



Kilmory, Lochgilphead, PA31 8RT
Tel: 01546 602127 Fax: 01546 604435
DX 599700 LOCHGILPHEAD
20 April 2017

NOTICE OF MEETING

A meeting of the **OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP** will be held in the **CORRAN HALLS, OBAN** on **THURSDAY, 27 APRIL 2017** at **6:30 PM**, which you are requested to attend.

BUSINESS

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES**
 - (a) Oban, Lorn and the Isles Community Planning Group - 16th February 2017 (Pages 1 - 6)
- 4. ELECTION OF NEW CHAIR** (Pages 7 - 8)
Report by Community Governance Manager
- 5. STANDING ITEM: MANAGEMENT COMMITTEE UPDATE** (Pages 9 - 12)
- 6. PARTNERS UPDATE**
Opportunity for verbal updates by Community Planning Partners
- 7. OUTCOME 1: THE ECONOMY IS DIVERSE AND THRIVING**
 - (a) Highlands and the Islands Enterprise (Pages 13 - 16)
Update by Area Manager, HIE
 - (b) Participatory Budgeting (Pages 17 - 22)
Update by Community Development Officer, Argyll and Bute Council

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

- (a) Health and Wellbeing Team - Annual Update (Pages 23 - 44)

Update by Health Improvement Principle

- (b) Falls Prevention Work - Update (Pages 45 - 52)

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

- (c) Healthy Options - Healthy Villages (Pages 53 - 62)

Update by Healthy Options Director

- (d) Active Schools (Pages 63 - 64)

Update by Assistant Active Schools Manager

9. DATE OF NEXT MEETING

OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP

Margaret Adams (Chair) Councillor Elaine Robertson (Vice-Chair)
Shirley MacLeod, Area Governance Manager (Clerk)

Contact: Danielle Finlay, Senior Area Committee Assistant - 01631 567945

**MINUTES of MEETING of OBAN LORN & THE ISLES COMMUNITY PLANNING GROUP held
in the CORRAN HALLS, OBAN
on THURSDAY, 16 FEBRUARY 2017**

Present: Margaret Adams, Chair of Ardchattan Community Council (Chair)
Councillor Roddy McCuish
Councillor Elaine Robertson
Councillor Neil MacIntyre
Lorna Elliott, Community Governance Manager, Argyll & Bute Council
Rona Gold, Community Planning Manager, Argyll & Bute Council
Samantha Somers, Community Planning Officer, Argyll & Bute Council
Shirley MacLeod, Area Governance Manager, Argyll & Bute Council
Graeme Forrester, Area Committee Manager, Argyll & Bute Council
Naomi Campbell, Modern Apprentice, Argyll & Bute Council
Mark Stephen, Police Scotland
Derek Wilson, Scottish Fire and Rescue Service
Joan Best, Argyll & Bute TSI
Annie MacLeod, Health and Social Care Partnership
Jacqui Greenlees, Improvement Service
Shona Neil CALMAC
Deirdre MacKenna, Cultural Documents
Kate Winton, Oban Disability and Access Panel
Marri Malloy, Chair of Oban Community Council
Jessie MacFarlane, Oban Community Council
Duncan Martin, Oban Community Council
Jane Darby, Kilmore Community Council
Jane Rentoul, Kilninver & Kilmelford Community Council
Breigh Smyth, Ardchattan Community Council
Colin Morrison, Ardchattan Community Council

1. WELCOME AND APOLOGIES

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

Apologies for absence were intimated by:

Councillor Kieron Green
Laura MacDonald, Community Development Officer, Argyll & Bute Council
Alison Hardman, NHS Highland
Peter Bain, Head Teacher of Oban High School
Eleanor MacKinnon, OLI Health and Wellbeing Network
Morag MacLean, North Argyll Carers Centre
OLI Youth Forum

2. DECLARATIONS OF INTEREST

No declarations of interest were intimated.

3. MINUTES

(a) Oban, Lorn and the Isles Community Planning Group 17 November 2016

The minute of the Oban, Lorn and the Isles Community Planning Group meeting of 17th November 2016 was approved as a correct record.

4. STANDING ITEM: MANAGEMENT COMMITTEE UPDATE

(a) Report by Community Planning Manager

The Community Planning Manager took the Group through a report which provided discussion points raised from the Community Planning Partnership Management Committee meeting on 20th December 2016 which includes:-

- Issues raised at previous Community Planning Groups
- 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 Outcome 3 (Education, Skills and training maximises opportunities for all) and Outcome 4 (Children and young people have the best possible start)
- A presentation on the Local Development Plan 2 and upcoming consultation on this

It was noted that the OLI Community Planning Group put the parking issue and the presentation from North Argyll Carers Centre to the last CPP Management Committee.

Decision

The Group noted the contents of the report.

(Ref: Report by Community Planning Manager dated 16th February 2017, submitted).

(b) Amendment to Area CPG Terms of Reference - Report by Community Governance Manager

The group considered a report outlining a proposed amendment to the Area Community Planning Groups Terms of Reference which would clarify that outgoing officer bearers can stand for re-election at the end of their first period in office and that no one person can serve in the role of Chair or Vice Chair for more than two consecutive two year periods.

Decision

The Group:-

1. Agreed the proposed amendment to the Area Community Planning Group Terms of Reference to ; and

2. Noted that all current office bearers are able to stand for election to a second term in office should they wish to do so.

(Ref: Report by Community Governance Manager dated 16th February 2017, submitted).

5. PARTNERS UPDATE

Scottish Fire and Rescue

Derek Wilson gave an update to the Group on the last quarter of October to December 2016. He advised that there has been an increase in deliberate fires but assured that Scottish Fire and Rescue continue to work with partners and young groups to raise awareness. He confirmed there has been a small decrease in accidental dwelling fires but have also been working with partners and assisting in home fire safety visits to give guidance where they can. Derek advised there has been a good decrease in special services call outs which are not fire related events.

He updated the group on the Biker Down Campaign which highlights the danger spots on roads to help to reduce accidents and he advised the 'Cut it Out' Campaign continues in schools working alongside the Council Road Safety Officer and would be attending Oban High School next week.

Derek spoke about the Oban Winter Festival and advised that Scottish Fire and Rescue held an event where 24 people took part and a good response was had. He advised that over Christmas time they put an advert in the Oban Times to raise awareness for the festive and winter fires and have got information of this online.

He confirmed that they continue their programme with the British Heart Foundation for CPR training and advised Scottish Fire and Rescue will be going into Oban High School and training 6th year students. During the following discussion it was suggested that it might be useful to provide recruitment information at the events to encourage young people to consider a career in emergency services. There was also discussion around providing tailored training to people with disabilities and Oban Community Council indicated that they would welcome a CPR training session a one of their meetings.

Police Scotland

Mark Stephen updated the Group on the Christmas Campaign ran by Police Scotland which focused on issues such as Anti-Social Behaviour and drink driving. He confirmed this campaign was very successful and received positive feedback from the Police Scotland Twitter page where they were open and transparent with the public on their whereabouts with the speeding gun etc.

He advised that road traffic accidents are down since the last quarter and they have been out on the A85 to try and reduce fatal accidents.

He confirmed that there will soon be a launch of the Rural Watch Campaign in Dalmally and Appin followed by Kilmelford where Community Officers can feed information on crime trends back to Police Scotland through the website,

He advised that the Police and Priorities is working in line with the communities views on 'Your View Counts' where a survey is done locally and nationally.

He confirmed that the Youth Engagement Officer, Claire Brown, is working with pupils in Oban High School where she has set up a Mid Night League at the High School for Friday and Saturday nights and has set up an event in the local cinema for young girls to attend and talk about personal safety. She has also arranged for hairdressing training to be given to boost confidence and self-esteem. Mark advised that adult volunteers will be going through training at the start of April, working with guidance teachers to help pupils gain more confidence and be in the better part of the community.

He advised that two officers have been trained in Mull and Oban to go into the community and give counter terrorism advice at harbours/ports to get the message out there

Oban Community Council

Duncan Martin updated the group on the well-attended successful meeting that Oban Community Council held last month in the Corran Halls to address concerns regarding the potential closure of Oban Hospital which had been reported in the press. 400 people attended and everyone was impressed with the commitment to provide services locally. They hope to hold another meeting in June.

Area CPG Chair

The Chair advised the meeting that she and the Vice Chair had attended a meeting the Chairs and Vice Chairs of the Area CPGs and the Chair and Vice Chair of the Management Committee in January. The meeting had been very useful and another meeting will be arranged in due course

6. COMMUNITY PLANNING OUTCOME PROFILE TOOL - COMMUNITY PROFILES

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

General discussion took place in respect of the priorities for the area, which were transport, infrastructure, housing/rooms for rent, jobs for young people, ferry cancellations and education. It was suggested that all agencies should work together to bring back the key worker status and make it part of the working contract The Community Planning Manager agreed to forward the comment to the CPP Joint Recruitment Working Group

Decision

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

(Ref: Briefing Note by Community Governance Manager, dated 16th February 2017, submitted).

7. DATE OF NEXT MEETING

The group noted that the date of the next Oban, Lorn and the Isles Community Planning Group is scheduled for Thursday 27th April at 6:30pm in the Corran Halls, Oban.

The outcomes to be discussed at the next meeting will be:-

Outcome 1 – The Economy is diverse and thriving; and

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

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

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

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Argyll and Bute Community Planning Partnership**Oban, Lorn and the Isles Area Community Planning Group**

27th April 2017

Agenda Item [for office use]

Procedure to Elect Office Bearers to the Oban, Lorn and the Isles Area Community Planning Group

Summary

The report details the procedure which must be followed when electing either a Chair or Vice Chair to the Oban, Lorn and the Isles 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 Oban, Lorn and the Isles 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 Chair which will become vacant when the current Chair stands down from the position at the meeting on the of 27th April 2017

3. Background

3.1 The Oban, Lorn and the Isles 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 Chair, Margaret Adams, Ardchattan Community Council, intimated at the meeting on the 16st 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 Oban, Lorn and the Isles 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 Oban, Lorn and the Isles 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 Oban, Lorn and the Isles 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 Chair which will become vacant when the current Chair stands down from the position at the meeting on the 27th 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

Oban, Lorn and the Isles
Area Community Planning Group

27th April 2017



Briefing Note: Community Planning Partnership Management Committee update

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

Summary

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

Discussion points from the meeting included agenda items on:

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

Highlights of the meeting are attached.

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

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

Key Points for Consideration

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

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

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

1. Consider bringing back key worker status within their organisations

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

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

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

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

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

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

Key Points for Discussion

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

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



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

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

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

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

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Argyll and Bute Community Planning Partnership

Oban, Lorn and the Isles Area Community Planning Group

27th April 2017

Agenda Item [for office use]



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

1. Purpose

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

2. Recommendations

The paper is for information purposes only.

3. Summary

- A multi-agency group (led by Grant Manders) looking at joint recruitment strategies has now met twice and highlighted key areas of work which can be progressed jointly to encourage people to work for partners agencies within Argyll & Bute. Examples of work to be taken forward includes:
 - A co-ordinated recruitment website
 - Work placements
 - Improved marketing
 - A joined up approach to recruitment fairs
 - Exploration of what can be done jointly in relation to accommodation and short term placements
- The Argyll & Bute Developing the Young Workforce (DYW) Regional Group bid was approved by the Scottish Government in December 2016; with the official launch of the group taking place on 1 March 2017.
- Work is underway to produce a report highlighting the maritime industry training opportunities. This will be available by May 2017 and will include identification and profiling of relevant sectors and a series of first stage opportunities for consideration within the Oban as a University Town project.
- A copy of the recent report from the Argyll & Bute Economic Forum is attached at Appendix II. In essence this highlights that good progress has been made in the past 12 months on the recommendations made in the original Forum Report and highlights the areas where greater emphasis is suggested in 2017:
 - Upping the game in the tourism offering
 - Engaging businesses with local schools

- Further development of Argyll College and SAMS
- Mobile connectivity
- Road improvements

4. SOA Outcomes

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

Name of Lead Officer

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

Tel +44 (0)1546 602 281

Appendix 1

Activities under Outcome 1: The economy is diverse and thriving

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

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PARTICIPATORY BUDGETING IN ARGYLL & BUTE



The
Democratic





Community



Making Decisions



ABOUT HOW PUBLIC MONEY IS SPENT

What are the
communities
priorities?

Discussion and
Deliberation of
Ideas

Allocation of
budgets

Voting
ideas
projects
receive funding

IDEA GENERATION

Argyll & Bute ↑

Growing Gaelic - Argyll & Bute

Participatory Budgeting is about involving the community in financial decisions. Give us your ideas on how you would spend some of the £15,000 we have to "strengthen and grow Gaelic in Argyll and Bute". From local community projects to Argyll and Bute wide ideas – we'd love to hear what you think!

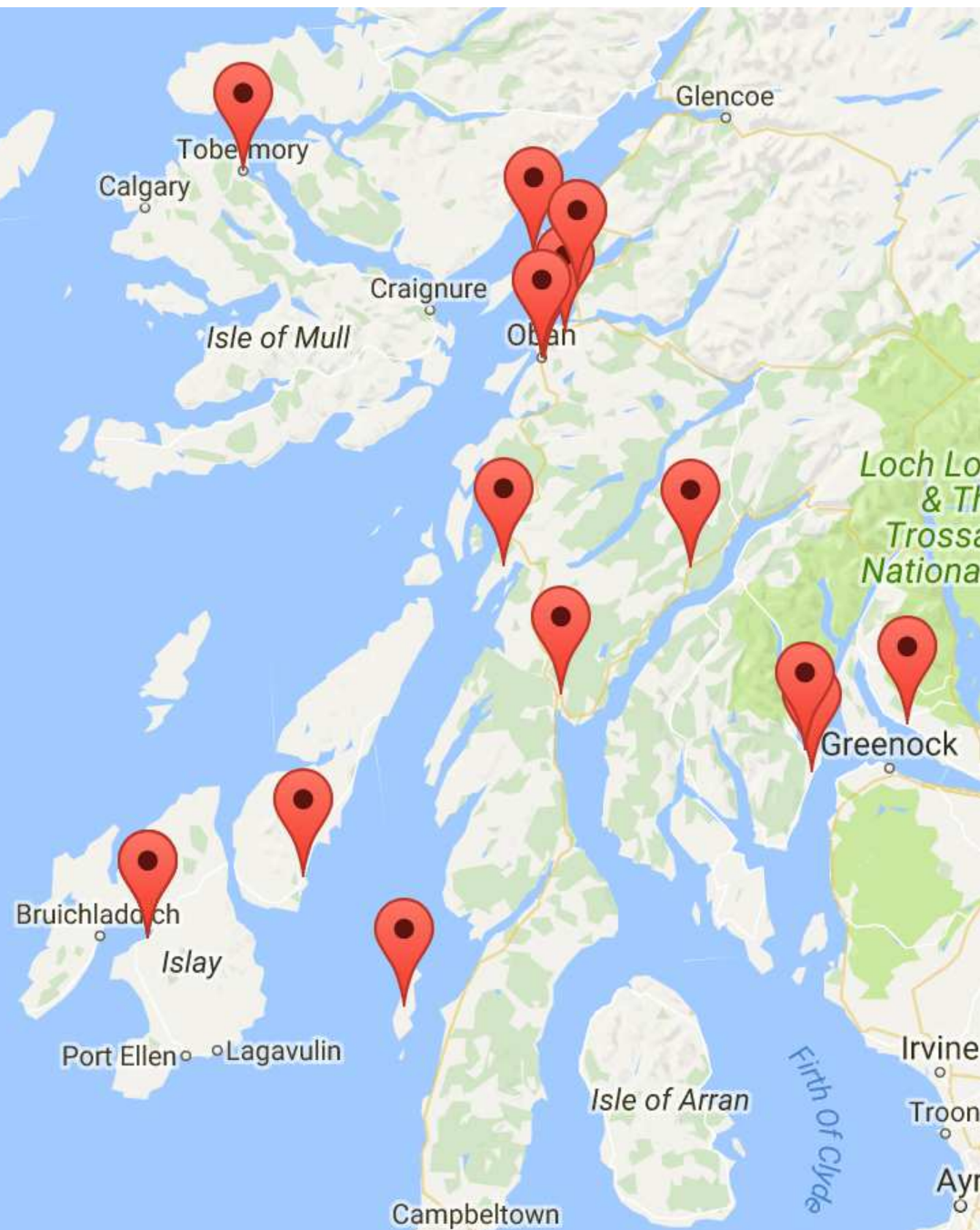
💡 22 💬 138 👤 141

Argyll
Bute
COUNCIL

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- 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

The logo features a circular emblem divided into four quadrants: a green leaf, a red harp, a yellow treble clef, and a blue building. The Gaelic text 'Gàidhealtachd' is written around the circle. Below the logo is a green banner with the text 'Grow our own Gaelic practitioners'.

Grow our own Gaelic practitioners

A project to identify local people with Gaelic skills who could work in Early Ye...

VOTING STAGE

Argyll
Council



Vote ideas for Growing gaelic
£15,000 left

VOTE!

No items selected

Growing gaelic



Gaelic immersion
at Auchindrain
ship

£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

**Oban, Lorn and the Isles
Community Planning Group**



Date: 27th April 2017

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

For further information contact:

Email:
Telephone:

Alison McGrory
Health Improvement Principal
Argyll and Bute HSCP
alison.mcgrory@nhs.net
07766 160 801

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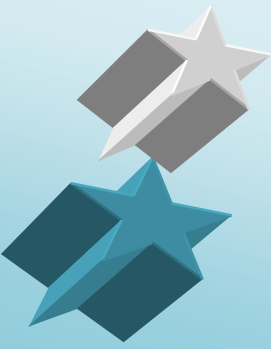
HEALTH AND WELLBEING

IN ARGYLL AND BUTE

ANNUAL REPORT

2016 - 2017



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

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

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

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

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

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

www.fb.com/healthyargyllandbute

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

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



Health and Wellbeing Networks

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

www.healthylargyllandbute.co.uk

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

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

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

Health and Wellbeing Small Grant Fund

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

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

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

Where our money comes from...

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

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

Review of the Joint Health Improvement Plan

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

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

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

Theme 1 - Getting the best start in life

Theme 2 - Working to ensure fairness

Theme 3 - Connecting people with support in their community

Theme 4 - Promoting wellness not illness



Butefest 2016 Alcohol and Drug Awareness Stall Report

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

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

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

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

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

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

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

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





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



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

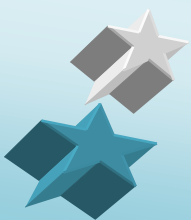


Homestart MAJIK signing the pledge in June 2016



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

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



Loneliness

Alison McGrory, Health Improvement Principal

Sam Campbell, Senior Health Improvement Specialist (Mental Health)

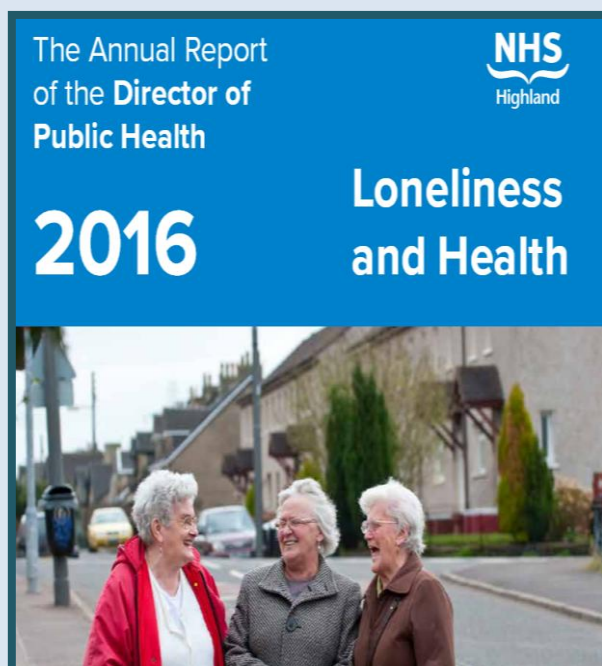
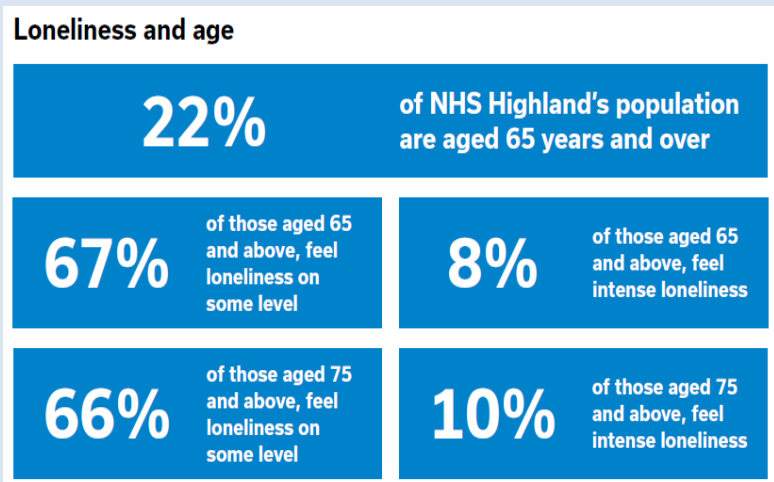
DPH Loneliness report

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

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

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

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



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

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

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

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

Training Courses Delivered

HIV Awareness for secondary school pupils x 2

LGBT Awareness for secondary pupils x 4

Transgender Awareness for staff x 1

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

CCard Training for staff x 2

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

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

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

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

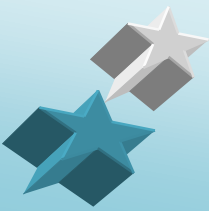
Outcome 4. Sexual relationships are free from coercion and harm.

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

FREE CONDOMS

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

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



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



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

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

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

Barnardos Child Sexual Exploitation (CSE) Training

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

SHARE Training

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



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

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

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

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



Keep Well

Alison Hardman, Senior Health Improvement Specialist (Health Inequalities)

KEEP WELL

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

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



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

**Healthy Working Lives**

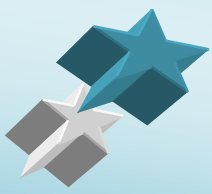
Argyll & Bute currently has 30 workplaces registered for the HWL Award Programme, 15 of which have already achieved a HWL Award. In addition, Argyll & Bute also supports 19 cross border HWL registrations (workplaces with sites throughout Scotland), of which 14 have a HWL Award. In total, that means there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

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

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

**Healthy
Working
Lives****Understanding Mental Health**

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



Social Prescribing

Health Improvement Team

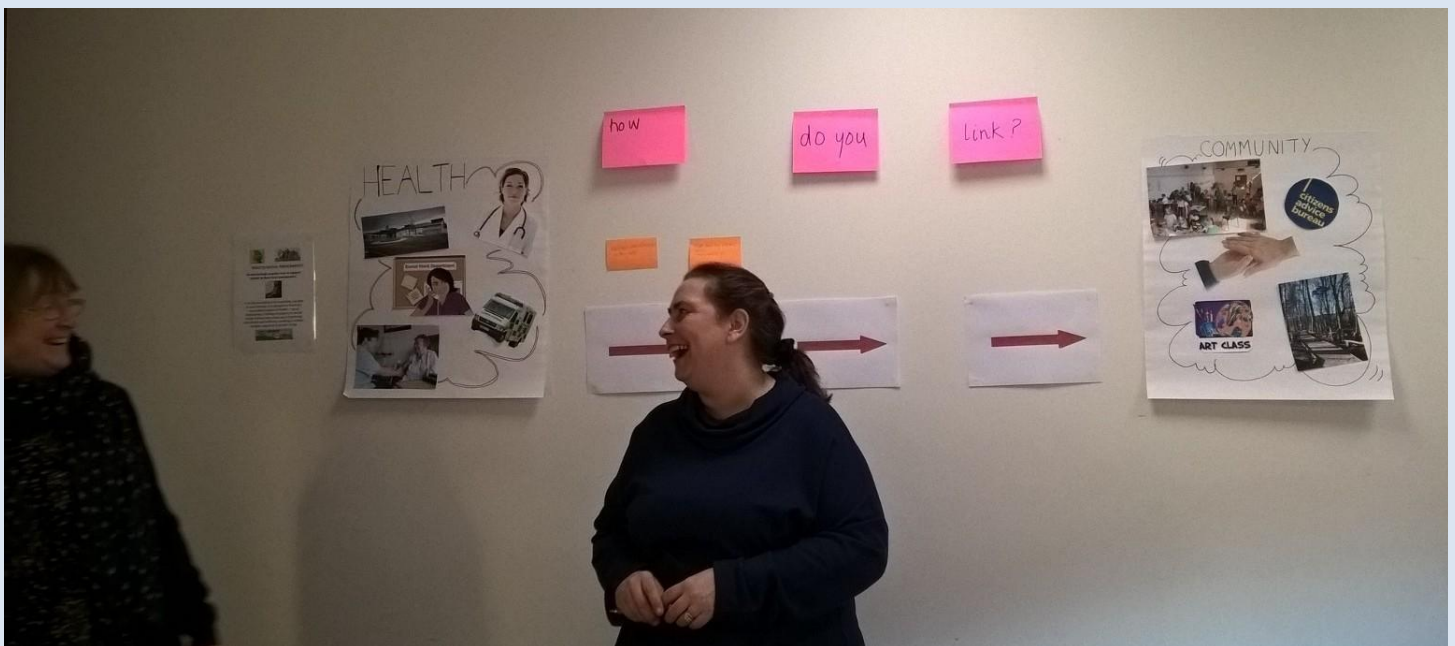
Social prescribing project with Carr Gomm

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

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

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

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



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

Self Management

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



Motivational Interviewing to enhance person centred practice:

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

44 people completed 1 day MI training

17 people completed 2 day MI training

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

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

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

The full suite can be accessed here:

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

Helping People Cope with Chronic Pain

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

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

A copy of the pilot report can be found here:

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

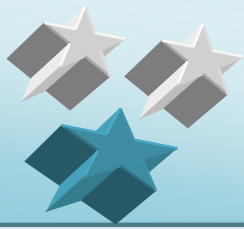
Sixteen 3-hour workshops were delivered by trained ACS volunteer coaches with 123 participants. These were well received and there is scope for participants to take part in the 6 week Living Well self management programme. The PTK is also used by trained health professionals in one-to-one sessions to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



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

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

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



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

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

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

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





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

Branching Out Argyll and the Isles

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

Find out more here:

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

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

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

Smoke Free

Laura Stephenson, Smoking Cessation Co-ordinator

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

Education

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



Training

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

Services

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

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

For more information please contact laurastephenson@nhs.net

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Argyll and Bute Community Planning Partnership**OBAN, LORN AND THE ISLES
COMMUNITY PLANNING GROUP****27th of April 2017****Agenda Item [for office use]**

Community Management and Prevention of Falls

Summary

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

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

1. Purpose

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

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

2. Recommendations

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

3. Background

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

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

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

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

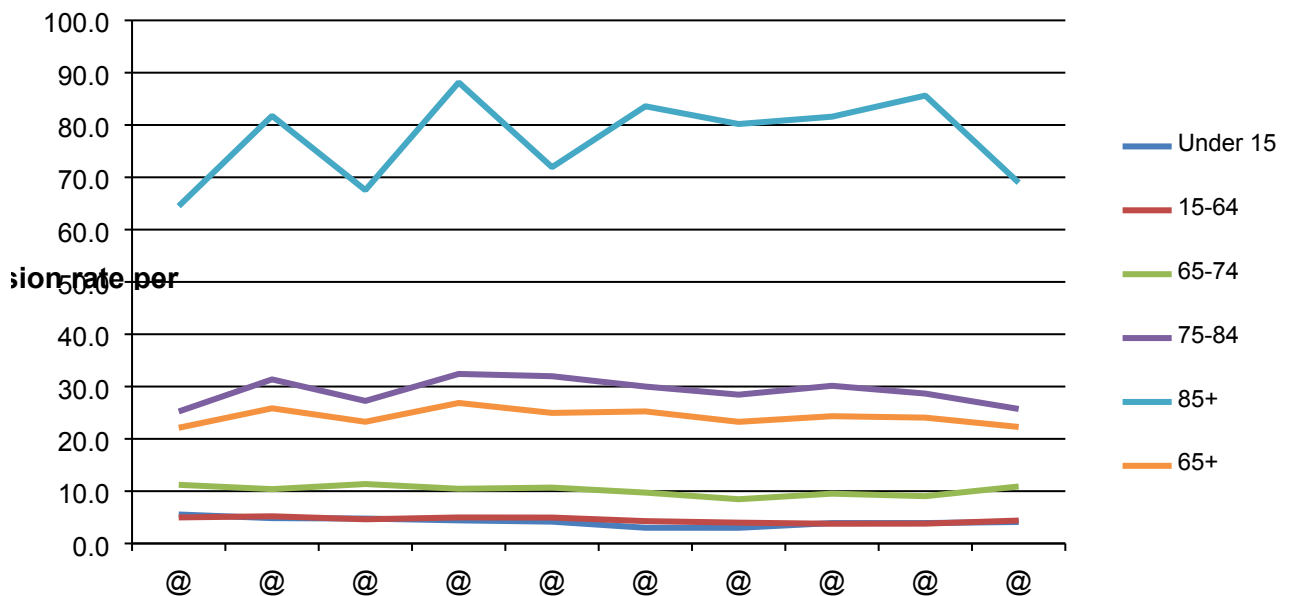
4. Detail

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

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

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

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



5. Conclusions

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

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

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

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

6.0 SOA Outcomes

OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

Name of Lead Officer

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

Tel 07717587534 email : christinemcarthur@nhs.net

For further information please contact:

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

Tel 07554417643

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.

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Welcome

to the launch of our Report
and guided conversation

Extending Healthcare into the Community

A HEALTHIER FUTURE
for OBAN and LORN



HEALTHY OPTIONS WHY DO IT?



- **40%** of our population have a chronic medical condition/s. That is **4,000** patients of the Lorn Medical Centre
- These conditions can be improved or control managed by adopting an active healthy lifestyle

This is our challenge:-

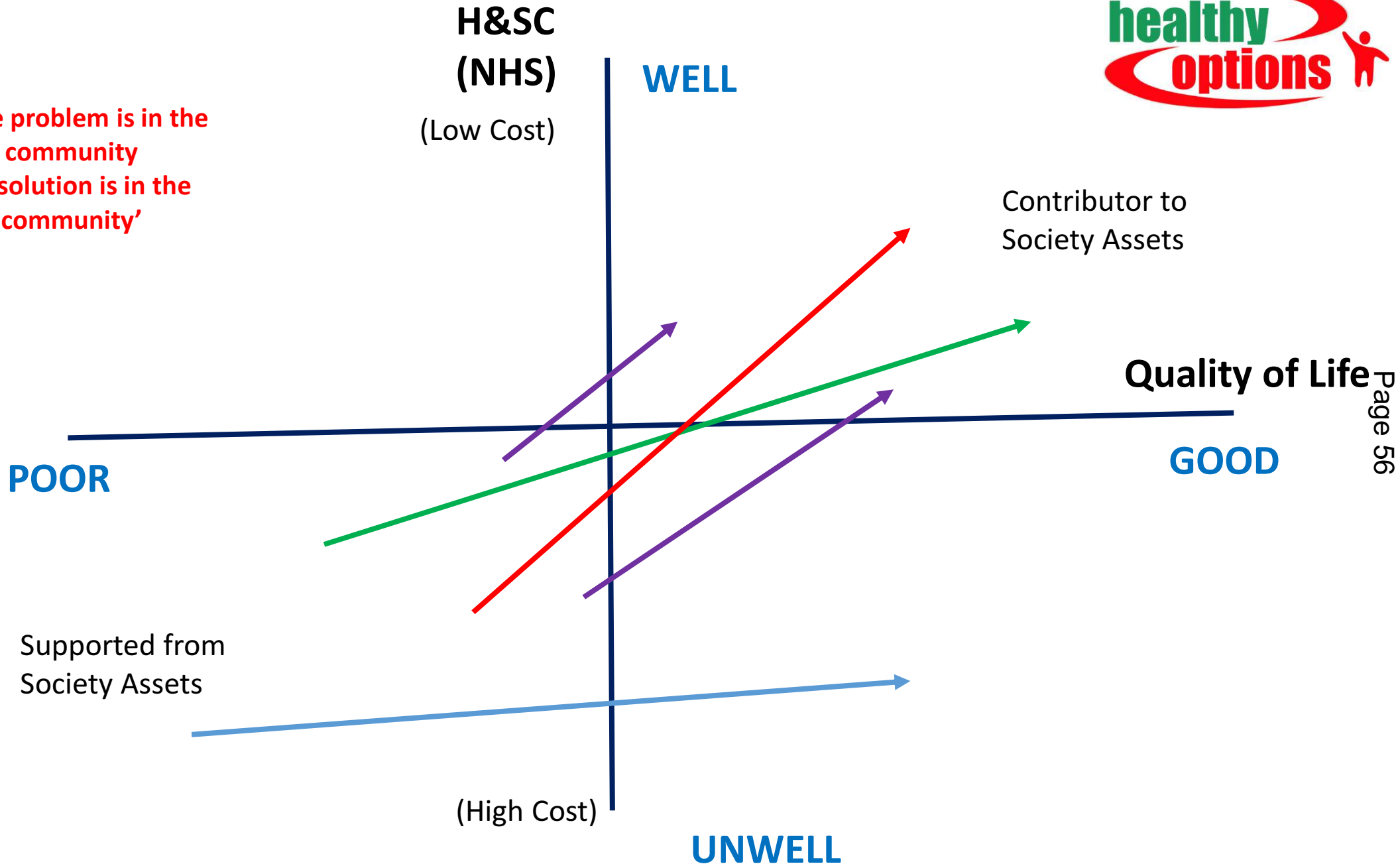
“to improve the wellbeing of our ‘40%’ and for Oban and Lorn to become a more active, fitter, healthier community”

**‘If there is a problem in the community
the solution is in the community’**

Healthy Options work is encapsulated in 4 key statements:-

- There are a growing number of people with chronic conditions or those heading towards having chronic conditions as well as people recovering from the effects of chronic conditions.
- A high percentage of these people's condition could be managed or improved by a change to a healthier lifestyle.
- People need to be motivated to make that change.
- Motivation itself is not enough; people need to be supported through the process of making the changes permanent in their lives and their programme needs to be tailored for their situation, aims and needs.

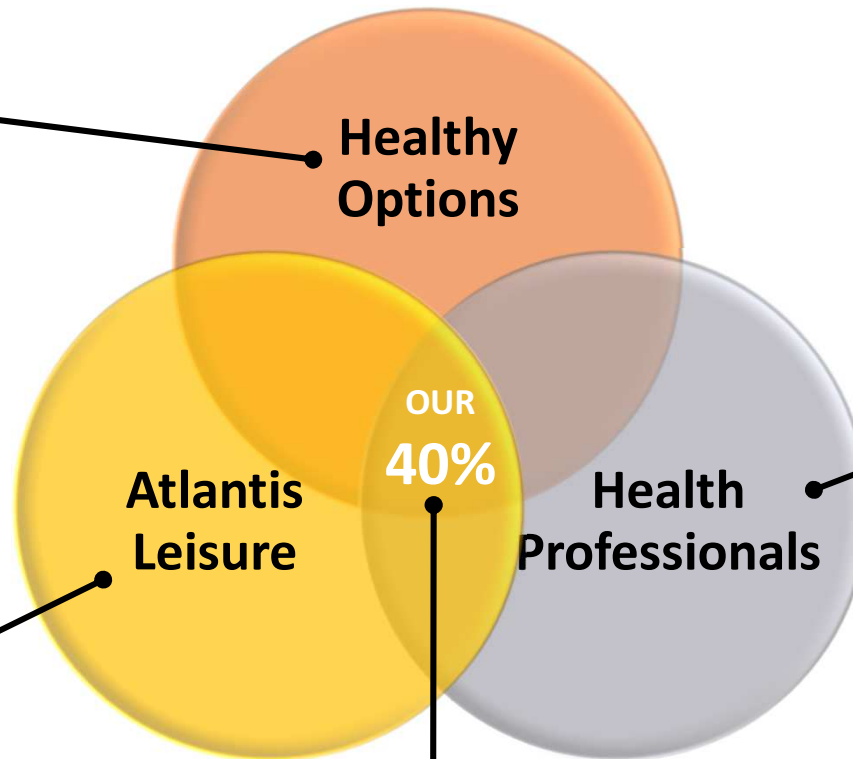
'If the problem is in the community
the solution is in the community'



Healthy Options – the Start



Social entrepreneurs
Health professionals
Highly qualified staff
**Skilled, experienced,
motivated**



Lorn Medical Centre

Community owned,
community built,
community run

Our clients are an equal partner

New Evolving Relationships

RE-ABLEMENT



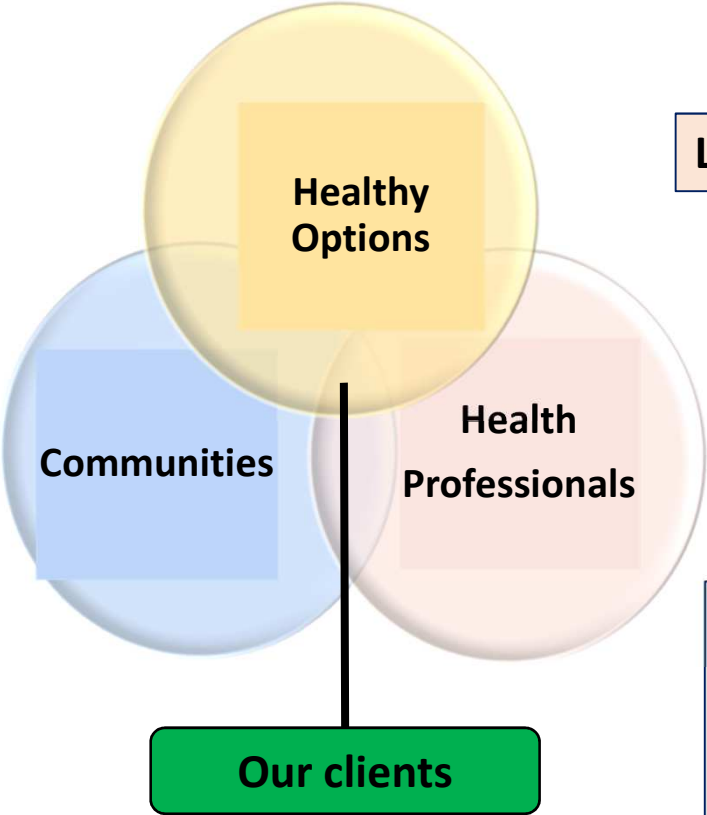
Mainstream
• Clients with Chronic conditions

Other organisations
• SG
• Coll Healthy Op
• Macmillan Canc

antis Leisure

ACC

Lorn Medical Centre



GP Surgeries
* C / T / D
* Appin
* Easdale

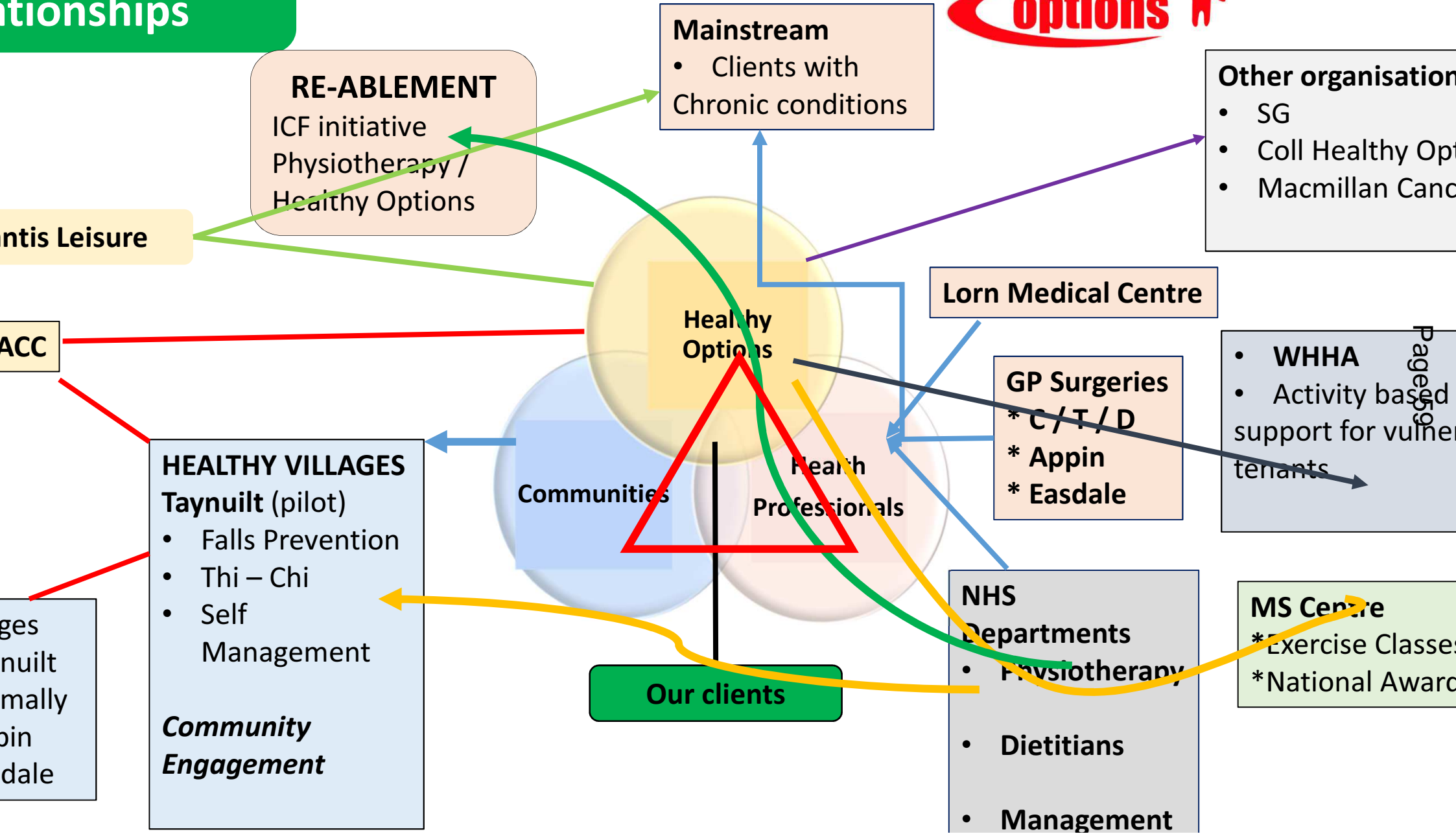
HEALTHY VILLAGES
Taynuilt (pilot)
• Falls Prevention
• Thi – Chi
• Self Management

Community Engagement

NHS Departments
• Physiotherapy
• Dietitians
• Management

MS Centre
*Exercise Cla
*UK Award

New Evolving Relationships



Future

WORKING WITH OTHERS GROW AND DEVELOP

RE-ABLEMENT
 ICF initiative
 Physiotherapy /
 Healthy Options

Mainstream
 Clients with
 Chronic conditions

Other organisations

- SG
- Coll Healthy Optio
- Macmillan Canc

ntis Leisure

HEALTHY VILLAGES

AND

OBAN AS A HEALTH TOWN

ACC

Lorn Medical Centre

REQUIRES ALL AREAS INVOLVED IN HEALTH WORKING

GP Surgeries
 * C777D
 * Appin
 * Eastle

WHHA
 • Activity based
 support for vulner
 tenants

IN A CO-ORDINATED WAY WITH PEOPLES HEALTH AS

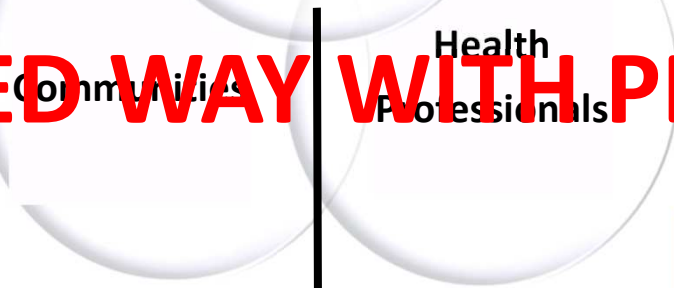
THE FOCALPOINT

HEALTHY VILLAGES
 (aynill plot)

- Falls Prevention
- Thrust Ch
- Self Management

H&SC

Community Engagement



3RD SECTOR HOUSING

Our clients

ETC, ETC, ETC

NHS Departments

- Physiotherapy
- Dietitians
- Management

MS Centre
 *Exercise Classes
 * National Award

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The Barriers to Healthy Villages and Oban Health Town becoming a reality?

Finance

- Healthy Options has applied for small grant to scope the requirements to create Oban Health Town

Willingness and Partnerships

- Working with partners Healthy Options has started the process towards Healthy Villages

The Rest is down to us – all of us

'If the problem is in the community - the solution is in the community'

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**Argyll and Bute Community Planning
Partnership**

**OLI
Area Community Planning Group**

27th April 2017



Partner Update – Active Schools

Summary

Highlighting work undertaken by Active Schools throughout OLI

Points for Consideration

n/a

Partnership Action

n/a

For further information please contact:

Karen MacCorquodale, Assistant Active Schools Manager, Active Schools

e-mail address: Karen.maccorquodale@argyll-bute.gov.uk

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