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18 April 2017*

NOTICE OF MEETING

A meeting of the **HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP** will be held in the **MARRIAGE ROOM, HELENSBURGH AND LOMOND CIVIC CENTRE** on **TUESDAY, 25 APRIL 2017** at **9:30 AM**, which you are requested to attend.

BUSINESS

- 1. APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES**
 - (a) Minute of the previous Helensburgh and Lomond Community Planning Group held on 21 February 2017 (Pages 1 - 6)
- 4. ELECTION OF VICE CHAIR** (Pages 7 - 8)
Report by Area Governance Manager.
- 5. STANDING ITEM: CPP MANAGEMENT COMMITTEE UPDATE**
 - (a) Report by Community Planning Manager (Pages 9 - 12)
- 6. OUTCOME 1: THE ECONOMY IS DIVERSE AND THRIVING**
 - (a) Participatory Budgeting (Pages 13 - 18)

Presentation and update by Community Development Officer, Argyll and Bute Council
 - (b) Hermitage Park Update (Pages 19 - 22)

Briefing Note by Hermitage Park Manager

- (c) Helensburgh Chamber of Commerce

Verbal update from Alan Trail, Chief Executive, Helensburgh and Lomond Chamber of Commerce.

7. OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

- (a) Community Management and Prevention of Falls (Pages 23 - 28)

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

- (b) Living Well Physical Activity Update (Pages 29 - 34)

Briefing Note by Living Well Physical Activity Co-ordinator, NHS Highland

- (c) Health and Wellbeing Team - Annual Update (Pages 35 - 56)

Annual Update by Health Improvement Principal.

- (d) Well Come In

Verbal update by Gillian Simpson, Third Sector Interface (TSI).

- (e) Enable Cottage, Helensburgh

Verbal update by Morevain Martin, Third Sector Interface (TSI).

8. PARTNERS UPDATE

Opportunity for verbal updates by Community Planning Partners on their current and future activities and the potential for partnership working.

9. CPP MANAGEMENT COMMITTEE

Discussion to determine issues to be taken forward to CPP Management Committee from Helensburgh and Lomond Community Planning Group.

10. DATE OF NEXT MEETING

HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP

Stuart McLean (Chair)

Morevain Martin (Vice Chair)

Shona Barton, Area Committee Manager

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

MINUTES of MEETING of HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP
held in the MARRIAGE ROOM, HELENSBURGH AND LOMOND CIVIC CENTRE,
HELENSBURGH
on TUESDAY, 21 FEBRUARY 2017

Present: Stuart McLean - Chair

Morevain Martin, Third Sector Interface and Health and Well Being Alliance (Vice-Chair)

Lorna Elliott, Community Governance Manager, Argyll and Bute Council
Rona Gold, Community Planning Manager, Argyll and Bute Council
Samantha Somers, Community Planning Officer, Argyll and Bute Council
Emily Lynch, Improvement Services

Commander John Livesey, Royal Navy, Base Executive Officer

Neil Sturrock, Strathclyde Partnership for Transport (SPT)

Rona Gold, Community Planning Manager, Argyll and Bute Council

Inspector Coleen Wylie, Police Scotland

Barry McCutcheon, Scottish Fire and Rescue

Tulsa Davidson, Scottish Fire and Rescue

Fiona Jackson, Community Team, Loch Lomond and the Trossachs National Park

Jim Littlejohn, Locality Manager, Argyll and Bute Council

Janice Kennedy, Executive Officer, Scottish Enterprise

Norman Muir, Helensburgh Community Council

Jean Cook, Rhu and Shandon Community Council

Nick Davies, Cove and Kilcreggan Community Council

1. APOLOGIES

The Chair welcomed everyone to the meeting and enquired if anyone wished to provide an update. If so, this would be undertaken at Item 5 on the Agenda.

Apologies were intimated from:

Councillor Richard Trail, Argyll and Bute Council

Audrey Baird, Community Development Officer, Argyll and Bute Council.

Cameron Campbell, Community Broadband Scotland

Tony Davey, Cardross Community Council

Eileen McCrory, Carer Support, Helensburgh

Gillian Simpson, Third Sector Interface

Neil Black, Community Development Adviser, Loch Lomond & The Trossachs National Park

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

3. MINUTES

(a) **Minute of the previous Helensburgh and Lomond Community Planning Group held on 15 November 2016**

The Minute of the meeting of the Helensburgh and Lomond Area Community Planning group held on 15 November 2016 was approved as a correct record.

4. STANDING ITEM: CPP MANAGEMENT COMMITTEE UPDATE

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

The group gave consideration to a report by the Community Planning Manager which provided an update on the discussion held at the meeting of the Community Planning Partnership (CPP) Management Committee on 20th December, and its consideration of issues raised by Area Community Planning Groups.

These included issues raised by Area CPG's at their meetings in November 2016; a focused discussion on points highlighted by the Oban, Lorn and the Isles Area Community Planning Group; updates to progress on the delivery of actions contained within the delivery plans for Outcomes 3: Education, skills and training maximises opportunities for all and Outcome 4: Children and young people have the best possible start and a presentation on the Local Development Plan 2 and upcoming consultation on this.

The group noted that the Chairs of the four Area Community Planning Groups were now official members of the Management Committee. The Chair advised that the Area Chairs and Vice-Chairs were also meeting with the CPP Management Committee Chair and Vice Chair independently of the CPP Management Committee meeting for informal discussions. This enabled good insight and discussion of local issues.

Decision:

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

(Ref: Briefing Note by Community Planning Manager, dated 21 February 2017, submitted.)

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

The group gave consideration to a briefing note, which provided clarification and outlined the proposed amendment to the Area Community Planning Groups Terms of Reference.

This addressed the existing tenure of the current office bearer and their ability to stand for re-election.

Decision:

The group agreed to approve the proposed amendment to the Area CPG Terms of Reference and noted 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: Report by Community Governance Manager, dated 21 February 2017, submitted).

5. PARTNERS UPDATE

The Chair invited verbal updates from partners in attendance at the meeting.

Helensburgh and Lomond Locality Planning Group

The Locality Manager highlighted that the Locality Planning Group were meeting regularly with good representation and endeavouring to address local issues and prioritise accordingly. A local plan had been formulated and would be circulated once this had been signed off by the Integrated Joint Board (IJB).

Further consultation was planned locally with a meeting scheduled for 14 March in the Peninsula. It was hoped that this would provide further engagement for rural areas. An event will also take place in Central Helensburgh.

Scottish Enterprise

The Executive Officer advised that Scottish Enterprise were currently ongoing Phase II of the Scottish Government Business Review. She continued that Scottish Enterprise were working closely with Argyll and Bute Council on local issues which included - The Maritime Change Programme and Economy Growth in Helensburgh & Lomond. Further statistics would be provided for the April meeting.

Police Scotland:-

Police Scotland had been undergoing training on areas which included the Criminal Justice Scotland Act and Mental Health. It was pointed out that this training would help to streamline the investigation and interview process. In addition, it would provide extra skills and knowledge for the local force.

A database had been compiled for rural communities and local people were being encouraged to sign up for this. More information would be disseminated regarding this initiative. Both the local Anti-Social Behaviour group and the Kirkmichael Development Group were active and meetings were being held on a regular basis. It was noted that as confidence grew and the support measure put in place began to

take effect that the community required less support from agencies to organise local activities than had been the case previously.

Scottish Fire and Rescue:-

Statistics were provided for the 6 key areas which included – deliberate fires, accidental dwelling fires accidental dwelling casualties, false alarms and home fire safety visits.

Discussion followed and it was outlined that home fire safety visits were undertaken by various means. This included referrals by other partners, leaflet drops, post-incident visits and calls directly to Scottish Fire and Rescue.

Other initiatives which were highlighted included a project by local youth volunteers which had entailed attendance at the local fire station in Helensburgh and seeing a video - effects from a fire.

In addition, a Young Firefighters Unit was being implemented in Helensburgh and a room was being renovated at the station to accommodate the unit. The room when not being used by the Young Firefighters Unit would be available for use by the local community as a meeting room.

Hermitage School pupils had also undertaken the role as 'fire-fighters' recently for a week and it was planned to hold a 6-week programme with local young carers.

Third Sector Interface:-

Morevain Martin advised that she was stepping down as Chair of the Health and Well Being Partnership. She outlined the responsibilities of the role and enquired if anyone in the group was interested in taking on this role. She affirmed that the budget allocation was secured for the next financial year.

She reported that Helensburgh Foodbank were distributing 150 bags per month which was a significant increase. Third Sector Interface (TSI) were part of *the Dignity in Food Initiative* - and that the Scottish Government was compiling a paper which would be a template for good practice in food provision.

Ministry of Defence (MOD):-

The Base Executive Officer tabled a short report which provided the detail of the increase in Royal Navy Manpower growth and highlighted the difficulty in providing suitable accommodation. With regards to the derelict maisonettes, he hoped that a decision would be made soon.

Loch Lomond and the Trossachs National Park

Fiona Jackson introduced herself to the group and outlined a number of collaborative projects being instigated in the Park and hoped to attend future meetings with more updates. She advised that the Park would be a more active participant in the future and she would attend on a regular basis.

Helensburgh Community Council

Advised that a Youth Forum had been created by co-opting young members into the Community Council and this was working well.

A beach clean had been scheduled for Saturday 4, March and it was hoped that this would be a good Community Engagement Exercise.

Helensburgh Community Council (HCC) had recently initiated a sub-group Architecture & Design Helensburgh (A&DH) with help and support from Architecture & Design Scotland and Glasgow Council's Urban Design Panel. The sub-group was set up to provide HCC with the professional advice and assistance it needs to properly assess the major housing and other developments about to be built in Helensburgh over the next few years.

Rhu and Shandon Community Council

Highlighted the recent working with Rhu Primary School and the intention to put photographs taken by local pupils on the Community Council website. There was also a Beach clean event scheduled for 5 March.

The Chair thanked everyone for their attendance and informative updates.

6. COMMUNITY PLANNING OUTCOME PROFILE TOOL - COMMUNITY PROFILES

The group took part in a short exercise which demonstrated how the Place Standard Tool can be used.

The group then took part in a discussion using information provided by the Community Planning Outcome Profile Tool (CPOP) and a presentation which highlighted the CPOP was provided by the Improvement Service.

Discussion followed and the group gave consideration in regards to priorities for the area. These included – Health, personal resilience, education and healthy birth weights.

Decision:

The group agreed that a briefing note which summarised these issues be compiled and this would be taken forward for discussion at the next meeting of the Community Planning Partnership Management Committee.

7. DATE OF NEXT MEETING

The group agreed that the following themes would be discussed at the next meeting:-

Outcome 1 – The Economy is diverse and thriving; and

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

The Community Governance Manager advised the group 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.

The group agreed that the next meeting date would be Tuesday, 25 April 2017.

Argyll and Bute Community Planning Partnership**Helensburgh & Lomond Area Community Planning Group**25th April 2017**Agenda Item 4**

Procedure to Elect Office Bearers to the Helensburgh & Lomond Area Community Planning Group

Summary

The report details the procedure which must be followed when electing either a Chair or Vice Chair to the Helensburgh & Lomond Area Community Planning Group

1. Purpose

1.1 The purpose of this report is to advise members of the procedure which must be followed when electing office bearers to the Helensburgh & Lomond Area Community Planning Group

2. Recommendations

2.1 Members are requested to follow the procedures outlined below when electing a member to fill the position of Vice Chair which will become vacant when Morevain Martin stands down from the position at the meeting on the 25th of April 2017

3. Background

3.1 The Helensburgh & Lomond Area Community Planning Group is governed by Terms of Reference which detail the procedures to be followed when electing office bearers.

3.2 The current Vice Chair, Morevain Martin, Third Sector Interface/Health & Wellbeing Co-ordinator, intimated at the meeting on the 21st of February 2017 that she was approaching the end of her two year term of office.

4. Detail

4.1 The following extract from the Helensburgh & Lomond Area CPG Terms of Reference outlines the process which must be followed once an office bearer comes to the end of their term of office:

- The Chair and Vice Chair of the Helensburgh & Lomond Area Community Planning Group will be elected by the members of the group and will be appointed for a period of two years.
- The outgoing Chair and Vice Chair can stand for re-election at the end of the two year period.
- However, no one person can serve in the role of Chair or Vice Chair for more than two consecutive two year periods.
- Nominations for the Chair and Vice Chair positions will be proposed and seconded by Helensburgh & Lomond Area Community Planning Group members. Each member will have one vote and a simple majority vote will determine the outcome of the election process.

5. Conclusions

Members are requested to follow the procedure outlined above when electing a member to fill the position of Vice Chair which will become vacant when Morevain Martin stands down from the position at the meeting on the 25th of April 2017.

6.0 SOA Outcomes

N/A relates to a procedural matter

For further information please contact: Mrs Shirley MacLeod Area Governance Manager

Tel 01369 707134

Argyll and Bute Community Planning Partnership

Helensburgh and Lomond
Area Community Planning Group

25 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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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

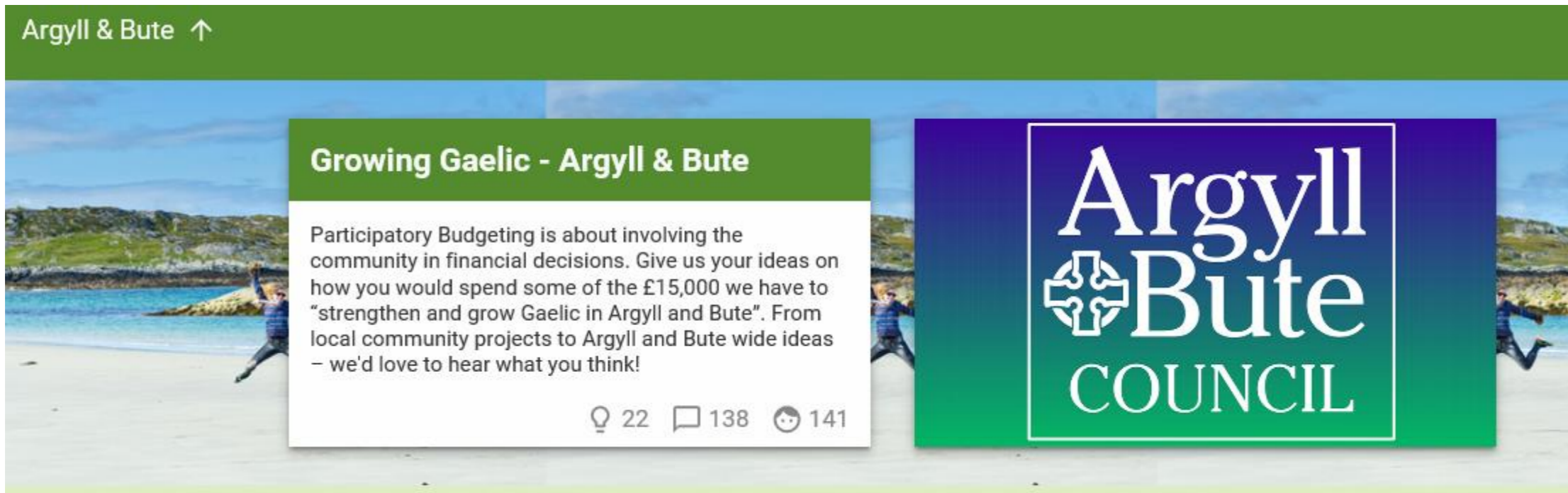
Allocation of budgets

Voting for ideas and projects to receive funding

Page 15

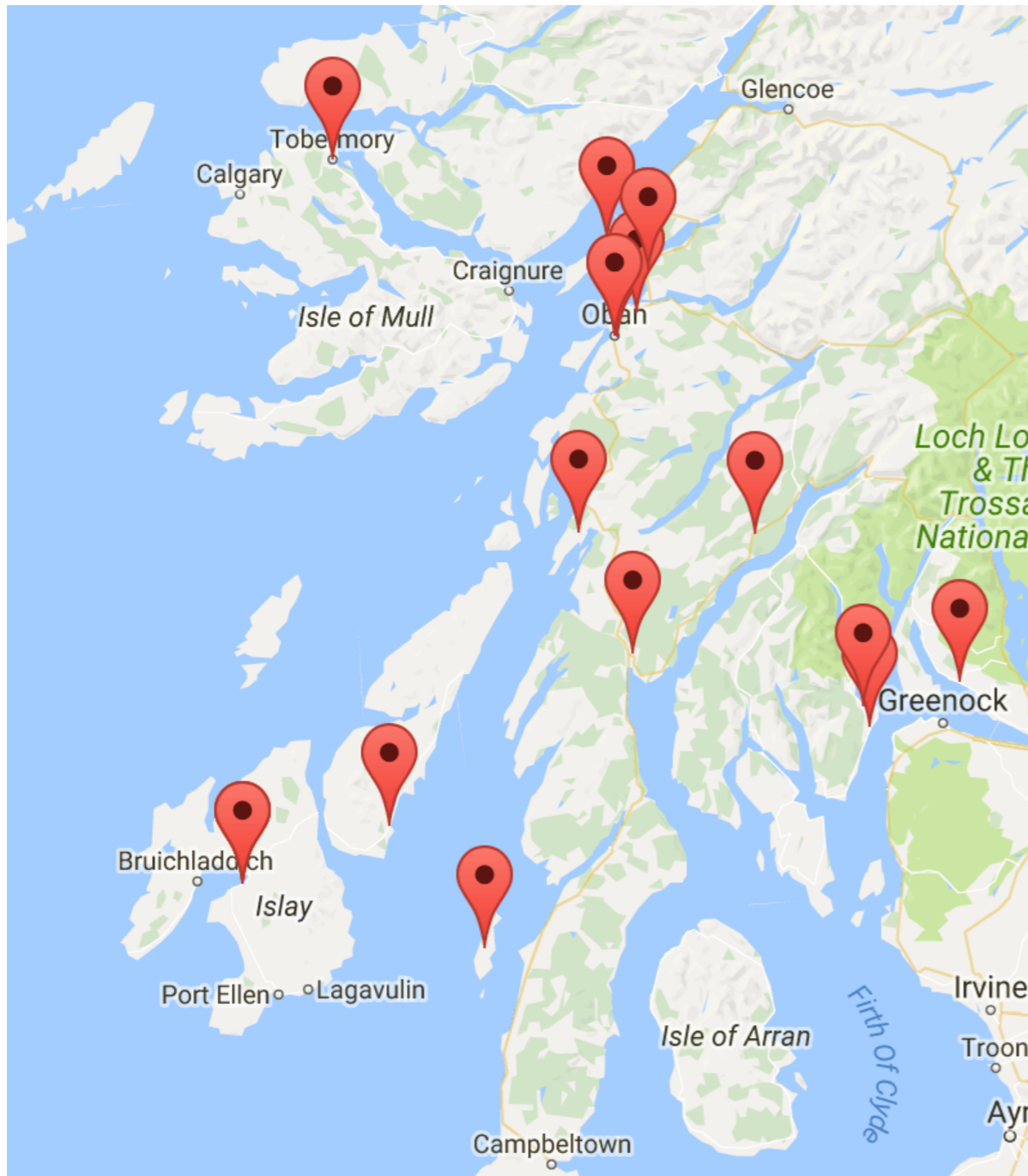


IDEA GENERATION

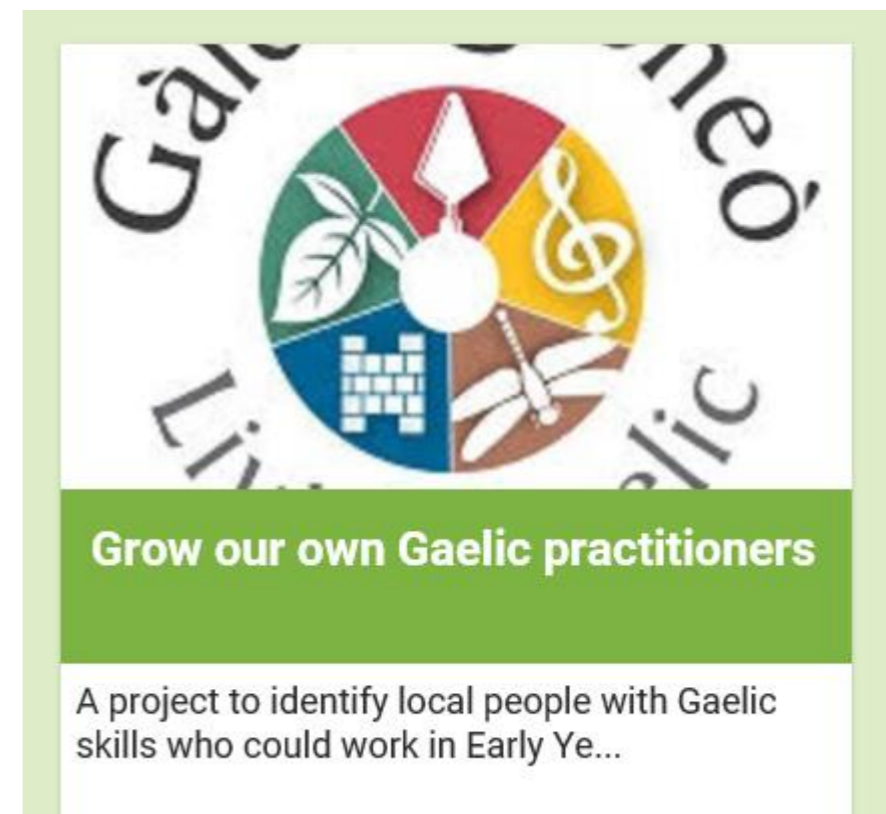


- 22 IDEAS GENERATED IN LESS THAN 1 MONTH
- 141 PARTICIPANTS INVOLVED IN DISCUSSIONS
- 138 DISCUSSION POINTS
- 14 applications
- [Tiny.cc/growinggaelic](https://tiny.cc/growinggaelic)



IDEA GENERATION



IDEAS FROM ACROSS ARGYLL & BUTE



VOTING STAGE

  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**Helensburgh and Lomond Area Community Planning Group**25th April 2017**Agenda Item 6 (b)**

Hermitage Park update

Summary

Hermitage Park in Helensburgh is an important heritage asset and includes the town's 'A' Listed war memorial. The Hermitage Park project aims to create an attractive and sustainable park for residents and visitors to the area and a resource for the local community. It aims to deliver outcomes related to the economy, health and wellbeing, culture and heritage, and enjoys widespread local support.

The park was successful in its stage two funding application to the Heritage Lottery Fund Parks for People (HLF) and other funding sources, including a council commitment of £280,000 adding up to a total project spend of £3,375,587.

As part of this a five year Activity Plan will run alongside the main construction period. The aim of which is to engage with the local community through a series of events, projects and training and development opportunities, all of which will encourage the community to get on-board with the project and 'Grow our Park Together'

1. Purpose

The purpose of this report is to provide an update of the delivery stage of the Hermitage Park project and highlight its role in delivering the SOA outcomes and wider government policy.

2. Recommendations

The Helensburgh and Lomond Community Planning Group note the content of this report.

3. Background

- 3.1 Hermitage Park in Helensburgh is an important heritage asset, however, the park has deteriorated significantly over the years due to reducing resources and reprioritisation. This has had a negative impact on the infrastructure of the park and the services and facilities on offer to communities. The Hermitage Park project will significantly improve the capital infrastructure and the services on

offer to the community. It aims to create an attractive and sustainable park for residents and visitors to the area and a resource for the local community and through this deliver outcomes related to the economy, health and wellbeing, culture and heritage. The project enjoys widespread local support.

- 3.2 The park was successful in its stage two funding application to the Heritage Lottery Fund Parks for People (HLF) and other funding sources, including a council commitment of £280,000 adding up to a total project spend of £3,375,587. All match funding is now in place, subject to funding conditions being met.
- 3.3 As part of the programme of works a five year Activity Plan will run alongside the main construction period. The aim of which is to engage with the local community in its widest possible sense. Through a series of events and activities it will provide training and development opportunities for the community, all of which will encourage the community to get on-board with the project and 'Grow our Park Together'
- 3.4 A ten year Management and Maintenance Plan will bring a new way of working based on more sustainable regimes, and working in partnership with a range of organisations and groups, such as Duchess Wood, to share and develop resources and the towns green network. Similar ways of working have been embraced elsewhere in order to stem the decline of public parks and this is highlighted in the published HLF document, "*State of UK Public Parks, 2014: Renaissance to Risk?*"

4. Detail

- 4.1 Hermitage Park is currently underused primarily due to its current state of disrepair, but has huge unrealised potential. Whilst use of the park has declined visitor figures for 2016 (over 76,000) show it is still valued. The project has wide community backing and involvement and has been driven from the ground up. The community and local groups have demonstrated how important it is through their commitment to the project and it was their determination and vision that led to the application to HLF, which was instigated by the Friends of Hermitage Park Association. There is an established users group which has sixteen active member organisations and growing, these groups reflect the diversity of the community and include schools.
- 4.2 The project will conserve and interpret the heritage and encourage visitors to learn about it; reconfigure part of the recreational facilities and provide a number of flexible events spaces together with an events loop to facilitate this; provide a kitchen garden that will offer opportunities to grow, cook and eat healthy food; at provide a dynamic hub through the development of a new pavilion and engage with people through working in partnership to 'Grow Our Park Together'.

- 4.3 The project is split into two lots Lot one the new pavilion works will start in summer 2017 and Lot two Landscape and conservation works started in February 2017. The main construction phase is due to be complete Summer 2018.

LOT One The Pavilion

- Appoint building contractor and start works - June 2017
- Completion of the pavilion – Summer 2018

LOT Two The Landscape and conservation works

- Landscape works which include a new drainage system, improvements to paths including new lighting loop, major tree works to open the park up and repairs to bridges, developing a kitchen garden, improvements to plantings throughout the park and adding interpretation – March 2021
 - The restoration of the following features A Listed war, memorial, pool and walls, hermitage wishing well and mill remains – Summer 2018
 - The redevelopment of the recreational elements including the play areas, adding a demonstration area, fountain plaza and other play spaces – Summer 2018
 - Improvements to the natural heritage of the park and opportunities for reducing carbon emissions, guided by the Hermitage Park Environmental Assessment – March 2021
 - Activities and engaging with visitors and volunteers, skills and training, as set out within the five year Activity Plan – March 2021
 - Project completion date – 30th April 2021
- 4.4 Hermitage Park is in the Helensburgh Conservation Area and contains nationally important heritage assets. It also has a key role as a focus for both community outdoor recreational activity, and as an area of important green space, as well as providing an offering for visitors to Helensburgh. The Park therefore makes a significant contribution to the attractive townscape of Helensburgh and plays a strategic role in the regeneration of Helensburgh, delivering a revitalised Helensburgh town centre and waterfront, alongside CHORD developments. It is aligned with the council's SOA, Economic Development Plan, Scottish Government economic and health strategies, and has significant local community involvement and support.
- 4.5 The overall vision for the park reflects the Local Development Plan and Economic Development Plan objectives of protecting the quality of our heritage and environment as an asset for sustainable economic growth thereby enabling us to deliver a positive economic impact within Helensburgh, building on the investment already made by the council into the public realm. This is captured in the developing Helensburgh Green Network which recognises the ecological and wider importance of Hermitage Park.

The Economic Development Action Plan identifies the importance of investment in the heritage within our key towns to secure economic regeneration. In addition the Helensburgh and Lomond EDAP 2016/17 recognises Hermitage Park as a key project.

- 4.6 The project aligns with the key objectives of the Governments Economic Strategy, the Town Centre Action Plan, and the NHS Health Scotland's Delivery Plan, which has a strong focus on Place and seeks to secure the enhancement of the quality of our areas as places to live and work by improving the overall quality of life in our communities. This is dependent upon the quality and accessibility of the facilities and environment - both physical and natural – within our communities which also contributes to our ambitions for a healthier Scotland

5. Conclusions

The park, as demonstrated by the level of community engagement, is an important area of green space within the town that provides a much needed leisure and recreational asset for those living, working and visiting Helensburgh. The investment and demonstrable community support will significantly improve the capital infrastructure and the services on offer to the community. The project provides an opportunity to create a sustainable park for residents and visitors alike and fits well with strategies for the area, and will enhance residents and the visitor experience by building on the investment in the town centre public realm and adding to the existing portfolio of attractions within the town including the Hill House and the Tower.

6. SOA Outcomes

Outcome 1: The Economy is Diverse and Thriving

Name of Lead Officer

Melissa Simpson, Hermitage Park Delivery officer/Park Manager.
Tel 01436 658989

For further information please contact:

Melissa Simpson, Hermitage Park Delivery officer/Park Manager.
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melissa.simpson@argyll-bute.gov.uk

Argyll and Bute Community Planning
Partnership

HELENSBURGH AND LOMOND
COMMUNITY PLANNING GROUP



25th of April 2017

Agenda Item - 7 (a)

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.

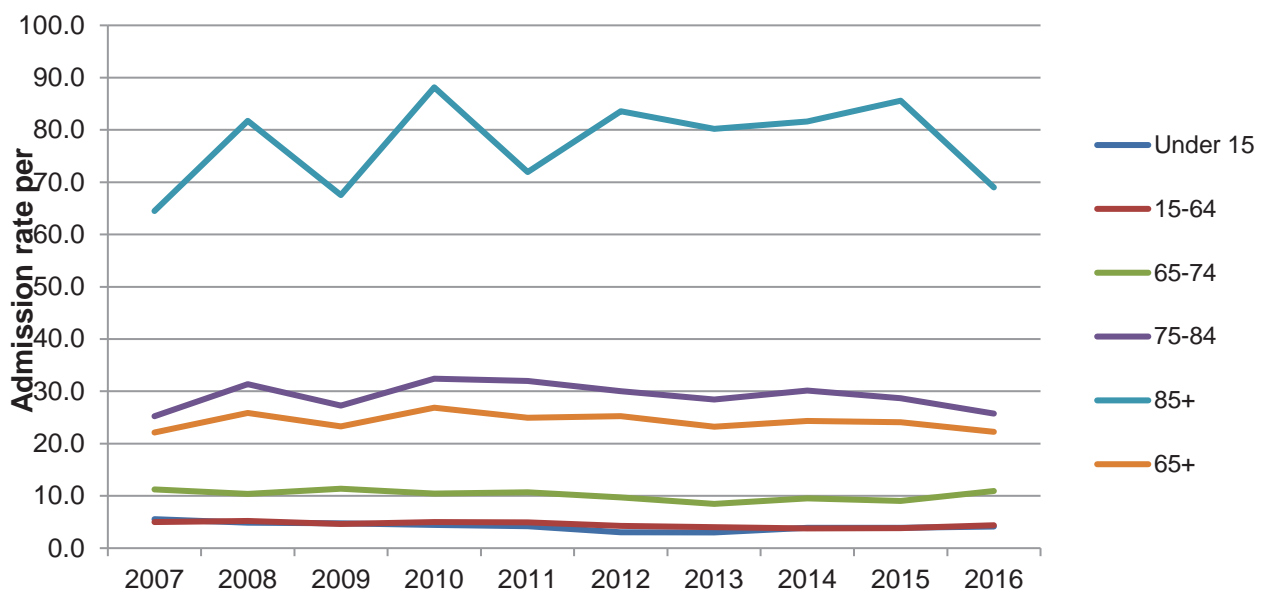
4. Detail

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

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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 known 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.

Argyll and Bute Community Planning Partnership

Helensburgh and Lomond Area Community Planning Group

Tuesday, 25th April 2017

Agenda Item 7(b)



Living Well Physical Activity Coordinator Update

Summary

The Living Well Physical Activity Coordinator is responsible for linking Physical Activity programmes within the locality and acting as the main point of contact for working with sedentary clients to increase their overall health and wellbeing.

Outcome Five in the A&B Community Planning Partnership Single Outcome Agreement is for 'People live active, healthier and independent lives' and relates to the National Policy Priority for physical activity in older people and people who live sedentary lives. This is further developed for Argyll and Bute HSCP in our Sport and Physical Activity Framework (2015-17) and the Physical Activity Position Statement recommendations. Outcome 4 of the framework emphasises Lifelong health and wellbeing: Helping people live active, healthy lives. The outcome has three established priorities and their associated performance indicators that will help set the measures of the programme.

Living Well physical activity co-ordinator works across sectors to increase the number of people in the locality up taking appropriate, evidence based physical activity. This model is based on the current Active School Co-ordinator post which has demonstrated significant results in linking schools and community sports and resources cohesively in our communities. The post is achieving similar results across sectors in developing a range of opportunities for increasing uptake of physical activity with people who would benefit most. These tend to be harder to reach individuals and facilitation and outreach in our communities is part of the role.

The Coordinators remit is to work in partnership with Council led ArgyllActive Programme deliverers and third sector agencies. The main aim of the post is to develop, manage and sustain local pathways to help support members of the community to increase their physical activity levels in order to meet primary and secondary health promotion targets across their locality.

1. Purpose

Inform group members of the services available through the Living Well Physical Activity Coordinator. Provide a brief update on the work already undertaken and the next steps.

2. Recommendations

Develop a Stage 2 falls prevention class within leisure services
Establish protocols for rehab of physiotherapy patients
To increase links with GP surgeries, ensure full awareness of Argyll Active and Falls prevention programmes and their referral routes.

3. Background

Physical inactivity is the fourth leading cause of global mortality and the Scottish Government has established recommendations for increasing physical activity levels in adults to improve health and wellbeing. Physical activity prevents ill health and reduces numbers of people dying prematurely; enhances mental health, quality of life and self-reported wellbeing; delays the need for care in older adults (age 65+) and reduces health inequalities and improves wider factors of health and wellbeing.

The role of the GP and other health providers in recommending exercise is evidenced to enhance uptake. However, opportunities to exercise at appropriate level and under supervision are not available to all members of the community and while health and wellbeing gains are well known, engaging people in physical activity can be problematic. Co-morbidities, characteristics and attitudes to physical activity can be a significant barrier. Innovative approaches are required to utilise the skills, expertise and facilities which already exist in Argyll and Bute to increase uptake of physical activity in the lives of less active people. Leisure Services, NHS and Third Sector agencies can improve co-ordination through integration and to share knowledge and resources.

Leisure Services have trained staff who could be utilised to improve uptake of physical activity, however some client's may prefer not to attend gym facilities and outreach approaches will be required. This project will involve the Link Well Coordinator acting as a guide to encourage and motivate individuals to uptake physical appropriate activity. This post would allow one to one consultations using motivational interviews and behaviour change models to increase long term sustainable physical activity levels in the identified client groups. It also requires a significant amount of outreach to harder to reach individuals and to identify people not currently in contact with services who would benefit e.g. sedentary, risk of falls, overweight. Wobble test

4. Detail

An application for funding from the Integrated Care Fund (ICF) was submitted for a three year funded post for a Living Well Physical Activity Co-ordinator in the Helensburgh and Lomond area.

The post was filled in September 2016; (Charlotte Wilson)

During September a scoping exercise took place to discover what physical activity opportunities are currently available in Helensburgh and Lomond. The exercise identified the following three key areas:

- There are well established falls prevention programmes in both Helensburgh and Garelochhead that could be linked into.
- The council led ArgyllActive (AA) programme is in place and receives approximately 160 referrals per year. However there are many individuals who are being referred who are not ready to begin exercising and communication with GP's could be improved.
- There are a number of third sector agencies and private companies delivering a range of physical activity services. However clearer referral links are needed in order to develop a more joined up approach.

ArgyllActive refers to the Exercise on Referral Scheme currently on offer to all sedentary individuals who are in need of increasing their daily physical activity levels and becoming more health conscious. The programme delivers a range of supervised land based and water based fitness sessions over an 8 week period. The aim is to help improve the overall fitness and wellbeing of those attending in order to help meet the targets set in the Argyll and Bute SOA (outcome 5).

The cost of attending the programme is £3.20 per session, a saving of £1.60 on the normal price of £4.80. This price permits the client admission to the class and includes access to the mainstream maintenance class once they have completed the initial 8 week supervised instruction period.

In order to meet industry guidelines and ensure competence all exercise sessions are delivered by fully qualified Register of Exercise Professionals (REPs) Level 3 and/or above instructor. The ArgyllActive programme complies with the guidance outlined in the BHF: A Toolkit for the Design Implementation & Evaluation of Exercise Referral Schemes 2012 as well as guidelines set by both REPs and British Association of Cardiac Prevention and Rehabilitation (BACPR).

In addition to exercise on referral, the programme also includes the Phase IV Cardiac Rehabilitation programme clients. The Phase IV programme caters for individuals referred directly from Phase III who have suffered a cardiac complaint. The Phase III programme is normally delivered within a clinical setting by specialist cardiac physiotherapists. Once patients complete Phase III they are referred to a suitable community based exercise programme delivered by BACPR qualified instructors.

The table below outlines ArgyllActive performance over past 5 years. The programme is monitored over the tax year rather than the calendar year. The column referring to total still exercising relates to those who are still going to the gym three months after completing the programme. The management costs relates to the initial client meeting, class delivery and Fitness Coordinator administration costs.

Year	Total Referrals	Total Started	Total Completed	% Completed	Total Still Exercising	PAYG Income	Management Costs
2011/12	251	148	78	52%	62	£6483	£15823
2012/13	343	231	115	50%	63	£7724	£17325
2013/14	332	200	117	59%	84	£7021	£16486
2014/15	304	198	122	61%	86	£6841	£11212
2015/16	299	184	112	66%	82	£7001	£10314

Since September changes have been made to the Argyllactive programme, mainly lettered and phone communication with Clients, a produced leaflet giving information for GPs and other medical professionals and links with many different agencies so establish referral routes and give people options for physical activity. Also baseline test protocols were introduced for all clients to establish any progression shown. These are hip, waist and thigh measurements, Quality of life questionnaire, PAR-Q, blood pressure, resting heart rate and peak flow measurements. Motivational interview techniques are also being used and Charlotte has taken over the risk stratification of AA clients.

To date 56 referrals have been received since the relaunch of Argyllactive in November, 15 referrals have completed their motivational interviewing and baseline protocols and are now part of established Argyll active programmes in a gym based environment, from this 15; 66% have now gone on to take out full facility gym memberships and have kept up with their own physical activity. Three further referrals have been linked into the Falls prevention programmes and ten referral has linked into the voluntary sector to volunteer around the national parks.

Helensburgh and Garelochhead has established Stage 1 Falls prevention classes running through NHS staff, though initially these were not running at full capacity of 12 people and it had a waiting list. Charlotte took over the management and administration of registrations and the waiting list and has worked closely with community physiotherapist and occupational therapists on this. Since taking over this in January Charlotte has received 38 referrals for the falls classes. These have come from physiotherapy teams, hospital discharge teams and GPs. 26 referrals are now in the Stage 1 classes with 12 still waiting. A protocol has been established following research guidelines that patients will stay in the Stage 1 class for 52 weeks at which time they will move on into community based programmes. A stage 2 falls prevention class is now being established and is to be run by staff from Helensburgh pool. This is still to be finalised. It is hoped that some people can move on from stage 1 into Stage 2 before the 52 weeks and that some people may be able to go straight into Stage 2 after assessment. This should keep the waiting time for a space fairly short.

Charlotte has also created links with the outpatient physiotherapists at the Victoria integrated care centre. The outcome is that protocols will be written for rehabilitating certain clinical conditions starting with frozen shoulder and OA knee. These will include an outline of the condition, potential red flags and how to communicate/re-refer patients to physiotherapy, aims of exercise plan and a suggested exercise format for the fitness instructor to work from. The physiotherapy team will also include outcome measures with referrals. This will allow hand over of the rehab of patients to Argyll Active at an early stage, helping to free capacity within Physiotherapy. Clients will be incorporated into the current Argyll Active classes in the gym environment. This is still in the early stages with a date of the 26th April for the first protocols to be written up.

Charlotte is also creating links with the technology enabled care team around the use of the Flo texting messaging service to remind people to attend their exercise classes. This project is still in its infancy and will be reported on in further reports.

5. Conclusions

The Living Well physical Activity Coordinator is linking well with partner organisations on the development of physical activity programmes.

Raising awareness of physical activity programmes in the area as is vital to ensure people do not view them as out of their capability levels.

Ultimately, the key goals of healthy living where people have their needs met, continue to learn, develop and maintain relationships and contribute to society, are deliverable through physical activity provision

6.0 SOA Outcomes

OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

Name of Lead Officer

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Argyll and Bute Community Planning Partnership

**Helensburgh and Lomond
Area Community Planning Group
Date: 25 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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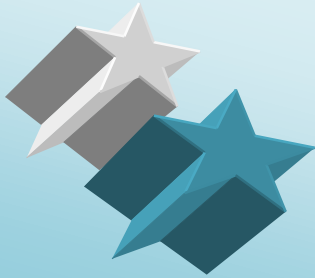
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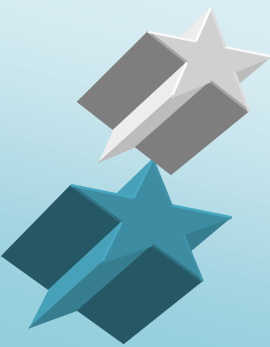
HEALTH AND WELLBEING

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.





Reach Out Campaign

Alison McGrory, Health Improvement Principal

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



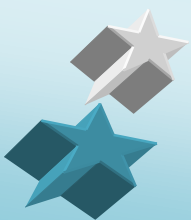
Partners from the Argyll and Bute Carers Conference signing the pledge in September 2016

Reach Out
Make a difference to someone who's lonely

PLEDGES OF SUPPORT
Take a home-made cake to work on a regular basis
— Alison from Rothesay

Annual Report of the NHS Highland Director of Public Health Loneliness and Health
This report details the impact of loneliness as a significant public health issue to those living in the NHS Highland area.

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)

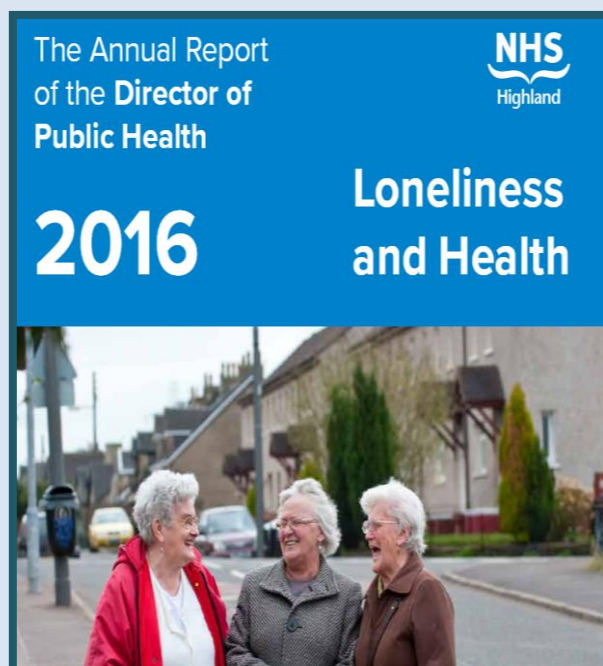
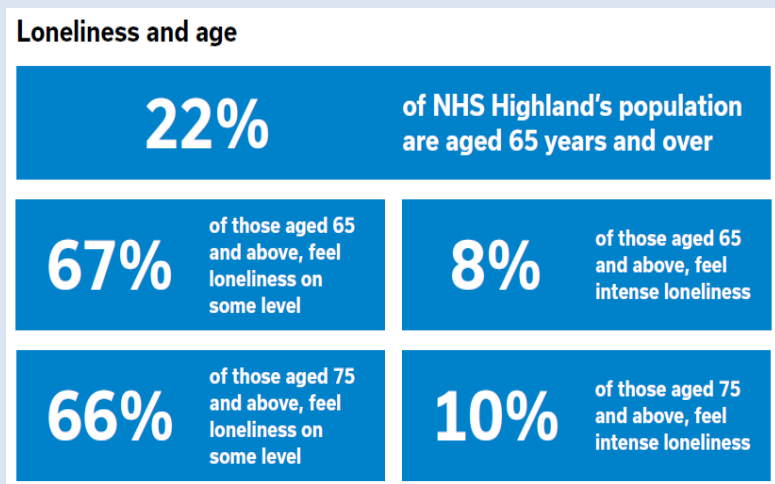
DPH Loneliness report

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

C Card 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.

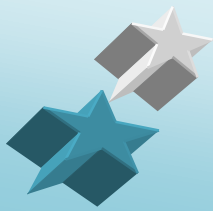
Outcome 4: Sexual relationships are free from coercion and harm.

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.

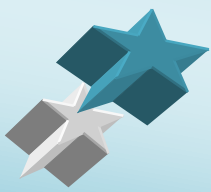
Argyll Community Housing Association (ACHA) recently achieved their HWL Gold Award in March 2017. All other workplaces are currently maintaining their current level of Award.



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

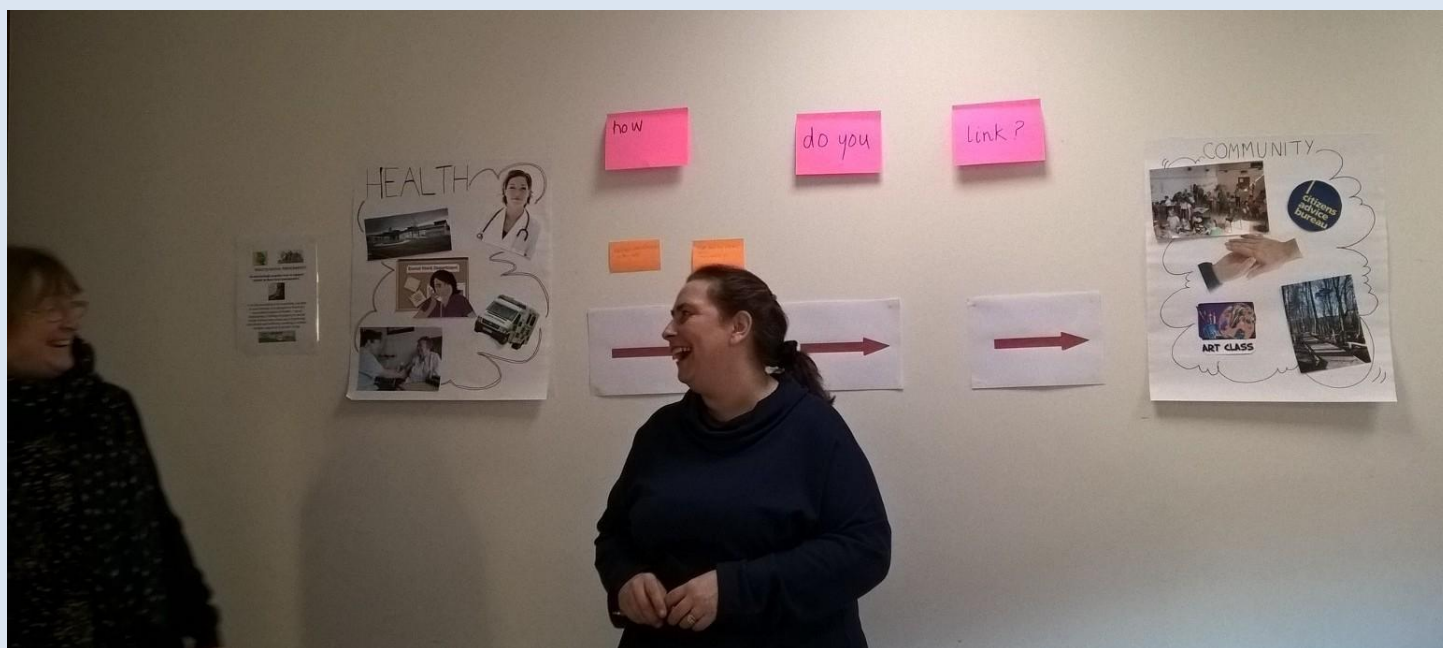
Social prescribing project with Carr Gomm

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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