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11 April 2017*

NOTICE OF MEETING

A meeting of the **MID ARGYLL, KINTYRE AND THE ISLANDS COMMUNITY PLANNING GROUP** will be held in the **BURNETT BUILDING, CAMPBELTOWN WITH VC FACILITIES AVAILABLE IN THE HOUSING MEETING ROOM, KILMORY, LOCHGILPHEAD AND THE CUSTOMER SERVICE POINT, BOWMORE, ISLE OF ISLAY** on **WEDNESDAY, 19 APRIL 2017** at **10:00 AM**, which you are requested to attend.

BUSINESS

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTE OF THE PREVIOUS MEETING OF THE MID ARGYLL, KINTYRE AND THE ISLANDS COMMUNITY PLANNING GROUP HELD ON 8 FEBRUARY 2017**
(Pages 1 - 4)
- 4. STANDING ITEM: MANAGEMENT COMMITTEE UPDATE**
 - (a) Report by Community Planning Manager (Pages 5 - 8)
- 5. OUTCOME 1: THE ECONOMY IS DIVERSE AND THRIVING**
 - (a) Highlands and the Islands Enterprise (Pages 9 - 26)
Briefing Note by HIE Representative
 - (b) Campervan/Mobile Homes issues (Pages 27 - 28)
Briefing Note by HIE Representative
 - (c) Clock Lodge Development, Lochgilphead (Pages 29 - 36)

Update by Lochgilphead Phoenix Project (SCIO)

- (d) Participatory Budgeting (Pages 37 - 42)

Presentation and update by Community Development Officer, Argyll and Bute Council

6. OUTCOME 5: PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

- (a) Health and Wellbeing Team - Annual Update (Pages 43 - 64)

Annual update by Health and Wellbeing Team

- (b) Self Directed Support (Pages 65 - 68)

Briefing Note by Self Directed Support Officer, Argyll and Bute Council

- (c) Falls Prevention Work - Update (Pages 69 - 76)

Briefing Note by Co-ordinator Prevention and Management of Falls, NHS Highland

- (d) Dochas Carers Centre (Pages 77 - 80)

Briefing note from Centre Manager, Dochas Carers Centre.

- (e) Shopper Aide (Pages 81 - 84)

Briefing note from Joan Stewart, Project Manager Shopper-Aide.

7. PARTNERS COMMUNICATION

8. DATE OF NEXT MEETING

MID ARGYLL, KINTYRE AND THE ISLANDS COMMUNITY PLANNING GROUP

Andy Buntin (Chair)

Councillor Rory Colville (Vice Chair)

Graeme B Forrester, Area Committee Manager

Contact: Lynsey Innis, Senior Area Committee Assistant; Tel: 01546 604338

**MINUTES of MEETING of MID ARGYLL, KINTYRE AND THE ISLANDS COMMUNITY
PLANNING GROUP held in the LORN ROOM 2, ARGYLL AND BUTE HOSPITAL,
LOCHGILPHEAD WITH VC FACILITIES AVAILABLE IN THE TRAINING ROOM,
CAMPBELTOWN HOSPITAL, CAMPBELTOWN AND AUDIOLOGY, ISLAY HOSPITAL, ISLE
OF ISLAY
on WEDNESDAY, 8 FEBRUARY 2017**

- Lochgilphead:** Andy Buntin, Lochgilphead Community Council (Chair)
Lorna Elliott, Community Governance Manager, Argyll and Bute Council
Rona Gold, Community Planning Manager, Argyll and Bute Council
Councillor Robin Currie
Councillor Anne Horn
Councillor Donald MacMillan
Councillor Sandy Taylor
Kelly Coats, Homestart Majik
Jacqueline Greenlees, Improvement Service
Simon Roudh, Improvement Service
Mary McCallum Sullivan, Ardrishaig Community Council
Betty Rhodick, Lochgilphead Community Council
Margaret Pratt, Convenor, West Kintyre Community Council
- Campbeltown:** Samantha Somers, Community Planning Officer, Argyll and Bute Council
Area Commander Marlene Baillie, Police Scotland
Margaret Wallace, Argyll Third Sector Interface (Argyll TSI)
Zena Coffield, South Kintyre Development Trust (SKDT)
Cathy Duncan, Campbeltown Community Council
- Islay:** Antonia Baird, Community Development Officer, Argyll and Bute Council
Petra Pearce, Argyll Third Sector Interface
Catherine Gilchrist, Islay Community Council

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and general introductions were made.

Apologies for absence were intimated on behalf of:-

Councillor Rory Colville
Alison Hay, Mid Argyll Chamber of Commerce
Campbell Cameron, Community Broadband Scotland
Barrie McCutcheon, Watch Commander, Scottish Fire and Rescue
John Dreghorn, Locality Manager – MAKI, Integrated Joint Board

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

**3. MINUTE OF THE MID ARGYLL, KINTYRE AND THE ISLANDS COMMUNITY
PLANNING GROUP HELD ON 9 NOVEMBER 2016**

The minute of the meeting of the Mid Argyll, Kintyre and the Islands Area Community Planning Group, held on 9 November 2017 was approved as a true record.

4. **STANDING ITEM: MANAGEMENT COMMITTEE UPDATE**

(a) **Report by Community Planning Manager**

The group gave consideration to a briefing note, outlining the consideration of the Community Planning Partnership (CPP) to issues raised by Area CPG's at their meetings in November 2016; proposals for the engagement of people in the Local Development Plan 2; the development of a Community Justice Transition Plan for Argyll and Bute; additional funding to run a project aimed at supporting young people, in particular young men, with support to prevent mental health crisis and the 2016-2020 Community Safety Strategy which has been launched at the CPP Management Committee. The group noted that the Chairs of the four Area Community Planning Groups were now official members of the Management Committee. The Chair intimated how useful he had found the meeting to be. He also advised that the MAKI area would be highlighted at the Management Committee meeting in March and suggested that the issue of vacant buildings in the area be raised.

Discussion on the impact of the increase in number of campervans/mobile homes visiting the area and issues relating to the level of facilities provided for the vehicles on both island and remote mainland communities was had with partners keen to see joined up working between the Council's Amenity Services, Highlands and the Islands Enterprise (HIE) and local communities. The Chair advised that this issue would be included as an item for discussion under Outcome 1 – The economy is diverse and thriving at the next meeting of the group. The Community Planning Manager agreed to clarify the support being provided by HIE and feedback to partners during discussions at the next meeting.

Decision:

The group agreed to note the contents of the briefing note.

(Ref: Briefing Note by Community Planning Manager, dated 8 February 2017, submitted.)

(b) **Amendment to Area CPG Terms of Reference**

The group gave consideration to a briefing note, outlining a proposed amendment to the Area Community Planning Groups Terms of Reference, specifically in relation to the tenure of the current office bearer and their ability to stand for re-election.

Decision:

The group agreed to the proposed amendment to the Area CPG Terms of Reference and to note that all current office bearers would be able to stand for election to a second term in office should they wish to do so.

(Ref: Briefing Note by Community Governance Manager, dated 8 February 2017, submitted.)

5. PARTNERS UPDATE

The Chair, Andy Buntin spoke of the recent meeting of Chairs and Vice Chairs for the four Area CPG's which highlighted important issues in the other areas of Argyll and Bute. Mr Buntin advised that he'd be happy to raise issues at future meetings which were of particular interest to partners.

Area Commander Marlene Baillie of Police Scotland spoke of the ongoing works in relation to the Police Estates Strategy and the priorities of the Service over the previous months and those going forward. She advised that the festive period, which although was busy in terms of policing was low level in terms of serious and organised crime. Area Commander Baillie further advised of the volunteer scheme, with adult volunteers in Campbeltown having now been recruited and about to undertake a days' training at Tulliallan and advised that the recruitment of youths to the scheme was now being progressed.

Margaret Pratt of West Kintyre Community Council advised that they were in the process of updating their community action plan. She advised that significant changes were envisaged due to the changing views and priorities of the community. Mrs Pratt advised that community discussions centered around ideas such as retaining young people in the area.

Margaret Wallace of Argyll Third Sector Interface (TSI) spoke of the ongoing struggle of Kintyre Youth Café in finding suitable premises to relocate to, having been served notice on their current premises. Mrs Wallace advised that unfortunately Campbeltown Fire Station was considered as unsuitable, despite the efforts of Scottish Fire and Rescue to assist. She outlined ongoing discussions with an organisation for premises in the centre of town but advised that negotiations have been difficult. The Community Planning Manager asked Mrs Wallace to get in touch with her directly if there was any way in which Community Partners could assist.

Zena Coffield of South Kintyre Development Trust (SKDT) advised that they are currently conducting a feasibility study into the purchase of the old Post Office in Campbeltown and advised that this may be a suitable premises for the Youth Café. Ms Coffield advised that due to the implementation of the Community Empowerment Act, this may take a while to conclude. Mrs Coffield also advised of the review of the South Kintyre community action plans and advised that these would be circulated to partners as soon as possible.

6. COMMUNITY PLANNING OUTCOME PROFILE TOOL - COMMUNITY PROFILES

The group took part in a discussion using information provided by the Community Planning Outcome Profile Tool (CPOP) and local knowledge regarding the outcomes and inequalities of outcomes experienced by communities in the CPG Area within the context of Community Planning, Single Outcome Agreement's overarching objectives and the Community Empowerment (Scotland) Act Locality Planning legislation. A demonstration of the Place Standard Tool was provided by the Community Development Officer and a short presentation highlighting the CPOP was provided by the Improvement Service.

General discussion took place in respect of the priorities for the area, these focused predominantly on housing, jobs, connectivity and infrastructure.

Decision:

The group agreed that a briefing note summarising the outcomes of discussions be forwarded to the next meeting of the Community Planning Partnership Management Committee for consideration.

(Ref: Briefing Note by Community Governance Manager, dated 8 February 2017, submitted.)

Note: The VC link to Islay and Campbeltown was lost at this point.

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7. DATE OF NEXT MEETING

The group noted that the themes for the next meeting would be:-

Outcome 1 – The Economy is diverse and thriving; and

Outcome 5 – People live active, healthier and independent lives.

The Chair advised that members of the partnership should consider how these outcomes impact on their communities and submit potential agenda items to the Senior Area Committee Assistant by email.

The Community Governance Manager advised of a restructuring within the Council's Governance and Law department. She advised that whilst future meetings would continue to be supported, exact details of that support would be confirmed in due course.

It was noted that the proposed date of the next meeting, 19th April 2017, clashed with another meeting attended by several of the members and that a potential change of date was to be discussed with the meeting scheduler.

Argyll and Bute Community Planning Partnership**Mid Argyll, Kintyre and the Islands
Area Community Planning Group****19 April 2017**

Briefing Note: Community Planning Partnership Management Committee update

This briefing relates to the meeting of the Community Planning Partnership (CPP) Management Committee on 30th March 2017, and its consideration of issues raised by Area Community Planning Groups. The briefing is for noting.

Summary

The CPP Management Committee met on the 30th March in Kilmory, Lochgilphead.

Discussion points from the meeting included agenda items on:

- Issues raised at previous Area Community Planning Groups, focussed on Locality Planning and further issues detailed in this paper
- A focused discussion on points highlighted by the MAKI Area Community Planning Group
- Updates to progress on the delivery of actions contained within the delivery plans for Outcomes 1: Economy
Outcome 5: Health

Highlights of the meeting are attached.

Further information is available in the *meetings, minutes and agendas* section of:

<https://www.argyll-bute.gov.uk/council-and-government/community-planning-partnership>

Key Points for Consideration

Issues raised in Area Community Planning Groups at their last meetings were considered and actioned by the Management Committee.

The main issues for each Area Community Planning Group, arising from the discussion on the Community Outcome Profile Toolkit and key issues being experienced in the area, were welcomed by the Management Committee. Outcome Leads for each of the six outcomes agreed to take the points from the ACPGs into consideration in the drafting of a new delivery plan for each outcome, creating a 'local' element to these delivery plans. Drafts of these will go to CPP Management Committee in June 2017, then to APCG meetings for further consideration.

Lorna Elliott presented the information from the February meetings of the Area Community Planning Groups. The Management Committee discussed the three points raised by the Area Community Planning Groups and the response is below each point.

1. Consider bringing back key worker status within their organisations

Key worker status was described to be in relation to people coming for 'key required jobs' and being able to find accommodation. It was agreed that this would be tasked to the Joint Recruitment Working Group to consider as part of their action plan.

Discussion was also held on the Rural Resettlement Fund and recruitment incentives, and the need to better publicise and promote these. Grant Manders requested that any Management Committee member attending the Area Community Planning Groups in April include this as part of any update.

2. Undertake an employee survey within their organisations to establish the numbers of those who choose to commute to jobs within the area rather than relocate and the reasons why

It was agreed that this would be tasked to the Joint Recruitment Working Group to create a question set for a survey as part of their action plan. It was agreed that the information from such a survey would be a good evidence base.

3. Provide feedback from a strategic level regarding the potential implications of the level of budget cuts being proposed at an Argyll & Bute level by the Integrated Joint Board

Elaine Garman advised that the Quality and Finance Plan was agreed by the Integrated Joint Board on the 29th March 2017 and that there will be engagement events on specific service redesigns and reviews over the coming year which will be promoted through the Health and Social Care Partnership locality groups. It was agreed that the Management Committee should be updated when service changes impact other partners. It was acknowledged that services have to change and changes need to come in budget and that was a challenging and difficult area. It was agreed that when implications of changes are identified they are to be brought to the CPP Management Committee for the partnership to consider what it can do.

Key Points for Discussion

The Management Committee welcomes the opportunity to discuss further any of the issues raised at Area Community Planning Groups. Communicating community planning is a priority for the Partnership and we welcome the distribution of the attached highlights to increase awareness of what happens at a Management Committee meeting.

For further information please contact: Rona Gold, Community Planning Manager, rona.gold@argyll-bute.co.uk



These highlights from the Argyll and Bute Community Planning Partnership (CPP) Management Committee meeting held on the 30th March 2017 are for information purposes for Area Community Planning Groups and partner organisations to distribute freely.

- Management Committee agreed to keep the action relating to the impact of campervans on the agenda until the close of the summer season to track any negative impacts and look at ways in which to address these. Good practice was highlighted in Islay where there are leaflets to inform campervans of local facilities.
- Management Committee signed off the Community Justice Transition Plan, for submission to the Scottish Government. This plan looks at ways in which partners can work together over the coming year to create appropriate actions to reduce reoffending.
- Tasked the Recruitment Working Group to develop a questionnaire that can be used by partners to explore with their employees the reasons for commuting to Argyll and Bute, and what factors may support them to stay in the area.
- Delighted to note the positive progress of partnership working within the Economic Forum report, including Argyll College delivering new courses in tourism and marine services.
- Rural Resettlement Fund highlighted as a key support to encourage people to live in Argyll and Bute. There was agreement to promote this with the Area Community Planning Groups.
- Agreement to set up a short life working group to consider the recommendations of a recent report on Community Transport in Argyll and Bute.

Full details of the meeting of the CPP management committee can be found on Argyll and Bute Council Website.

If you have any queries on these highlights please contact: cppadmin@argyll-bute.gov.uk

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ARGYLL AND BUTE ECONOMIC FORUM REPORT
Progress review 12 months on

At the beginning of 2016, the Economic Forum report was published with a series of recommendations. In this note we list those recommendations and comment on the progress to date.

SUMMARY

Overall we are encouraged by the very positive progress that has been made. The great majority of our recommendations are being implemented. This work is being done by the private sector, in particular by AITC and Food From Argyll, and by individual business people and entrepreneurs; and by government, in particular by the Council, HIE and Argyll College. The energy behind this work is commendable, and progress - with a few exceptions - ranges from good to very good.

1) A SHARED VISION

It is clear that there is a growing understanding among our councillors, council officers, MSPs, MP, HIE, Scottish Enterprise and the Scottish government of the shared vision, and clear evidence that they are working together. There is more work for us to do to engage more fully two important groups, namely local media and school heads, to ensure that the vision is fully understood and shared. We will work on that during 2017.

2) TOURISM

A. Marketing and Promotion

i) Marketing brand Argyll.

Careful review and planning work has been done on this by the Argyll and the Isles Tourism Cooperative (AITC) and considerable progress has been made.

The effects should begin to be seen in 2017 with a major launch in January focussing on adventure tourism with Mark Beaumont, with the aim of establishing Argyll as a premier outdoor adventure destination. In the meantime, tourism numbers in Argyll have moved up strongly. Indeed, while total visitor spend was up 36% between 2011 and 2014 in Argyll and Bute, in July 2016 visitor numbers were up 12.8% over 2015 and the greatest percentage increase in visitors to attractions between 2015 and 2016 was in Argyll and the Isles at 21.9% as compared to 4.9% for Scotland as a whole.

B. Operations.

i) A much more proactive approach to meeting visitors' needs – raising the bar.

The beginnings of this are now being seen. A number of golf clubs, for example, are now lending or renting clubs to visitors. "Upping our game" will need constant attention. In this context, Business Gateway delivered 18 "World Host" workshops in 2016, with 187 attendees. AITC has had some 200 people participate in the Digital Tourism Scotland training workshops. I also welcome the AITC working with the Council's Business Gateway team to

make Argyll and the Isles a World Host accredited destination by 2018. The recent experience of Iceland shows what can be done here.

ii) Landscape conservation.

It's clear from recent planning decisions that the council is very conscious of this need.

iii) Marked paths.

Improvement has been made, especially to the long distance paths and the services (including baggage services) around them. We still need more simple maps of all paths and beaches, widely available.

iv) Support for Kilmartin Museum.

There has been considerable public sector support for the expansion of the museum and the fundraising has so far been successful.

v) World Heritage status for Kilmartin Glen.

This will take some time but the process has begun.

vi) Visitor numbers at Mount Stuart.

A very substantial and commendable increase (80%) has been seen over the course of 2016.

vii) Encouragement of off season events and festivals.

There are the beginnings of efforts in this direction, especially around music and food. More needs to be done over the next few years

viii) Link between tourism and food.

This is now becoming well established. "Food from Argyll" is an outstanding operation, and the new Shop and Cafe on Oban Pier a great initiative last

year. They have received further funding from HIE and Leader to develop their work over the next two years.

- ix) Support by HIE and the council for more moorings and pontoons.
 - a) There have been a number of improvements here, with communities putting in their own moorings and pontoons and investment in marinas at Tarbert and Dunstaffnage. More work needs to be done.
 - b) Expansion of Tobermory is still ongoing. Tarbert Marina has added new pontoons.
 - c) New berthing facility at Oban North Pier. Planning permission has now been granted with an anticipated completion in 2017.

FOOD AND DRINK PRODUCTION

A) Aquaculture.

i) Streamlining of the planning process. This is a key issue which the government has taken seriously. The proposal is now to cut the planning process from 3 years to 18 months. While this does not match the Norwegian 12 months, it is clearly an important improvement.

ii) Council and HIE staying close to senior executives of the aquaculture companies. This is taking place. The Chief Executive of the council has written to all of the companies since his appointment. In addition Council professionals have been directly helping the Directors of smaller companies in the Aquaculture sector.

iii) Encouragement of shellfish production.

A number of investigations have taken place on this. Currently, due to water problems, among other things, this is on hold.

b) Food processing.

i) Focus on food service. There are clear signs that this has been taken to heart.

Food from Argyll has received funding from HIE and LEADER to allow further development work for the next 2-3years. The council is focussing on diversifying routes to market.

ii) Exploiting the link with tourism. This is taking place with meetings of Scotland Food and Drink taking place with local partners.

iii) Setting up a meat cutting operation in Argyll. The possibility was investigated on the Isle of Mull but this has now stalled, so this is still work in progress. 'Food

from Argyll' has included the feasibility study on red meat in the core development work for which it has received funding.

C. Agriculture, Fisheries and Forestry.

Establishing a wood pellet plant in Argyll. A number of discussions have taken place on this. There has been continued investment in the Forestry sector in Argyll with a multi-million pound investment at Cardross sawmill and improved local capacity to provide wood chip i.e. at Cairndow and Inveraray. We will continue to monitor progress.

YOUTH AND EDUCATION

A) Schools.

i) Encouraging the exposure of school students to local business.

There appears to have been a small increase in the number of local businesses now visiting schools. This is helpful, but it is imperative that this increases further for young people in Argyll and Bute are to understand and appreciate the full range of opportunities open to them

ii) Young Enterprise Scotland scheme continues in local schools, but not all of them.

b) Apprenticeships. We have no data yet on the increase in apprenticeships.

c) The Argyll and Bute Regional Developing Young Workforce Group submitted a funding bid to deliver a programme that promotes and facilitates the formation of long term partnerships between individual schools, colleges and employers to strengthen the links between education, employability and employment to create economic growth. The bid was assessed in December 2016 with a public decision to be announced in due course.

D. Further and Higher Education.

i) Courses geared to employers' needs and to our sectoral opportunities.

It is clear that Argyll College has grasped the vision firmly. New courses will now be delivered in tourism services and marine services.

ii) Support for SAMS. It is clear that HIE and the Scottish Government, and ABC recognises the importance of SAMS and are determined to see it develop further. In addition, Council professionals are working with SAMS on a

Horizon 2020 project. SAMS remains a very important academic institution in Argyll. It is also a centre of excellence for the aquaculture industry and is steadily building the relationship.

iii) Oban as a University town. This concept has been grasped. Part of the student accommodation we recommended is now under construction. There is even a sign outside Oban saying “A University Town”.

iv) An important development is HIE commissioning a study on potential vocational training for the marine sector, which also covers, tourism, aquaculture and renewables.

v) Newsletter for students who study outside Argyll.

This has not yet commenced and needs to be implemented.

E. Other areas of opportunity.

i) Construction. Increasing the proportion of public sector business to local companies. We await 2016 data.

ii) Small businesses. Solving the lack of funding for small companies in Argyll.

While the John Noble Trust has increased its funding resources, even more important the Council recently announced a new ERDF £540k funding scheme through Business Gateway and a Rural Resettlement Fund of £500k aimed at attracting new people and businesses to Argyll. Both these funds were launched at the very successful HIE sponsored Argyll Enterprise Week held in Oban in November 2016.

- iii) Mentoring for small business leavers to supplement Business Gateway. This initiative is starting and will be implemented in the New Year. It will take time to build. An initial group of mentors have been identified.
- iv) Business leaders to form informal forums to explore business issues together. This was recommended at the Argyll Enterprise Week .The results of this are yet to be seen.
- v) Public sector to help small businesses with contracts. We await full 2016 data. however, the evidence so far suggests a slowdown in bidding for contracts by local companies last year. This may be because of the nature of the contracts let, but needs to be reviewed when full data is in.

3) THE BARRIERS

A. Mobile and broadband connectivity.

i) The broadband position is considerably better than it was a year ago with the implementation of most of the HIE scheme. However, a great deal of fill-in work remains to be done to make Argyll and Bute fully fit for business.

ii) In terms of mobile connectivity there has been little change so far. The UK Electronic Communications Code is changing to move mobile phone mast payments to site owners into line with other infrastructure which is encouraging.

iii) Mast heights. The restriction was 20 metres which is inadequate for our topography. Masts up to [75m] are now allowed.

B. Affordable housing.

Progress is being made, albeit at a slower rate than we would like given the length of time for drawing up the necessary plans. However the number of affordable houses created in Argyll and Bute has been over 500 from 2010/2015 and will rise to 650 in 2016/2020. It is good to see the Scottish Government have ambitious targets for the delivery of affordable housing and the council and its partners are keen to make use of any additional funding.

C. Transport links.

i) Roads

A83, Nothing further has been done. This is a serious issue and the half measures, as we saw last winter, are clearly inadequate. The A82 remains very poor between Tarbert and Lochgilphead.

A816 Lochgilphead to Oban Road, and A8003 Dunoon to Portavadie Road.

Some improvements have been seen, specifically on the latter road. However, they both need to be fully developed as two lane East/West and North/South highways. However, the council and its partners are working on a Single Investment Plan as part of a 'Rural Growth Deal' that will be submitted to both the UK and Scottish Governments in 2017 that seeks national funding to address these key infrastructure issues such as roads and digital connectivity.

ii) Ferries:

AITC, the council and CalMac continue to liaise on improving summer timings, capacity and booking facilities. Some limited progress has been made.

iii) Air. Development of Oban as a regional airport. Currently the only flights are to Argyll's own islands. While this is helpful, links, especially in the main tourist season, to Edinburgh and Glasgow need to be investigated.

iv) Fixed links. We recommended consideration be given to a tunnel at Colintrave to Bute. There have been no further developments.

4) FOUR TOWNS

A. Helensburgh. Improvements have continued apace and there is a big expansion in house building underway. A Strategic Framework with the MoD to assist with the expansion of HMNB Clyde has been agreed. Covering key aspects such as the economy, housing and community facilities this agreement

hopes to make Helensburgh - and indeed wider Argyll - an even more attractive place for MoD personnel and businesses.

- B. Dunoon. The improvement to the Queen's Hall is now underway. The Burgh Hall nears completion and Castle Toward has been sold to private entrepreneurs. There was a very successful mountain biking gathering this autumn and attention is now being given to the possibility of starting a mountain bike centre and other facilities around Dunoon. It is also good to see new hi tech service jobs being created by companies such as 'webhelp' based in Dunoon and Rothesay
- C. Campbeltown. The completion of the council's redevelopments and the purchase of the Scottish Wind Towers by CS Wind a South Korean Company has been a big boost with the potential for 75 new jobs and £27m of new investment. There is a new sense of recovery in the town.
- D. Rothesay. A great deal of local work is going into what initiatives could be undertaken. There has been a big pick up in visitors to Mount Stuart (approximately 80% this year). In our view, a clear vision for the island of Bute is still needed and is not yet identified.

5) SUMMARY

Altogether, we are encouraged by the number of initiatives that are taking place and the number of our recommendations that are being followed. We will continue to monitor progress and to keep up the pressure. The key areas which need to be given greater emphasis in 2017 are:

- Upping the game in our tourism offering
- Engaging businesses with local schools
- Further development of Argyll College and SAMS
- Mobile connectivity
- Road improvements.

Nicholas Ferguson CBE

January 2017

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Argyll and Bute Community Planning Partnership
**MAKI
Area Community Planning Group**
19 April 2017
Agenda Item – 5 (a)


Outcome 1: The economy is diverse and thriving – Progress Report

1. Purpose

The purpose of this report is to provide a progress update on the key activities for Outcome 1.

2. Recommendations

The paper is for information purposes only.

3. Summary

- A multi-agency group (led by Grant Manders) looking at joint recruitment strategies has now met twice and highlighted key areas of work which can be progressed jointly to encourage people to work for partners agencies within Argyll & Bute. Examples of work to be taken forward includes:
 - A co-ordinated recruitment website
 - Work placements
 - Improved marketing
 - A joined up approach to recruitment fairs
 - Exploration of what can be done jointly in relation to accommodation and short term placements
- The Argyll & Bute Developing the Young Workforce (DYW) Regional Group bid was approved by the Scottish Government in December 2016; with the official launch of the group taking place on 1 March 2017.
- Work is underway to produce a report highlighting the maritime industry training opportunities. This will be available by May 2017 and will include identification and profiling of relevant sectors and a series of first stage opportunities for consideration within the Oban as a University Town project.
- A copy of the recent report from the Argyll & Bute Economic Forum is attached at Appendix II. In essence this highlights that good progress

has been made in the past 12 months on the recommendations made in the original Forum Report and highlights the areas where greater emphasis is suggested in 2017:

- Upping the game in the tourism offering
- Engaging businesses with local schools
- Further development of Argyll College and SAMS
- Mobile connectivity
- Road improvements

4. SOA Outcomes

This report relates to Outcome 1. A recap of the other projects currently within the Outcome 1 development plan is included at Appendix 1. During the next 2 months, the development plan for 2017/18 will be established. Where possible, this will be specifically aligned with the operating plans of Highlands & Islands Enterprise (Argyll & the Islands area office), Argyll & Bute Council (economic development team), and other CPP partners with activity within the remit as appropriate.

Name of Lead Officer

Jennifer Nicoll Area Manager – Argyll & the Islands
Highlands and Islands Enterprise

Tel +44 (0)1546 602 281

Appendix 1

Activities under Outcome 1: The economy is diverse and thriving

Activity	Activity Lead	Progress
Improve linkages from the curriculum to economic opportunities in Argyll and Bute linked to growth. Creating career pathways for key sectors: tourism, maritime, food and drink.	Ishabel Bremner, <i>Argyll and Bute Council</i>	On track
Deliver recommendations to progress Oban as a University Town	Lucinda Gray, <i>Highlands & Islands Enterprise</i>	On track
Deliver coherent multi-agency activities promoting and marketing Argyll and Bute	Julie Millar, <i>Argyll and Bute Council</i>	On track
Define the opportunities in maritime industry sector of Argyll and Bute, and Explore the feasibility of locally delivered training, apprenticeships and skills development for the marine industry in Argyll and Bute	Mark Steward, <i>Argyll and Bute Council</i>	On track
Explore the potential for an Argyll and Bute Centre of Entrepreneurship	Lucinda Gray, <i>Highlands & Islands Enterprise</i>	On track
Explore opportunities for joint resourcing and joint recruitment strategies across partners.	Grant Manders, <i>Police Scotland</i>	On track
Create a public sector asset register to develop economic growth	Matt Mulderrig, <i>Argyll and Bute Council</i>	On track
Create opportunities for young people to enter the public sector	Jane Fowler, <i>Argyll and Bute Council</i>	On track

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Argyll and Bute Community Planning Partnership
**MAKI
Area Community Planning Group**
19 April 2017
Agenda Item [*for office use*]


Briefing Note: - Islay Campervan Project

1. Purpose

The purpose of this update is to respond to a specific area of interest raised by the MAKI CPP.

2. Recommendations

The paper is for information purposes only.

3. Detail

HIE supported South Islay Development (SID) to develop a Campervan Service Point. The Campervan Service Point will incorporate five parking berths for campervans or caravans. Each berth will have access to electricity and fresh water as well as access to an approved chemical waste disposal site and facilities to dispose of grey water. Wi-Fi will be available for the period of their stay on the site.

This purpose of the project is primarily to enhance the sustainability of the lifeline service provided by Port Ellen Filling Station (owned by SID). A secondary aim of the project is to address the environmental and social challenges caused by the large increase in campervans visiting Islay with limited appropriate services; specifically the illegal dumping of chemical waste. The Service Point will be completed during Spring 2017, ready for the summer season.

RET has enabled more campervans to go on to islands and in many cases there is not the infrastructure in place to cope with the rise in numbers. Anecdotally, this has been reported on Tiree and Mull in addition to Islay. Tiree Rural Development operate a scheme which open up farm/croft land for campervans which provides a small income to the farmers/crofters and provides a pre-bookable space for overnight stays. NB: campervans have to have permission from the Tiree Community Council before booking the ferry,

and the same applies for Colonsay.

4. SOA Outcomes

This report relates to Outcome 1.

Name of Lead Officer

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Argyll and Bute Community Planning Partnership**Mid Argyll, Kintyre and the Isles Area Community Planning Group**

19 April 2017

Agenda Item [for office use]

Clock Lodge Development, Lochgilphead

Summary

Progress report on the plans to restore this iconic B listed building as a community facility..

1. Purpose

Brief members on the journey to date on this project and seek their assistance in delivery the final solution.

2. Recommendations

Pass the word on the need for feedback from potential users of this unique building for functions/exhibitions to enable the funding case to be made for full refurbishment.

3. Background

The Lochgilphead Phoenix Project (LPP) have worked closely with the Council, the Strathclyde Buildings Preservation Trust and Harbro over a number of years to save the building. Full details can be accessed via the Council's planning portal and LPP's website.

4. Detail

The journey to save and bring the building back into use for the benefit of the local community has been long, but wind and watertight repairs to the Clock Lodge have now been completed.

LPP have a 99 year lease at £1 per annum and 5 years to make the case for the full restoration of the building.

Potential users have been contacted and at present LPP are working on a proposal to establish a youth arts base with the Templar Arts and Leisure Trust.

To enable a robust funding case for the full refurbishment further organisations/individuals looking to use the facility are required.

5. Conclusions

The transformation of the Clock Lodge from a blight on the town is partially complete, but any assistance in delivering the final restoration would be much appreciated.

6.0 SOA Outcomes

Outcome 1-The Economy is Diverse and Thriving.

Name of Lead Officer

Malcolm Sinclair, Secretary, Lochgilphead Phoenix Project (SCIO), Charity No SC041108
Tel 01546 600458

For further information please contact:

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<http://lochgilpheadphoenix.wordpress.com/>
Tel 01546 600458

Lochgilphead Phoenix Project Clock Lodge Development

- A registered charity and Scottish Charitable Incorporated Organisation with the objective of the advancement of Community Development through the regeneration of Lochgilphead and it's environs by improving the physical, social and economic structure for the benefit of the whole community

Lochgilphead Phoenix Project Public Survey

- In 2011 we asked the community what they would like to see done to improve the town
- Top of the agenda were improvements to front green, town approaches, the back lands and
- The Clock Lodge



Council owned B listed building at risk

Council owned B listed building at risk

- Marketed at £1, but no offers made
- Phoenix Project given time to come up with a plan. Detailed Option Appraisal Report completed with our partner the Strathclyde Building Preservation Trust
- Harbro interested in developing the site with their new Country Store
- Council agreed to transfer to our charity and for the subsequent transfer to Harbro provided Harbro complete wind and watertight repairs to the lodge and offer the Phoenix Project a long lease at a peppercorn rent to operate the building as a community facility
- Planning permission subsequently received

Current state of play

- Harbro have completed wind and watertight works and now own the site including the Clock Lodge
- Phoenix secured a grant from the Heritage Lottery Fund and the Architectural Heritage Fund to work up the case for full refurbishment
- Project Manager appointed
- Phoenix have a 99 year lease from Harbro at £1 per annum

Partners required

- Discussions continuing with potential partners following initial contact with ArtMap, Highlands Island Enterprise, Kilmartin Museum, Argyll and Bute Council re Argyll Art needing a home, Lochgilphead Resource Centre re cafe/gallery part run by folk with learning difficulties.
- Detailed proposal for a Youth Arts Base being worked up with the Templar Arts and Leisure Trust (talc)
- talc can provide around 30 % occupancy
- Other users required to build the robust business plan to enable funding the full refurbishment of the building as a community facility

PARTICIPATORY BUDGETING IN ARGYLL & BUTE



The
Democratic
Society



What is Participatory Budgeting?



Community



Making Decisions



ABOUT HOW PUBLIC MONEY IS SPENT



What are the communities priorities?

Discussion and Deliberation of Ideas

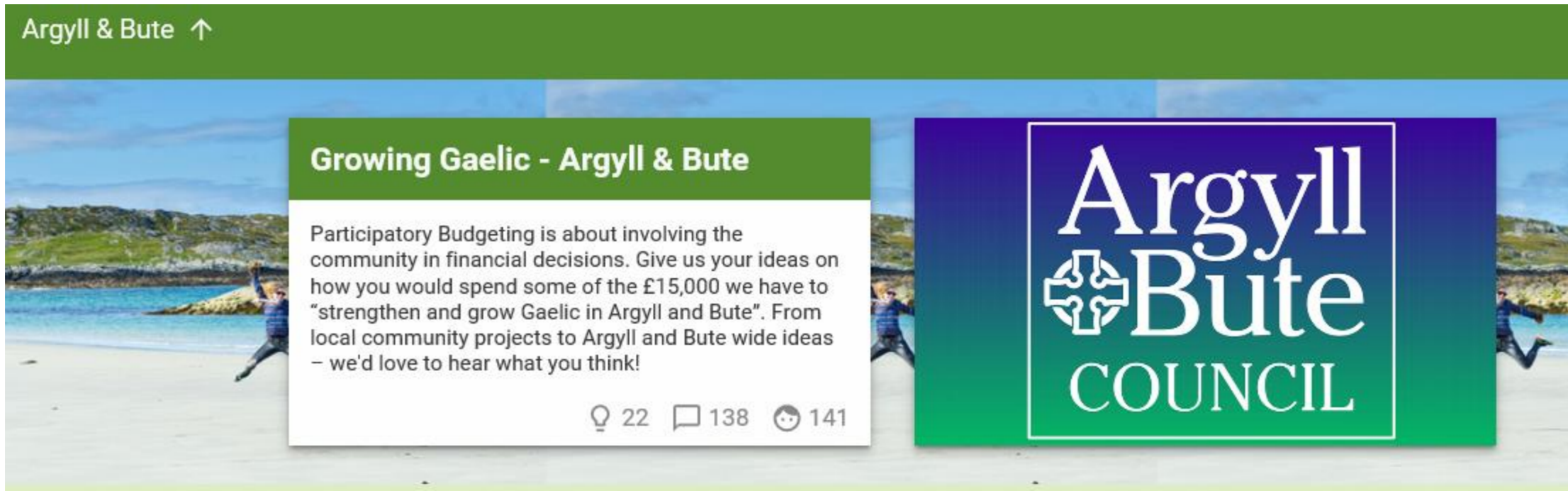
Allocation of budgets

Voting for ideas and projects to receive funding

Page 39

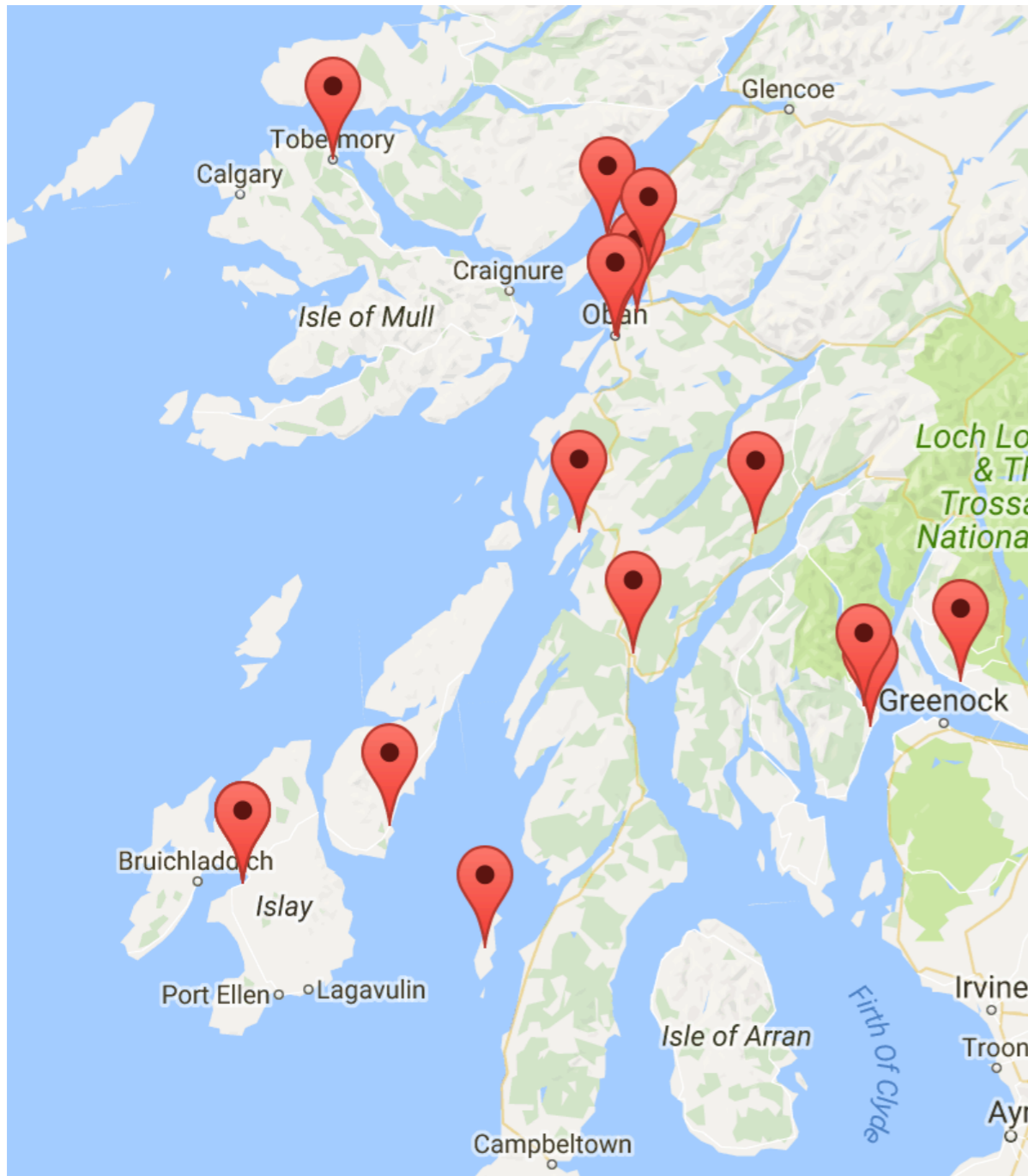


IDEA GENERATION



- 22 IDEAS GENERATED IN LESS THAN 1 MONTH
- 141 PARTICIPANTS INVOLVED IN DISCUSSIONS
- 138 DISCUSSION POINTS
- 14 applications
- [Tiny.cc/growinggaelic](https://tiny.cc/growinggaelic)

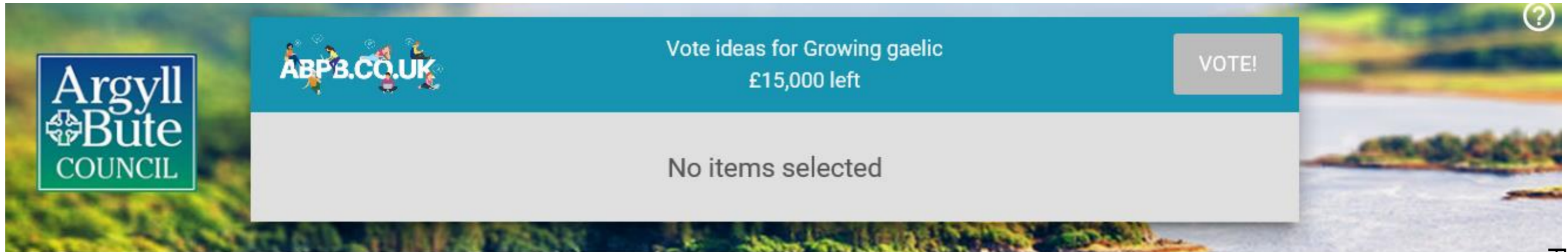
IDEA GENERATION



IDEAS FROM ACROSS ARGYLL & BUTE



VOTING STAGE



Argyll Bute COUNCIL

ABPB.CO.UK

Vote ideas for Growing gaelic
£15,000 left

VOTE!

No items selected

Growing gaelic



Dalriada Gaelic immersion weekend at Auchindrain Township



£420



Grow Our Own



£5,700



Support classes for parents with children in Gaelic Medium Education



£4,300



Awareness of Argyll dialect



£5,000



Argyll and Bute Community Planning Partnership

Mid Argyll, Kintyre and the Islands Area Community Planning Group

Date: 19 April 2017

argyll and bute

communityplanningpartnership



Title: Health Improvement Team Annual Report 2016-17

1. SUMMARY

1.1 The Health Improvement Team of Argyll and Bute's Health and Social Care Partnership publishes an annual report of activity each year. NB this is still in final draft form due to the earlier scheduling of this round of meetings.

2. RECOMMENDATIONS

Area Community Planning Groups are asked to:

- Note the contents of this paper and the supporting report
- Consider the role this group can play in promoting health and wellbeing
- Recognise areas of opportunity for partnership working

3. BACKGROUND

3.1 Health Improvement Team

The Health Improvement Team consists of 9 members of NHS staff based throughout Argyll and Bute. These staff all balance a workload made up of strategic priorities such as alcohol, tobacco, health inequalities, mental health, workplace health improvement and sexual health, alongside the requirement to support community led health improvement activity. A comprehensive report has been prepared outlining the activity of the team during 2016-17. This will be published on line at www.healthyargyllandbute.co.uk

Health Improvement activity is overseen by the Health and Wellbeing Partnership; this is a strategic partnership of Argyll and Bute's Community Planning Partnership. Strategic direction for work priorities comes from the Joint Health Improvement Plan (JHIP).

This paper will highlight some key achievements for the Health Improvement Team during 2016-17:

- Evaluation of strategic planning for health and wellbeing (JHIP)
- Health and Wellbeing Networks and Small Grants
- Additional investment in prevention
- Loneliness and isolation activity
- Promoting self management

3.2 Preventative Approach

The aim of the Health Improvement Team is to take a preventative approach to health problems in order to improve the health of the population of Argyll and Bute. The reasons for this are 2-fold: to

improve health outcomes and quality of life for people; and to reduce the reliance on health and care services.

The Christie Commission sets out the requirement for public services to make more investment in preventative measures:

'A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. Tackling these fundamental inequalities and focussing resources on preventative measures must be a key objective of public service reform.'

Future Delivery of Public Services Christie Commission June 2011

4. MAIN BODY OF PAPER

4.1 Review of Health Improvement Strategy

The JHIP covered the period 2013 – 2016. During 2016 an evaluation was conducted with a view to measuring the impact and also to identify what the refreshed JHIP should include. A short life working group reviewed the findings of the evaluation and this was overseen by the Health and Wellbeing Partnership. A new JHIP was written in February 2017 and consulted on with partners in March 2017. The new JHIP will be launched in May 2017 and will cover a 5 year period till December 2022. The strategic priorities will include 4 new themes:

Theme 1 - Getting the best start in life

Theme 2 - Working to ensure fairness

Theme 3 - Connecting people with support in their community

Theme 4 - Promoting wellness not illness

4.2 Health and Wellbeing Networks and Small Grants and Additional Investment in Prevention

There are eight Health and Wellbeing Networks in Argyll and Bute. These enable local partnership working and project working to promote health. The Networks are responsible for disseminating a small grant fund; in 2016 – 17 this amounted to £116k. A total of 117 projects received grants and more detail is available in the full report.

For the past two years the Health and Wellbeing Partnership has had additional funding from the Integrated Care Fund. This year this amounted to £70k, of which £50k was allocated to grants and £20k was allocated to developing the networks. This additional investment of £70k has now been provided as a recurring investment from the HSCP.

4.3 Loneliness and Isolation

Loneliness and social isolation pose significant risks to health, both in relation to premature mortality and in health outcomes. NHS Highland's Director of Public Health Annual Report for 2016 was on the topic of loneliness in older people. This presents local research showing that a significant proportion of older people experience loneliness. An anonymous survey of 3,000 people across Highland

and Argyll & Bute found 67% of respondents feel some degree of loneliness with 8% classing this as intense. The survey had a response rate of 51%.

The report is a call to action to partners to consider what they can do to reduce loneliness and includes examples of good practice including the community resilience workers across Argyll and Bute and Shopper Aide in Kintyre. Evidence from other areas shows loneliness can be reduced in older people by linking them up with activities like volunteering and social opportunities in their local communities. This is most effective when older people have a say in designing these services.

4.4 Promoting Self Management

There is a rising incidence of long term health conditions like diabetes, coronary heart disease, stroke and cancer. People can live for long periods of time with these conditions. However the impacts include reduced quality of life for people and also extra demand on health and social care services.

We all have a responsibility to lead healthy lives but people benefit from support to be enabled to make these healthier choices. This is a significant theme of work for the Health Improvement Team and will continue to be so. Two examples of this include Pain Management workshops for people living with chronic pain and Social Prescribing initiatives to link people to support for social problems like debt, relationship breakdown or housing problems.

5. CONCLUSION AND NEXT STEPS

5.1 There is a significant amount of health improving activity taking place throughout Argyll and Bute. This is most successful when initiatives are led by community members and there is active partnership working.

5.2 During 2017-18 priorities for the team and the Health and Wellbeing Partnership will include:

- Embedding social prescribing and self management
- Addressing the causes of childhood obesity
- Developing a strategic response to Childhood Adverse Experiences (ACEs)
- Mental Health understanding to reduce stigma
- Support HSCP Locality Planning Groups with prevention work
- Diabetes

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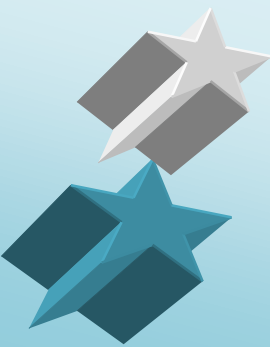
HEALTH AND WELLBEING

IN ARGYLL AND BUTE

ANNUAL REPORT

2016 - 2017



HEALTH AND WELLBEING**IN ARGYLL AND BUTE****ANNUAL REPORT 2016 - 2017****Introduction**

**Alison McGrory,
Health Improvement Principal
Argyll and Bute Health and Social Care
Partnership**

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The Health Improvement Team in Argyll and Bute has worked hard during 2016-17 to enable our population to live as healthy and fulfilled lives as possible. Our work is overseen by the Health and Wellbeing Partnership.

We continue to build the Health and Wellbeing brand to raise awareness of the potential of Argyll and Bute's people to lead healthier and happier lives.

The main focus of our work is about building capacity for communities to be healthier and we achieve this by developing skills in our community champions.

This report includes highlights of our activity during 2016-17. Please look us up on facebook to tell us what you think.

www.fb.com/healthyargyllandbute

The Health Improvement Team in Argyll and Bute also works with the Health Improvement Team in Inverness. Their annual report will be published later in the year at:

<http://www.nhshighland.scot.nhs.uk/Pages/Welcome.aspx>



Health and Wellbeing Networks

The 8 Health and Wellbeing (HWB) Networks have continued to meet regularly to promote health and wellbeing and to administer the small grant fund. Each network has a co-ordinator who runs the network with payment of £7,500 provided by NHS Highland. Co-ordinators complete annual reports in May each year which are available at:

www.healthylargyllandbute.co.uk

Administration of the Networks is supported by a Service Level Agreement between NHS Highland and the co-ordinators. The SLA sets out expectations of the service and key performance measures. It is monitored by way of the annual reports mentioned above. A new SLA has been negotiated for the period April 2017 – March 2020.

There have been some changes again this year to the network co-ordinators:

- Morevain Martin is saying goodbye and handing over the reins of the Helensburgh Network to Audrey Baird. We say a huge thanks to Morevain for many years of support to health and wellbeing.
- We look forward to working with Rape Crisis who will take over co-ordination of the Bute Health and Wellbeing Network.

Health and Wellbeing Small Grant Fund

Health and Wellbeing Networks administer small grants to help get health improvement projects off the ground. This year £116,700 was available which is allocated using a formulae based on National Resource Allocation Committee (NRAC). Decision making for how to spend the grant fund is devolved to local scoring panels to ensure local groups agree with how the money is invested.

Area	% of total budget	Amount of funding	Total spend	
Bute	9%	£10324	Number of projects funded	117
Cowal	17%	£20216	Average award	£1014.67
Helensburgh and Lomond	25%	£28721	Strategic priorities met:	
Islay and Jura	5%	£5522	Health inequalities	67
Kintyre	10%	£11376	Mental health	60
Mid Argyll	11%	£12967	Tobacco	8
Mull, Iona, Coll, Tiree and Colonsay	5%	£6131	Alcohol	27
Oban Lorn and Inner Islands	18%	£21444	Obesity	42
Total	100%	£116700	Early years	16
			Older people	23
			Teenage transition	30
			<i>(NB many projects met several priorities)</i>	

Table 1 - How the fund was shared across Argyll and Bute.

Where our money comes from...

The money to support our health and wellbeing work comes from the Public Health Department in NHS Highland. Over the past few years we have had the benefit of some extra funds from the Integrated Care Fund from the Scottish Government. In 2016 – 17 this was a sum of £70,000. This has made a very big difference to the amount of work we can do and has been invested in extra money for the networks and small grants. Carol Flett who co-ordinates the Mull, Iona, Coll, Colonsay and Tiree network said:

“The additional funding for the has enabled me to attend the two Locality Planning Groups for the Islands and share and promote the work of the network and increase awareness of the good work being carried out. The additional funding for healthy projects is making a real difference including the setting up of a fortnightly support group for isolated people on Mull and paying for swimming lessons for primary school children from Coll.”

Review of the Joint Health Improvement Plan

The Joint Health Improvement Plan (JHIP) is the strategic document that provides leadership and direction for health improvement work in Argyll and Bute. This covered the period 2013 – 2016. During 2016, an evaluation took place of the JHIP with a view to measuring the impact it had and also what the updated version should include. The evaluation included:

- Review of JHIP annual reports from 2014, 2015 and 2016.
- Online survey to network members and co-ordinators.
- Review of strategic priorities using focus group format, undertaken at Health and Wellbeing Networks and other events such as Community Planning Partnership Management Committee.
- Canvassing of the general public’s view of health issues on the facebook page.

A short life working group reviewed the findings of the evaluation and this was overseen by the Health and Wellbeing Partnership. A draft JHIP was written in February 2017 and consulted on with partners in March 2017. The new JHIP will be launched in May 2017 and will cover a 5 year period till December 2022. The strategic priorities will include 4 new themes:

Theme 1 - Getting the best start in life

Theme 2 - Working to ensure fairness

Theme 3 - Connecting people with support in their community

Theme 4 - Promoting wellness not illness



Butefest 2016 Alcohol and Drug Awareness Stall Report

Butefest is a music and arts event which takes place annually in Rothesay, on the Isle of Bute. We were approached to attend the festival and provide drug and alcohol information onsite as part of the Teen Zone and received funding from Bute Drug & Alcohol Forum to purchase 240 t-shirts with an alcohol awareness message printed on the front and on the inside. In order to receive a t-shirt people had to complete a questionnaire which asked about their knowledge of the new alcohol recommendations. The guideline levels for males changed in January 2016 from 21 to 14 units per week. Across the whole weekend we engaged with 316 people, 257 questionnaires completed, 754 leaflets and resources were handed out and 240 t-shirts given away.

Question 1 – Gender 166 females (65.1 %), 89 males (34.9%).

Question 2 – Age The majority of people who came to the stall were adults over the age of 35.

Question 3 – Region Scotland (52.6%) or other areas (4.3%) (total 56.9%) Argyll & Bute (43.1%) including Cowal & Bute (41.1%).

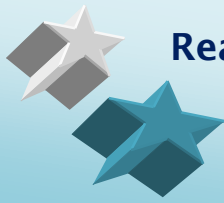
Question 4 – Do you know what the new alcohol guidelines are? 62.2% indicated that they **did not know** what the alcohol guidelines were (77% indicated that they **didn't** know the recommendations before coming to this event). 88.4% (A&B 88%) of under 18s indicated they had no previous knowledge of the guidelines.

Question 5 – What are the new Alcohol Guidelines Recommended limits (for Men)? 44.6% answered this correctly. 32.2% thought the recommendations were lower than 14 units per week.

Question 6 – What are the new Alcohol Guidelines Recommended limits (for Women)? 39.6% answered this question correctly. 50.8% thought the recommendations for Women were lower than 14 units per week.

The festival was a good opportunity to raise alcohol issues with a large number of people. A high percentage of those attending were either local residents or from elsewhere in Argyll & Bute. The results indicate that there is a need to increase education around the new alcohol guidelines, especially amongst school age young people. We had feedback from several members of the public who indicated they liked the messages we were giving (raising awareness rather than anti-alcohol/drugs) and the approach we were using to deliver these messages. One person came back to the stall to let us know that they were planning to look at their alcohol consumption as a result of their contact with us.





Loneliness is a difficult subject to talk about. People who feel lonely may keep this to themselves due to the stigma of admitting it or possibly feeling they are somehow to blame. In order to reduce this stigma, the Public Health Department developed a social marketing campaign called – *Reach out – make a difference to someone who’s lonely.* This launched in June 2016 in Argyll and Bute with the Self Directed Support Blether Group in Oban signing the pledge.



Since then, many groups and individuals have signed up across Argyll and Bute, including: the Health and Wellbeing Network in Bute, The North Argyll Carers Group, Argyll and Bute Carers Conference, Homestart MAJIK and the Strachur Community Hub.



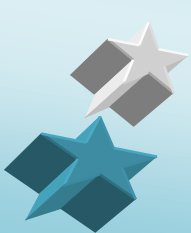
Homestart MAJIK signing the pledge in June 2016



Partners from the Argyll and Bute Carers Conference signing the pledge in September 2016

The screenshot shows the Reach Out website interface. At the top, there is a navigation bar with 'HOME', 'ABOUT', 'NEWS', 'SIGN THE PLEDGE', 'RESOURCES', and 'LINKS'. Below the navigation is a large image of a person sitting on a bench by the sea with the text 'Young or old, no-one chooses loneliness'. A section titled 'PLEDGES OF SUPPORT' features a red background with a white circular graphic and the text: 'Take a home-made cake to work on a regular basis' followed by '— Alison from Rothesay'. Below this is a 'Next quote >' button. To the right, there is a link to the 'Annual Report of the NHS Highland Director of Public Health Loneliness and Health'.

Some examples of personal pledges that people have made to make a difference to someone who’s lonely include: knocking on a neighbour’s door who lives alone to check they are ok, smiling and saying hello to people in the street and talking to family and friends about the impact of loneliness. You can sign up to the pledge by looking up the website – <http://www.reachout.scot.nhs.uk/> or liking the facebook page - <https://www.facebook.com/NHSHighlandReachOut/>



Loneliness

Alison McGrory, Health Improvement Principal

Sam Campbell, Senior Health Improvement Specialist (Mental Health)

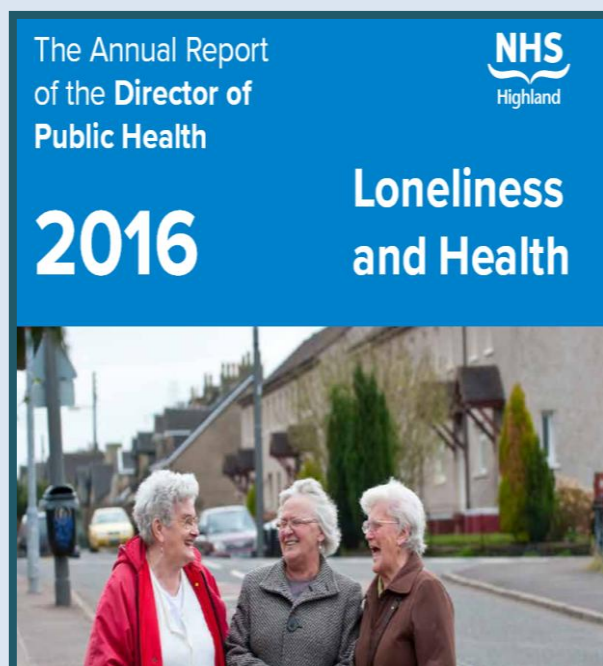
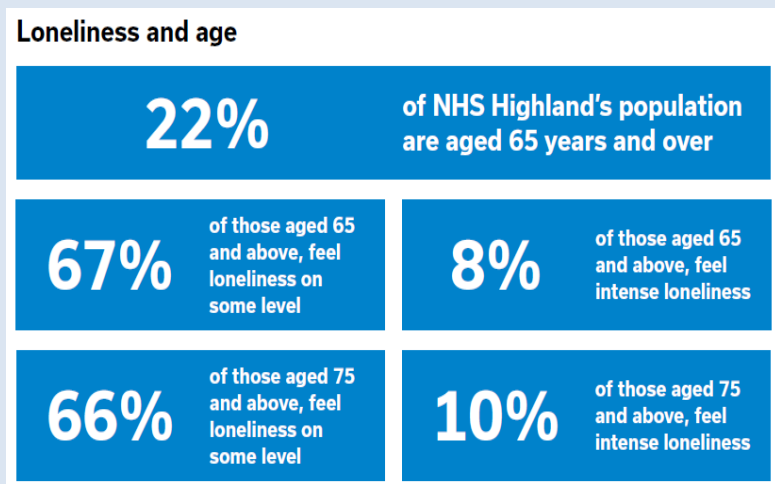
DPH Loneliness report

NHS Highland’s Director of Public Health Annual Report for 2016 was on the topic of loneliness in older people. Loneliness is a significant health issue which causes premature death on par with smoking 15 cigarettes a day and is worse for you than being overweight or inactive. It also contributes to ill-health like depression, dementia and heart disease.

The report presents local research showing that a significant proportion of older people experience loneliness. An anonymous survey of 3,000 people across Highland and Argyll & Bute found 67% of respondents feel some degree of loneliness with 8% classing this as intense. The survey had a response rate of 51%.

The report is a call to action to partners to consider what they can do to reduce loneliness and includes examples of good practice including the community resilience workers across Argyll and Bute and Shopper Aide in Kintyre. Evidence from other areas shows loneliness can be reduced in older people by linking them up with activities like volunteering and social opportunities in their local communities. This is most effective when older people have a say in designing these services. The report can be found here –

[http://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH%20Annual%20Report%202016%20\(web%20version\).pdf](http://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH%20Annual%20Report%202016%20(web%20version).pdf)



Waverley Care -Improving Sexual Health and Reducing HIV in Argyll and Bute

There are over 6200 people in Scotland living with HIV. Argyll and Bute commission Waverley Care to deliver HIV prevention and sexual health services to individuals likely to have the poorest sexual health/highest risk, including men who have sex with men, young people and people of sub-Saharan origin.

Waverley Care worked towards fewer new infections in NHS Highland, to reduce health inequalities, support people with HIV to have longer and healthier lives and to encourage a society where the attitudes towards those affected by HIV are non-stigmatising and supportive.

A wide range of valuable services in A&B were delivered through this service, including one to one support for people at risk of or living with HIV, HIV testing and outreach work. Below are some details from the training courses and free condom service delivered in 2016 to 2017.

Training Courses Delivered

HIV Awareness for secondary school pupils x 2

LGBT Awareness for secondary pupils x 4

Transgender Awareness for staff x 1

Sexual Health and Relationships Education (SHARE) for staff x 2

CCard Training for staff x 2

The Scottish Government's Sexual Health and BBV Framework 2015 to 2020 follows on from the framework published in 2011 which brought together policy on sexual health and wellbeing, HIV and viral Hepatitis for the first time. It includes five outcomes:

Outcome 1: Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.

Outcome 2: A reduction in the health inequalities gap in sexual health and blood borne viruses.

Outcome 3: People affected by blood borne viruses lead longer, healthier lives, with a good quality of life.

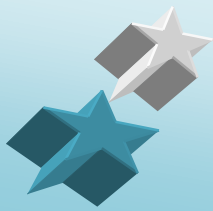
Outcome 4. Sexual relationships are free from coercion and harm.

Outcome 5: A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

FREE CONDOMS

Waverley Care provided a free Condoms by Post service to high risk individuals in all areas of Argyll and Bute. Orders were made by phone, text, email or in person. Service users accessed 6 orders over 12 months before renewing their order, orders were sent free of charge to the address specified by the service user and usually contained about 10 condoms and a sachet of lube. From April 2016 to December 2016 Waverley Care posted a total of 16756 safer sex materials to Argyll and Bute, which included 173 new clients and 355 regular clients.

For more information on the work of Waverley Care visit www.waverleycare.org/about-our-services/locations/argyll-and-bute/



The Health Improvement Team in partnership with Waverley Care delivered Brooks highly acclaimed sexual Behaviours Traffic Light Tool level one training course. The tool aims to support professionals working with children and young people to identify and respond appropriately to sexual behaviours.



The tool uses a colour coded system of **GREEN**, **AMBER** and **RED** to categorise behaviours to help professionals:

- Make decisions about child protection and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviours

There is often a lack of confidence in responding to behaviours and providing training to staff is critical for detecting child protection issues early. By increasing understanding and using this toolkit to support existing guidance when making decisions, we can protect and support vulnerable young people in a consistent approach as well as providing positive messages about appropriate behaviours. This year, we trained 25 professionals from a wide range of organisations within Argyll and Bute. Participants commented that the knowledge and skills from the course would “be used in their work with young people”, “help direct questioning to young people” and “can be easily put into practice within their role”.

Barnardos Child Sexual Exploitation (CSE) Training

The Health Improvement Team co-delivered a one day training course to 19 professionals in Helensburgh and Lomond. This training gave staff the tools to spot the signs of CSE, identify risk factors, and confidently take action to help put a stop to this abuse and protect vulnerable children and young people who may be at risk in Argyll & Bute.

SHARE Training

Health Scotland’s 3-day Sexual Health and Relationships Education (SHARE) training course was co-delivered by the Health Improvement Team and Waverley Care to 25 people from a wide variety of organisations this year.



SHARE evaluates highly, resulting in participants feeling more confident to deliver lessons and engage in discussions with young people.

“great training given and relevant to modern life of young people”

“the trainers were very knowledgeable and professional, they put the group at ease but also delivered a lot of information.”

“I have learnt loads from others – not just practice but good practice”



Keep Well

Alison Hardman, Senior Health Improvement Specialist (Health Inequalities)

KEEP WELL

In this final year of Keep Well funding we invested the money with small community groups in order to enable them to run pilots or build up capacity within their service with the aim of leaving a legacy. We had £11,000 for community use and £5,000 for the provision of weight management services. Keep Well was a national initiative to reduce cardio vascular disease in the over 40s which ended in March 2017.

The dietician chose to use the money on Counterweight resources and equipment, these were to support service delivery in such places as the Isle of Coll where the local Social Enterprise 'Coll Healthy options' staff has been trained to deliver Counterweight. The scales and height measure from Campbeltown was re homed on Coll to assist with this service (this social enterprise was supported last year by Keep Well in its set up costs). Over the past few years Keep Well funding has been used to set up Counterweight services and train people to be able to deliver the service in the future.



Yennie Van Oostende, Senior Health Improvement Specialist, used £900 to purchase pedometer packs which she is currently distributing across A&B.

**Healthy Working Lives**

Argyll & Bute currently has 30 workplaces registered for the HWL Award Programme, 15 of which have already achieved a HWL Award. In addition, Argyll & Bute also supports 19 cross border HWL registrations (workplaces with sites throughout Scotland), of which 14 have a HWL Award. In total, that means there are 29 Awards held throughout Argyll & Bute: 16 Gold, six Silver and seven Bronze. These organisations vary significantly in size and come from all sectors.

All seven NHS sites in Argyll & Bute have a HWL Award. Cowal, Kintyre, Islay, Mid Argyll and Oban, Lorn and the Isles all have a Gold Award, Bute has a Silver Award and VICC has a Bronze Award.

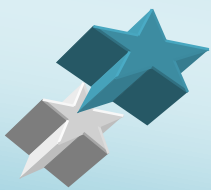
Argyll Community Housing Association (ACHA) recently achieved their HWL Gold Award in March 2017. All other workplaces are currently maintaining their current level of Award.



Healthy Working Lives

Understanding Mental Health

An introductory mental health awareness course has been delivered to 62 people in Argyll and Bute. Audrey Forrest from Acumen held five courses in Dunoon, Helensburgh, Lochgilphead, and Oban. The course was well received and we have plans to deliver something similar in the coming year. Statistics show that one in four people experience common mental health problems like anxiety and depression each year and this course aims to reduce the stigma surrounding mental health problems so people feel more able to talk about how they feel and access support.



Social Prescribing

Health Improvement Team

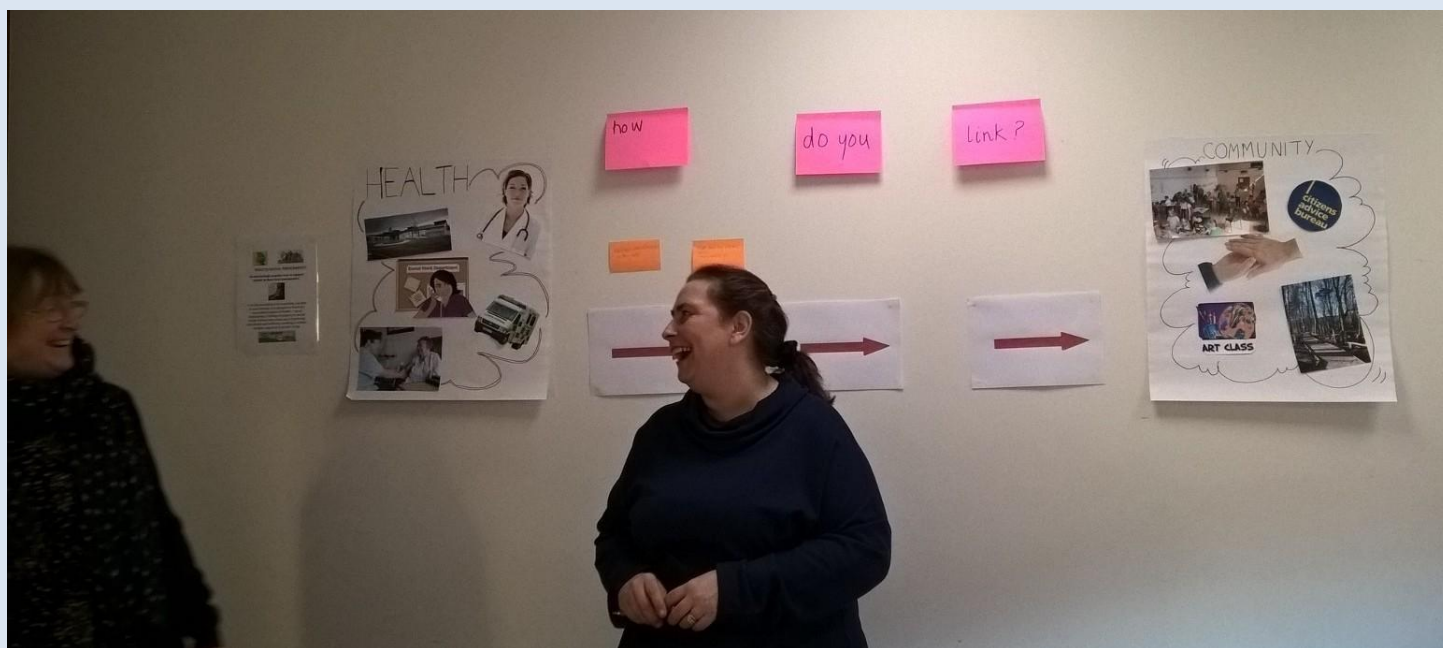
Social prescribing project with Carr Gomm

Our health can be affected by many things like debt, loneliness, housing problems and relationship breakdown. Social prescribing is the term for linking people up with support in their community for these social problems.

February 2016 saw the start of a 2 year project with Carr Gomm to develop a more co-ordinated approach to social prescribing in Argyll and Bute. Amanda Grehan is the development worker who is working to achieve the following:

- Increase understanding of what social prescribing means for both front line staff and also the general public
- Develop case studies to give examples of how social prescribing works in real life
- Develop joint working with partners to pilot social prescribing with GP practices

The project is costing £30,000 per year and will finish in February 2018. Amanda has been delighted with the interest across Argyll and Bute. Two pilots started in GP practices in Dunoon and Bute in March 2017.



Amanda with Gill Chasemore from the Islay and Jura HWB Network at a working to explain social prescribing

Self Management

This year, we have worked closely with the Health and Social Care Partnership to support the shift of “doing to...” towards “doing with...”, which can be summarised as an assets based approach. This supports person centred care, where people have an equal say and responsibility in their own care and health and wellbeing.



Motivational Interviewing to enhance person centred practice:

Motivational Interviewing training has been held for staff to enable them to have conversations with patients and clients that focus on positive change, tapping into the strengths and positive attributes that people already have within themselves:

44 people completed 1 day MI training

17 people completed 2 day MI training

44 people completed Health Behaviour Change-1 e-learning module

7 people completed Raising the Issue of Smoking e-learning module

With an updated suite of e-learning modules, we are aiming to improve our blended learning offer for staff groups that can be delivered more flexibly and efficiently. We encourage learners to complete the *Raising the Issue of Physical Activity* and other e-modules that are relevant to their field of work.

The full suite can be accessed here:

<http://www.healthscotland.scot/media/1252/learning-opportunities-to-reduce-health-inequalities-nov2016-english.pdf>

Helping People Cope with Chronic Pain

We work closely with third sector partners from Carers Centres, MS Centre and TSI to deliver self management programmes such as *Living Well* with a long term condition, which is coordinated by Arthritis Care Scotland (ACS). This programme shows people with a long term condition that they can thrive, rather than just survive.

We identified a gap in primary care services for people with chronic pain that was locally accessible, so we completed a 6 month pilot, using a resource called The Pain Toolkit (PTK). The Toolkit is a 24-page booklet which sets out tools for self management. It is routinely used across the world having been translated into 11 different languages. There is a Pain Toolkit App and an interactive website: www.paintoolkit.org Around a million copies have been used since 2009.

A copy of the pilot report can be found here:

<http://healthyargyllandbute.co.uk/wp-content/uploads/2017/02/Final-report-PTK-Pilot.pdf>

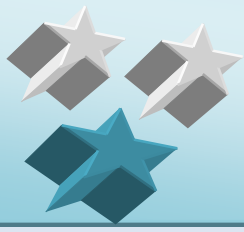
Sixteen 3-hour workshops were delivered by trained ACS volunteer coaches with 123 participants. These were well received and there is scope for participants to take part in the 6 week Living Well self management programme. The PTK is also used by trained health professionals in one-to-one sessions to encourage self management during therapeutic interventions and rehabilitation.



'Knowing that you are understood and that it doesn't make you weak to find things difficult.'

'Talking to people in a similar situation. Not feeling alone.'

'To change how I look at my life and accept that this is **MY** normal.'



The Health Improvement Team delivered two development days this year. In May 2016 34 people attended an event in Inveraray to consider how the use of technology can help to prevent health problems from arising. The full report is available here – <http://healthyargyllandbute.co.uk/category/news/>

A highlight from the day included hearing about the Cool2Talk service from NHS Tayside which provides online signposting and counselling for young people. This has resulted in partners seeing the benefit of a similar project in Argyll and Bute and working to make this happen. Cool2Talk will launch for our young people in the summer of 2017.

The second event had the theme improving health in changing times to reflect the political and financial uncertainties facing health and social care at the moment. This took place in November in Inveraray and was attended by 32 people. Highlights from the programme included considering the opportunities from the Community Empowerment Act, learning about the Strategic Plan for health and social care in Argyll and Bute, and getting feedback on the consultation of the evaluation of the Joint Health Improvement Plan. The full report of the day can be found here -

<http://healthyargyllandbute.co.uk/development-day-nov16/>





Physical activity is an important factor in preventing ill health, rehabilitation and maintaining health and wellbeing. This year we have focused on programmes that support and motivate people, who are currently inactive to lead a more active life, both socially and physically. We worked together with partners such as Argyll and Bute Council Leisure Department, Lorn and Oban Healthy Options, Macmillan Cancer Services, Arthritis Care, Paths for All and the NHS Falls Prevention Co-ordinator to scope and support funding applications so that there is a broad range of low to medium impact physical activity programmes targeted at people at risk of becoming overweight, immobile or frail due to a sedentary lifestyle. Examples such as tai chi classes in Kintyre, strength and balance classes at the Strachur Hub, walking programmes on Bute and Cowal, and Otago falls prevention programmes in Helensburgh. Community Sports Hubs, Leisure Services programmes and Active School programmes show there is a wide variety to support people to get active and stay active at any age.

Branching Out Argyll and the Isles

Managed by the Argyll and the Isles Coast and Countryside Trust (ACT), it promotes outdoor activity for people with mental health problems in a community woodland setting. This project has benefited from a cocktail of funding from the Alliance Impact Fund, ICF funding, Health and Wellbeing Networks Funds, Forestry Commission funds etc. This programme works closely with the mental health teams and Branching Out leaders to deliver a different way of working with people with mental ill health. It contributes to a possible way of moving on to recovery, through working with nature. Many outdoor skills and interests are gained, as well as increased fitness by being more active and cooking healthy food.

Find out more here:

<http://www.act-now.org.uk/en/what-we-do/233-branching-out>

Occupational Therapist, “I feel this ticks every box in an Occupational Therapists calendar of goals that can be achieved with our clients with the support of all our support staff and woodland staff combined. I am also loving this experience on a professional level - getting to be involved in teaching, encouraging and facilitating development in people's personal lives.”

Participant feedback, “I don't take much interest in meeting people and mixing with people or introduce myself to people - I've had the surprise of my life to find how pleasant it was to meet and work and partner with people out here.” “Before Branching Out I'd eat one thing a day – not enough. Now I'm trying to eat something twice a day and starting to get back into fresh food”

Smoke Free

Laura Stephenson, Smoking Cessation Co-ordinator

Smoking continues to be the most preventable cause of premature death and ill health in Scotland. Scotland's strategy, Creating A Tobacco Free Scotland aims to have a tobacco free generation by 2034. Since 1999 legislation, policy, health improvement and services have contributed to a decline in smoking prevalence in Scotland but we need to keep working hard to support people to stop and reduce the adult smoking prevalence to 5% by 2034.

Education

The Smoking Cessation Co-ordinator updated the primary Smoke Free lesson plans and drama this year to include more information on e-cigarettes, passive smoking and the effect on pets. In October 2016, the lessons were delivered by school staff and the touring drama was performed to 995 pupils from 53 schools. The Smoke Free programme continues to evaluate very well and considered a valued element of the health and wellbeing curriculum.



Training

In November of this year the Health Improvement Team provided a one day training course in Inveraray for professionals working with pregnant mums and their families. As well as enabling an opportunity for networking, the training provided continual professional support in the topic of pregnancy and smoking.

Services

At the start of this calendar year, two part time Health Improvement Officers were employed to work in the areas of Cowal and Oban, Lorn and the Isles. Based within the hospitals the Health Improvement Officers support smoking cessation within the hospital and community. The team were very pleased to welcome these additional posts and new services.

The Health Improvement Team purchased some promotional materials for smoking cessation that professionals in Argyll and Bute can borrow to support campaigns, education and awareness raising.

For more information please contact laurastephenson@nhs.net

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Argyll and Bute Community Planning Partnership**Mid Argyll, Kintyre and the Islands Area Community Planning Group****19 April 2017****Agenda Item - 6 (b)**

**Summary**

The Social Care (Self-directed Support) (Scotland) Act 2013 was enacted on 1 April 2014. Self-directed Support is the mainstream approach by which we deliver social care and support, ensuring people can make real informed choice which enables them to achieve their identified outcomes. This report outlines strategic priorities for 2016-18.

1. Purpose

The purpose of the report is to inform the Area Community Planning Group of the strategic priorities for the Scottish Government's Self-directed Support Strategy as identified by Cosla for 2016-18

2. Recommendations

Area Community Planning Group are asked to note the content of the report.

3. Background

The National Self-directed Support Strategy 2010-2020 is a joint Scottish Government and COSLA 10-year plan, dedicated to driving forward the personalisation of social care in Scotland.

Self-directed Support allows people, carers and families to make Informed choices about what their social care support is and how it is delivered. It aims to empower people to be equal partners in their care and support decisions and to participate in education, work and social life.

Local authorities have a legal duty to offer people who are eligible for social care four options about how their care and support is delivered. Local authorities must also ensure they have access to support to help them make informed choices. The options are (1) a Direct Payment (a cash payment); (2) funding allocated to a provider

of your choice (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent); (3) the council can arrange a service for you; or (4) you can choose a mix of these options for different types of support.

4. Detail

Self-directed Support Strategy 2010 - 2020

The Scottish Government's Self-directed Support Strategy runs from 2010 to 2020. A revised implementation plan has been issued by Cosla for 2016-18 identifying the main areas of focus (Strategic Outcomes) for this period. These include:

Supported people have more choice and control - Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

Workers are confident and valued - People who work in health and social care have increased skills, knowledge and confidence to deliver Self-directed Support and understand its implications for their practice, culture and ways of working.

Commissioning is more flexible and responsive - Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.

Systems are more widely understood, flexible and less complex - Local authorities, health and social care partnerships and social care providers have proportionate, person centred systems and participatory processes that enable people who receive care and support live their lives and achieve the outcomes that matter to them.

Challenges

At this stage in the 10-year strategy, challenges to making Self-directed Support work for everyone who receives social care support have been identified. These include:

Commissioning – How to develop good flexible commissioning and procurement arrangements which place people at the heart of decision making.

Risk enabling practice – How we better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.

Working with limited public resources – How we better manage demand and expectations through effective use of resources and develop a shared understanding of how this can be achieved in the context of reduced public funding.

Knowledge and awareness – How we increase awareness and understanding of Self-directed Support amongst the workforce, supported people, carers and communities.

Major system change – How we understand and work with other public sector reform agendas to ensure that Self-directed Support remains a high priority, particularly in the new integrated arrangements.

Systems and processes – How we develop systems and processes for delivering Self-directed Support which are easy to navigate, transparent and focused on the person.

Public & User Involvement & Engagement

Refresher sessions on the values, principles and mechanics of SDS will be held in each locality for assessment and care management staff during May. All public and staff information will be refreshed/updated and website content will also be updated.

5. Conclusions

The SDS Team are committed to continuing to achieve the strategic outcomes as identified by Cosla and also seek to find resolutions to the challenges identified above through working with staff, supported people, families and carers to ensure Argyll & Bute HSCP remains compliant with the Social Care (Self-directed Support) (Scotland) Act 2013.

6.0 SOA Outcomes

Which outcomes of the SOA does this report relate to?
Outcomes 5

Everyone has the opportunity to be active members of their community. People are enabled to live independently, with meaning and purpose, within their own community.

Name of Lead Officer

Allen Stevenson, Head of Adult Services (East)
Tel (01369) 708513

For further information please contact:
Aileen Dominick, SDS Officer
Tel 01369 707329

Argyll and Bute Community Planning Partnership

**MID ARGYLL, KINTYRE AND ISLANDS
COMMUNITY PLANNING GROUP**



19th of April 2017

Agenda Item [for office use]

Community Management and Prevention of Falls

Summary

As people age they are more likely have to fall. Around one third of people aged over 65 and half of people aged over 80 will have a fall annually with some having serious consequences. Whether or not an injury is sustained, a fall can be a 'tipping point' in a person's life, triggering a downward spiral of loss of confidence, inactivity, isolation and dependence. The National Falls Prevention programme has been supported by the Scottish Government since 2010 and Argyll and Bute Partnership have been working to introduce the national minimum standards set out in [The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014-16.](#)

There are many things that can reduce a person's risk and this is different for everyone. One key thing that can reduce a person's risk of falling is a strength and balance exercise programme. A big challenge is for communities to understand that falls can be prevented through individuals investing in physical activity to reduce risk and minimise injury.

1. Purpose

Inform group members of the work going on in prevention and management of falls in older people. Provide a brief update on the evidence of what works and outline the Framework for Action.

Community Planning Groups can recognise falls as a public health issue. We are able to anticipate falls and reduce risk and harm through coordinated preventative strategies including exercise.

2. Recommendations

Implementation of the National Framework for Action takes place across all localities in the 4 stages described in the appendix.

3. Background

The Scottish Government implemented a National Falls Programme in 2010 and has supported Health and Social Care Partnerships to adopt a systematic, integrated, co-ordinated and person centred approach to falls and fracture prevention outlined in **The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014-16.** The Framework focuses on falls prevention and management and fracture prevention for older people living in the community. Underpinned by evidence from research and knowledge and experience gained by the falls prevention community in Scotland and elsewhere over the last four years, the Framework identifies and describes key actions for health and social care services at each of the four stages of the pathway. These actions represent the minimum standard of care an older person should expect to receive regardless of where and when they present to statutory services. At points throughout the pathway, statutory services will work with third and independent sector partners to deliver the actions described.

A significant section of the Framework focuses on screening and assessment. We need to identify people who may benefit from support, and then provide individualised care. However, assessment and screening will not prevent falls in the absence of safe, effective and person centred support and interventions.

Each area in Argyll and Bute was supported to undertake a self assessment with partners against the national minimum standards and came up with a local action plan. These are reviewed on an ongoing basis. Partners working with Health and Social care Partnerships to support this work include the Care Inspectorate, Technology Enabled Care Programme, Telehealth and Telecare, NHS24, NHS Education for Scotland, RRHEAL, the National Osteoporosis Society, the Scottish Ambulance Service and Scottish Fire and Rescue Service and the Living Well in Communities Programme.

When people become unsteady their families and friends may encourage them to 'stay safe' by restricting their movement. This is the worst possible thing for an older person as they quickly lose strength and confidence and their risk of falls increases. Identifying people who have had a fall and raising awareness of the things that make a difference is key.

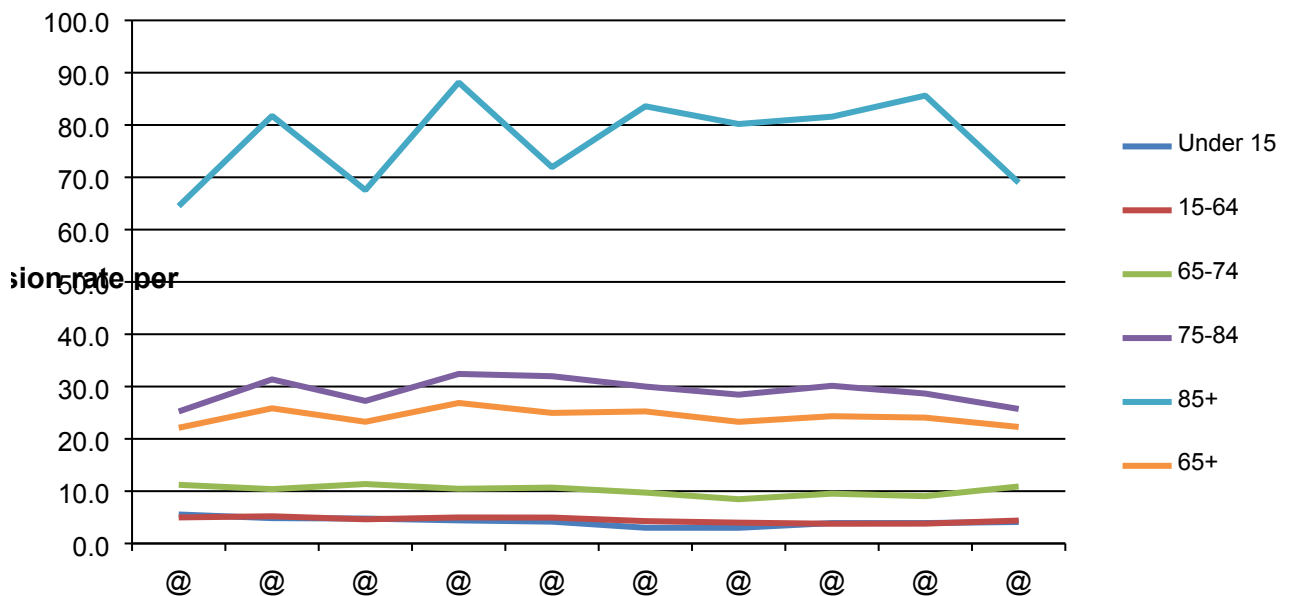
4. Detail

The cost to health and social care services of managing the consequences of falls is substantial. In Scotland, costs in 2012 were estimated at £471m. This cost is predicted to increase by 40% (due to the profile of our ageing populations) to £666m annually by 2020. In Argyll and Bute in 2014-15 the cost

of Occupied Bed Days due to falls was £ 5,889,302. We are awaiting the report for 2015- 16 and will supply it when available.

National data from ISD is promising with Argyll and Bute demonstrating a reduction in admissions for falls at a time when the older population is increasing and national data for the same period demonstrates a 3% rise.

Table 1 - Emergency hospital admissions resulting from a fall, by age group and cause of injury, year ending 31 March 2007 to 2016 Argyll and Bute



5. Conclusions

Falls are costly to older people and society. Older people often view the problem of falls as happening to those older and in poorer health than themselves. Many dislike the word 'falls', preferring concepts such as 'staying steady' or 'remaining active'. It is important that preventative activity is carried out in a way that is meaningful to and appropriate for the people that it is targeted at.

Raising awareness of falls as a public health issue is vital to ensure

people do not view falls as an inevitable aspect of older age.

Ultimately, the key goals of healthy ageing, where older people are supported to remain mobile, have their needs met, continue to learn, develop and maintain relationships and contribute to society, are deliverable through proactive falls and fracture prevention.

6.0 SOA Outcomes

OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

Name of Lead Officer

Dr Christine McArthur, Co-ordinator for Prevention of Falls NHS Highland

Tel 07717587534 email : christinemcarthur@nhs.net

For further information please contact:

Charlotte Wilson, Living Well Physical Activity Co-ordinator Helensburgh and Lomond email charlotte.wilson3@argyll-bute.gov.uk

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Appendix Stages of the National Framework

Stage 1

The focus for the minimum standard 2014/16 is providing easy to access information and educational materials and sign posting to relevant services to support falls prevention and management. There is a strong evidence base for the role of strength and balance exercise in preventing falls. Exercise not only reduces susceptibility to falls, but improves cardiovascular fitness, strength and physical function; reduces aspects of cognitive decline; and can improve aspects of mental wellbeing such as self-esteem and mood. A range of local, accessible physical activity and exercise opportunities designed (or modified) for older people and others at higher risk of falls are needed.

Support for self management is what services provide to encourage people to take decisions and make choices that improve their health, wellbeing and health related behaviours. A wide range of activities supported and/or provided by statutory, independent and third sector organisations contribute to supporting health improvement and self management to reduce the risk of falls and fragility fractures.

Stage 2

Older people at risk of falls are identified when in contact with health and social care and partners

- A person at risk of falls and fragility fractures is identified and this triggers appropriate intervention, or referral for appropriate intervention.
- A person is identified *either* (a) when they report a fall, or present with a fall or an injury or functional decline due to a fall, *or* (b) opportunistically when someone providing care or support asks about falls.
- There is potential for third sector organisations to support this process as they may be in regular contact with a person at risk who is not know to the statutory services.
- Opportunistic case identification links with both anticipatory care and the 'shared assessment' process.

A level 1 'conversation' aims to identify a person at risk of falling; it is not intended to determine all contributory factors or specific interventions required. Level 1 conversation postcards with Scottish Fire and Rescue Service

and the numbers to be collated. This was tested in 2 areas prior to going live and will shortly be live in all areas (concerns about team capacity however test site shows small numbers and should be manageable). There will be data for Level1 conversation and for Level2 screen. A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls. Health and social care providers who are in contact with older people across a wide range of settings should ask about whether people are worried about falling, have had a fall or are becoming unsteady. By asking questions in routine assessments and reviews about falls and their context, people at risk can be referred to, or advised to see, a healthcare professional or service that can provide interventions to reduce risk.

Older people at risk of falls are offered a Level 2 falls screen to identify risks that can be modified to reduce their risk

All community teams can carry out Level 2 falls risk screening. The screening can be carried out by any grade of staff across multiple agencies. Training has been developed and has taken place in each locality and more can be provided if required. Pathways in each locality are being embedded for Level 2 screening. Responder staff have been trained in some areas.

Stage 3 responding to someone after a fall.

Working with National Reference Group, NHS24, SAS, Highland Hub, Fire and Rescue, Police and TEC to link pathways to respond to people who have fallen but do not require to go to hospital. Data and measurements being developed nationally for monthly reporting. Training needs have been identified for staff. A single point of access is required and this is currently holding up progress.

Stage 4 specialist assessment working collaboratively and raising awareness of cross sector work.

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Argyll and Bute Community Planning Partnership

Area Community Planning Group

19.4.17

Agenda Item [*for office use*]



Dochas Carers Centre

Summary

To inform the partnership of the different services the Dochas Centre provides across MAKI.

To inform the meeting of the structure of our organisation across MAKI

To be aware of the obligations of the Carer's Act

To raise the profile of the organisation

To enable us to discuss the future developments of the service

1. Purpose

I would like to tell the group about the work we do as many people do not understand what a Carers Centre does, not even carers themselves. They do not recognise themselves as carers, they are someone's wife, husband, daughter, son, friend or neighbour. They often struggle with caring till the situation reaches crisis point. If carers are referred to the centre we are in a better place to support them and look after them, to enable them to continue with their caring role.

Caring is something that is likely to happen to most of us

2. Recommendations

I would recommend that with the introduction of the Carers Act in 2018 that statutory services recognise how we can assist to support carers. It will be the responsibility of the statutory services to comply with the Act but investment needs to be in place to enable the Carers centre to continue to develop and support unpaid carers and in turn take the pressure off them by averting carer breakdown and crisis. We get most of our referrals from statutory services NHS and Local Authority and we will struggle to meet the demand without the investment from our local authority.

3. Background

The founders of the centre were John and Catherine Paterson, John had MND and Guillain Barre Syndrome, he died in 1998. John was a psychiatric nurse and an artist, John wanted his art work to help others with a similar conditions, what he wanted to give them was HOPE and that is what Dochas means. Catherine worked tirelessly to raise funds to build the centre and when it opened it was debt free.

The centre was opened officially in April 2007 by HRH Princess Royal.

I was the first paid employee in 2008 and was brought in to develop the service literally from scratch.

We now have an admin worker, workers in, Lochgilphead, Tarbert, Kintyre and Islay, a carer's assessment worker, a befriending co-ordinator and a lot of valuable volunteers.

4. Detail

Our primary focus is to support unpaid carers throughout their caring journey by providing, information, support and guidance through the maze of services that can support them and help the person they care for. As the cared - for person's needs increase, so too do so does the responsibilities of the unpaid carer. This is when we work closely with them and any statutory agencies to provide the best support and outcome possible for carer and the cared for.

We have paid staff across Mid Argyll, Kintyre and the Islands offering support to unpaid carers.

We hold and organise support groups in all the above areas to allow carers to access information, get peer support from other carers and emotional and practical support for our staff.

We have a counselling service, which 8 trained volunteer counsellors, for people and their families who are experiencing long term/terminal illness or bereavement.

Due to increasing demand we have developed a Circle of Friends service (Befriending service with 18 volunteers) in Mid Argyll to tackle the problem with isolation and loneliness for older people and people with Dementia. We also have a similar project on Islay with 6 volunteers although their service bring people together once a month for afternoon tea and company. It is called

'Cairdeas' which means Friendship, we have 45+ attend these events.

Lastly we offer Playlist for life, (5 volunteers), is a service for those living with Dementia. This is a practical service whereby a volunteer works with a family to identify a playlist of meaningful music for the person with dementia, which is loaded onto an ipod/headphones and used as a tool to offer comfort to the person at times during the day when they may become distressed.

5. Conclusions

The Dochas Centre will continue to operate mainly on the goodwill and dedication of the workers and volunteers, who give so much, and will continue to give value for money to our communities but we need to be valued and have the investment to enable us to carry out the obligations of the Carers Act.

We plan to develop our services further and have plans for an extension to our centre and to develop a respite service for carers.

6.0 SOA Outcomes

Which outcomes of the SOA does this report relate to?

Outcome 5. People live active, healthier and independent lives.

Name of Lead Officer

Maggie McLaren, Centre Manager, Dochas Carers Centre

Tel 01546 600022

For further information please contact:

Catherine Paterson, Chair of the Board of Directors, Dochas Centre

Tel 01546 600022.

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Argyll and Bute Community Planning Partnership

Mid Argyll Kintyre and the Islands Area Community Planning Group

19 April 2017

Agenda Item 6e



Shopper-Aide Ltd

Summary

Enter a brief summary of report.

1. Purpose

Shopper-Aide has been asked to provide information about our services to help older people live independently at home. We shop, help in the home & provide social interaction services.

2. Recommendations

Recognise the value of the work we do & the implications of how to replicate elsewhere.

Understand that this is a service that will not decrease due to the growing numbers of an aging population & desire to keep people healthy & out of hospital & long term care homes.

3. Background

In 2009 from a need highlighted at South Kintyre Fit Communities group by Community Nurses for a shopping & extra help service for older people, especially coming out of hospital, they noted there was such a service in Dumfries & Galloway -The Food Train. Enquiries found that there was government funding to set up a scheme in each council area but Argyll & Bute had declined & were promoting Wilshire Foods to housebound clients but this doesn't cover many essentials, help in the home for tasks they can no longer do or social interaction. Our group felt that there was a need for more than this (and has proved it) & therefore pushed to set up a similar scheme in Kintyre which is Shopper-Aide.

2010 – 2013 - With funding from First Port the company & charity was set up, Awards for All helped to pay for premises & basic equipment a few volunteers & help via Fyne Futures towards paying for 2 part time staff we started to help older people get shopping, help in the home & set up an Old Pals group in Campbeltown for men while at the same time chasing any funding we could get & applying for more long term funding from the Big Lottery.

2013 – present - With lottery funding towards a manager, assistant, rent/utilities, office, costs, marketing & professional fees we have grown

considerably but are continually chasing funding to ensure that the needs of our clients are met.

4. Detail

Today we have a client base of over 200, 18 staff (from 35 hours to 2 hours per week), 40+ volunteers on a weekly basis (160 hours in total), do 70+ shops per week & collect 22 prescriptions, 8 regular extra help in the home (20mins sessions), 12 hours housekeeping (a new service), run 2 four hour clubs weekly (Elderberries), 2 Old Pals groups (Clachan and Southend) & Garry's Gang (taking men out for a weekly trip). We support 10 ladies to attend a weekly church coffee afternoon. Running costs 2015/16 £108,934.

We also take clients to appointments including escorting & going in with them if needed (audiology, doctor, dentist, optician, lawyer, bank et al) as well as taking to other events or some respite for a carer if they have an appointment. 80% of our clients do not have or want access to a computer so our main contact is via a visit or telephone. We are also there if they need help e.g. we have taken people to hospital, helped when they have a fall, organised a plumber (and other trades) when there is an emergency, arrange information sessions at Elderberries (safety in the home & personal safety, hearing problems, falls prevention etc).

Costs for services are kept low and are the same all over (£3 for shopping, £4.50 for Extra help services and £12 for housekeeping)

We defrost fridges, help people move home, post letters, wrap presents, shop all over town, weed & plant and so many other things. Many of our clients are not in receipt of care packages and referral can be self, family, social work, NHS, other organisations.

5. Conclusions

There is a need for such services all over Argyll & Bute – we do not have the capacity to roll it out – we spend so much time keeping our selves going and chasing future funding – if such funding isn't forthcoming and we have to stop – who will pick up what we do. NHS Beds cost £400 per day and all clients & organisations including statutory, say –“... don't know what we would do without you”.

6.0 SOA Outcomes

Outcome 5 People Live Active, Healthier and Independent Lives

Name of Lead Officer

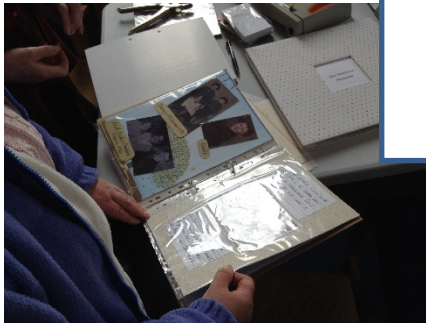
Susan Paterson Director Shopper-Aide

Tel [01586 552688]

For further information please contact:

Joan Stewart Project Manager Shopper-Aide

Tel [01586 552688]



We make memory books at Elderberries, and in people's homes



Primary school pupils visiting and helping with shopping



Grammar school pupils with Elderberries visiting for games day at the grammar



Jim filling Cherry-Aide with our bags & Ritchie with Dalintober pupils shopping using Blueberry





Out and about – Museum, Glenbarr,
on the bus and Christmas dinner



Awards

