pilot project. The purpose of the fund is to improve services in Scotland’s most deprived neighbourhoods. It is intended to advance the Social Justice objectives of the Scottish Executive.
- 3.2 Argyll and Bute has approval for two local outcome agreements.
 - (1) ‘Stay Put’ Project on Coll, Colonsay, Gigha, Iona, Islay, Jura , Mull and Tiree which has as its main objective to allow older people to continue to live in island communities as independently

as possible with an acceptable quality of life by providing a range of additional services and support. This is to benefit not only the older person, but their families and the island communities as a whole.

- (2) Community Support Network in Campbeltown, South Kintyre and Islay. Its aim is to help to support and maintain elderly vulnerable adults in their own homes and communities for as long as possible and improve their independence and life choices. It also supports families with disabled children by providing respite care and other support services to give families with a disabled child an improved quality of life.
- 3.3 The outcome agreements were approved by the Scottish Executive in July 2002 and services commenced in November 2002. The final expenditure from the initial 3 year allocation is programmed to end October 2005. The allocation for the first three years, 2002 –2005 was £2.7m.
- 3.4 Since commencement of services in November 2002 it has been necessary to revise the outcomes and a revised outcome agreement was agreed with the BNS Steering Group and submitted to the Executive and approved in January 2004.
- 3.5 Following submission of the last annual report in October 2003 and the acknowledgement of the good progress made, the Executive have indicated that a further **£900,000** will be made available in 2004/2005, to continue the BNS work.
- 3.6 This additional funding is subject to the submission of a year '4' local outcome agreement. The funding has to be fully expended by March 2006. This will mean that in the financial year 2005/2006 there will be a total of **£1.7m** BNSF money to be spent.

4. SCOTTISH EXECUTIVE GUIDANCE ON YEAR '4' LOA

- 4.1 The Council along with its Community Planning partners are required to decide how and where the Year 4 resources are to be targeted. The year 4 LOA will need to fit with the Council's overall regeneration outcome agreement including, integration of SIP areas and priorities agreed through the Community Ownership programme for housing.
- 4.2 The purpose of the BNSF funding allocated in 2004-05 (In Argyll this will mean 2005-06) is to achieve the outputs and outcomes set out for year '4' LOA. Funding can be used to continue the existing BNSF services/projects for a longer time period and/or to enhance the scale, impact or duration of the most effective BNSF services/projects. Pathfinders must continue to focus on the most disadvantaged communities.
- 4.3 Funding should not be used to support new services/projects. It should also not be used to fund capital projects with a value in excess of £50,000.
- 4.4 A tender will shortly go out for an evaluation of the projects in accordance with guidance. As it is not due to be completed until March 2005, this will only report on two full operational years in Argyll and Bute. Decisions on year 4 LOA will have to be taken without the benefit of an evaluation.
- 4.5 Recent dialogue with the Executive has confirmed that they do not wish to consider new outcomes or outputs but would be prepared to consider the roll out of existing BNS services to other geographical areas. The Executive will not give any assurance that funding will be available for these new services after March 2006.

5. SUSTAINABILITY OF SERVICES PROVIDED IN YEARS 1 – 3

- 5.1 Local authorities and their Community Planning partners will be expected to demonstrate a financial commitment to sustaining effective BNSF services/projects in the future. The 2003-04 and subsequent Annual Reports are required to provide evidence of this commitment. The annual report has to be submitted by end of September 2004 along with the Year '4' LOA and will therefore require to be completed by end of July.
- 5.2 Discussion is therefore required on the sustainability, or otherwise, of BNS services after Executive ring-fenced funding is withdrawn.
- 5.3 The main areas of expenditure for services currently provided to deliver the outputs have estimated annual revenue costs amounting to **£889,636**. Details of the projects and service outputs in place to achieve the agreed outcomes are included at Appendix 1.

6. YEAR '4' LOCAL OUTCOME AGREEMENT

- 6.1 Taking account of the Scottish Executive guidance and the limited time available to both develop and deliver services with the additional funding, it is proposed that the Year '4' LOA focuses attention on those wards which are highlighted as being amongst the most deprived and which do not currently benefit from BNSF.
- 6.2 The report on deprivation and social exclusion recently produced for the Community Planning Partnership makes specific reference to the high proportion of older people in Argyll and Bute. Five wards in particular, are identified in Bute & Cowal have high numbers of older people with over a quarter of the ward population aged 65 and over.
- 6.3 The report acknowledges that services for older people are under pressure and there are cases of older people struggling with severe problems in isolated conditions. The issues highlighted are:
- Confusion over benefits,
 - Lack of information and information systems,
 - Loss of mobility, personal and vehicular, created barriers to social interaction, health care and shopping.
- 6.4 All these issues have been addressed through the development of the BNS projects for older people in South Kintyre and the Atlantic Islands and can be addressed in Bute and Cowal if the services are expanded to this area.
- 6.5 On this basis it is proposed that the services for older people be developed in 5 wards in Bute & Cowal which feature at the top of the deprivation study: Bute North, Bute Central, Milton, Ardenslate and Holy Loch. The expansion of the project to the wider Bute and Cowal community would not fulfil the requirement to focus on the most deprived areas and to include other deprived areas in Argyll and Bute would dilute the effectiveness and impact of the resources available.
- 6.6 The outcomes set out in the Year '4' LOA will remain the same as the existing LOA's. These outcomes are consistent with priorities identified in both the Community Planning Partnership Action Plan, Joint Health Improvement Plan and the Corporate Plan. These are:

For Older People:

- ***Increase in number of older people supported to live in their own homes,***
- ***Increase benefit uptake,***
- ***Increase and improve leisure, recreational and social choices with greater uptake,***
- ***Increased safety within the home for older people,***
- ***Increased satisfaction of services offered.***

For families with a disabled child:

- ***Increase in number of children with a disability provided with local short breaks,***
- ***Increase in number of local support services for families with a disabled child,***
- ***Greater satisfaction with local bespoke services,***
- ***Increased benefit uptake,***
- ***Establishment of a skilled carer network***

- 6.7 Due to the time-limited nature of the funding, the services developed will require to harness and expand existing local resources rather than create additional staff to deliver additional services.
- 6.8 Services for families with a disabled child will be developed across all parts of Argyll due to the wide geographic spread of relatively small numbers of families. Details of the numbers recorded across the authority are shown in the table below:

LOCALITY	NO OF CHILDREN	% OF POPULATION
Helensburgh & Lomond	461	3.8%
Cowal	118	3.8%
Bute	33	2.2%
North Argyll	90	2.1%
Mid Argyll	35	1.5%
Kintyre	45	2.0%
Islay	17	2.0%

Source: Argyll and Clyde NHS Board

7. CONCLUSION

- 7.1 The level of funding available in 2005/2006 provides the Council and its Community Planning partners with an opportunity to develop and improve services for older people and families with disabled children and raise levels of satisfaction with service provision.
- 7.2 However, investment in these services may result in service users having their expectations raised and consequently if the provision of the service is only for a limited period of time, the net result may be an overall increase in dissatisfaction if services are then withdrawn at March 2006.
- 7.3 Scottish Executive short-term funding initiatives are creating significant difficulties for local authority budget management and service planning with Community Planning Partners.

Douglas Hendry
Director Community Services
19th June 2004

BETTER NEIGHBOURHOOD SERVICES – STAY PUT AND COMMUNITY SUPPORT NETWORK PROJECTS
OUTPUT REPORTS

Achievement Rating *

fully achieved, **2** largely achieved, **3** partially achieved, **4** not achieved, **5** On target for achievement Year 3

Delivery of outputs	Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress
Theme: Older People/ Stay Put				
		Increased Home Based Support	2	Workers recruited on Mull, Jura, Gigha, Islay and Tiree. A worker was recruited on Coll but resigned after one week as did one of the workers on Tiree. We have also not been able to recruit on Colonsay. Recruitment difficulties on the islands have significantly impacted on our ability to deliver services.
	Employment of Community Outreach Workers		4	Unable to attract anyone to deliver this service.
	Hairdresser for Gigha		4	Hairdressing now accessed off the island with help of wheelchair accessible vehicle.
	Shopping/Gardening/Window cleaning services		4	This service has not been pursued. Community Services, Care & Repair are able to provide these services.
	Keeping in touch Service established		3	The Keeping in Touch Service” operates on Mull, Iona, Gigha and Jura and will commence Islay and Tiree mid July.
	Health Assessment Project on Islay and Jura		3	This project aims to identify undiagnosed illnesses in older people and refer to a variety of agencies depending on the persons needs. Aims to assess 450 older people over a period of 18 months.
	Venalink Medication Systems		1	6 patients on Islay and 14 patients on Tiree. Places in these projects are being fully used.
	Podiatry training for local health and social care workers and carers		5	Under investigation with Health – to commence training Sept/Oct 2004
	Provide equipment to keep people at home where SW & Health budget fully committed		1	

Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress
Theme: Older People/ Stay Put			
Short breaks for carers	Extend short breaks for carers	3	Mull and Gigha OWs have been providing carers with shortbreaks in the home. Recruitment problems have delayed the implementation of this part of the service.
Increase lunch and social club places by March 2004 including lunch club operational on each island.	Increase number of social opportunities and increase access to transport	1	Lunch and Social clubs now operational on Gigha, Iona, Islay, Jura, Mull and Tiree – A total of 152 people attending 9 locations.
Computer training on Mull/Islay/Coll		4	Digital Communities delivering service.
Live Music Tour		2	Tour 2003/4 concerts completed (8) Mull, (1) Gigha, (5) Islay, (2) Jura. Coll, Colonsay and Tiree 2004/5.
Provision of wheelchair accessible vehicles for staff & communities		2	Four vehicles have been purchased for Gigha, Jura, & Mull. Three more are on order for Islay and Tiree. Vehicles for Islay and Tiree will be arriving in July. Vehicles will not be provided on Coll and Colonsay as there was insufficient evidence that they would be fully utilised.
Information Roadshow	Maximise Benefit Uptake	2	Completed 2003. Very positive feedback from Pensions Service. Planning Road Show 2004 to start on 23 rd August and finish on 13 th September – 12 venues on 8 islands. 7 agencies supporting.
Benefits training for local front line staff		2	7 OWs have been recruited and 5 have received Benefits training – Training to be organised for remaining two and 3 staff yet to be recruited.
Islay and Jura Advice Centre		3	Have trained 3 volunteers to deliver outreach advice and assistance on benefits to older people. Aim to reach 326 people by October 2004
Carry out home safety surveys, provide safety equipment	Increase safety at home through home safety checks and installation of SMART equipment	3	Home safety advisor – 141 visits to date. Training programme for SMART technology commenced May'04.
Consult on satisfaction	Increase satisfaction with services offered	3	User Groups have been established 2 nd Questionnaire to be completed by end of July.

Table B2: Delivery of outputs Community Support Network			
Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress
Theme: Older People/Community Support Network			
Keeping in touch Service established	Increased Home Based Support	1	14 older people have used this service to end May and a further 4 older carers benefitted from a break
Employment of community outreach workers		1	5 full-time CO workers in place by April 2004
Phonearound		1	Service established, with 8 clients using each week
Bathing Service		4	Initial plans were to compliment a new community bathing service by providing bathing with day-care for individuals where the assessment identified that bathing could not be safely provided at home. We had to review the position when the bathing at home project did not proceed, and have now altered our plans to include limited provision of a service in the community.
Dispensing service Southend		1	First returns show service being used to support 5 older people
Sleepover House 30 wks p.a.	Extend short breaks for carers	5	Accommodation obtained and work on alterations in progress. House should be available from August 2004
Carers Lunch Club		5	Campbeltown groups to start once Network Centre premises available (August 2004)
Dementia Group fortnightly		5	Campbeltown groups to start once Network Centre premises available (August 2004)
Hearing Loss Information session	Aids & Adaptations	1	Held August '03. Hearing equipment displayed at 7 roadshows and sight impairment stand at 4 roadshows. 7 referrals made regarding hearing and/or sight loss from roadshows. SW for Deaf People also attended SK Seniors Forum to demonstrate equipment.
Locum OT Support		1	20 weeks locum resulted in reduction in number of older people on OT waiting list from 155 to 8
Purchase OT equip		1	Better Aids and Adaptations provided to 8 individuals

Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress	
Theme: Older People/Community Support Network				
Carry out Home Safety surveys and provide safety equipment	Increase safety within the home for older people including SMART Technology	2	Home Safety Officer has carried out 14 checks in SK (July 2003-April 2004) Home Safety Officer came to roadshows and took referrals. Arranged for attendance at SK Seniors Forum. 4 direct referrals by BNS (one under 60)	
Sleepover House to provide demonstration facility for local training		5	As above, house should be available from August 2004	
Recruit community outreach workers		1	5 full-time CO workers recruited as above and trained to install and respond to Telecare technology May 2004	
Develop Network Centre, with social and activity groups for older people	Increase number of social opportunities and increase access to transport	5	Construction underway, activities to start Sept 2004	
Social group with Tenants & Resident Association		1	Commenced September 2003 and now providing 16 additional social groups places	
Social group Southend		1	Commenced September 2003 and now providing 10 additional social group places	
Pilot social group in Tayinloan		1	Commenced May 2004, providing 12 additional social group places	
Pilot social group in Carradale		1	Commenced in June 2004, providing 15 additional social group places	
Pilot lunch club in Stewarton		1	Commenced in May 2004, providing 12 additional lunch club places	
Transport provided to support specific Older People's meetings/events		1	Transport provided to support SK Seniors Forum meetings and Live Music Now! concert.	
Wheelchair accessible vehicles for staff & communities		1	2 vehicles leased and in regular use	
2 day money matters campaign		Maximise Benefit Uptake	1	Held Sept 03.
Roadshows in outlying areas to include information on benefits			1	7 Roadshows held in outlying areas in March 2004, attendance at some events poor and at others reasonable
Benefits training for front line staff	3		'Introduction to benefits' day for all Community Outreach workers	
Consult on satisfaction	Increase satisfaction with services offered	1	Surveys taken out to existing groups and roadshows, with workers providing assistance to complete.	
Develop Information Drop in Centre		2	Centre opened May 2004, providing information for older people on rights and entitlements, resources, local services and contacts and disabilities.	
Support provided to South Kintyre Seniors Forum		3	Currently providing minute secretary and organisational support	

Table B2: Delivery of outputs

Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress
Theme: Families with disabled children/Community Support Network			
South Kintyre. Individual short breaks for children up to and including 18 years	Develop home-based; community based; centre based activity short breaks for children & families	1	Services put in place from Nov 03. 10 disabled children now receiving regular 1-to-1 short breaks at end April 2004. Year to end March 2004, 191 short break sessions provided.
Wheelchair accessible vehicle for support staff and clients		1	2 vehicles leased and in daily use
Centre based (or alternative) to run programme of activities for children		5	Construction underway, activities to start Sept 2004
Supporting Integration Integrated workshops/activities for children 12+ years with South Kintyre Community Schools.		1	2 day Drumming workshop held August 2003, 5 disabled children took part and performance attended by 32 parents/family/friends.
Crafty Capers		1	Provided workers to support an average of 6 children to attend 8 craft sessions organised by A+B Arts Development Officer.
Introductory Holiday Programme for children 5-18 years		1	2003/4 13 sessions for Children, 5 sessions for Carers. 2004/5 22 sessions for primary age children and 17 sessions for secondary age children.
Live Music Now! workshops for children		1	Funding provided and 2 day, participative workshop organised, (March 2004)
Sensory Room in centre (or mobile alternative)		5	Sensory room will be available within the Network Centre.
Islay – contractual hours for care workers		4	Once surveys completed, service proposals only included short break hours for 2 children therefore bulk of work not required and contractual hours not appropriate. Hours for one child now purchased from external provider.
Islay – support to individual families		3	Children on Islay being provided with transport (1), Equipment (3) and finance for escort for holiday (1).

Service/Project/Activity	Output	Achievement * (Rating)	Comments on progress
Theme: Families with disabled children/Community Support Network			
Centre-based (or alternative) web/video/information resources	Provide accessible information; develop information centre	2	Centre opened May 2004, providing information for families caring for a disabled child on rights and entitlements, resources, local services and contacts and disabilities.
Centre-based (or alternative) surgery sessions involving professionals		5	Surgery sessions will be held in the Network Centre from August 2004
Information Pack for parents produced		5	Will re-visit with parent in Jan 2005 once information centre has been operational for 6 months
Care workers recruited	Recruit up to 15 new care workers	1	5 full time CO workers in place by April 2004. 9 Bank workers also appointed.
Core Training Programme for all centre/network care workers		3	Core training established and training commenced once workers in post. All CO workers working towards SVQ level 3 and modules.
Benefit check - offered to all carers taking part in survey	Maximise Benefit Uptake	1	This has been offered to all families participating in the surveys. 7 out of 25 initial families have subsequently received benefit increases.
Benefit training for front line staff		3	One day training course `Introduction to Benefits` provided for all CO workers
Consult on satisfaction	Increase satisfaction with services offered	1	25 Initial surveys (South Kintyre) and 10 (Islay) completed by Oct 2003, results compiled and individual service proposals made. 8 new surveys (South Kintyre) completed by May 2004, 6 to be completed.

DRAFT COMMUNITY LEARNING AND DEVELOPMENT STRATEGY**ARGYLL AND BUTE****1. Introduction**

- 1.1 The second draft of the Community Learning and Development Strategy is attached as appendix 2.
- 1.2 The Executive Summary is attached as appendix 1.
- 1.3 Partners are asked to comment on the following issues contained in the Executive Summary. If partners also wish to comment more widely on the points in the full strategy, not highlighted in the Summary, these comments will be welcome.

2. Issues

- 2.1 The Executive Summary highlights the three national priorities of:

- * Achievement Through Learning for Adults
- * Achievement Through Learning for Young People
- * Achievement Through Building Community Capacity

The Summary also indicates broadly what will be included under each heading. Any comments on these priorities will be welcomed. If partners feel there are any omissions it will be important to identify these at an early stage.

- 2.2 The Executive Summary highlights the proposed geographical targeting of the strategy and the reasons for this targeting. Any comments on this would be welcome.
- 2.3 Comments on the proposed thematic targeting would also help in shaping further drafts.
- 2.4 An evaluation of the operation of the four local geographical community learning plans has provided valuable lesson for the development of the revised strategy. These issues are identified in the Executive Summary and further comment would be helpful.

3. Consultation

- 3.1 Consultation is currently taking place locally on the draft strategy. The results of this consultation will be reflected in a further draft of the strategy.
- 3.2 It is hoped to conduct a last round of consultation on this near to final version in late July/August. Partners will be asked to endorse a final version in August for submission to the Executive at the beginning of September.
- 3.3 It would assist in this process to bring a near to final version of the strategy back to the Community Planning Partnership and/or Management Committee, depending on meeting dates, for endorsement or amendment.

EXECUTIVE SUMMARY

The Scottish Executive issued guidance in January 2004 asking Community Learning and Development Partnerships to produce Community Learning and Development Strategies. These strategies are to be published and submitted to the Executive by 1 September 2004.

The strategies must be agreed by all community planning partners. They should influence and reflect the community plan and related strategies and should demonstrate substantial community involvement.

The guidance identified three national priorities for community learning and development:

- Achievement through learning for adults
- Achievement through learning for young people
- Achievement through building community capacity

Within the draft strategy the following broad priorities are identified under each of those headings.

Achievement Through Learning For Adults

The key priorities under this heading will be:

- Implementation of the agreed priorities in the Argyll and Bute Literacy and Numeracy Action Plan.
- Establishing appropriate links to the Argyll and Bute Gaelic Development Plan.
- Implementation of adult learning priorities identified through the geographical Community Learning and Development Plans.
- Implementation of adult learning priorities identified through the Regeneration Outcome Agreement.
- Implementation of adult learning priorities identified through the Social Inclusion Business Plans.
- Implementation of the adult learning priorities identified through the Strategic Development Plan for the Community Learning and Regeneration Service.
- Priorities of all three theme groups
- Health Priorities

Achievement Through Learning for Young People

The key priorities under this heading will be:

- Development of a Youth Strategy for Argyll and Bute in parallel with the development of the National Youth Strategy.
- Implementation of literacy and numeracy priorities relating to young people.
- Identifying links to the Gaelic Development Plan that relate to learning for young people.
- Implementation of learning for young people priorities identified through the geographical Learning and Development Plans.
- Implementation of learning for young people priorities identified through the Regeneration Outcome Agreement.
- Implementation of learning for young people priorities identified through the Social Inclusion Business Plans.
- Implementation of the learning for young people priorities identified through the Strategic Development Plan for the Community Learning and Regeneration Service.
- Priorities of all three theme groups
- Health Priorities

Achievement Through Building Community Capacity

The key priorities under this heading will be:

- Building Community Capacity to implement the Community Planning Pilot in Cowal and Bute.
- Building Community Capacity to support the extension of the Social Inclusion areas.
- Building community capacity to support the geographical Community Learning and Development Plans.
- Building Community Capacity to support the Regeneration Outcome Agreement.
- Building Community Capacity to support the Social Inclusion Business Plans.
- Building Community Capacity to implement the priorities identified through the Strategic Development Plan of the Community Learning and Regeneration Service.

- Priorities of all three theme groups
- Health Priorities

Geographical Targeting

The Strategy also proposes geographical targeting, this has been influenced by three main functions.

- An evaluation of the four geographical Community Learning Plans
- The Deprivation Study commissioned by the Community Planning Partnership and the use of this study in refining the borders of existing Social Inclusion areas as part of the Transitional Process.
- The proposed Community Planning Pilot in the Bute and Cowal Area.

There is considerable overlap in these factors as will be seen by the areas identified below:

- Dalintober/Millknowe and the other most deprived output areas in Campbeltown Central.
- East Kintyre – Output areas identified in the deprivation study. Should also link with the Community Learning Plan Area.
- Islay South – Output areas identified in the deprivation study. Discussions still underway about how work in this area could be best supported.
- Kirkmichael/Craigendoran and the other most deprived output areas in Helensburgh East. This will link with the Community Learning Plan Area.
- Rosneath, Clynder, Kilcreggan and Garelochhead. These areas were highlighted in the deprivation study. Considerable work has also been undertaken here by Community Futures. It is anticipated that links will be made between these communities and existing structures such as the Area Development Group in Helensburgh.
- Soroba in Oban will be expanded to take in the most deprived output areas identified by the deprivation study.
- Tiree and Coll will continue to be targeted as a Community Learning Plan area. Tiree has also been identified through the deprivation study.
- Ardenslate, West Milton and the Glebe will be expanded to take in the most deprived output areas identified in Dunoon Central.
- Ballochgoy will be expanded to take in the most deprived output areas in Bute, mainly Bute Central and Bute North. This area is also covered by a Community Learning Plan and will also form part of the Community Planning Pilot.
- The Cowal area in addition to Bute will form the Community Planning Pilot area. This will build on Social Inclusion work undertaken in Ballochgoy, Ardenslate, West Milton and the Glebe. It will also build on work undertaken in West Cowal by ACVS and East Cowal by Community Futures.

Thematic Targeting

There are likely to be three main focuses for thematic targeting. These are:

- Continuing development and implementation of the Argyll and Bute Literacy/Numeracy Action Plan.
- Development of a Youth Strategy for Argyll and Bute in parallel with the development of a National Youth Strategy.
- Ensuring that there are links to the Gaelic Development Plan. Clearly, more detailed work will have to be undertaken in relation to these, in particular the second and third priorities.

Community Learning Plans

A number of issues have been identified through consultation with the four geographical Community Learning Plan groups. These need to be given further consideration in the development of the Strategy.

These issues were:

- Need for wider partnership involvement
- Improve links to other partners agendas/targets
- Improve links to other key partnerships
- Improve links to and involvement of the community
- Consider potential of Digital Communities Project
- Improve the involvement of young people.

In addition Community Learning Plan groups identified strengths arising from the work undertaken.

- Where existing structures could be utilised this worked better
- Success in attracting external funding (although over dependence on short term external funding was also identified as a weakness)
- Effective needs assessment
- Targeting of work, particularly in Social Inclusion areas.

In strategic terms the key issues were seen as the integration of existing partnership structures and the way in which community engagement would be achieved within any new structures.