argyll and bute
communityplanningpartnership

Municipal Buildings Albany St, Oban, PA34 4AW
Tel: 01631 567945
Email: danielle.finlay@argyll-bute.gov.uk

12 November 2013

A meeting of the **OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP** will be held in the **CORRAN HALLS, OBAN** on **WEDNESDAY, 11 DECEMBER 2013** at **6:30 PM**.

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

3. MINUTES
Oban, Lorn and the Isles Community Planning Group – 11 September 2013 (Pages 1 - 8)

4. PARTNERSHIP UPDATES

(a) NHS
- Food and Health
- Mental Health and Wellbeing

Reports by Alison McGrory (Pages 9 - 30)

(b) POLICE SCOTLAND

(c) SCOTTISH FIRE AND RESCUE

(d) SCOTTISH WATER

(e) ACHA

(f) SCOTTISH NATURAL HERITAGE
- Establishment of Argyll and the Isles Coast and Countryside Trust (AICCT)

Report by Julie Young, Development Officer (Pages 31 - 34)

argyll and bute
communityplanningpartnership

(g) COMMUNITY COUNCILS
- Oban Befriending Report (Pages 35 - 58)

(h) THIRD SECTOR PARTNERSHIPS

5. COMMUNITY SAFETY/HIGHLIGHT EXCEPTIONS REPORT
Report by Area Governance Officer (to follow)

6. EFFECTIVE INTEGRATION OF LOCAL TRANSPORT NETWORKS
Report by Public Transport Officer (to follow)

7. TRAIN ARRANGEMENTS FOR YOUNG PEOPLE FROM NEXT AUTUMN
Report by Head of Facility Services (to follow)

8. PRIMARY SCHOOLS STANDARDS AND QUALITY REPORT
Report by Quality Improvement Officer (to follow)

9. SOA PROGRESS REPORT
Report by Head of Improvement and HR (to follow)

10. THIRD SECTOR ASSET TRANSFER
Presentation by Development Worker, Social Enterprise Team (Pages 59 - 78)

11. COMMUNITY PLANNING CONSULTATION EVENTS
Report by Community Development Officer (to follow)

OBAN LORN AND THE ISLES COMMUNITY PLANNING GROUP

Councillor Mary-Jean Devon	Councillor Louise Glen-Lee
Councillor Fred Hall	Councillor Iain MacDonald
Councillor Alistair MacDougall (Chair)	Councillor Duncan MacIntyre
Councillor Roderick McCuish	Councillor Elaine Robertson (Vice-Chair)

Contact: Danielle Finlay, Area Governance Assistant – 01631 567945

Agenda Item 3

MINUTES of MEETING of OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP held in the CORRAN HALLS, OBAN on WEDNESDAY, 11 SEPTEMBER 2013

Present: Councillor Roddy McCuish (Chair)

Councillor Louise Glen-Lee
Councillor Elaine Robertson
Councillor Fred Hall
Councillor Duncan Macintyre
Councillor Iain A MacDonald
Councillor Alistair MacDougall

Shirley MacLeod, Argyll and Bute Council
Laura MacDonald, Argyll and Bute Council
Eileen Wilson, Argyll and Bute Council
Alistair Davidson, Police Scotland
Eddie Renfrew, Scottish Fire and Rescue
Laura Stephenson, NHS Highland
Ailsa Raeburn, Highlands and Islands Enterprise
Iona MacPhail, ACHA
David Adams McGilp, Visit Scotland
Glenn Heritage, Third Sector Partnership
Andy Wright, Tiree Community Development Trust
Moray Finch, Mull and Iona Community Trust
Campbell Cameron, Community Broadband Scotland
Nic Jones, BIDS
Rita Campbell, Press and Journal
Marri Malloy, Oban Community Council
Jessie MacFarlane, Oban Community Council
Duncan Martin, Oban Community Council
Les Stewart, Connel Community Council
Margaret Adams, Ardchattan Community Council
Anne Hilditch, Ardchattan Community Council

1. APOLOGIES

Apologies for absence were received from:-

Councillor Mary-Jean Devon
Douglas Blades, Argyll and Bute Council
Veronica Kennedy, NHS Highland

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES

(a) MINUTES OF THE MEETING OF 11 JUNE 2013

The Minutes of the previous meeting of 11th June 2013 were

approved as a correct record.

4. CORE PATHS AS AN ECONOMIC TOURISM DRIVER

David Adams McGilp from Visit Scotland gave a presentation on core paths as an economic tourism driver in the area.

He discussed integration, collaboration and development in relation to core paths and explained how they only work if they are all joined up and this creates a good business opportunity.

Decision

The Group noted the information provided.

(Ref: Presentation by David Adams McGilp, Visit Scotland dated 11th September 2013, submitted).

5. PARTNERSHIP UPDATES

(a) **NHS**

Laura Stephenson from Argyll & Bute CHP spoke to the Group on the need to promote sexual health and wellbeing at local, regional and national levels. She advised the group on the Scottish Government's Sexual Health and Blood Borne (BBV) Framework 2011-2015 and how it identifies that Sexual Health Strategy Groups should have strong links with BBV Managed Clinical Networks, Alcohol and Drug Partnerships and Community Health Partnerships.

Outcome

The Group:-

i. Noted the information provided;
ii. Agreed to contact the Executive Director of Community Services to seek his support for promoting this in schools to address issues raised;
iii. Agreed to consider how the points in the paper might be incorporated into the proposed locality community engagement events; and
iv. Agreed to help as much as possible to promote sexual health in the Oban, Lorn and the Isles area.

(Ref: Report by Laura Stephenson, Argyll and Bute CHP dated 11th September 2013, submitted).

(b) **POLICE SCOTLAND**

Alistair Davidson from Police Scotland gave an update on serious and violent crime in the area, he advised that there has been a reduction in assaults and there have been no robberies this year. He also advised that street drinking has been reduced by 20%, anti-

social behaviour stats are down and across the board things are comfortable in the area.

Alistair informed the Group that injuries sustained by accidents on the road was unfortunately still high and this is due to the A85 being a highly used road which they are looking into and concentrating on making the road safer.

He advised that Police Scotland are moving back to road policing units to give a more proactive approach to driving problems.

Councillor Iain MacDonald congratulated Alistair and Police Scotland for their improving performance across the board.

Councillor Robertson asked Alistair if Police Scotland could look into more signage for drivers to be more aware and safer on the road. Councillor Hall asked that the project on Mull, whereby multi lingual road safety leaflets are widely distributed, could be extended to the wider OLI area.

(c) **SCOTTISH FIRE & RESCUE**

Eddie Renfrew from Scottish Fire and Rescue updated the Group on the new Local Fire Plan which provides information on operational analysis to the Community Safety Forum being fed back into the Community Planning Group and to look at strategies they have been using.

He updated the group on the recent home fire safety visits that have take place since 1st April – 10th September and there have been 81 in the Oban, Lorn and the Isles are with 17 people declining a visit, 9 accidental fires, 9 following incident procedures and 2 Social Work referrals.

Eddie advised the Group that a home fire safety visit is a free service and they provide smoke detectors and asked the Group to encourage people to accept the visit as it is a risk reduction and people do not realise they can be at risk.

He advised that there is competition in primary schools just now for children to draw a picture for Bonfire night and the prize will be a visit to Oban Fire Station.

Councillor Hall asked if Scottish Fire and Rescue could revisit fire safety for next year by looking into the blocked cars that run along certain roads in the area as they are blocking access for the fire engine.

(d) **SCOTTISH WATER**

There was no one present from Scottish Water so this item will continue to the December meeting.

(e) **ACHA**

Iona MacPhail from ACHA updated the group on the high demand for Affordable Housing in the area. She advised they are building 44 houses at Glenshellach in Oban, 2 at Bonawe and 8 at Dalmally.

She informed the group ACHA now have an Area Committee which is made up of tenants locally and that they have judged the garden competition for this year and cups are going out to tenants.

She advised that ACHA have received a secure lottery funding award of £300K to provide financial advice to tenants. ACHA have agreed to use this money for welfare rights advice services including assistance at tribunals and appeals.

She was also delighted to advise the group of the new rent payment methods which was introduced in 2011. This provides additional ways for tenants to pay their rent with extended hours and there was £3M taken in the last year and Tesco in Oban is one of the busiest places in Argyll for taking in money.

(f) **COMMUNITY COUNCILS**

Oban Community Council

Duncan Martin from Oban Community Council updated the Group on the recent visit they were hosting this summer for Kells Town Council which was very successful and enjoyable. He thanked Councillor Macintyre, Marry Malloy and Kate Winton who helped arrange the event and thanked the businesses who supported and entertained them.

Duncan advised a small group would be paying a return visit at the end of September to return the Book of Kells.

Ardchattan Community Council

Margaret Adams from Ardchattan Community Council asked the Group if there had been a date set for the Dawn Fresh Planning application to be considered.

Councillor McCuish advised that there has been no date set yet, it would need to go through the PPSL first and that a notification would be sent to her when the meeting date has been set.

Connel Community Council

Les Stewart from Connel Community Council advised that he had received a letter from Infinis plc, outlining the company's plans to erect a 16 turbine wind farm at Musdale Farm, 7km south of Kilmore. He informed that their plans could produce up to 64 MW of power and create a community benefit of £224,000 pa.

Les advised that the sums involved in this proposal were substantial and might prove divisive to rural communities. He had taken the matter up with Audrey Martin, Projects and Renewables Manager, Development and Infrastructure Services, Argyll & Bute Council, who had explained that the Council were considering the issue and meeting with other 'stakeholders' and partners to discuss the distribution of these large sums.

(g) **THIRD SECTOR PARTNERSHIP**

Glenn Heritage from Argyll Voluntary Action updated the Group on the social media class they have recently set up which gives people the opportunity to learn about IT and this will be held in Oban Library.

(h) **COMMUNITY SAFETY HIGHLIGHT/EXCEPTIONS REPORT**

A report updating the group about the items discussed at the most recent meetings of the Oban, Lorn and the Isles Community Safety Forums was considered.

Decision

The Group noted the work undertaken.

(Ref: Report by Area Governance Officer dated 2nd September 2013, submitted).

(i) **BROADBAND AND RENEWABLE ENERGY PROJECTS**

Moray Finch from Mull and Iona Community Trust updated the Group on the poor broadband coverage in some of our rural areas in Argyll and Bute.

He advised that some rural communities are unable to get the broadband coverage or speeds they need to fully benefit from being online.

Campbell Cameron from Community Broadband Scotland advised that by 2020 Scotland will be the world leading nation for next generation broadband.

He advised Community Broadband Scotland has been set up to help communities in the 15% 'harder to reach' areas that will not benefit directly from the Step Change programme which is part of the Scottish Government's Infrastructure Action Plan to provide infrastructure in those areas that the market will currently not go. Community Broadband Scotland is a £5 million initiative which works to encourage and support the development of successful and sustainable community broadband projects, capable of delivering next generation speeds, through the use of established technologies and business models.

Decision

i. The Group noted the information provided;
ii. Councillor McCuish advised he is happy to work with them; and
iii. Councillor McCuish invited Moray Finch to the next Argyll and Bute Renewables Alliance (ABRA) meeting.

6. HIGHLANDS AND ISLANDS ENTERPRISE

Ailsa Raeburn from Highlands and Islands Enterprise gave a presentation on supporting communities to acquire and manage sustainable assets.

She discussed the principles of Community Land Ownership and where the funding comes from and at present there are more than 420,000 acres in community ownership with the Scottish Government wishing to generate another 500,000 acres within the next 7 years.

She advised the aim of the group was to support rural communities to become more resilient and sustainable through the ownership and management of land and land assets.

Decision

The Committee noted the information provided.

(Ref: Presentation by Ailsa Raeburn, HIE dated 11th September 2013, submitted).

7. EFFECTIVE INTEGRATION OF LOCAL TRANSPORT NETWORKS

This item will be taken at the December Community Planning Group meeting.

8. STREETSCENE SERVICE REVIEW IMPLEMENTATION

Given recent political decisions the detail of the proposals for each area has not yet been finalised to a point where effective consultation can take place, and discussion of the item is therefore postponed to a future date.

9. PROPOSED AREA FORUMS

A report considering the decision by the Community Planning Group on 22nd August 2012 to hold four Area Forum events to enable consultation and feedback on the SOA 2013-23, was considered.

Decision

The Group:-

i. Agreed to encourage participation in the consultation process as detailed in the report;
ii. Agreed that the Area CPG steering group established to consider and plan the Area Forum event is delegated to further consider the format of the event(s) and appropriate questions for the area;
iii. Agreed that the Area CPG steering group identify partners

to facilitate and record at workshop/discussion groups and agree dates; and

iv. Agreed that the Area CPG steering group consider ways of processing ideas that come forward from the event to ensure people feel they have been able to actively contribute to community planning.

(Ref: Report by Community Development Officer dated 6th August 2013, submitted).

10. CAUCUS UPDATE

The Community Development Officer advised she has not had a caucus meeting since December 2012 and due to the meeting in August being postponed there is no update for the Community Planning Group today.

ARGYLL AND BUTE FOOD AND HEALTH WORKING GROUP **Area Community Planning Groups**

October 2013

CATERING – FOR ALL IT'S WORTH

1 **SUMMARY**

1.1 "Recipe for Success – Scotland's Food and Drink Policy" (2009) has been credited with bringing together health, economic and sustainability agendas for the first time. This policy framework prioritises the need to support individuals to make healthy sustainable choices, and understand more about the food they eat. It sets out the vision for Scotland's public sector to act as an exemplar for sustainable food procurement to generate sustainable economic growth.

The Scottish Government's procurement guidance document "Catering for Change" (2011) calls for public sector bodies to adopt a holistic approach, taking account of health, economic and environmental benefits when awarding food and catering service contracts and specifically calls for the adoption of sustainable food procurement as a corporate objective for all public sector organisations. This policy direction will be further strengthened by the Procurement Reform (Scotland) Bill and Community Empowerment and Renewal Bill..

1.2 The introduction of Cook Freeze into 4 NHS Highland hospitals in Argyll and Bute has raised a number of issues about the current approach towards hospital food procurement. This response to catering needs does little to maximise health, economic and sustainability benefits for Argyll and Bute, moving value well outside the Argyll and Bute economy. It acts against key messages of the health promotion agenda, which promotes a cultural shift in the way we eat – to healthy, more nutritious meals which are locally sourced and freshly prepared.

1.3 The 'Argyll and Bute – Catering - For All it's Worth' report has been produced by the Argyll and Bute Food and Health Working Group. The report reviews local and national policies relevant to the provision of hospital catering (and public sector food procurement in general) and looks at best practice from Nottingham University Hospital Trust, the Cornwall Food Programme and East Ayrshire Council and finds that the introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

2. RECOMMENDATIONS

That the Area Community Planning Group are asked to endorse the following recommendations be put to the CPP:

1) Request to NHS Highland that no further roll out of Cook Freeze be planned until an evaluation of existing services and patient impact and uptake, is undertaken.
2) To request to NHS Highland that all future tendering of hospital catering services (prioritising the mid Argyll Cook Freeze contracts) follow the principles of sustainable procurement.
3) Adopt the principle of sustainable food procurement as a strategic objective of the partnership.
4) Facilitate the adoption of the principle of sustainable food procurement within partners'

corporate objectives.

5) Give further consideration as to how Argyll and Bute could maximise benefits through a sustainable food procurement approach by establishing a Policy Development group to review best practise and make recommendations.

3. BACKGROUND

3.1 Cook freeze is the method of preparing food by conventional methods then rapidly freezing which allows portions to be stored for a number of months. "Re-energising" (reheating) meals can provide additional flexibility to the health service as it requires fewer, and less skilled staff, less well equipped kitchens and ease of performance monitoring. It has already been introduced to Bute and Cowal hospitals and will be further rolled out to Mid Argyll Community Hospital and the new Mental Health facility in Lochgilphead.

3.2 Sourced through large global food businesses the preparation of the dishes does not maximise the nutrients available within each portion when compared to locally sourced products, freshly prepared. Another real concern with Cook Freeze products is in its taste, texture and presentation - Cook freeze may meet minimum nutritional standards as set out by the NHS, but if it is not palatable, and patients do not wish to eat it, then the nutritional value is further compromised. The introduction of Cook Freeze has not been formally evaluated within Argyll and Bute but there are examples reported of reduced patient satisfaction, reduced uptake of staff meals, reduced quality of food and increased levels of food waste.

3.3 Health Promotion Policy within Scotland is very clear – people should be encouraged to understand where there food comes from, to source fresh, locally produced food, and to cook healthy meals from local produce. Within Argyll and Bute there has been a range of activities undertaken by the NHS to promote these key messages, for example the Rock up in Red Roadshows and Cookery Demonstrations, presented across the area at a number of community events highlighted the quality and benefits of eating healthy fruit and vegetables.

3.4 The Government's Food and Drink Policy recognises sustainable local procurement of food as being central to ambitious economic targets. The food sector in Argyll and Bute can contribute significant economic benefit to the area – helping to deliver our own Economic Development Action Plan through a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors. There are also significant opportunities for social enterprises within the sector, for example Islay House Community Garden and Bute Produce.

3.5 There are a number of critical sustainability factors which relate to food – issues such as climate change, waste, bio diversity and energy, land and water use. We are advised to eat more locally produced food, grow your own and buy food with less packaging. Public Authorities are asked to become exemplars in the field of local sustainable procurement of food as set out in the 'Catering for Change' (2011) Procurement guidance to pursue the following objectives:

Economic	**Environmental**
• Secure value for money • Avoid/Reduce waste • Reduce energy use • Encourage participation by social enterprises and SMEs • Encourage new markets for sustainable foods • Contribute to the well-being of communities • Contribute to sustainable economic growth	• Reduce use and waste of natural resources by adopting cleaner processes and technologies • Reduce energy input • Protect or enhance natural resources and biodiversity • Reduce waste (fertilisers, food & packaging) • Reduce water use • Reduce packaging • Use of recycled materials in packaging

Social	Health
• Raise awareness of the benefits of healthy foods • Increasing access to and availability of healthy food • Contribute to food security • Promote training and employment • Promote animal welfare • Recognise the value of good food, and nutrition with significant impacts for health and the environment	• Promote good nutrition and health • Maintain or improve food safety and quality • Guard against negative impacts which may be attributed to high salt, sugar, fat, some preservatives • Positively influence the diets of staff and customers • Contribute to the Scottish Dietary Goals

3.6 The Procurement Reform (Scotland) Bill was introduced to Parliament on 3rd October 2013 with the intention of establishing a legislative framework for sustainable procurement that supports Scotland's economic growth by delivering economic, social and environmental benefits. The Bill proposes that before carrying out a regulated procurement, (a public body should) consider how in conducting the procurement process it can—
(i) improve the economic, social, and environmental wellbeing of the authority's area,
(ii) facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process.

3.7 The Community Planning Partnership has much of the local responsibility and accountability for translating these national policy areas into effective local outcomes, whilst maintaining standards and efficient service delivery. Cook Freeze is a good example of where day to day service delivery has moved operational activities forward outwith the strategic policy context. The area focus, and strategic overview of Community Planning Partnerships are therefore seen as essential to monitor public sector responses to this policy context and ensure opportunities are not missed.

3.8 There are persuasive examples of how sustainable procurement has been delivered, fully compliant with EU procurement requirements. In Cornwall a shift to sustainable hospital procurement has achieved an 85% spend on companies based in Cornwall, 41% of spend on Cornish produce and a 67% cut in food miles. Costs have not increased and patient response has been very positive. In Nottingham University Hospitals NHS Trusts 95% of meat is sourced through a local processor and all milk comes from local dairies. 150,000 food miles have been saved. In East Ayrshire a similar approach to school catering has been evaluated to significantly reduce carbon emissions whilst delivering £3 of economic, social and environmental benefits for every £1 spent.

4 CONCLUSIONS FROM "CATERING – FOR ALL IT'S WORTH"

4.1 Health policy prioritises the need to promote and support a cultural shift to healthier eating. Enshrined within this policy is the message to eat more nutritional foods that are freshly prepared. Significant work is undertaken by the NHS across Scotland to promote this message and the provision of locally grown foods. Cook Freeze as currently supplied into Argyll and Bute contradicts these key messages. Strict standards must be met in the provision of hospital catering, which can be done through a number of different catering models. Concerns have been raised about whether the Cook Freeze model supplies the best nutritional quality available, and whether what it does serve meets other quality factors in terms of taste, that ensures meals are actually consumed.

4.2 National and regional policy with regard to the economic importance of the Food and Drink sector to Scotland is clearly established. 'Recipe for Success' and the forthcoming legislation from the Procurement Scotland (Reform) Bill firmly establish the expectation that public sector procurement has an absolutely vital role to play in sourcing as much local and Scottish produce as possible to maximise benefits to local communities. This economic benefit extends through the whole supply chain – from producers, to suppliers, to caterers as well –

and the creation and retention of skilled workers within Argyll and Bute. Cook Freeze as currently operating adds no value to the Argyll and Bute economy, but actually loses value through the associated shift of resources outwith the area and reduction in skilled jobs.

4.3 Environmental policy centres around the reduction in carbon emissions and a zero waste approach. Food miles, food and packing wastage and sustainable procurement all have a role to play in meeting environmental objectives and should be a key consideration along with price and quality in the way that hospital food is sourced. Cook Freeze products sourced through non regional providers increase food miles, carbon emissions and packaging waste. If they are not eaten due to palatability issues then food waste is also increased.

4.4 Suppliers of frozen food can meet the clinical and food health standards set out for hospital catering. It is clear however that a cook freeze model sourcing ingredients from a global network, pre prepared and packaged for consumption at a point far from source makes no contribution to the wider health promotion policies, the strategic Food and Drink Policy, nor sustainable procurement as per Scottish Government guidance – all of which are directing the public sector to advocate and source the use of fresh, locally prepared food.

4.5 The Scottish Government has specifically directed public bodies to adopt Sustainable Food Procurement as a corporate objective and this will soon become enshrined in legislation through the Procurement Reform (Scotland) Bill. There are many potential benefits for Argyll and Bute in doing so – particularly when seen against the backdrop of the policy changes supported by the Community Empowerment and Renewal Bill.

4.6 Good practice from elsewhere within the NHS and public sector estate shows that hospital, and other public sector, catering can be procured in a manner that reduces environmental impact and maximises local economic benefit without it being necessarily more expensive, all whilst meeting strict health based standards. The introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

4.7 Cook Freeze as introduced within Argyll and Bute Hospitals to date has fallen short of policy objectives and is at odds with health, economic and environmental policy. The Community Planning Partnership has a responsibility to ensure that local service delivery mechanisms are delivering not only national and regional policy objectives but are deriving the maximum benefits for communities within Argyll and Bute. It is also best placed to scope the potential of sustainable food procurement for Argyll and Bute and the resources (human, financial and political) required to deliver maximum benefits to our communities.

"Catering - for all it's Worth"

Argyll and Bute Food and Health Working Group

October 2013

1 BACKGROUND

1.1 At the heart of any hospital catering service is the requirement to serve nutritious meals to meet patient needs and aid recovery. The design of catering services must ensure that patient needs are correctly identified, that safe food can be served, "*of defined standards in respect of nutritional quality, balance, palatability and temperature*,"[1]. The right balance of nutrients is crucial to aid recovery and as such are an integral part of hospital treatment[2] but any food served must of course be eaten to be effective – demanding that food served must be appetising and served with encouragement and assistance.

1.2 Historically the strategic policy for health services has been pursued independently of other policy areas such as Economic Development and Sustainability. Policies and strategies relating to clinical health, health promotion, and associated services are numerous. In addition in its intention to move Scotland towards a Healthier, Wealthier and Fairer, and Greener Scotland the Scottish Government has begun to move the policy agenda to a more collaborative approach and there are now a number of cross cutting policies which link public health issues, along with environmental sustainability and economic growth.

1.3 There is often tension within individual organisations as the demands of day to day delivery often moves the agenda forward more rapidly than strategic policy. The area focus, and strategic overview of Community Planning Partnerships are therefore seen as essential to ensure opportunities are not missed - the Community Planning Partnership has much of the local responsibility and accountability for translating these national policy areas into effective local outcomes, whilst maintaining standards and efficient service delivery.

1.4 The introduction of a Cook Freeze model of Catering Services to 4 of the 7 Argyll and Bute NHS Highland Hospitals is a good example of where ease of delivering service demands have superseded national policy direction. This paper attempts to draw together the wider policy context against which any future service design is considered to ensure that health, economic and environmental benefits are maximised for Argyll and Bute.

2 HOSPITAL CATERING WITHIN ARGYLL AND BUTE

2.1 There are 7 NHS Highland hospitals across Argyll and Bute Community Health Partnership (CHP) Area:

- Argyll and Bute Hospital, Lochgilphead
- Lochgilphead Community Hospital
- Cowal Community Hospital, Dunoon
- Victoria Hospital, Rothesay
- Islay Hospital
- Lorn and Islands Hospital, Oban
- Campbeltown Hospital

Historically all served food to patients (and often staff and visitors where canteens/ cafes are available) on a Cook Serve model – food was prepared daily within hospital kitchens locally and delivered direct to patients.

2.2 In 2011 the Cowal and Bute Hospitals faced issues with staffing, quality, health and safety and kitchen upgrade costs. It was decided to close their kitchens and provide meals through an external supplier delivering meals through a Cook Freeze model. This is where meals are prepared at an offsite facility by conventional methods but rapidly frozen allowing storage of the frozen product for a number of months. Within the hospital setting the provision of cook freeze means that "re-generating" (re-heating) facilities, rather than comprehensive food preparation facilities are required.

---

[1] *David and Bristow (1999), Managing Nutrition in Hospital, London. The Nuffield Trust*
[2] Stratton, R.J. et al (2003) Disease-related Malnutrition. An Evidenced-based Approach to Treatment. Oxford: CABI Publishing.

2.3 The decision was taken to build the new Community Hospital in Lochgilphead without a kitchen, meals were instead to be served from the kitchens within the Argyll and Bute Hospital, sited nearby. With the planned closure of the Argyll and Bute Hospital and build of a new Mental Health building in Lochgilphead the decision whether to provide kitchen facilities within the new Mental Health build had to be decided in late 2012. It is understood that the Core Management team of the Argyll and Bute Community Health Partnership within Argyll and Bute considered a paper at its November 2012 meeting which was limited in its focus to the future of catering services within the two Mid Argyll hospitals. Their decision was to proceed with the new build without kitchen facilities, and introduce Cook Freeze to a further two hospitals.

3. POLICY FRAMEWORK

3.1 National and Community Planning Strategy

The purpose of the Scottish Government is –"*To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth*". This purpose, set around Strategic Objectives to make Scotland Wealthier and Fairer, Healthier, Greener, Smarter and Safer and Stronger is supported by 15 National Outcomes. The Argyll and Bute Community Plan and Single Outcome Agreement forms the mesh between these and local priority areas – themselves set into local strategies such as the Economic Development Action Plan and Health and Wellbeing Partnership Priorities.

3.1.1 The contribution which Hospital Food, and public sector food procurement in general, can make is relevant to all 15 stated National Outcomes; particularly employment opportunities; young people as effective contributors and responsible citizens; that children should have the best start in life; that we all should live longer and have healthier lives; tackling inequalities and improved life chances for those at risk; strong resilient communities; the environmental impact of consumption and production; and high quality public services.

3.2 Argyll and Bute

For the Argyll and Bute Community Plan it has particular relevance to the following outcomes:

CPP1: Retention and creation of jobs
CPP2: A skilled and competitive workforce to attract employment to Argyll and Bute
CPP3: to create an environment where existing and new businesses can succeed
CPP6: A sustainable environment
CPP7: The full potential of our outstanding built and natural environment is realised through partnership working.
CPP 8: Our children are protected and nurtured so that they can achieve their potential.
CPP 9: Our people are supported to live more active, healthier and independent lives.

3.3 Strategic Objectives: Healthier

3.3.1 National

The Health Policy context is two-fold – the narrow clinical requirements and standards which must be met, and the wider health improvement agenda and the role which the food we eat has within this.

3.3.2 Within a hospital setting access to nutritious food is essential to aid recovery and avoid complications. **The Food, Fluid and Nutritional Care in Hospital standards** were developed by NHS Quality Improvement Scotland and apply to specific elements of the service. They include sections on:

- the strategic and co-ordinated approach required by NHS Boards to ensure both food and fluid are delivered effectively in hospitals, and a high quality of nutritional care is provided;
- assessment and screening, in relation to eating, drinking and nutrition, and the subsequent care planning that is required when a person is admitted to hospital;
- the formalised mechanisms needed to actually plan and deliver food and fluid;

- the subsequent provision of food and fluid directly to patients;
- communication with patients about eating, drinking and nutrition; and
- specific training and education requirements for staff

3.3.3 The three most common approaches to hospital catering are:

- Cook Serve – where meals are prepared daily, usually within a hospital and served as soon as possible after preparation.
- Cook freeze – where meals are prepared at an offsite facility by conventional methods but rapidly frozen to a minimum of 18 degree allowing storage of the frozen product for a number of months before being reheated to 70 – 75 degrees prior to serving..
- Cook Chill – where meals are prepared then cooled to 0 – 3 degrees within 90 minutes, they can then be stored for upto 5 days before being reheated to 70 – 75 degrees prior to serving.

Under normal operating conditions (where hot food is held for less than 90 minutes) vitamin retention is better than that in cook chill process[3]. The cook freeze process has improved vitamin retention than that of cook chill. Regardless of methodology used the processes must be carefully controlled through an adequate Hazard Analysis and Critical Control Point system (HACCP) which addresses the supply, preparation, packaging, storage and distribution of food. The cooling and reheating stages of Cook Freeze and Cook Chill if not undertaken properly will lead to nutrient losses, but so will the delayed serving of a Cook Serve plate if not eaten within 90 minutes of preparation.

3.3.4 Within the wider **Health Promotion** context a healthy Population is essential to Scotland's future and the target is to match average European population growth over the period from 2007 to 2017 supported by increased healthy life expectancy in Scotland. The poor nutritional value of food currently consumed by a proportion of the Scottish population is partly responsible for the rise in obesity, cardiovascular disease, and diabetes.

3.3.5 Overweight and obesity pose real risks to the health of the population in Scotland and its ability to meet its overarching purpose of sustainable economic growth:

- Obesity in Scotland is linked to nearly 500,000 cases of high blood pressure, 30,000 cases of type 2 diabetes, and similar numbers of cases of osteoarthritis and gout.
- It is estimated that obese people in Scotland are 18% more likely to be hospitalised than those of normal weight
- More than £175 million direct NHS costs are due to obesity, this is equivalent to 2% of the NHS Scotland's revenue budget.[4]

3.3.6 ***Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*** (2010) sets out the Scottish Government's aim that the majority of Scotland's population is in the healthy weight range throughout adult life, thus avoiding the adverse consequences of overweight and obesity. It advocates some key messages and actions regarding food, and what and how it is eaten, one of which is to, "*Ensure that everyone has access to opportunities to learn how to shop for and cook affordable healthy meals from raw ingredients."*

3.3.7 **A Health Promoting Health Service – Action in Hospital Settings** (*NHS CEL January 2012*)
NHS Boards in response to this, and in their role as a "Health Promoting Health Service," have acknowledged the consistency of approach to healthy eating which must be taken. The national guidance requires that::

- Caterers will be required to follow healthy living award criteria at the point of contract (re)negotiation.
- Retailers will be required to join the Scottish Grocers Federation healthy living programme and meet their Gold Standard criteria at the point of contract (re)negotiation.

---

[3] *LAWSON J.M., HUNT C., and GLEW G (1983) Nutrition in catering. Nutrition Bulletin,* ***38****, 93-104.*
[4] *NHS Health Scotland Commentary on Public Health Aspects of NICE Clinical Guideline 43: Obesity: guidance on the prevention, identification, assessment and management of obesity in adults and children.*

- NHS Boards continue to encourage and support food co-operatives and other social enterprises selling healthy produce

3.4 **Argyll and Bute**

The **Highland Healthy Weight strategy** (updated 2011) responds to the Route Map and its aims include

- To improve the health and wellbeing of the people of Highland, and Argyll and Bute by working towards targets which improve diet and physical activity levels.
- To increase the number of people who consume a healthy diet that is consistent with the UK Dietary Reference Values
- To create environments which promote and encourage healthy eating and physical activity.

3.4.1 The strategy endorses wide reaching structural measures to influence the quality (and quantity) of food consumed. It acknowledges that the increase in consumption of healthy diets is the most challenging aspect to address, and that it will require strong, considered representation of NHS Highland position to both local and national bodies.
The strategy calls for, "Tier 1 Population and community approaches to weight management" which include opportunities for action around:

- cooking classes
- skills in food preparation
- health start vouchers redeemable through local fresh food suppliers and coop schemes
- healthy living award in relevant premises;
- Develop and continue to support food co-operatives and community food initiatives
- Support current food initiatives and replicate in other areas
- Extend the number and reach of community initiatives which work with families on healthy food
- access and availability.

3.4.2 The **Argyll and Bute Food and Health Strategic Plan (2007)** was endorsed by the Community Planning Partnership. This Strategic Plan aims to promote health and quality of life through an integrated, comprehensive food and health plan in the local community. The benefits of increasing the amount and distribution of locally grown food, especially fruit and vegetables encompass many aspects of health including nutritional, environmental, social and cultural with direct and indirect economic benefits for the whole community. This plan was intended to be reviewed in 2010, though this has not been done.

3.4.3 It is very clear that at the core of this health improvement policy framework is the principle that people should be encouraged to know where their food comes from, and to have the skills to source, prepare and cook nutritious meals for themselves and their families, and to support the local food economy to respond to this.

"Whatever the reasons for our dietary habits, our culture must change if we are to prosper as a nation. We should be making our food choices in a more balanced way, taking account of food's healthiness, quality, seasonality and freshness".

- Recipe for Success, Scotland's Food and Drink Policy

3.5 **Strategic Objectives: Wealthier and Fairer**

3.5.1 **National**

The Government **Economic Strategy** sets out 7 key priority areas – one of which is Food and Drink. The food and drink industry is a key sector of Scotland's economy. It generates over £9.5 billion per year for Scotland and employs over 360,000 people from farmers and fishermen to shop assistants and waiters. These jobs are often in fragile rural and coastal areas. In pursuing its economic objectives for the sector the Scottish Government have however understood that the food agenda is inextricably linked to both diet and health, and sustainable development.

3.5.2

The **Food and Drink Policy, Recipe for Success** (2009), sets out the policy direction for Government to:

- support the growth of the food and drink Industry;
- build on Scotland's reputation as a land of food and drink;
- ensure we make healthy and sustainable choices;
- make our public sector an exemplar for sustainable food procurement;
- ensure our food supplies are secure and resilient to change;
- make food both available and affordable to all; and
- ensure that Scotland's people understand more about the food they eat

3.5.3 The targets and performance monitoring of the implementation of the strategy are not just limited to sales and exports. Scottish Dietary targets have been established and are set out within the Food and Drink Policy. As with the more health improvement focused policies considered above there is a key theme regarding the importance of food – 'from plough to plate' and the encouragement for more people to buy and prepare their own healthy meals.

3.5.4 Particularly relevant to the procurement and provision of hospital food is the section relating to the public sector acting as an exemplar for sustainable food procurement. The Policy aims to create opportunities for the public sector and food producers in Scotland to work together to promote:

- A holistic approach, taking account of health, economic and environmental benefits when awarding food and catering service contracts.
- The adoption of sustainable food procurement as a corporate objective for all public sector organisations.
- Awareness of the origin of food supplied through public sector contracts including how much is produced in Scotland.
- Consideration of the adoption of National Nutritional Standards for the NHS, local authorities and the Scottish Prison Service and the appropriateness of such standards being enshrined as a statutory responsibility as it is through the Schools (Health Promotion and Nutrition) (Scotland) Act, 2007.
- Development of appropriate knowledge, skills and expertise for producers and suppliers to access and deliver to public sector tenders.

The policy recognises the need to work in partnership with COSLA, NHS, local government and community planning partnerships to promote the procurement of healthy, sustainable food.

3.5.5 Looking to the future, The Procurement Reform (Scotland) Bill was introduced to Parliament on 3rd October 2013 with the intention of establishing a legislative framework for sustainable procurement that supports Scotland's economic growth by delivering economic, social and environmental benefits. The Bill is a significant element of the continuing Public Procurement Reform Programme. The Programme centres on the Scottish Model of Procurement being at the heart of Scotland's economic recovery. It sees procurement as an integral part of policy development and service delivery. It is a simple concept - business friendly, socially responsible. Looking at outcomes not outputs, it uses the power of public spend to deliver genuine public value beyond simply cost/quality in purchasing.

The Bill proposes that before carrying out a regulated procurement, (a public body should) consider how in conducting the procurement process it can:
(i) improve the economic, social, and environmental wellbeing of the authority's area,
(ii) facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process.

3.6 Argyll and Bute

Argyll and Bute's **Economic Development Action Plan** identifies Food and Drink as one of its 4 priority areas. It seeks to make Argyll more Competitive through the promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors, in order to generate growth and wealth for Argyll and Bute.

3.6.1 The Government's current Community Empowerment and Renewal Bill seeks to support communities to achieve their own goals and aspirations through taking independent action and by having their voices heard in the decisions that affect their area. The policy changes proposed by this Bill will have an impact within Argyll and Bute communities – the consultation stage of this Bill has highlighted the need for policy to unlock enterprising community development; giving local people a greater say in local budget decisions& giving communities a right to challenge local public service delivery if it is not meeting their needs.

3.7 <u>Strategic Objective: Greener</u>

3.7.1 National
The Climate Change (Scotland) Act 2009 established ambitious targets for Scotland to become "Greener". Sustainable development is at the heart of the desire to operate within a low carbon economy, through targets to reduce emissions by 80% by 2050 and to move towards a Zero Waste policy.

3.7.2 Sustainable development with regard to food is a complicated subject which must take account of the full lifecycle of the food product from production to plate. Another key environmental issue surrounding hospital catering is the levels of waste due low uptake – Ward level wastage within the NHS as a whole has consistently been reported in excess of 60% (Edwards and Nash 1997).

3.7.3 In its 2009 report, "Setting the Table" the Sustainable Development Commission (the Governments independent watchdog on sustainable issues) noted that, "*diets of UK Consumers are a significant factor in a number of critical sustainability issues such as climate change, public health, social inequality, bio diversity and energy, land and water use."* Recommendations from this report include:

- Eat more locally produced food
- Grow your own
- Buy food with less packaging
- Eat more fruit and vegetables, bread and cereals
- Eat food which has been fairly traded

3.7.4 Sustainability is firmly embedded in the health and economic policy areas considered above, and in particular the desire to improve sustainable procurement. Sustainable procurement is defined as "*a process whereby organisations meet their needs for goods and services … in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment*."

3.7.5 To assist in its vision for the public sector in Scotland to become an "exemplar" in food procurement (*Recipe for Success*) the Scottish Government have produced the procurement guidance document "Catering for Change" (2011) which promotes the adoption of a sustainable food procurement policy as part of the strategic objectives of all public sector organisations,

> *"You should measure the quality of the food you buy not only by the quality of the produce, but also by the extent that the food you buy contributes towards both your own organisation's and national objectives, such as sustainable economic growth, community planning, health improvement and addressing climate change"*

3.7.6 The types of objectives that a sustainable food procurement policy might help to deliver can be summarised as:

Economic	**Environmental**
• Secure value for money • Avoid/Reduce waste • Reduce energy use • Encourage participation by social enterprises and SMEs • Encourage new markets for sustainable foods • Contribute to the well-being of communities • Contribute to sustainable economic growth	• Reduce use and waste of natural resources by adopting cleaner processes and technologies • Reduce energy input • Protect or enhance natural resources and biodiversity • Reduce waste (fertilisers, food and • packaging) • Reduce water use • Reduce packaging • Use of recycled materials in packaging
Social	**Health**
• Raise awareness of the benefits of healthy foods • Increasing access to and availability of healthy food • Contribute to food security • Promote training and employment • Promote animal welfare • Recognise the value of good food, and nutrition with significant impacts for health and the environment	• Promote good nutrition and health • Maintain or improve food safety and quality • Guard against negative impacts which may be attributed to high salt, sugar, fat, some preservatives • Positively influence the diets of staff and customers • Contribute to the Scottish Dietary Goals

3.7.7

The Procurement strategy for Scotland's NHS/ Public sector categorically states a need for more local supplies that cut the Carbon cost and the transported mileage. The Audit Commission's own findings are that the totality of the Scottish NHS' Carbon emissions are broken down as - Heat & Power (24%), Transportation & Travel (24%) and Procurement (52%). To date the focus on improvements in Energy and emissions has been in relation to the built estate. This is largely due to it being easy to count and the permanence of the consumption year after year. This is despite the fact that Procurement emissions are greater than the other factors in delivery of care put together.

3.8 ***Argyll and Bute***

NHS Highland approved a Draft Catering Strategy in 2012 in advance of a comprehensive service review of Catering services. Still to be finalised the Policy Rationale given for the content of this Strategy is almost completely drawn from individual Health policies, the only exception being Scotland's Sustainable Development Strategy *"NHS Highland will take every opportunity to procure catering commodities from local, sustainable resources, reducing/minimising food miles where possible....catering has an important role to play in helping the Board to deliver its targets associated with Sustainable Development and Carbon Reduction..."* . There is no reference to the National Food and Drink Policy, Recipe for Success, nor the Catering for Change Procurement Guidance.

4 WHAT HAS BEEN DELIVERED THROUGH THE COOK FREEZE MODEL?

4.1 Cook Freeze has relatively recently been introduced into Argyll and Bute Hospitals – Bute and Dunoon have been serving Cook Freeze food since summer 2011, with the contract for provisions secured by a large national provider, Apetito, who have their UK base in Wiltshire and link to a number of European facilities (the company originated in Germany and still has its headquarters in Rheine). The new mental health hospital in Lochgilphead has not yet been built, so the contracts to provide cook freeze into the new facility, and the Lochgilphead Community Hospital have not yet been tendered.

4.2 Strategic Objectives: Healthier

4.2.1 There has been significant discussion and debate over the quality of hospital food and the advantages and disadvantages of Cook Freeze against a Cook Serve Model. For many, the idea of a kitchen at the heart of a hospital is fundamental to the notion that hospitals are a place of healing and care; that patients are valued as the individuals they are and that the support of their dietary needs should reflect the way in which communities at large should prioritise their approach to healthy eating. The removal of kitchens and emergence of models of 're-energising' (re heating) pre packaged food to deliver to patient 'units' is to some then the antithesis of what hospital catering should be.

4.2.2 For service managers Cook Freeze is perceived to offer a number of advantages over Cook Serve – infrastructure savings can be made without the need for a full equipped kitchen, fewer, and less trained staff are required to prepare and serve the meals, it presents an easy option in terms of stock control, plus flexibility to respond to the wide variety of dietetic needs presented by patients.

4.2.3 In Scotland hospital food is required to meet those standards set out in The Food, Fluid and Nutritional Care in Hospital discussed above. Cook Serve and Cook Freeze models have both been found capable of meeting those standards and are regularly delivered in hospitals across the country. Where standards are set it is not uncommon that service operators focus on what must be done as a minimum, rather than consider what may be best, and the nutritional context for food production is a good example. Where the actual produce is sourced from will impact on nutritional values, quality and flavour with freshly picked local produce having a higher nutritional value.

4.2.4 Time and travel reduce vital nutrients in fresh fruit and vegetables. For instance, peas can lose up to 50% of their nutrients within a week of harvesting and spinach stored at room temperature loses between 50 – 90 % of its vitamin C within 24 hours of being picked. Time and exposure to light destroys folic acid, a nutrient present in many green leafy vegetables[5]. This means that nutritional value of fruit and vegetables travelling long distances diminishes as time elapses.

4.2.5 In addition, fruit and vegetables that are grown in large quantities and intended to be freight transported significant distances tend to be harvested early so they will survive the long distance transport. For instance, tomatoes picked when green can still appear to ripen during transportation due to colour change however, there is no nutritional gain. Similarly, flavour will not develop to the same extent as if harvested when ripe[6]. In contrast, smaller local producers tend to pick varieties of fruit and vegetables for taste, harvest when ripe and deploy less intensive production methods, which tend to yield crops with higher nutritional content. Using tastier local produce might also stimulate an increase in consumption of meals by patients residents and staff, and a consequential reduction in levels of food waste.

4.2.6 Cook Freeze products could potentially be produced close to source, using as many local suppliers as possible to maximise nutrient value and taste of food. It is difficult to ascertain where large companies like Apetito source their supplies. They advertise that 90% of their food is sourced through the EU (including the UK) however their Sourcing Policy 2012 says

---

[5] *Australian Organic Food Directory, http://www.organicfooddirectory.com.au/generalissues/bioregionalism/nutrient-loss-in-transport.html*

[6] *'Is Local More Nutritious? It Depends', Frith, K. (January 2007), Harvard School of Public Health -http://chge.med.harvard.edu/resource/local-more-nutritious.*

nothing specific about targeting local suppliers within their supply chains. Their Sustainability Policy 2013 says little about local procurement, though their previous Sustainability Policy did note that their Chicken supplier was based in Thailand and their Potato supplier Denmark, and it is likely that their own network of European manufacturing bases take particular processing responsibilities, e.g. in 2002 the Rheine factory dealt with all pancake and egg products[7].

4.2.7 Where supply chains are so complex they require significant effort to demonstrate integrity of their product - the recent horsemeat scandal which saw horsemeat introduced to some hospital food served in Northern Ireland is an example of how standards can break down. Apetito products were not tainted in anyway by horsemeat, though testing arising from this period of uncertainty by Newtownabbey Borough Council in Northern Ireland did find pork within Apetito labelled Beef lasagne product[8].

4.2.8 Another area where cook freeze models have raised concerns is about their palatability. Whilst nutritional standards can be met, the meals produced must be tasty enough to be eaten and the Cook Freeze process can effect the texture and taste of the product as meals are re-energised. There is little data available within NHS Highland as to patient satisfaction and uptake with Cook freeze products – the anticipated 2014 in-patient surveys may provide some indication as to whether patient attitudes towards meals in Bute and Cowal have been affected since its introduction, though its data will not be specific on this point.

4.2.9 Food prepared and delivered by a Cook Serve model can also be subject to issues of variable quality, with its own complicated supply chain – but what it does give hospital management and CHP's is greater control over these factors.

4.3 Strategic Objectives: Wealthier and Fairer

4.3.1 Considering what we do know about Apetito's food procurement above it is reasonable to assume that very little of the ingredients, or labour put into their production are sourced within Argyll and Bute or Scotland. It is proposed therefore that the financial value of provisions paid by Argyll and Bute CHP to Apetito for their services to Bute and Cowal hospitals leaves Argyll and Bute, and Scotland, with very little positive economic impact, or multipliers within our own economy. Should the 2 mid Argyll hospital contracts for cook freeze be let to a similar global operator then there will be a further net loss.

4.3.2 Is there a saving for the CHP in delivering Cook Freeze rather than Cook Serve? It was established by the Audit Commission (2001 – Acute Hospital Portfolio) that this is not necessarily the case. Where a cook serve model works from standard costed recipes the average spend per day, per patient is £2.20, but for cook chill / freeze it was £2.40. It is understood within the costings for the mid Argyll provision that the provision cost for Cook Freeze was significantly higher than that of Cook Serve, but savings would eventually be brought forward by the reduction in staffing costs – fewer required, and a lower skill level.

4.3.3 In this respect Argyll and Bute's economy misses out twice – the value of the provisions cost is lost to the area, compounded by the impact of skills losses and actual number of jobs within the catering sector.

4.4 Strategic Objectives: Greener

Cook freeze, through a large global supplier like Apetito, often raises concerns about impact on wider sustainability issues. Their 2013 Sustainability Report and 2012 Environmental Policy establish clear targets for the company to reduce emissions, water use, waste and to use a higher proportion of recyclables within their operation. Suppliers must meet the standards set out in the Ethical Trading Initiative Base Code.

4.4.1 As outlined above however their supply chain is one of global procurement and the

---

[7] *Revenues soar 55% for enlarged Apetito, which rolls on despite economic slump. (Dusseldorf Show Preview, E.W. Williams Publications, Inc).*
[8] *www.Apetito.co.uk*.

transportation of food across Europe, and up and down to Argyll presents particular challenges as to how the CHP meets the sustainability requirements of its own procurement approach. Looking at the Sustainable Development Commissions own recommendations this existing Cook Freeze approach does not encourage people to eat more locally produced food, grow your own or buy food with less packaging. It makes no contribution to the sustainability principles contained within the National Food and Drink Policy.

5 WHAT HOSPITAL CATERING COULD DELIVER

5.1 There are some very useful examples of where hospital catering is maximising benefits for specific areas – one of which is the Cornwall Food Programme which since 2001 has aimed to promote better food in hospitals with a more environmentally sustainable procurement in the public sector.

5.2 Cornwall Food Programme

In this case a Central Food Production Unit established within Cornwall has successfully tendered to supply food into 5 Hospital Trusts, and is now looking to supply food into other establishments on a commercial basis. The Central Food Production Unit, supported by the Hospital Trusts, operating within EU procurement guidelines, has at its heart the provision of locally procured, healthy food and it has been evaluated to have achieved the following:

- 83% of £975,000 food budget spent on companies based within Cornwall
- 41% of budget is spent on Cornish produce
- 67% cut in food miles has been achieved
- Costs have not increased – remaining at £2.50 per patient per day
- More nutritious food has been more popular with patients and staff

5.2.1 Cook serve need not be more expensive than Cook freeze: "*There's a myth (that it is) extremely hard and expensive to run things in the traditional way, ... but it's actually cheaper, "* says John Hughes the Head of Catering at Nottingham University Hospital Trust who serve a variety of fresh local produce as part of a Catering Mark Scheme which sets targets to serve 75% fresh food including Farm assured meat, " *I think the NHS could save £200m a year, at the low end if every hospital did this*."

5.3 Nottingham University Hospitals NHS Trust

Nottingham University Hospitals NHS Trust operates on two sites – the City Hospital andthe Queens Medical Centre. All the milk for City Hospital, 1,000 pints a day dairies 11 miles away. Similarly the campus gets 95% of its meat from a local processor, who act as a hub for local farmers in the East Midlands, bringing together sufficient volume to meet most of the hospital's needs. If local meat isn't available, the supplier lets the catering team know and offers local alternatives if possible. Sourcing the meat locally was initially more expensive, but the catering team switched to cuts more suited to long, slow cooking methods, saving money and improving the meal quality. The trust also found that cooking their own hams using pork from a local pig farmer was also cheaper. Their local vegetable processor use a traffic light system to denote provenance: green = East Midlands, orange = UK, red = overseas.

5.3.1 This emphasis on using local and sustainable suppliers has saved an estimated 150,000 food miles a year and £6 million and has allowed the hospital to gain the Soil Association's Food for Life Catering Mark bronze award. *However it's not all plain sailing – many smaller suppliers found the contract tendering process difficult and lacked the necessary accreditation and it can be time consuming to manage smaller suppliers.*

Sustainability measures don't just apply to food – the whole trust is active in reducing its carbon footprint. The catering department is no different and aims to have a carbon neutral kitchen by:

_ Insulating fridges and freezers

_ Using heat recovery to heat water

_ Minimising packaging waste, including using reusable plastic containers for vegetable and using china crockery rather than throwaway plastic trays for patients' food.

_ Sending food waste to a company who currently compost around 50% and are looking to increase that proportion.

5.3.2 The next major step at Nottingham is the development of a new Central Production Unit on trust owned land on the City Campus, based on the Cornwall Food Project. The new CPU would be able to cater for more than 8,000 people a day, covering the Queens Medical Centre and allowing the hospital to supply other NHS and public sector organisations in the region.

5.4 In the wider public sector approach to improve sustainable procurement East Ayrshire Council is often cited as best practice:

East Ayrshire Council

East Ayrshire Council provides school meals to pupils based on, unprocessed, local and organic ingredients. Established in a pilot school in 2004, by the school year 2008 the initiative covered 40 of the authority□s primary schools and 1 secondary school. East Ayrshire Council□s school food service subsequently decided to adopt the Food for Life framework devised by the Soil Association. This requires that;

- 75% of food consumed each week should be made from unprocessed ingredients
- 50% must be locally sourced, and
- 30% organic.

5.4.1 Fully applying EU procurement regulations, on 2 separate tendering exercises in 2005 and 2008, 9 lots were tendered and local SME suppliers were successful in their tenders for beef, lamb, pork, fresh fish, milk, eggs, fresh fruit and vegetables, bakery and grocery. Tenders were evaluated on the basis of 50% price and 50% quality thereby allowing the evaluation to account appropriately for quality considerations and the delivery of sustainable development. Menus were altered to comply with the national nutrient standards for school meals. The menus reflect the availability of seasonal produce and the decision was taken to use almost entirely fresh food rather than rely on pre cooked food which simplified compliance with the national standard. Currently the extended pilot transacts in the region of £250,000 with SMEs.

5.4.2 An evaluation by ADAS for the Scottish Government, found that East Ayrshire Council could keep within EU procurement procedures and still buy local, increase fresh and organic produce, purchase significantly improved quality of ingredients and achieve this at a modest cost increase in cost which was around the average food cost of all Councils in Scotland per meal. The evaluation recognised that there were a range of wider benefits, such as reduced environmental damage through reduced „food miles□ and waste packaging, social benefits for children and parents, health benefits and wider economic benefits for the local economy:

- Reduction of 3.97 Tonnes of CO2 emissions in one school, in one month, with a forecasted annual saving of 37.7 Tonnes
- Carbon saving of 1.08 Tonnes in one school, in one month, with a forecasted annual saving of 10.28 Tonnes
- for every £1 invested in the pilot, at least £3 in environmental, economic and social value has been returned.(SORI indicator)

5.5 **Scotland Food and Drink and the 2014 Commonwealth Games** team have established a food charter to guide the procurement of catering for the Glasgow based games next year. Caterers will be expected to look to Scottish food & drink producers first. Their aim is that this Charter will be adopted by the Ryder Cup and key Homecoming events and, crucially, become a legacy document for the country to influence high quality Scottish sourcing way beyond 2014.

5.6 **Argyll and Bute**, has suppliers with potential to deliver quality local produce into hospitals – and not just private SME's. Community gardens are supported by NHS Scotland as part of their health promotion work – in Argyll 3 out of the 6 hospital locations have community gardens in their locale, providing a particular opportunity to help sustain these initiatives on a commercial basis. Indeed work has already been undertaken to consider to what extent Islay House Gardens could supply fresh seasonal produce into Islay Hospital.

5.6.1 It is unrealistic to expect that a shift to freshly prepared locally sourced food could be immediately delivered within Argyll and Bute hospitals, or other public sector, catering. It is

also unrealistic that all catering requirements for the Argyll and Bute CHP could be sourced locally, or that local supply chains are ready and waiting for such an opportunity. What is clear however is that much more could be done to contribute to national and regional economic, health and environmental objectives than to sit back and allow a slow but steady creep of catering contracts tendered to global Cook Freeze producers. Consideration must be given as to how Argyll and Bute, can derive maximum benefit from the food supplied to it from the public sector, rather than just whatever option makes compliance with standards and food safety matters the easiest to bear from a management perspective.

5.6.2 If the CHP were to actively pursue a sustainable procurement agenda within a Cook Serve model the benefits for Argyll and Bute could potentially be far reaching:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

5.6.3 All best practise models summarised here have at their core strong leadership. The Cornwall Food Programme was delivered by a EU funded manager who was supported by a board including the 3 Chief Executives of the NHS Trust Hospitals and the Soil Association. Nottingham University Hospital Trust and East Ayrshire Council endorsed at the highest level and delivered by senior members of staff. The Community Panning Partnership within Argyll and Bute can play a similar role in here in providing leadership in this issue, and is best placed to consider the potential of sustainable food procurement for Argyll and Bute, and the resources (human, financial and political) required to deliver it.

5.6.4 Robin Gourlay, Head of Facilities Management Educational and Social Services at East Ayrshire has undertaken considerable work around the shift to sustainable procurement, and the incentives, costs and benefits which are required, and can be delivered. In "Walk the Talk" (2009) he makes a number of recommendations - all of which deserve careful consideration by relevant agencies and tiers of government – especially in light of the Procurement reform (Scotland) Bill which will set out a legislative framework for sustainable procurement. A flavour of them are listed:

- In menu development across the public sector seasonal food which can be grown in Scotland should be preferred and the amount of vegetarian food offered on menus should be increased. Fish and shellfish from sustainable and well managed sources should be preferred.

- In order to measure progress in the food economy and the efficiency of SMEs to meet the needs of Scotland□s hospitals, schools and welfare catering, prisons and NDPBs, as a guiding principle, a minimum of 35% of produce supplied to the public sector should be of Scottish origin and the Food for Life recommended target of 50% or greater should be considered good practice.

- It is recommended that the adoption of Sustainable Food Procurement becomes an explicit objective in the SOA and for all Public Sector Organisations and Non Departmental Public Bodies.

- To strengthen 'Community Planning Partnerships', derive a new benefit from the 'Shared Services Agenda' and foster food contracts which encourage local and smaller suppliers, there should be a reconfiguration of arrangements for public sector procurement allowing aggregation of contracts across sectors within local geographic

areas. This might include, for example, Local Authority and Health Service requirements.

- supporting the treatment of food as a commodity to be dealt with as a category C1contract, as envisaged in the McClelland report, allowing food and drink contracts to be aggregated within the combined purchasing power inside local authority or health board boundaries. This would effectively create a '*Community Planning Food and Drink Purchasing Consortium'*.

6 CONCLUSIONS

6.1 Health policy prioritises the need to promote and support a cultural shift to healthier eating. Enshrined within this policy is the message to eat more nutritional foods that are freshly prepared. Significant work is undertaken by the NHS across Scotland to promote this message and the provision of locally grown foods. Cook Freeze as currently supplied into Argyll and Bute contradicts these key messages. Strict standards must be met in the provision of hospital catering, which can be done through a number of different catering models. Concerns have been raised about whether the Cook Freeze model supplies the best nutritional quality available, and whether what it does serve meets other quality factors in terms of taste, that ensures meals are actually consumed.

6.2 National and regional policy with regard to the economic importance of the Food and Drink sector to Scotland is clearly established. 'Recipe for Success' and the forthcoming legislation from the Procurement Scotland (Reform) Bill firmly establish the expectation that public sector procurement has an absolutely vital role to play in sourcing as much local and Scottish produce as possible to maximise benefits to local communities. This economic benefit extends through the whole supply chain – from producers, to suppliers, to caterers aswell – and the creation and retention of skilled workers within Argyll and Bute. Cook Freeze as currently operating adds no value to the Argyll and Bute economy, but actually loses value through the associated shift of resources outwith the area and reduction in skilled jobs.

6.3 Environmental policy centres around the reduction in carbon emissions and a zero waste approach. Food miles, food and packing wastage and sustainable procurement all have a role to play in meeting environmental objectives and should be a key consideration along with price and quality in the way that hospital food is sourced. Cook Freeze products sourced through non regional providers increase food miles, carbon emissions and packaging waste. If they are not eaten due to palatability issues then food waste is also increased.

6.4 Apetito, or other suppliers of frozen food can meet the standards set out in The Food, Fluid and Nutritional Care in Hospital Meals and HCAPP. It is clear however that a cook freeze model sourcing ingredients from a global network, pre prepared and packaged for consumption at a point far from source makes no contribution to the wider health promotion policies, the strategic Food and Drink Policy, nor sustainable procurement as per Scottish Government guidance – all of which are directing the public sector to advocate and source the use of fresh, locally prepared food.

6.5 The Scottish Government has specifically directed public bodies to adopt Sustainable Food Procurement as a corporate objective and this will soon become enshrined in legislation through the Procurement Reform (Scotland) Bill. There are many potential benefits for Argyll and Bute in doing so – particularly when seen against the backdrop of the policy changes supported by the Community Empowerment and Renewal Bill.

6.6 Good practise from elsewhere within the NHS and public sector estate shows that hospital, and other public sector, catering can be procured in a manner that reduces environmental impact and maximises local economic benefit without it being necessarily more expensive, all whilst meeting strict health based standards. The introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability

- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

6.7 Cook Freeze as introduced within Argyll and Bute Hospitals to date has not just fallen short of policy objectives – it is at complete odds with health, economic and environmental policy. The Community Planning Partnership has a responsibility to ensure that local service delivery mechanisms are delivering not only national and regional policy objectives but are deriving the maximum benefits for communities within Argyll and Bute. The Community Planning Partnership is the right body to provide leadership in the issues around Cook Freeze – with the potential to turn a negative situation into something much more positive for Argyll and Bute. It is also best placed to scope the potential of sustainable food procurement for Argyll and Bute and the resources (human, financial and political) required to deliver maximum benefits to our communities.

This page is intentionally left blank

Area Community Planning Group
Paper from Health Improvement
NHS Highland Oct 2013

Choose Life: Prevention of Suicide and Self Harm in Argyll and Bute

The Area Community Planning Group is asked to:

- **Note this paper.**
- **Provide support for the ongoing stakeholder consultation regarding the Choose Life Project Service Level Agreement .**
- **Consider their role in relation to prevention of suicide and self harm in Argyll and Bute.**

1 Background and Summary

Two people die by suicide each day in Scotland. Identified as a Community issue, there were 762 deaths by suicide in Scotland in 2012. Suicide rates generally increase with increasing deprivation, with rates in the most deprived areas of Scotland significantly higher than the Scottish average. Suicide rates in the most deprived decile were double the Scottish average. Taking into account the current economic climate it is expected that there will be a negative effect reflected in the numbers of people negatively affected by suicide each year increasing. Based on three-year rolling averages there was an 18% fall in suicide rates between 2000-2002 and 2010-2012 in Scotland

Choose Life in Argyll and Bute began in 2003 with posts being established to take forward the Government's 10-year Strategy and Action Plan to prevent suicide in Scotland. Initially the funding for this work in Scotland was ring-fenced with this protection being subsequently removed. Argyll and Bute Council recognised the value and importance the project and continued funding the project for a further 6 years, (taking the funding up to March 2014). The staff have been employed and supported by NHS Highland as part of the partnership approach since the project's inception.

The National Aim of Choose Life was to reduce death by suicide by 20% in Scotland to be achieved by 2013. A training HEAT target accompanied this aim. This target saw completion in 2010 with NHS Highland successfully attaining the goal of 50% of key frontline staff educated & trained in using suicide assessment tools/prevention training programmes by 2010. Argyll and Bute CHP are still to achieve this 50% target currently sitting at around 36%.

In addition to undertaking work in the National Objectives, the project continues training Argyll & Bute CHP staff in order to achieve 50% of frontline staff trained in suicide awareness and intervention skills. The launch of the new Suicide and Self Harm Strategy was expected late summer 2013 but has been delayed and is now expected in Dec 2013.

2 Community Development Approach to Suicide Prevention

Choose Life supports community development through a broad range of activities. For example, the Smoothie Bike is utilised monthly by community groups; the 'Walkin in my Shoes' Tour visited 6 locations in Argyll and Bute including 3 islands in 2012. A quiz undertaken by around 380 young people around suicide and self harm and awareness raising undertaken at the annual Helensburghs Got Talent show over the past 6 years are all examples of the variety of different activities Choose Life has been instrumental in delivering. The project has supported capacity building in communities by providing or supporting a wide

range of training such a Living Life to the Full (Cognitive Behavioural Therapy) and Supporting People Bereaved by Suicide courses.
Further Information in available in the Choose Life annual report for 2012/2013.

3 Contribution to the SOA and local strategy

Suicide and Self-harm prevention are informed and relevant to the following:

- Joint Health Improvement Plan 2013 – 2016
- Strategic Framework for Mental Health and Wellbeing 2012 – 2014
- SOA outcomes on people living active, healthier and independent lives and inequalities are reduced.

4 Next Steps

The Choose Life project is currently subject to a stakeholder consultation as part of the review of the Service Level Agreement. The delay by the Scottish Government in launching the new National Strategy has implications for the current Service Level Agreement negotiations given that the current Government aim of reducing deaths by suicide by 20% is to be completed by Dec 2013. Furthermore, the current SLA continues until 31st March and the New Strategy is not available making it difficult to plan service delivery beyond March 2013. Contract review and stakeholder consultation are currently underway to guide the decision around the future of the Choose Life project and we encourage partners to take part in this process by submitting your comments to the Commissioning Team at Argyll and Bute Council for the attention of Jackie Connelly in Adult Care: jackie.connelly@argyll-bute.gov.uk

Health Improvement Team
Argyll and Bute CHP

October 2013

ARGYLL & BUTE COUNCIL

DEVELOPMENT AND INFRASTRUCTURE SERVICES

OBAN, LORN AND THE ISLES COMMUNITY PLANNING PARTNERSHIP
11th DECEMBER 2013

Establishment of Argyll and the Isles Coast and Countryside Trust (AICCT)

1. SUMMARY

1.1 The purpose of this report is to advise members about progress with the Argyll and the Isles Coast and Countryside Trust. The initial Board, Steering group and Development Officer (Julie Young) is in post and the governance, structure and business plan are currently being taken forward. The AICCT is a partnership organisation that is intended to support the main themes of the Single Outcome Agreement in terms of improving our economy, attracting more people to live and visit Argyll and Bute, and working together with local communities to deliver services in a different way. The AICCT intends to be ready for an official launch in spring 2014.

2. RECOMMENDATIONS

2.1 That the Community Planning Partnership notes the contents of this report.

3. DETAIL

3.1 Following a feasibility study in 2012 (http://www.argyll-bute.gov.uk/planning-and-environment/argyll-and-isles-coast-and-countryside-trust) Argyll and Bute Council in partnership with Scottish Natural Heritage, Forestry Commission Scotland and NHS Highland agreed to fund the establishment of the Argyll and the Isles Coast and Countryside Trust as an independent body for a three year period subject to meeting performance targets.

3.2 The remit of the trust is to progress a programme of non-statutory works primarily relating to the natural and built environment with the central aim being– **to sustainably maintain, enhance and promote the coast and countryside of Argyll and the Isles for the benefit of communities, local businesses and visitors.**

3.3 There are eight key objectives for AICCT:

Objective 1: Maintain, manage, promote and enhance our biodiversity and historic environment,

Objective 2: Encourage, facilitate and promote responsible access to our coast and countryside for our enjoyment and to contribute towards our overall health and well-being,

Objective 3: Maximise external funding opportunities for the benefit of the natural, historic and social environment,

Objective 4: Encourage participation and partnership working of existing groups and sharing of best practice with local communities and partners on all matters relating to access, biodiversity, marine and coastal, health and wellbeing and the built environment,

Objective 5: Seek to create an economically sustainable business with social and environmental benefits for delivery of the Coast and Countryside Trust objectives,

Objective 6: Create demonstrable social benefits such as opportunities for employment, training, volunteering and improving health and wellbeing,

Objective 7: Deliver a co-ordinated advisory service and education for the benefit of all existing community trusts and other organisations with an interest in the environment.

Objective 8: The Trust may with work transnational partners.

3.4 The Trust will be established as a Scottish Charitable Incorporated Organisation, have 8 board members (one from each core funder and 4 from the community; each representing one of the geographical areas of Argyll and Bute, and a cross section of business and community interests/skills).

3.5 The AICCT will seek external project funding and develop business opportunities to meet running costs and to initiate future projects. The intention is to establish a sustainable multi layered business model with income being sourced from a combination of grants, donations, membership fees, project funding and enterprise opportunities.

3.6 Other Trusts and their structures have been researched throughout the development of AICCT, including West Dunbartonshire Environment Trust which receives direct funding support from their area Community Planning Partnership to help achieve their key outcomes.

4. CONCLUSION

4.1 The Argyll and Isles Coast and Countryside Trust will be formally launched in spring 2014 and will bring benefits for the environment, business and communities in Argyll and Bute. The AICCT will cover the full geographic area of Argyll and Bute working together with the Loch

Lomond and Trossachs National Park Trust that has also just been established.

4.2 The AICCT supports the main themes of the Single Outcome Agreement and would welcome support and project ideas from the Community Planning Partnership as the AICCT establishes itself over the coming months.

5. IMPLICATIONS

5.1	**Policy**	The work of the AICCT supports the main themes of the Single Outcome Agreement
5.2	**Financial**	None associated with this report
5.3	**Personnel**	None
5.4	**Equalities Impact Assessment**	None.
5.5	**Legal**	None

For further information, please contact
Julie Young
Development Officer
Argyll and the Isles Coast and Countryside Trust
aicct@argyll-bute.gov.uk tel: 01546 604309

Fergus Murray
Development Policy Manager
Argyll and Bute Council
Fergus.murray@argyll-bute.gov.uk tel: 01546 604239

This page is intentionally left blank

"Sometimes I shout out loud just to know I'm alive, just to hear my own voice"

Planning for Local Befriending
Oban, Lorn and the Isles

Cowal Elderly Befrienders SCIO
25 Argyll Street
Dunoon
Argyll PA23 7HH
cowalbfs@btinternet.com

www.cowalbefrienders.co.uk

Index

Section

1. Report Summary

There is an identified need for the provision of a service to reduce loneliness and isolation, improve quality of life and support older people - particularly the more frail and those living with dementia - to live active and independent lives in the community. This supports the aims of Reshaping Care for Older People and 2 of 5 pillars of Post Diagnostic Support (Alzheimer Scotland pilot – Scotland's National Dementia Strategy)

Befriending has been shown to reduce perceived loneliness and isolation and increase feelings of wellbeing and independence by up to 42% after 6-12 months of service (Cowal Elderly Befrienders, Outcome Evaluation Scores 2012 appendix 2). Adopting a more flexible model in addition to the traditional 1-2-1 Befriending, can put older people at the heart of delivering the service; creating new support networks that enhance self esteem and resilience. Befriending supports work on enablement and re-ablement and would augment the new services offered by the statutory and voluntary sectors under RCOP

Interviews with older people themselves expressed the need most clearly;-

- ***"Sometimes I just cry, but nobody knows"***
- ***"..being alive is not the same as living..."***
- ***"I talk out loud to myself, to hear if my thoughts make sense; there's no one else to talk to and it worries me"***
- ***"I wish I had something to look forward to, just now and then"***
- ***"Everything kicks in when you are ill in hospital, but now I'm better, I'm still old and can't get out as much, they forget about you once you're better"***

"Older people would rather be ill than lonely" **(Community Nurse, Lorn Medical Centre)** Loneliness has been proven to have serious effects on both mental and physical health, leading older people to need (and continue to want) additional health and care services.

There are many excellent groups and services in the area, but in many cases, no clear referral pathway for staff to access them for clients, or enough appropriate support to help *frail* older people attend. The impact of RCOP is evident with new groups and services set up and supported through A.V.A. Community Resilience, (Soup Group, Grey Matters, Elderly Forum etc) and Alzheimer's Scotland.

The need appeared to be greatest in Oban itself; some rural areas and islands felt they 'looked after' their older people well, with others identifying individuals or smaller areas of need. Rural communities would want input to and ownership of, any service working in their area. Obvious resource implications of delivering services to island communities but support could be offered to develop befriending through existing services where requested (south of Mull)

Lack of accessible transport is a significant issue across the whole area for older people who cannot access services without support - this would need to be addressed in the provision of any new service.

Statutory agencies estimate the numbers of people who might benefit from a befriending service could be 100+. It is unlikely that this level of need could be supported by a solely volunteer based service. A service with both Outreach Staff and volunteers would be more consistent, flexible and effective, reaching greater numbers and guaranteeing service in the most rural areas.

Services identified as having most impact; 'Out and About' (keeping people active in the community and developing peer support), 1-2-1 Befriending (developing supportive relationships, including extra support to fully include people living with dementia), Shopping Service.

Recommendation

Setting up of a pilot project, initially offering Befriending in the wider Oban area, developing initial outreach services in response to referrals and identified need in Community Council areas of;- Glenorchy and Innishail, Ardchatten.

Resources Required

Initially, 1 Development Worker (full time) – to establish service and seek further resources.
Accessible Vehicle, ideally, small 6-8 seat mini-bus, + running costs.

Office Base (shared if possible) + core set-up and running expenses (telephone, stationery, IT, travel, etc)
Project Management and support through existing relevant project.

2.1 Research Methods

The purpose of the research was to map and assess the potential need, resources both existing and required, and best options for delivering a Befriending Service in the Oban, Lorn and the Isles area. The emerging need and consequent problems caused by loneliness and isolation have already been identified by a number of frontline staff and raised as an issue through RCOP.

Research was carried out by staff from Cowal Elderly Befrienders, supported by the Community Resilience Worker from Argyll Voluntary Action. Cowal Elderly Befrienders have almost 17 years experience of developing, running, monitoring and evaluating a range of befriending services across the whole of the Cowal peninsula, offering over 15,000 hours service - to approximately 150 older people each year. We have drawn on this experience to inform some areas of this report - particularly on options for future service delivery and resources required.

The main population centre is in Oban with numerous villages and settlements and inhabited islands making up the rest of the area. Opinions were sought and research carried out across as many areas as possible including several island communities, though it was impossible to speak to every local community group, attempt were made to gain information from every area.

Background demographic statistics are included as Appendix 1, however it will be well known by all on the RCOP Board that in the latest projections for Argyll and Bute, the population aged over 75 is set to increase by 73.6% between 2010 – 2035 with continuing implication for the way services are planned and delivered.

Research has been carried out over a 5 month period, using a variety of methods. The emphasis was on *listening* to people and communities, using 1-2-1 and small group interviews wherever possible, to gain the best qualitative information, as the concept of loneliness is subjective (though its effects are not). We focussed on older people themselves, those who work most closely with them and people active in supporting local community activity.

2.2 Interviews

Individual Interviews with 12 older people
Age range 65 to 94, range of health issues from sensory impairment and mobility issues to dementia and long term illness. Geographically spread to include the opinion of people living in the town of Oban, some living on the outskirts and some in the more remote rural part of the area. People interviewed had a range of different support structures;-

3 lived with family/immediate support
3 lived in sheltered housing
6 lived alone

Interviews with carers
3 carers supporting a family member with dementia
1 carer with family member in sheltered housing
1 carer with family member living alone in the community

Interviews
Oban Home Care Organiser
Duty Social Worker
Integrated Care Team Lead
Dementia Team Social Worker
Carers Centre

Alzheimer Scotland, Oban
Community Nurses, Lorne Medical Centre
Community Nurses, Connel Medical Practice
Argyll Voluntary Action, Community Resilience Worker
Councillor Elaine Robertson
Musical Memories (Singing for the Brain), Friendship Group – Elizabeth Little
Care and Repair Officer
Oban Community Council
Staff members/managers
Lynnside Day Centre
Dunmar Court
Torosay Court
Residents
Dunmar Court
Lynn Court

Research Visit to Tiree (Appendix 3)
Tiree Resource Centre
Retired Policeman – 40 years on the island
Community members

Research Visit to Mull (Appendix 4)
Home Care Manager
Bunessan Community Café and Ross of Mull Community Transport
Tobermory Lunch Club and Committee
Glen Iosal Sheltered Housing Manager

Telephone Interviews
North Argyll Volunteer Car Scheme
Argyll and Bute Council – Transport Manger;
Argyll and Bute Council - Community Development Officer
Alzheimer's Scotland Post Diagnostic Support Manager
Connel Community Council
Avich and Kilchrenan Community Council
Arduaine, Kilmelford and Kilninver Community Council
Kilmelford and Kilninver Church of Scotland Elder
Dalmally and Loch Awe Lunch Club
Seil Island Lunch Club
Pam Gibson – volunteer driver (rtd health professional covering Dalmally/Portsonachen/Eredine/Dalavich Inveraray)

On-line Survey
Appin Community Council
Ardchattan Community Council
Glenorchy and Innishail Community Council
Taynuilt Community Council
Lismore Community Council

Questions looked at 5 main topics;-

- What effect does loneliness and isolation have on older people in this area?
- Why is this a problem now - short or long term?
- What other services and resources are there?
- Where and for whom is the problem most acute?
- What service or services would make most difference to the problem?

Further research was then carried out to look at the most appropriate response to the identified need and possible service models compared.

3. Effects of loneliness and isolation

Most Health, Social Care, Voluntary Sector staff and community members spoken to confirm they have been aware of this issue for some time, expressed the need to deal with the debilitating effects that loneliness can have and were pleased that this initiative to look at a possible solution was taking place.

Effects identified include;

- **Self neglect**
- **Lack of motivation, nothing to get up for**
- **Feeling worthless**
- **Increased confusion when days are all the same**
- **Loss of confidence – stops them accessing support**
- **Increasing depression, persistent low mood**
- **Give up too soon - *want* to have formal care**
- **Focussing on the negative, on what they *can't* do**
- **Makes the common illnesses of older age feel much worse**
- **People feel shut off from community life**
- **Lose the ability to communicate**
- **Can become withdrawn, frightened and anxious**
- **Physically damaging – no exercise reduces mobility, can lead to falls**

And perhaps most significantly

- **"Older people would rather be ill than lonely" (**Community Nurse, Lorn Medical Centre)

This stark comment and the effects noted above, highlight the need, and the possible consequence of not dealing with this issue. Community Nurses at Connel Medical Centre said " ***(some)* older people want something wrong because it brings people in**" If they only way that you know you will see people, have some interaction and someone to care, to listen to how you feel, is by being ill, then it may feel like the only option. Another nurse commented "**they are reluctant to get better because they know the visits will stop**" With demographic patterns putting extreme pressure on resources for health and care we must try to keep older people as healthy, active and independent as possible; expensive medical resources may be called on where one of the underlying problem may be loneliness.

This is not to imply that *feeling* lonely or isolated is not directly linked to ill health. Experiencing loneliness and isolation has been proven in many studies to have serious effects on both physical and mental health;

Lonely older adults were found to have a higher risk of hypertension and greater increases in systolic blood pressure over time. (Hawkley LC, Thisted RA, Masi CM, Cacioppo JT – ***Loneliness predicts increased blood pressure -* 2010)**

Loneliness also increases the likelihood of developing depression. This in itself affects the ability to fight illness. (Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA – ***Loneliness as a specific risk factor for depressive symptoms – 2006*).**

Loneliness is associated with a more rapid decline in cognitive function in people with Alzheimer's (Wilson RS, Krueger KR Arnold SE, Schneider JA, Kelly JF, Barnes LL – ***Loneliness and risk of Alzheimer disease** – 2007*).

Having weak social connections carries a health risk

- *Equivalent to smoking 15 cigarettes a day*
- *Equivalent to being an alcoholic*
- *More harmful than not exercising*
- *Twice as harmful as obesity*

(Holt-Lundstad J, Smith TB, Layton JB - ***Social relationships and mortality risk: a meta-analytic review – 2010*).**

Another negative impact of loneliness is that it can make older people more vulnerable to scams, door step callers and telephone sales cold calling. Cowal Befrienders has evidence of older people giving their bank details and agreeing to services they do not want or need just because a friendly person called.

Given the projected rise in the numbers of people over 75 and the fact the problems of loneliness and isolation already exist and are identified in this area, in would seem to be both responsive and cost effective to set up a service to reduce the impact this can have; a service that would develop to meet the differing needs of individuals and communities as part of the longer term reshaping of care for older people.

~ ~ ~ ~ ~ ~ ~ ~

4. Why has this happened - will it continue to be a growing problem?

Interestingly, although Oban has grown significantly in the last 20 years, the population for Oban and Lorn has only increased slightly, indicating perhaps more single person households and holiday homes (20% of homes on Tiree are holiday homes). Families are more scattered and over the last 20 years there has been an increase of women working full time, particularly when children have left home, meaning the traditional family support model is rare. All the older people spoken too who had family in the area mentioned how busy they were; how little time they had to spare: the faster pace of modern life can leave older people behind.

Oban and it's surrounding villages and settlements has long been an attractive retirement community but that poses problems when one person is left alone with no local support networks. Even those who have lived in the area all their lives, who still have friends and acquaintances here, can find it difficult to keep in touch without some support, "**We used to meet every Saturday, but since she fell she won't come out alone, I can't help her now, my sight is not good**" Some people who rarely come to the attention of statutory services; who have always been thought of as independent and coping, who are not ill but just becoming old and growing frail, or those who are known to have family in the area, may be overlooked for formal support to be included in local events.

People are living longer and there have had to be changes to the way services are provided – loss of the old 'Home-Help' system, increasing use of Telecare, which provides valuable monitoring and security but reduces personal contact "**they keep taking the people away**". Charging policy for day care, limited transport, different agencies providing care with loss of familiar faces. Reduced services and warden cover in sheltered housing, people feel abandoned and anxious "**They shouldn't be making things harder for us"** Our need to reduce dependency on services creates another issue - who do older people, who do not have close family support, depend on? We highlight the need to keep older people independent but without support that allows inter-dependence, our new policies and strategies may force older people into a very lonely life.

One of the initial finding from Reshaping Care engagement events was that *"people want to **stay in their own homes** for as long as possible. Of all the questions raised at events, this one received a near unanimous response, but was tempered with "for as long as people feel safe"; or "for as long as a person doesn't feel too cut off".* For some people staying at home alone, with "**different**

carer's just flying in and out", little meaningful social interaction or peer support, offers little quality of life. Would any of us opt for this?

It was mentioned several times that older people are reluctant to pay for services - they may have all the benefits they are entitled to but will not spend the money on support. We should remember that this is generation who saw the inception of the NHS, promising care from 'cradle to grave'. It will have been their experience, when arranging care for *their* older relatives that wrap around care was provided free and it must seem unjust that now it is their turn they are expected to pay for everything other that basic personal care.

The long term aims of Reshaping Care is to change the way we regard older age, that people will live longer healthier lives and be more able to take care of themselves and remain independent. Services put in place, e.g. the support for encouraging volunteering and mutual support through Timebanking will have a growing effect in the longer term. The generation approaching, or in early retirement now, are much more aware of the need to plan for the future. The Facebook, Facetime and Skype generations have a different attitude to social interaction and it is likely that the need to assist with on-going social support will reduce in decades to come.

~ ~ ~ ~ ~ ~ ~ ~

5.1 Existing Services

Across the area there are many excellent services, notably (but not exclusively);-

- North Argyll Volunteer Car Scheme
- Argyll Voluntary Action, Community Resilience, Soup Group and Grey Matters groups
- Argyll Voluntary Action, TimeBanking
- Musical Memories (Singing for the Brain)
- Bunnssan Community Café
- Friendship Club
- Fitness and Laughter group
- Alzheimers Scotland support for activities
- Lismore Community Transport 'Granny Bus'
- Linnside Outreach (Ford Spence Court)
- O.L.D.S. Oban and Lorn District Seniors
- Carer's Centre and Crossroads groups and activities

Plus numerous rural lunch clubs, friendship groups, craft classes etc.

Although every effort is made to include as many people as possible, in some cases, there is often no clear referral pathway for statutory and other services to access them and a lack of consistent accessible transport and support. Some services are by invitation rather than referral, some have been created (though not exclusively) for people living with dementia. With the exception of Linnside Outreach, none are dedicated to reducing loneliness, developing individual or peer support on a frequent and regular basis for the *most frail or isolated*. A new, small scale Befriending service is being set up within one of the Churches - they felt they had to address the need - but this is only for their parishioners and will be by internal referral only.

Befriending – with the implied creation of trusted and supportive relationships - can be offered to the most frail and vulnerable members of our community so must offer the same levels of protection and support for clients and staff (both paid and unpaid) as many of the statutory health and care services. Most groups run with a core of dedicated volunteers but few (other than Crossroads) are set up to provide the level of support necessary for Befriending the most

vulnerable frail or elderly people, i.e. volunteer recruitment, PVG checks, induction training (inc Protection of Vulnerable Adults), support and supervision, ongoing training, monitoring and evaluation.

5.2 Transport

Unsurprisingly, lack of accessible transport was highlighted as one of the biggest issues for many older people in the area; in a recent Age Scotland article, one Argyll resident commented **"…a lot of discussion these days is about keeping older people 'interested in things' We are interested in things – we just can't get to them!"**

It is particularly difficult for those who cannot access normal bus or taxi services without support. Most voluntary groups rely on people arranging their own transport or using a pool of volunteers to pick others up in their cars. Other than using NAVCS - see below - this is a free and informal service. There is just one wheelchair accessible taxi in Oban, local private mini-bus hire is available but not accessible, and there is no clear route for using/hiring accessible buses owned by other agencies. Use of Argyll and Bute Council buses (Education and Social Care) is obviously limited to the very few times when they are not needed for their primary purpose and recently; access has reduced for voluntary and community groups to mostly evenings and weekends. Local knowledge and contacts helps, with some groups able to use a mini-bus owned by a Shinty Club but this is not fully accessible; the recent closure of Soroba House Hotel and the services offered there, meant the loss of the most frequently used, available and accessible bus.

North Argyll Volunteer Car Scheme runs an excellent and well known service in many of the more rural areas. The scheme organises volunteers to use their own cars to provide transport for people who would otherwise be unable to make local journeys for health appointments, to access essential services or onward transport. It covers the Community Council areas of Seil, Luing, Kilninver and Kilmelford, Glenorchy, Innishail, Taynuilt, Kilchrenan and Dalavich. Passengers must register with the part-time, paid coordinator and are asked to make a contribution to journey costs, 30p per mile up to a maximum of £7.50 for journeys from Arduaine/Kilmelford or £8.50 from Dalmally/Loch Awe. Drivers are paid 35p per mile with the difference coming from grant funding. The Scheme is set up to provide transport rather than social interaction and could be expensive to use for social occasions unless the driver is going to attend the same event i.e. Seil Lunch Club, as 2 fares might be required. Due to volunteer scheduling, passengers cannot choose or request specific drivers. Passengers are usually relatively mobile as the level of physical support offered is up to individual volunteers. Physical support is not generally offered for activities e.g. shopping. Unfortunately it is not available in Oban and immediate surrounding areas.

There are community transport scheme on both Lismore (volunteer drivers) Tiree (ring and ride bus service) and the Ross of Mull (community mini-bus) with a small volunteer car scheme starting around Tobermory. Many people on the islands mentioned the loss of the Council's Better Neighbourhood 'Stay Put' services which helped older people keep active by providing accessible vehicles and support.

Red Cross transport - currently based in Lochgilphead could be made available in the Oban area if requested in advance; this does incur a charge. The Red Cross are aware that they do not have a current presence or formal role in the Oban area - other than a small transport service based on Mull - but would be keen to develop a service if an appropriate need was to emerge.

We found that, in town, most people interviewed had heard of *some* of the available services, depending on their area of interest, but were less sure of where and when they operated or who to contact to find out more or make a referral. In the rural areas the names of one or two active local people were generally given as a way of accessing anything that was going on. For the older people interviewed, some were using or had used services but were unclear of how this had been organised.

A Befriending service, which would have clear referral criteria and structures, could support the more frail or isolated to attend some of the other activities and services provided, maximising the benefit offered, without placing additional demands on the groups or volunteers. **"More people would really enjoy it (Dalmally and Loch Awe Lunch club) if we could just get them to it"**

6. Where, and for whom, are services most needed?

Opinions varied across the area on where the need is greatest and the numbers of people who might be affected. The most reliable estimate of numbers of people in need is from Social Care and Health services where the Duty Social Workers stated that she takes ***at least*** one call each week from someone who is asking for help or being referred where loneliness or isolation is the underlying cause; added to this, an estimate from the Dementia Team Social Worker of 30+ clients who would benefit from increased social interaction, plus the individuals identified by Community Nurses in the most remote rural areas and it suggests that a new Befriending Service might receive up to **100 referrals** in the first year.

Some rural areas felt that there was already strong community support for older people in the area, with a pool of local people volunteering informally; though most admitted there were no structures to make sure everyone in need was included, word of mouth was generally felt to be effective. In Appin, Taynuilt, Connel, Kilninver, Kilmelford, Tobermory and Tiree, people felt there was good support, that most older people were identified and looked out for. In one remote area the local postman 'keeps an eye' on all the older people, calling in regularly to check they are feeling well. In Lismore, local older people were thought to have enough support but perhaps not those who had moved to the island for retirement and were less well known to the community. South west of Oban everyone speaks very highly of the services provided by Easdale Medical Practice and think that no older person would be missed out if thought to be in need. This does contrast slightly with information from Health and Social Care professionals who could identify individuals in most areas who could be considered lonely and/or isolated.

Other rural areas - South of Mull, Glenorchy, Loch Awe, Dalmally, Ardchatten, Benderloch and Barcaldine all identified a need for extra support; and in some cases, support for existing organisations struggling to raise funds and volunteers to keep services going. Areas where the population is most scattered tend to have less cohesive community support simply due to geography. A Church of Scotland Elder from the area Kilninver to Arduaine, where there already is good support and a real attempt to include everyone, told us that the need to have a more formal approach to identifying those who may be lonely or isolated how they might address this, is to be discussed at their next Kirk Session meeting

In Oban and immediate surrounding area, people were **certain** that a service was needed. Older people spoken to, highlighted transport problems and the difficulties of remaining independent, some knew of local groups but had no idea how to access them and little expectation that they might be supported to do so, some cited friends or acquaintances that could no longer get out. Some older people in sheltered housing, initially feeling they all had a good social life, quickly identified others who did not or could not join in with activities in the residents lounge or get out into the community unassisted. Agencies know of clients who would benefit from increased social support and interaction, particularly in the wider Oban area but feel there is little available, some groups already struggle to get enough volunteers to support service users.

Who might benefit from a Befriending Service was again the subject of very different opinions. The expected profile of a frail old person, living alone in a remote house in a rural area, was suggested but front line staff also identified wider causes and life circumstances that lead to feelings of loneliness and isolation. The lady is her 60's with early onset dementia who is unable to continue with normal social activities and 'trapped' at home to be safe; the elderly man, with mobility problems, with numerous carer and neighbour visits but who never sets foot outside his door; the frail but active older 'in-comer' in sheltered housing who doesn't know her neighbours; all can

experience degrees of loneliness or isolation that can lead to the problems outlined earlier. We must also be aware that even when it appears that people are well supported there can be unexpected need; the realities of living with family means that people are often alone for the greater part of the day if family members are working, but may be regarded as unlikely to be lonely as they are in the family household; or, that if the family wanted them to take part in local events this would be arranged for them. If living with family present in the house all day, problems can arise with feelings of loss of independence, being a 'nuisance' or a 'burden', having no life out-with the family routine. Some have little or no peer support or social interaction out-with the immediate family circle. Older people, even those with memory problems, can be aware of tensions in the household, which they may feel partly responsible for.

"**they need a break – I didn't ever think I'd end up like this"**
"I just go to my room after tea, they need time to talk"
"the grandchildren are great but I need to watch what I say to them"

Some older people interviewed, who had good local support, mentioned that they did not want to rely too much on family. They felt that the more independent they could be, the better the relationship with their families would be,

"I hate to think they would sigh if they see me coming up the path"
"My daughter has her own problems and I don't want to be one of them, if I can't help her at least I don't need to add to her worries"
"When I wasn't well my daughter took over, but now I think she thinks I'm stupid and can't manage, we argue all the time about what I should be doing"

It would therefore be unwise to restrict referral criteria to those who live alone - but to look at individual circumstances. For health and care professionals and other agencies to identify and refer for service anyone they consider to be affected by loneliness and/or isolation, whatever there home situation should be. An indirect outcome and benefit for carers is that befriending provides what has been called 'guilt free' respite. The service is offered to the cared for person, meaning they will be out enjoying themselves or have someone visit just for them, the same service that is offered to those without carers. This additional support is often appreciated in the most rural areas where services are limited.

The Charter of Rights for people with dementia and their carers in Scotland states their equal right 'to live as independently as possible with access to recreational, leisure and cultural life in their community'. We asked if a Befriending service might be needed for people with dementia - perhaps there were sufficient opportunities or services through other new initiatives. A carer told us **"Segregated services focus on ******'s disability, makes her more aware of it"**. The Post Diagnostic Support Manager for Argyll and Clyde commented that they would like to see the model currently operating in Cowal offered across this areas as it fully includes people living with dementia with their peers in all activities. Sound equality principles built into any new service may mean that extra resources are required to be fully inclusive but this must be taken account when planning.

~ ~ ~ ~ ~ ~ ~ ~

7. 1 What service or services would make the most difference?

When looking at the type of service that might be provided, we must remember that loneliness and isolation are subtly different - Isolation can be seen as lack of social contact, community involvement, or access to services. Loneliness, by contrast, is a feeling or emotion, a subjective sense of not having as much social interaction or contact as is wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. Different approaches and service options will be needed for different people and the individual circumstances they experience.

'Older people experiencing isolation require practical help. Older people experiencing loneliness require social support and extended social networks". [*Cattan M (2001) – Supporting older people to overcome social isolation and loneliness*].

Most of the older people spoken too expressed the same wishes – they wanted to be active, to feel useful and part of local life. They did not want to be a 'burden' on family or friends, did not want simply to be recipients of care, most missed any form of peer interaction, having carers come in several times a day is not the same as feeling *cared about or valued.* 1-2-1 befriending, though ideal for and much appreciated by some, can further isolate people if what they want is to play an active part in the community again.

Professional and carers wanted a flexible, inclusive service that would respond to different and changing needs across a wide age range (60+ upwards) and could work **with** the different rural communities.

The main services requested were;

- Support to get out of the house, getting people out of 'these 4 walls'; with most older people themselves expressing a preference to get out into the community if possible, to do 'normal' things again, developing new peer support networks.
- Traditional 1-2-1 befriending with home visiting providing companionship and building confidence...that could lead to more involvement in community life.
- Support for people with early onset dementia to pursue personal interests
- Shopping Service, support to keep doing this independently or Food Train model.

It is important that the service should be able to respond to changing need with minimal interruption. The aim is to have a service that can provide social interaction and show a sustained level of interest in someone's wellbeing as they go through the inevitable ageing process, come through periods of ill heath or changing abilities. To be part of a service that suddenly stops if, for instance, a fall seriously restricts mobility, will only highlight and exacerbate the potential difficulties of getting older. The barriers to normal life for even the frailest older person are often surprisingly small;- by allowing time, going at their pace, showing an interest by frequent, regular contact and offering appropriate support and accessible transport, we can set up a project where no-one feels they are a 'burden' or a 'bother'. That's what it's there for!

7.2 Promoting Independence

One of the main aims of RCOP is to promote independence and develop services that help older people to help themselves and their peers.

In a recent study carried out by Cowal Befrienders looking at whether Befriending can promote independence, the results were surprising. Older people said that, of course, the practical support from the project and the peer support from other clients helped, but equally important was the way participating in our services lifted their mood, helped them *feel* better. Knowing that support was there if required and that "**I just have to lift the phone if I feel low"** relieved anxiety, that feeling happier, more confident and with something to look forward to made them feel more positive, capable and wanting to cope. "**When I'm down I just sit in my chair, but if I've been out with Befrienders I feel good and try to do the dishes**" Befriending would therefore support enablement and re-ablement work being carried out by other agencies.

8. Service delivery

Recommendation
Establishment of a Befriending project that would offer a range of different services across the area, with services as identified above. Service should be;-

- Flexible
- Responsive
- Consistent (same faces)
- Frequent, regular and reliable
- Safe

Project should adhere to Befriending Networks guidelines for 1-2-1 service based on their Vital Skills in Befriending Training. Minimum recruitment, training and support requirement for staff and volunteers;

- Application, references, Interview, PVG check
- Induction Training – Protection of Vulnerable Adults, Confidentiality, Boundaries, Risk Assessment, Dementia Awareness, First Aid
- Regular programme of support and supervision
- Ongoing training

Project should have robust monitoring and evaluation procedures to measure impact and outcomes to inform future development and attract external funding.

Prioritisation framework will be required to allow those most in need to access service more quickly rather than waiting list. e.g. after hospital discharge or major illness or accident.

Initially focusing on Oban and immediate surroundings (Kilmore to Dunbeg). First outreach services in the Loch Awe, Dalmally, Glenorchy area and Ardchatten, Benderloch, Baracaldine. Support for befriending service model perhaps through existing projects in the south of Mull/

Ability to provide accessible transport would be necessary to get most frail people involved in the community and help them access other groups and services.

Project should work closely with other agencies and RCOP projects to avoid any duplication of service but drawing on each other's resources and maximising opportunities for social interaction and service provision e.g. develop cross referral systems, links to Time-bank for additional practical services, use NAVCS to support rural group outreach etc.

One important factor to be considered is whether a charge is to be made for the service, or for some parts i.e. travel element or shopping service, and what level this should be set at. It would defeat the purpose of the initiative if older people could not afford to use it, or breach equality guidelines if only accessible to those with sufficient income.

<u>Delivery Method – Volunteer service or Outreach Staff + volunteers</u>

Volunteering promotes citizenship, it develops skills and confidence, builds social capital, helps integration of older people with younger generations and crucially for this initiative provides opportunities for support and self-help to come from the community, which will be needed for the

foreseeable future. However, experience of running a Befriending Service in an area with both similar population profiles and geography, suggests that need for the service will outstrip the potential supply of volunteers. Numbers indicated by this research would require a pool of 60-70 volunteers, most having available transport, some happy to work with 2 or more clients, with a core of 50 offering *at least* a weekly service to cover for those not available. Local information from Argyll Voluntary Action suggests that the likely pool of volunteers may be 20 – 30 after 6 - 12 months; given that not all will have transport or want a regular weekly, year round, commitment, we might offer a service to 20 - 30 people, leading to an inevitable waiting list and difficulties in prioritising those most in need.

Befriending requires a significant commitment, more than many other volunteering roles, it is a more formal and supervised role; it can involve supporting people at the end of their lives and lead to feelings of bereavement, or can be challenging if Befriending someone with dementia. In our experience of volunteer recruitment less than half of potential volunteers recruited, complete all the training and elements required and ***go on to offer 1-2-1 support long term***. Having a range of possible volunteering options can increase numbers and volunteer retention so helping with group work, escorting on transport, being on a fundraising committee all offer opportunities for people to be involved without the initial commitment of 1-2-1. Being involved with clients on a regular basis can lead to natural 1-2-1 matches that are often the most successful.

We find most volunteers are willing to offer 2 to 3 hours a week, with a few giving a full day - it depends on individual and changing circumstances. Using a mix of both staff and volunteers means a service can be guaranteed, it provides consistency, better risk management and more accurate monitoring of clients. Some services would be less successful if offered on a short time basis e.g. to create successful peer befriending an Outreach Worker with volunteer support can get to know up to 50 clients per week; allowing for better peer matching; bringing people with similar interests together in small groups to create new peer support networks.

Service provision is not necessarily less expensive if offered by volunteers. To manage/support volunteers, offering 1-2-1 support to frail older people or those living with dementia, Befriending Networks recommended ratio for a full time volunteer coordinator *who has no other responsibilities,* would be 25 volunteers. Additional staff would be required for all other aspects of project work. Using an Outreach worker with volunteer escort in a small mini bus would be less expensive than using individual vehicles to cover the area and paying volunteer travel and expense, with the additional environmental impact of more vehicle/journeys.

9. Suggested Project Implementation

Year 1 - Employment of a full time Development Worker to set up a Befriending Project (RCOP funding?)* Moving from initial project set-up period to 3 days client focussed work, 2 days project development. Maximising existing or potential resources, begin to recruit volunteers; seek additional funding. (Job description/skills required available from Cowal Elderly Befrienders)

The project will require an accessible vehicle as client numbers increase.

Further staff and volunteer support employed as client numbers increase (6 - 12 month stage)

Project management initially through suitably experienced or qualified project but with local 'ownership' by establishing local committee/advisors.

***(Budgets for salaries, running costs, office base, expenses etc will depend on levels set by project tendering for, or creating new service)**

~ ~ ~ ~ ~ ~ ~ ~ ~ ~

It has been impossible to record in this report all evidence gathered in the course of the research. For further details or clarification of any points please contact;-

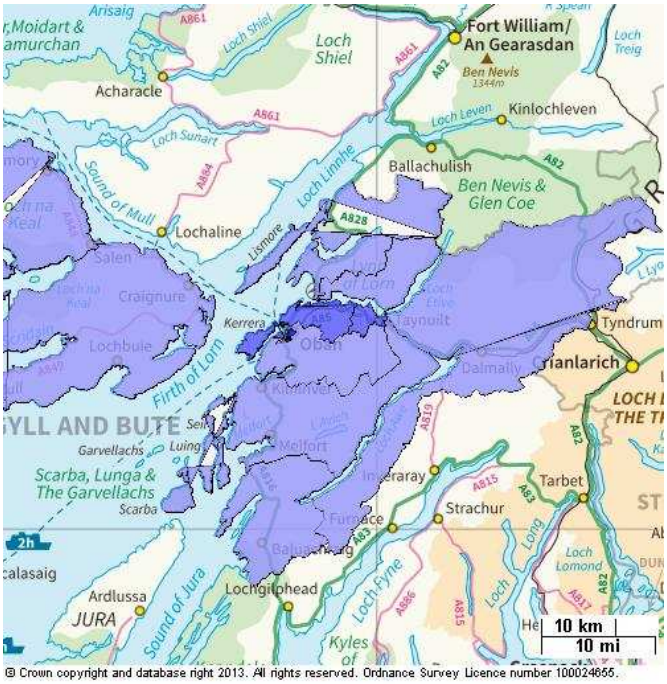
Pauline Livingstone, Coordinator, Cowal Elderly Befrienders SCIO
cowalbfs@btinternet.com: Tel. No. 01369 704985

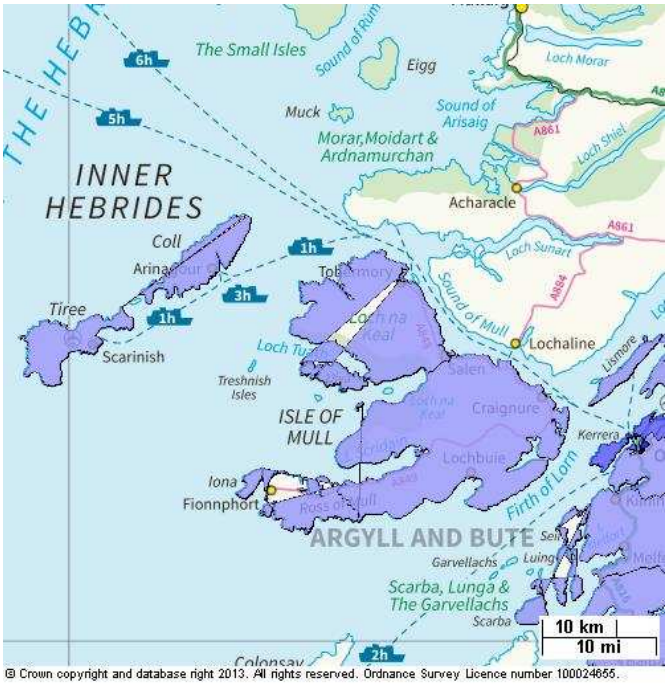
Appendix 1. Statistical Data

Datazone Background

Area of research covers 19 datazones:
S01000803; S01000806; S01000808; S01000809; S01000810; S01000811; S01000813; S01000814; S01000817; S01000819; S01000820; S01000823; S01000824; S01000825; S01000827; S01000828; S01000829; S01000830; S01000831

Datazones are clusters of approximately 250 households/dwellings. For this reason there are often large numbers of Datazones in towns/cities and occasions where a huge geographic area is covered by just one Datazone in rural areas. The area in which the research was taken has several of these vast rural Datazones.





Drive-time to Services

For those who rely on public transport to access local services the travel times are often long and the services infrequent.

The average public transport time in minutes to a GP in 2012 for the Datazones is 42. This compares to Scotland as a whole where 98% of households are less than 15 minutes drive-time from a GP, with Argyll and Bute as a whole having an average drive time of 20 minutes. 12 of the Datazones have a public transport time of more than 25 minutes (63%) and 3 have travel times of greater than an hour.

Public transport travel times within the area are similar for accessing other essential services such as a Post Office and Shopping Facilities. Almost half of the Datazones have a public transport

travel time to shopping facilities of over an hour, with 20% of zones having a travel time of over 2 hours. This compares to the Argyll average of just 25 minutes. The journey time to a Post Office within the Datazones is almost double that of the Argyll average (25 minutes versus 13 minutes Argyll wide).

Within the immediate vicinity of Oban public transport is of a useable standard, but outwith these areas it is simply not a viable option for frail older people (particularly in the areas of Coll/Tiree; Appin & Lismore; Mull and Taynuilt). This poses a problem for older people who would like to access community facilities and groups but are simply unable to overcome the transport logistics. Not wanting to be a 'burden' on neighbours and other members of the community, there is the danger that frail older people will simply stop trying to access services in the area.

Second Homes / Vacant Property

One factor contributing to isolation of communities (especially in rural areas) is the number of properties purchased as holiday homes. In this regard Argyll & Bute has a higher than average number of unoccupied dwellings at 10% versus the figure in Scotland as a whole of just 4%. The Datazones at the centre of our research have a figure even higher – the area has an average of 13% of dwellings classified as unoccupied, with nearly half of the Datazones (9) having over 15% of dwellings unoccupied. In one area, Coll & Tiree, 33% of dwellings are either second homes of vacant.

SIMD Rankings

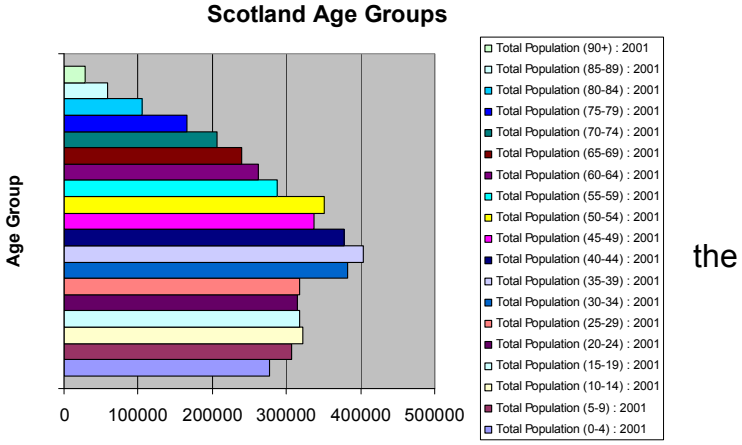
The Scottish Index of Multiple Deprivation ranks Datazones according to their score on 7 categories reflecting deprivation (Income; Employment; Health; Education; Geographic Access; Housing and Crime). Rankings are from 1 (most deprived) to 6505 (least deprived).

Although all of the Datazones in the area scored reasonably well in the overall 2012 SIMD Rank (with the exception of one Datazone with ranks consistent with the effects of socio-economic deprivation), they are all ranked very poorly in the Geographic Access to Services domain. 12 out of our 19 Datazones are ranked in the bottom 5% of this domain, and 10 (53% of the Datazones) are ranked in the lowest 2% nationally. One of our

Datazones (Coll & Tiree) is ranked as the most deprived in Scotland in the Geographic Access domain. Another (Mull) is ranked at number 3.

Age Demographics

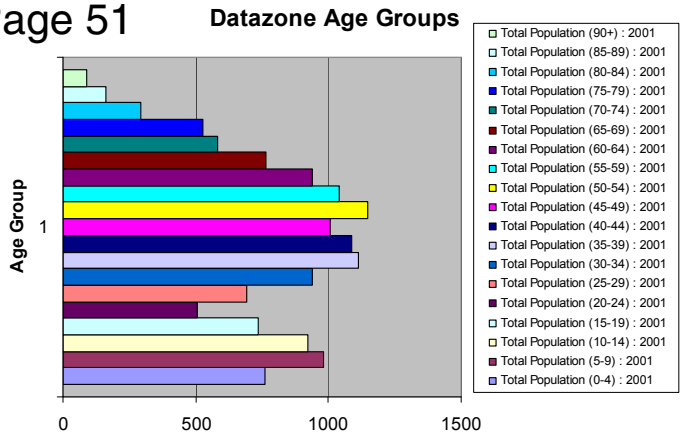
Census data for 2001 show that the Datazones contain a total of 2422 people aged over 65. This accounts for 17% of the total population and compares to 18.4% in Argyll and Bute as a whole and 16% across the whole of ScotlandStatistics from 2011 show that 24.5% of the population in Datazones are of pensionable age, versus 26% in Argyll and Bute and 19.8% for Scotland.

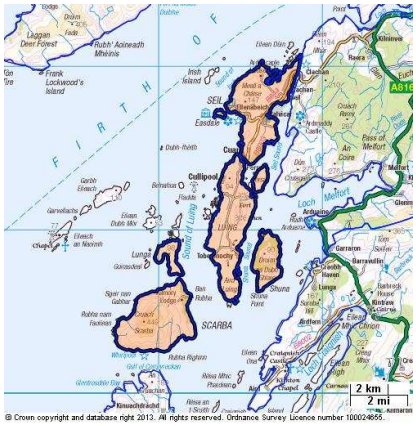


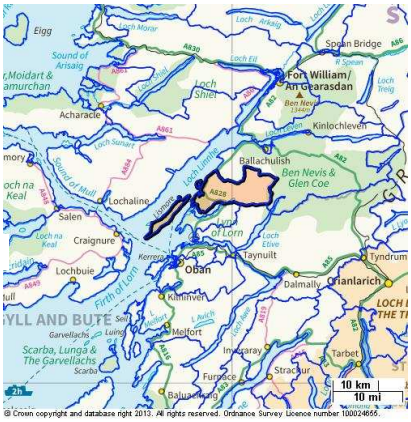
the

The most vulnerable older people (those aged 80 and over) account for 3.8% of the population in the area (this is 22% of people of pensionable age).

The two Datazones pictured below contain the highest percentage of individuals of pensionable age at 34% in each area. With male Life Expectancy in Scotland having increased 2.5 years in the last decade and female Life Expactancy having increased by 3.5 years, the number of areas in Argyll and Bute with high numbers of older people is likely to increase.







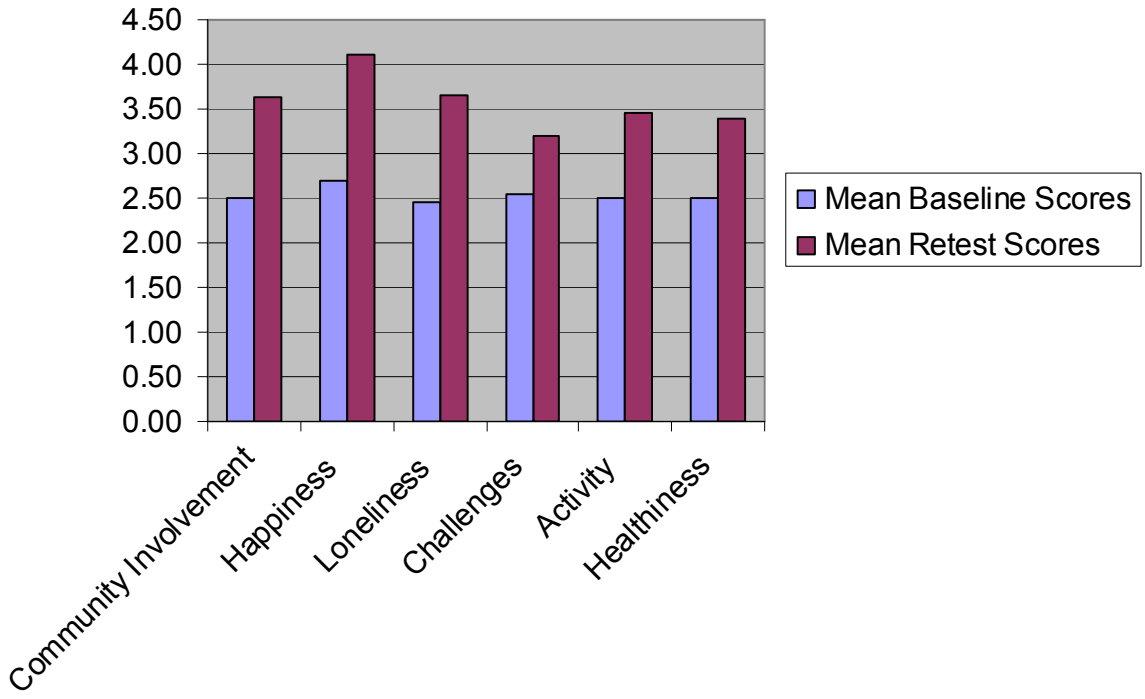
The National Records for Scotland's population projections for Argyll and Bute over the period 2010 – 2035 are that the population aged over 75 is set to increase by 73.6%, whilst at the same time the total population is likely to fall, as is that of the general working age population. The total number of people of pensionable age in Argyll and Bute will increase by nearly 10% by 2035.

Does Befriending Improve health and Wellbeing

Evaluation Overview

132 clients took part in our evaluation which measures aspects of potential improvement in overall feelings of Health and Wellbeing. All clients are evaluated when they first commence a service with the Befrienders (or soon afterwards), and then again after 6 months. The Smiley Face Chart consists of 6 bars of faces to record aspects of how the client feels about their relationships, quality of life, community involvement, mental and physical activity, their ability to deal with challenges and live independently at home. Each category of evaluation has a scale of satisfaction or ability levels for the client to chose from. These levels are represented by face symbols in varying states of 'happiness'. The results can be transferred into a statistical score for each category **The average overall improvement in scores of clients is 41%**. The chart below shows the average scores for each category:

Evaluation Scores by Category



The scores show a significant contrast in the scores of clients from rural and non-rural areas. Rural clients showed an average improvement of 26.5% between tests whilst non-rural clients show an improvement of 48.6%. There is also a slight difference between male and female scores, with males showing an overall increase in scores of 49% and females showing an increase of just 39%. The table below shows the mean scores and percentage change for each category of the evaluation:

	Mean Baseline	Mean Retest	% Change
Community Involvement	2.51	3.64	45%
Happiness	2.7	4.11	52%
Loneliness	2.46	3.66	48%
Challenges	2.54	3.2	26%
Activity	2.49	3.45	29%
Healthiness	2.51	3.39	35%

The following tables show a breakdown of average scores across our client group.

Male Scores							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	**Mean Avg.**
Mean Baseline Scores	2.11	2.63	2.42	2.42	2.26	2.26	2.35
Mean Retest Scores	3.53	4.00	3.53	3.26	3.42	3.26	3.50

Female Scores							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	**Mean Avg.**
Mean Baseline Scores	2.65	2.73	2.47	2.58	2.56	2.6	2.60
Mean Retest Scores	3.67	4.15	3.71	3.18	3.45	3.44	3.60

Rural Scores							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	**Mean Avg.**
Mean Baseline Scores	2.71	2.92	2.71	2.63	2.79	2.54	2.72
Mean Retest Scores	3.75	3.96	3.75	2.88	3.13	3.17	3.44

Dunoon Scores							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	**Mean Avg.**
Mean Baseline Scores	2.42	2.6	2.34	2.5	2.34	2.5	2.45
Mean Retest Scores	3.58	4.18	3.62	3.36	3.6	3.5	3.64

Appendix 3

Research Visit – Tiree

Background

Tiree is an island with a rapidly declining population. The 2001 census recorded over 800 inhabitants on the island, with the current estimate (as at January 2013) being only 600. The reasons behind this are complex but include young families moving away to the mainland to raise their children in communities with better facilities and job opportunities. With the population falling through natural attrition and an increase in families moving away, the island is primarily made up of crofting families, with approximately 20% of houses on the island being holiday homes – only occupied during the Summer months.

The percentage of islanders of Tiree over the age of 65 is 24.8%, slightly less than the 25.6% average for Argyll and Bute as a whole, but considerably more than the 19.8% average for Scotland. Anecdotal evidence suggests that people tend to work until they are much older on Tiree (crofting is seen more as a way of life than simply an occupation) although no statistics are readily available to support this view.

I was well received by all the islanders that I spoke to and it was appreciated that I had made the effort to conduct research on the island. One person commented to me that residents on Tiree are rarely asked for their opinion during consultations and it was refreshing to see a more involved approach to research.

Housing

There is a good range of housing options for older people on Tiree. Most people live in their own homes for as long as they are able with the support of formal and informal carers and other community services (see next section). Many older people choose to stay with their family for as long as their health allows, but there is also the choice of moving in to the Ruadha Cottages Sheltered Housing complex. Ruadha Cottages contains 6 bungalows with on-site care staff and a community alarm service. It is operated by Argyll Community Housing Association and is located close to the island shop and Post Office.

For those with greater care needs there is the Tigh-a-Rhuda Residential Home – accommodating up to 12 residents, including those requiring short stays and respite. The staff in Tigh-a-Rhuda are all well-known local members of the community which provides a sense of security for both residents and their families. The people that I spoke to spoke very highly of the quality of care in both the sheltered housing complex and Tigh-a-Rhuda.

Medical Care

The G.P on Tiree, Dr. John Holliday is extremely well respected. The island has a small medical practice which provides all care to the residents and everyone that I spoke to felt that, if anything, living on Tiree gives them a better standard of medical care than they could expect on the mainland. Dr Holliday provides Home Visits to elderly and infirm members of the Community and it was commented to me that nobody feels that they are being a nuisance by calling on Dr Holliday's expertise.

Any patients requiring hospital care or investigations are referred to Glasgow by air.

Transport

There are no regular bus services or taxis on the Isle of Tiree. For locals who are not able to drive there is an unspoken expectation that you are able to ask someone else for a lift. All drivers are expected to make room for an extra passenger at short notice, and during my visit I was approached on two separate occasions by complete strangers asking for a lift!

There is an on-demand “Ring n Ride” bus which is funded by Argyll and Bute Council. This service operates 7 days a week across the island and is able to take a wheelchair. It is free for those with a Concessionary Travel Pass and heavily subsidised for everyone else. The driver will wait whilst older people do their shopping (and even help if asked).

Carers / Home Helps

Many older people requiring care and/or help around the home receive it through informal family carers. I learned about many incidences of several generations of the same family living together in the same house and all helping to care for an elderly relative.

The council provides a Home Care service for those being formally assessed as needing it on the island. There are currently no plans to contract out Home Care services on Tiree, and no private Care agencies see this as a viable business option. I did hear of instances where older people are paying neighbours or friends informally to clean for them or carry our other domestic chores. Such arrangements on the island appear to be “self-regulated” – with other islanders being aware of such arrangements and ensuring that elderly people are not taken advantage of financially.

Shopping

There are two shops on Tiree – a Cooperative convenience store in Scarinish where most people buy the bulk of their groceries – and a smaller shop in Crossapol selling newspapers and ‘essentials’.

Most older people who are unable to drive ask family and neighbours to do their shopping. For the few that feel unable to ask anyone to do this, they can use the “Ring n Ride” service which will take them shopping. The driver will even pick up a shopping list from older people unable to leave their homes and drop the goods off to them (this is not an official service however).

Social Groups/ Entertainment

Older people on Tiree have the opportunity to take part in a range of social groups and activities. The Resource Centre organises a weekly Lunch Club every Thursday which is well attended by about 30 people a week. Transport for the Lunch Club is provided by the “Ring n Ride” service as well as a community mini-bus which has been bought with the aid of a £72,000 Big Lottery Scotland Grant. This Lottery grant has also enabled the recruitment of a Resource Centre Coordinator which has resulted in Tiree Resource Centre being able to offer an Information Service for older people, as well as a regular programme of exercise classes, social activities and talks tailored to the interests of older people. The work of the Resource Centre is supported by an informal team of over 20 volunteers who help with everything from transport to baking and gathering information resources.

The Hotel on Tiree also offers a weekly ‘Pensioners Lunch’ at a very resonable price – transport is again provided by the Resource Centre and the Ring n Ride service.

The Tiree SWRi holds regular events on the island and is well known to visit former members when they become unable to attend meeting due to health problems.

Conclusion

The strong sense of community on Tiree has resulted in a generation of older people who are well looked after by those that they have lived alongside for most of their lives. What is lacking in official service provision is adequately made up for in the willingness of local people to help friends, family and neighbours. There are good opportunities for social activity within the community and a good pool of volunteers to help at local events.

There is perhaps a lack of proper coordination of volunteers and certainly more could be offered and achieved with a structured approach to volunteering. However, introducing such a structure would, in my opinion, offend those many local people who offer their time as part of a long island tradition of helping those in need and not because they see themselves as ‘volunteers’. For that reason I would not recommend any changes to the approach of voluntary groups on Tiree.

Appendix 4

Mull Research Visit

Background

The 2001 census recorded 2,821 residents on Mull, with mid-year estimates for 2011 standing at 3,215 (a 14% increase). Over a third of people in Mull live in the main town, Tobermory. Just under 25% of those on Mull are of pensionable age.

Many homes on the island are now holiday homes, with 10% of homes in Tobermory and 19% of homes on the rest of the island being classed as either 'vacant' or 'holiday homes' in 2011.

Older people on Mull have a relatively wide range of housing options with a total of 30 sheltered homes across Mull (in Tobermory, Dervaig and Bunessan), provided by Trust Housing and Argyll Community Housing Association.

A new Progressive Care Centre and Community Hospital has recently been opened in Craignue. This include 3 beds for in-patients, a 2 bay community casualty unit and facilities for outpatients. All rooms are single person with en-suite toilets and showers. Attached are 12 individual supported living flats (WHHA) called Bowman Court which. Each flat has a double bedroom and is suitable for couples or single occupancy. Residents who need care will have a tailored care package which will meet their needs during the day and night. This new centre replaces Dunaros Residential Care Centre and Community Hospital in Salen.

Medical care is provided by 3 GP surgeries on the island at Bunessan, Tobermory and Salen. The travel time for anyone on the island to their closest GP surgery is no more than 25 minutes by car.

There is a well-stocked supermarket in Tobermory where islanders buy the bulk of their groceries. There are several smaller convenience shops across Mull where essential items can be bought. There is currently no shopping delivery service on Mull.

Interviews

Home Care Manager/Telecare Officer

Loneliness is identified as a significant issue, home care staff report that they are reluctant to leave older people when they know they feel so lonely. The problem is greater for people who have moved to the island, possibly on retirement and have not built up support in the local community. In this rural area where access to wider services is more limited the home care organiser felt that the debilitating effects of loneliness can lead to hospital admission as a result of self-neglect due to depression. There are good services locally and emerging – Salen Lunch Club, Red Cross Transport, Musical Minds, activities at Dervaig Hall, Grey Matters. There was no one area highlighted, rather individuals and very geographically isolated settlements.

Ross of Mull Community Café and Community Transport

There is an active pool of volunteers who run a monthly lunch club at Bunessan in order to part fund their community transport project. There are two vehicles (one is the Balamory Bus!) driven by volunteers when available. This has been set up in response to a lack of transport and access to services. It can be used to bring people to connect with the ferries at Craignure or for appointments at the new Community Hospital but this does require significant volunteer time if people have to wait. There is excellent community support in the area for the Community Café. M.I.C.T has been supporting the group to seek additional funding. Volunteers were aware that there is great pressure on statutory services to get enough trained staff to provide home care in the most remote areas. They would be interested in having help to set up a small befriending project as one of the services they could offer.

Tobermory Lunch Club, Members and Committee
The group felt that every effort was being made to include as many people as possible. The Committee run an informal car service to pick up anyone who wants to come and also run occasional outings or day trips for those who can manage. New members come by word of mouth or local knowledge. The Committee has a wide knowledge of the local area and felt there were local services in the Tobermory area that did support older people – the new Home Angels service, see below. They felt that there may be small pockets of need in the more remote areas like Torloisk and that there would be individuals in most remote areas who would benefit from more companionship. The type service that might be most appreciated would be small instances of practical support around the home

Some of the volunteers at the Lunch Club were also involved in a Community Car Scheme (initiated by MICT?) set up very much like NAVCS where drivers are paid a mileage rate to transport people to essential services.

Glen Iosal Sheltered Housing. (Trust Housing)
The manager felt that some of the residents would benefit from more opportunities to socialise or get out into the community but that they did try to involve most people in any events they had on; AVA Community Resilience were hoping to start a Grey Matters Group in the complex. Again there was felt to be a difference for those who had local support and those who had moved to the area. For those who are still active and mobile the local bus service runs nearby. The housing association have started a new service called Home Angels which provides a full range of (chargeable) support services for older people, so some could if they wished, use this for social support. This has been welcomed and is spoken of highly in the area. It uses local staff and tries to provide ‘same face’ support wherever possible.

~ ~ ~ ~ ~ ~ ~ ~

In general, the response from members of the community on Mull was that although there may inevitably be some people who were lonely or isolated, local groups did exist that were trying to offer support. It is obviously difficult, due to confidentiality, for service providers to give any details of those who may be in need, and a referral system would help to include those who may be missed by local knowledge. In villages with good community spirit and sufficient numbers there is usually an attempt to ‘keep and eye’ on and involve older people where possible. There is a lack of accessible transport and support for the most frail, particularly for individuals in the most remote areas with scattered houses. The loss of the Better Neighbourhood vehicles and support was mentioned several times as this was seen as a successful solution to this problem.

There was a request for some practical support to help the community include befriending in the services offered in the south of Mull.

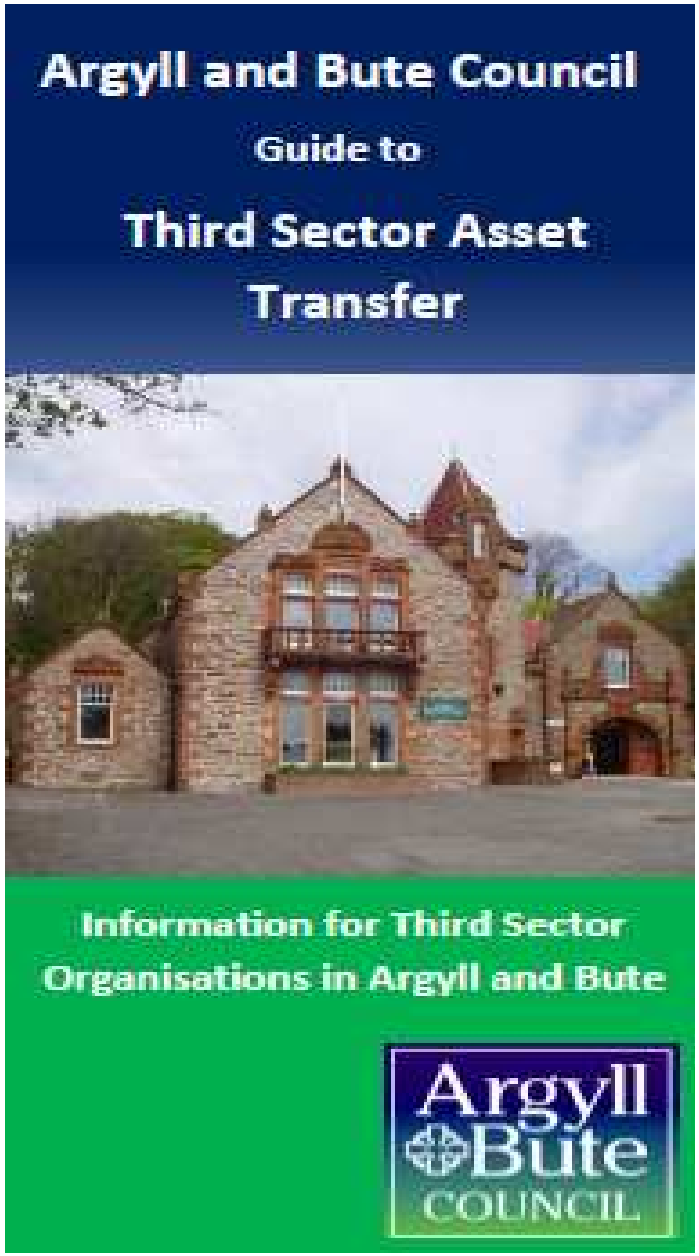
Third Sector
Asset Transfer Presentation
Area Community Planning Groups

Brenda Sutherland

Social Enterprise Team

December 2013

Third Sector Asset Transfer Guide



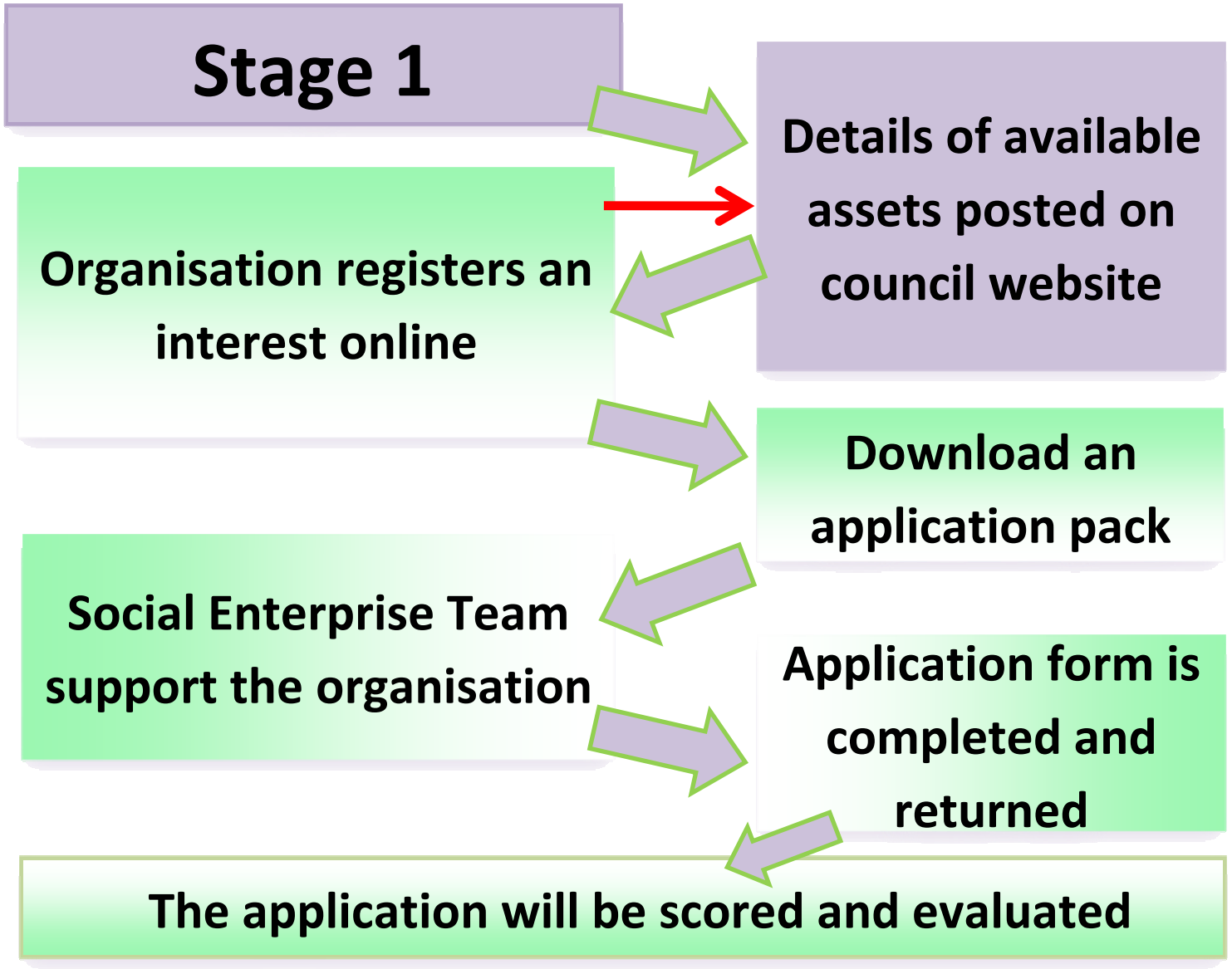
So What's in Store Today?

- Benefits of asset transfer
- Application process
- Stage 1 application form
- Stage 1 scoring
- Stage 2 full business case
- Stage 2 scoring
- Decision process

Benefits of Asset Transfer

- Alternative to outright disposal and loss of a facility to the community
- Assets have been identified as suitable for transfer
- Improved community services and facilities
- Improved asset management
- Improved sustainability for TSO

Stage 1 Process



Asset Publicised

Third Sector Asset Transfer

Argyll and Bute Council is inviting expressions of interest from Third Sector Organisations who wish to be considered for a transfer of the asset detailed below. This is in accordance with the Third Sector Asset Transfer Process adopted on 20th September 2012.

A member of the Social Enterprise Team will contact you when you return this form.

The closing date for expressions of interest is 1st October 2013.

Asset Address: 1 High Street, Anytown

Description: Historic Town House built in 1870, occupies a key location in the heart of the Anytown Town Centre Conservation Area. The building is of great historic, architectural (B listed), visual and cultural significance within Anytown and has been as the heart of the community for 200 years.

Basis of Transfer: This asset is potentially available for purchase.

Availability Date: 01 September 2013

Independent Valuation: £175,000

Transfer Price: £35,000

Rateable Value: Current rateable value as per Scottish Assessors Association is £55,000

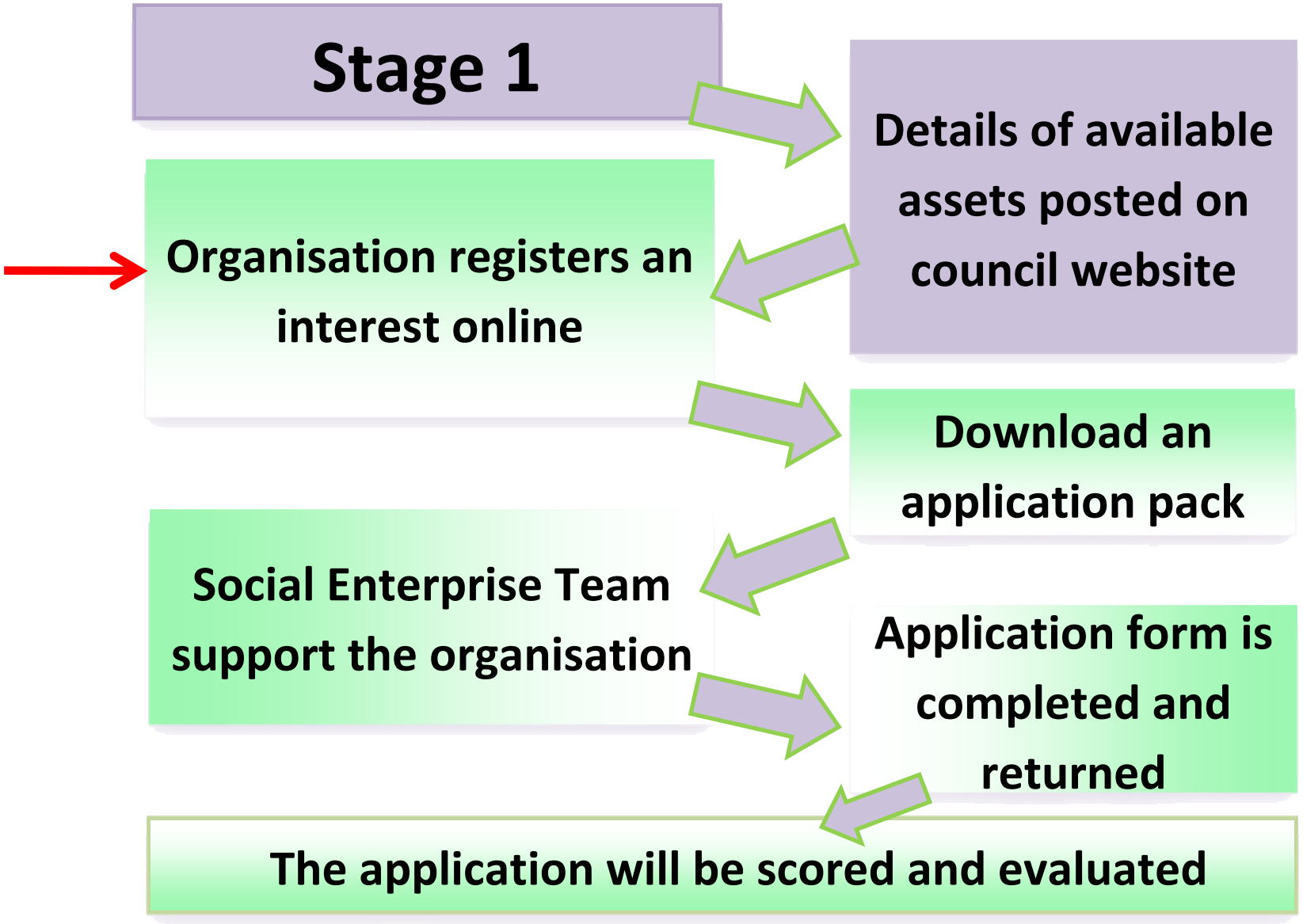
Floor Area: 225 sq Metres - Gross Internal Area (GIA).

Site Area: 600 sq metres

Car Parking: 5 car parking spaces including 2 disabled bays at rear of property.

Condition: The building is currently assessed as having a condition rating of C and requires investment. Although some maintenance has been carried out over the years time has taken its toll and a backlog of work has built up. This includes the need for major roof works and the need to conserve and enhance the exterior of the building. Major internal works are also required including the installation of new services, a lift and fire escape from first floor. An initial assessment of the likely level of investment required is in the order of £100.000. This cost is indicative only and should not be regarded as anything other than a general guide. Applicants are advised not to rely on the information provided and should seek independent professional advice before acting on anything contained herein.

Asset Transfer Process

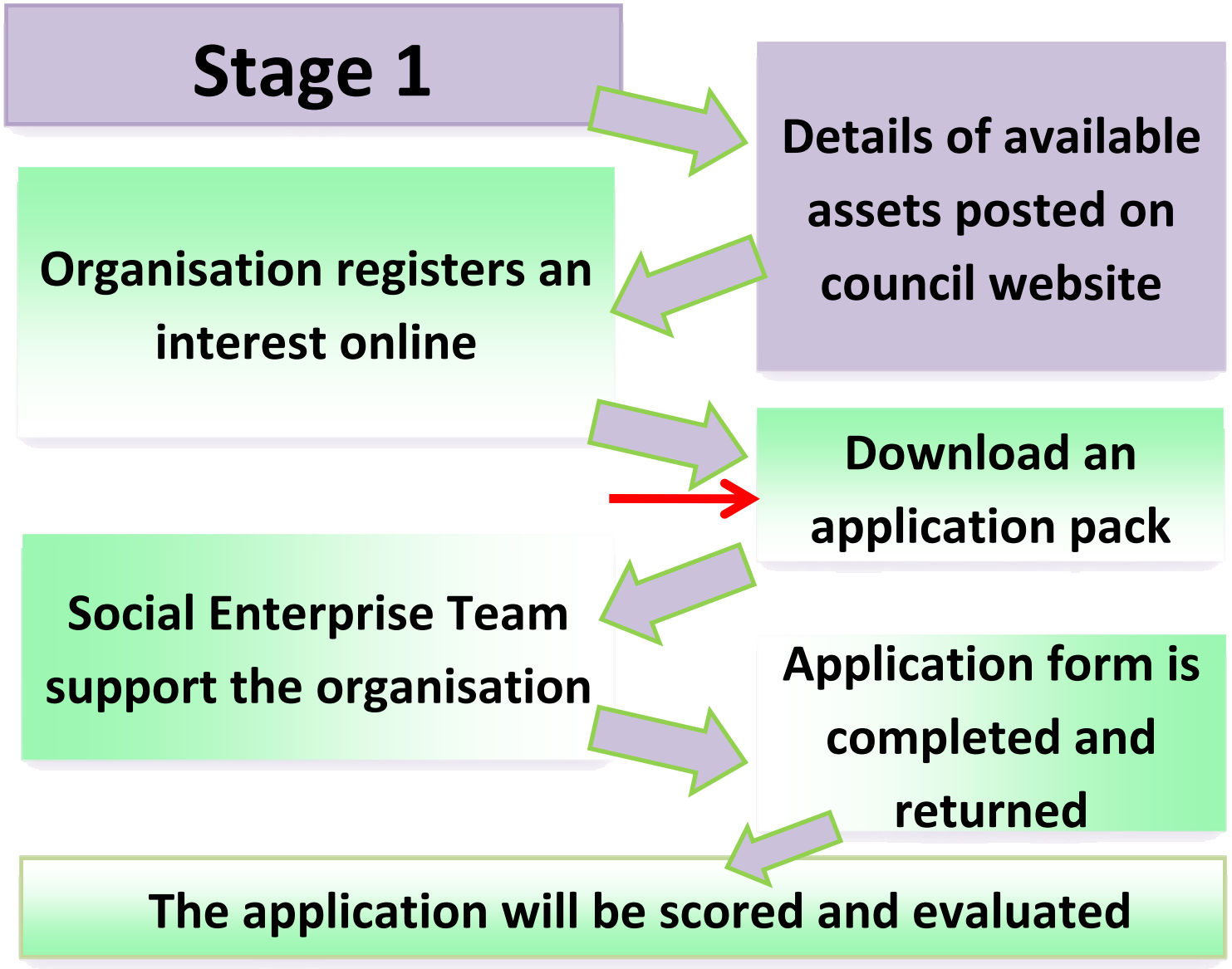


Expression of Interest

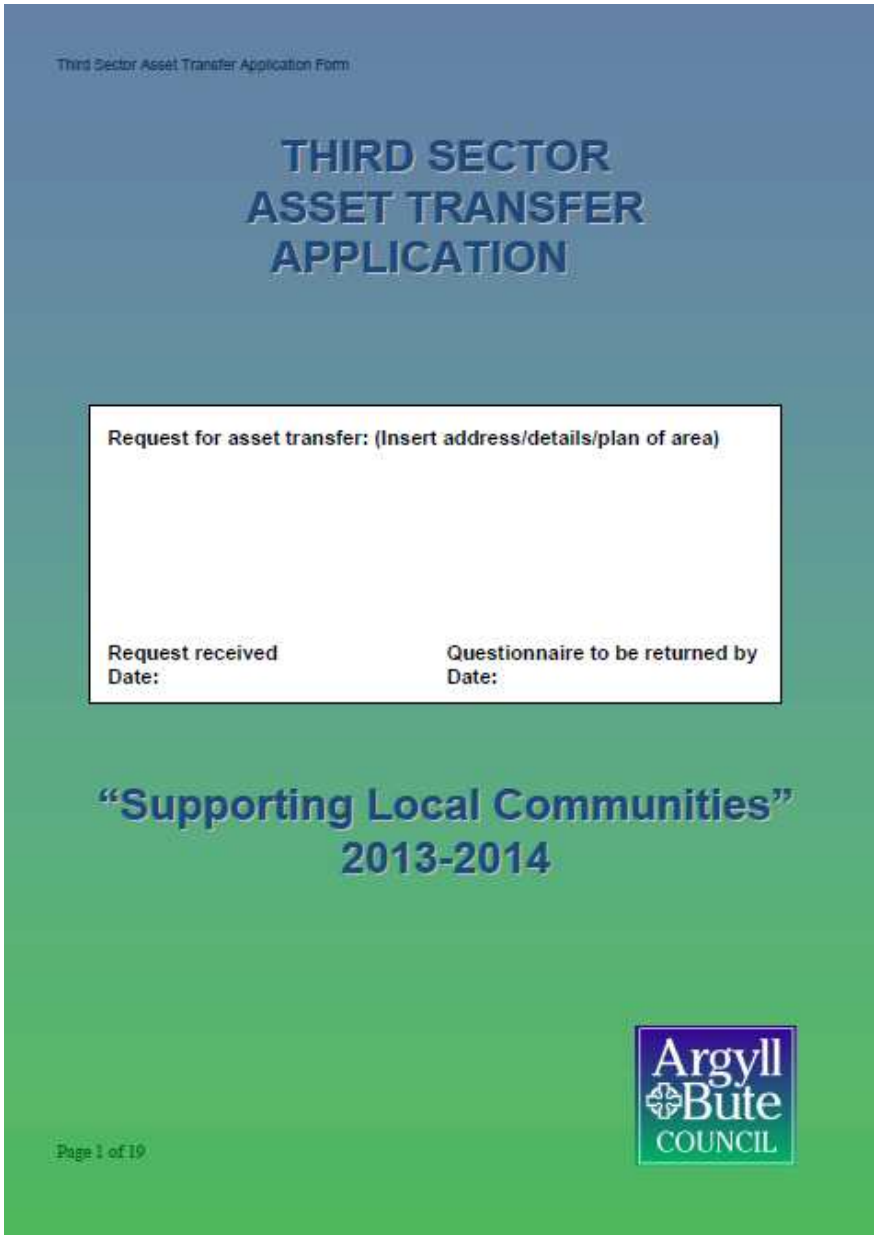
Third Sector Asset Transfer Expression of Interest

Asset Detail:	
Basis of Transfer:	
Name of Organisation:	
Address of Organisation:	
Nature of Organisation:	
Contact Details:	
Telephone Number:	
Email:	
Signed:	
Name:	
Position in Organisation:	
Date:	
We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the process, monitoring funding and evaluating funding processes and impacts. These organisations may include accountants, external evaluators and other organisations or groups involved in delivering the project.	

Stage 1 Process



Stage 1 Application Form



Social Enterprise Team

Arlene

David

Issy

Brenda

Five Important Factors

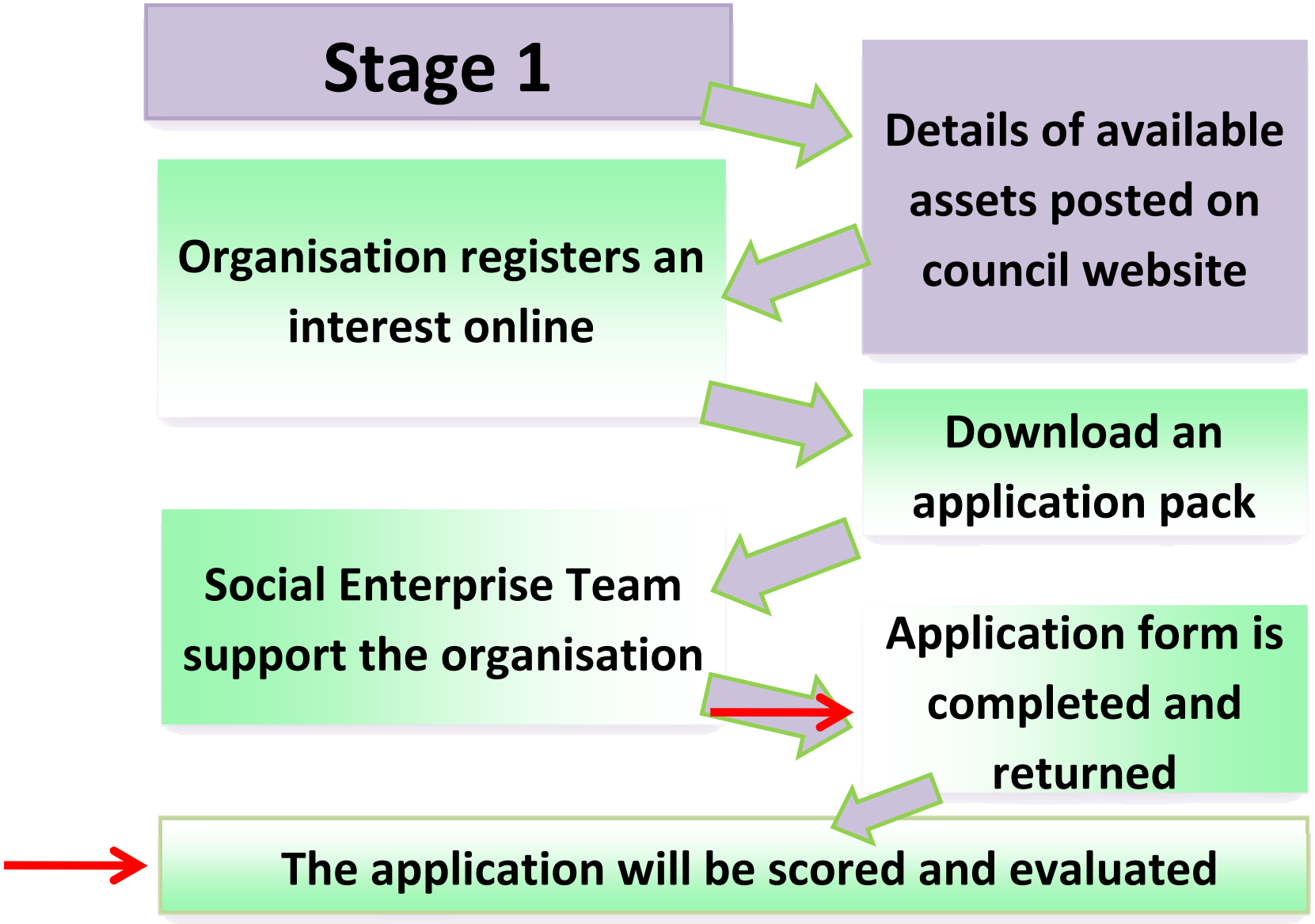
- Capacity of the organisation
- Suitability of the asset
- Risk
- Social impact
- Financial sustainability

Aspirations

Dream

Reality

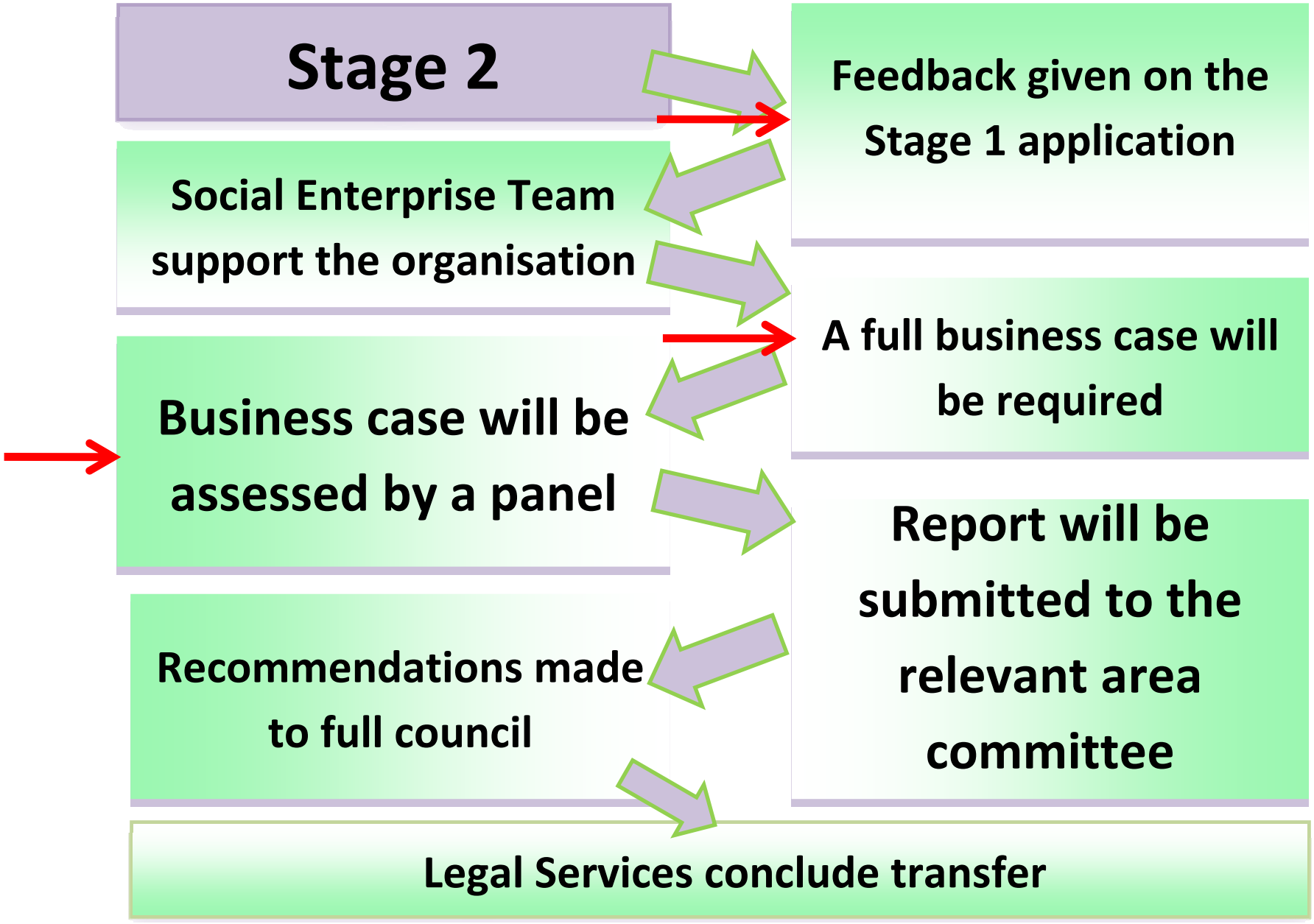
Stage 1 Process



Stage 1 Scoring

Scoring Matrix Stage One Summary					
Section	**Max. Score**	**Awarded**	**Measure**	**Weighting**	Outcome
Management Experience	**100**			**10%**	
Suitability of the Asset	**100**			**20%**	
Risk	**100**			**20%**	
Social Impact	**100**			**20%**	
Financial Sustainability	**100**			**30%**	
Total	**500**			**100%**	

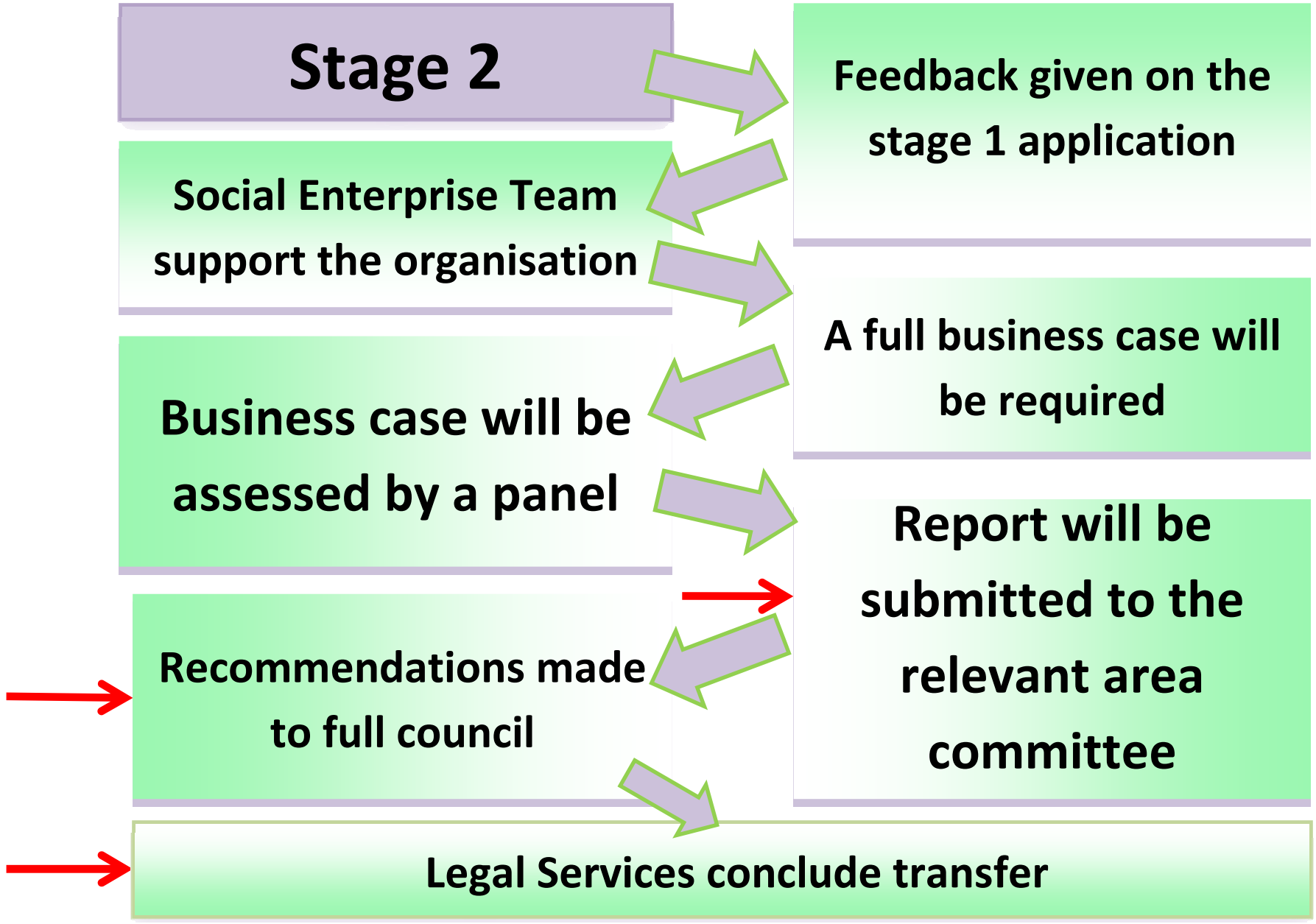
Stage 2 Process



Stage 2 Scoring

Scoring Matrix Stage Two Summary					
Section	**Max. Score**	**Awarded**	**Measure**	**Weighting**	Outcome
Management Experience	**100**			**10%**	
Suitability of the Asset	**100**			**10%**	
Risk	**100**			**20%**	
Social Impact	**100**			**30%**	
Financial Sustainability	**100**			**30%**	
Total	**500**			**100%**	

Stage 2


Stage 2
Feedback given on the stage 1 application
Social Enterprise Team support the organisation
A full business case will be required
Business case will be assessed by a panel
Report will be submitted to the relevant area committee
Recommendations made to full council
Legal Services conclude transfer

Congratulations!

Third Sector
Asset Transfer Presentation
Area Community Planning Groups