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NOTICE OF MEETING

A meeting of the **HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP** will be held in the **VICTORIA HALLS, HELENSBURGH** on **WEDNESDAY, 15 AUGUST 2018** at **10:00 AM**, which you are requested to attend.

AGENDA

1. **WELCOME AND APOLOGIES**

2. **MINUTE OF THE PREVIOUS MEETING OF THE HELENSBURGH AND LOMOND AREA COMMUNITY PLANNING GROUP HELD ON 17TH MAY 2018** (Pages 3 - 6)

3. **MANAGEMENT COMMITTEE UPDATE** (Pages 7 - 10)

4. **AREA COMMUNITY PLANNING ACTION PLAN**

   Verbal update from Community Planning Officer

5. **COMMUNITY FOCUS**

   (a) Presentation from Welcome In

   (b) Any other updates from community groups within the Helensburgh and Lomond area

6. **ARGYLL AND BUTE OUTCOME IMPROVEMENT PLAN 2013-2023**

   The focus of this meeting is on Outcome 5: People live active, healthier and independent lives and Outcome 6: People live in safer and stronger communities

   (a) Update from Ministry of Defence on the Maritime Change Programme

   (b) Health and Social Care Partnership - Strategic Plan Consultation (Pages 11 - 46)

   (c) Health and Wellbeing Annual Report (Pages 47 - 76)

7. **PARTNER UPDATES**

8. **DATE OF NEXT MEETING**

   Thursday 1st November, location to be confirmed but possibly Cove

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MINUTES of MEETING of HELENSBURGH AND LOMOND AREA COMMUNITY PLANNING GROUP held in the GIBSON HALL, GARELOCHHEAD on THURSDAY 17TH MAY 2018

Present: Stuart McLean, Scottish Fire and Rescue Service (Chair)

Laura Cameron, Gibson Hall
Councillor Lorna Douglas
Pauline Inglis, Argyll & Bute Council
David Pinder, Ministry of Defence
Janice Kennedy, Scottish Enterprise
Allan Kirk, Police Scotland
Tim Lamb, Project 81
Michelle MacDonald, Project 81
Sephton MacQuire, Dunbritton Housing Association
Morevain Martin, Argyll and Bute TSI (Vice-Chair)
Maria McArthur, Argyll & Bute Council
Greg McKearney, Scottish Fire and Rescue Service
Kirsty Moyes, Argyll & Bute Council
Paul Robertson, Police Scotland
Linda Skrastin, Health and Social Care Partnership
Samantha Somers, Argyll & Bute Council
Craig Stamp, Police Scotland
Neil Sturrock, SPT

1. WELCOME AND APOLOGIES

Apologies were received from:

Dawn Gourlay, Arrochar Community Council
Mary Haggarty, Arrochar Community Council
John Livesey, Ministry of Defence
Allan Murphy, Dunbritton

2. MINUTE OF THE PREVIOUS MEETING HELD ON THE 8TH FEBRUARY 2018

The minutes were approved.

3. MANAGEMENT COMMITTEE UPDATE

Samantha Somers updated the Area Community Planning Group on the meeting of the CPP Management Committee held in March 2018.

4. AREA COMMUNITY PLANNING ACTION PLAN

(a) PROPOSED SCHEDULE

Agreed

(b) KIRKMICHAEL MEET AND EAT GROUP

Kirsty Moyes circulated the Kirkmichael Voice and explained that the meet and eat group ran a lunch group in St Joseph's primary school on a weekly basis. Due to the expansion of early years childcare, the venue would no longer be an option within the next 12 months. It was suggested that both Dunbritton Housing

Association and the Ministry of Defence have properties within the Churchill area and Kirsty would pass details back to the group.

(c) UPDATE ON THE OUT OF HOURS REVIEW AND THE VALE OF LEVEN HOSPITAL

Linda Skrastin from the Health and Social Care Partnership explained that there was currently a service redesign underway with the Out of Hours service at the Vale of Leven Hospital. Stephen Whiston, Head of Planning and Performance for the HSCP was involved with discussions and has been seeking clarity on progress and implications for residents within the Helensburgh and Lomond area, however there has been no feedback received to date.

It was stressed and recognised that any decisions on this are outwith the control of Argyll and Bute's Health and Social Care Partnership and assurances were given that Argyll and Bute HSCP will continue to ask questions on progress.

It was agreed that updates would come to the group, as and when they became available.

5. COMMUNITY FOCUS

(a) CENTRE 81

Michelle MacDonald and Tim Lamb from Centre 81 showed the group a video and gave a presentation on the financial challenges they were currently facing.

Centre 81 were encouraged to apply to Dunbritton Housing Association with regards to their Community Fund and to discuss further with Morevain Martin about becoming a Scottish Charitable Incorporated Organisation (SCIO).

(b) ANY OTHER UPDATES FROM COMMUNITY GROUPS WITHIN THE H&L AREA

Morevain Martin updated the group on the plans for Garelochhead train station which intends to provide services for veterans by veterans. The group is anticipating becoming a constituted SCIO in mid-June.

6. ARGYLL AND BUTE OUTCOME IMPROVEMENT PLAN 2013-2023: LINKS TO OUTCOME 3 (EDUCATION, SKILLS AND TRAINING MAXIMISE OPPORTUNITIES FOR ALL) AND OUTCOME 4 (CHILDREN AND YOUNG PEOPLE HAVE THE BEST POSSIBLE START)

(a) EDUCATION ANNUAL REPORT, PAULINE INGLIS AND MARIA MCARTHUR, ARGYLL AND BUTE COUNCIL

Pauline Inglis and Maria McArthur gave a presentation focusing on the pilot schemes of literacy and numeracy which will be rolled out to all schools within Argyll and Bute.

(b) YOUTH ENGAGEMENT AND POLICE SCOTLAND YOUTH VOLUNTEERS IN HELENSBURGH, CRAIG STAMP, POLICE SCOTLAND

Craig gave an overview of the work that the Youth Engagement Officer role entails and explained the concept of a Police Scotland Youth Volunteer scheme in

Helensburgh. It is hoped that this will be launched in September 2018. Adult volunteers are required to assist, Craig requested that if anyone was interested to contact him for more information.

7. PARTNER UPDATES

Sephton MacQuire from Dunbritton advised that new houses were due to be completed in Succoth in October 2018 and also promoted Dunbritton's community fund which can provide £200 per annum to community groups.

Neil Sturrock from SPT advised that there was a new contract for the Kilcreggan ferry and that there was a new operator now in place with a different boat.

Police Scotland advised of the campaigns they are focusing on over the summer and agreed to do a presentation on Rural Watch for the August CPG meeting.

Janice Kennedy, Scottish Enterprise, advised that there was a new Chief Executive Officer within Scottish Enterprise and a new strategic plan in place.

Morevain Martin, Argyll TSI, advised that the new Chief Executive, Kirsteen Murray, was now in post and that Gillian Simpson had now left with Jean Senior replacing her. Morevain also mentioned that a group of ladies from Rosneath had been invited to the Older People's Assembly in Holyrood.

Greg McKearney, Scottish Fire and Rescue, informed the group that 5 new Rapid Response Vehicles (RRV) were coming to Argyll and Bute with Garelochhead being one of the first stations to receive this new vehicle.

David Pinder, Ministry of Defence, advised that a new Commodore would be taking over from John Livesey and would forward on contact details to the group. He also advised that 6 families had recently been given a tour of the local area and that they were still on track for their plans. It was agreed that a wider update on progress would come to the next meeting of the CPG as an agenda item.

Linda Skrastin, Health and Social Care Partnership, advised that they were working with the Scottish Ambulance Service on developing a pathway for where people had fallen at home but there was no injury.

8. AGENDA COMPILATION

There was no-one present from the council's Governance and Law service to speak to the paper. Following discussion it was agreed that members preferred the format of the agenda as it currently is and did not wish to have an agenda prescribed to them. Therefore the recommendations of the report were rejected.

9. DATE OF NEXT MEETING

As the Chair is unable to attend the next scheduled meeting of the group, the group collectively decided to change the meeting date to one where the Chair is available. Details of this new date will be circulated as soon as it is known.

Argyll and Bute Community Planning Partnership

[Insert Name]
Area Community Planning Group

[Insert Date]

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Briefing Note: Community Planning Partnership Management Committee update

This briefing relates to the meeting of the Community Planning Partnership (CPP) Management Committee on 27 June 2018, and its consideration of issues raised by Area Community Planning Group Chairs. The briefing is for noting and relevant discussion.

Summary

The CPP Management Committee met on the 27 June in Kilmory, Lochgilphead.

Area Community Planning Group chairs raised matters of concern within their local areas with the CPP Management Committee, and these matters were taken on board and actioned where relevant. A report outlined the main issues from the last set of Area Community Planning Group meetings. The Chair of Bute and Cowal have an update on the work of Bute Alliance.

Further information is available in the *meetings, minutes and agendas* section of:
https://www.argyll-bute.gov.uk/council-and-government/community-planning-partnership

Highlights

- Partners agreed there is a need to support the promotion of Argyll and Bute. The following were highlighted at the meeting:
    - #abplace2b is the Instagram account of the council which has many followers and excellent images submitted by people showcasing Argyll and Bute. Please promote and link to this.
    - www.wildaboutargyll.co.uk is an excellent website that everyone can use to promote the area.

- Anne Paterson, Head of Education, updated on the new Early Years Strategy to meet the requirement for an increase in the number of hours of free Early Years provision.

- Partners were asked to contribute their case studies for the annual report of the CPP.

- Excellent and informative presentations were made by:

- Kirsteen Murray, CEO of Argyll and Bute Third Sector Interface, gave a presentation detailing the specific functions mandated of the Third Sector Interface (TSI) by the Scottish Government and outlined some of the changes being implemented in the future months.

- Laura Stephenson from the Public Health team within NHS Highland gave a presentation on the Tobacco Strategy. The CPP agreed the adoption of the strategy in principal.

- Argyll Coast and Countryside Trust (ACT) and Argyll and the Isles Tourism Cooperate (AITC) gave a joint presentation on the work of the two organisations and their partnership activity. ACT have been successful in creating employment, generating income and bringing in £1.5million of external funds. AITC spoke of the wildaboutargyll website showcasing Argyll as a great place to live and visit. AITC also spoke of an ongoing project mapping the tourism infrastructure to identify opportunities for potential community enterprises or businesses.

Matters Raised by Area Community Planning Group Chairs

The points raised from the previous meetings of the area community planning groups and the action response to these is below:

1. Recognise the work of the Strachur Hub and keep the effective model of working in mind when considering service development and enhancement in other communities.
    a. **Strachur Hub will be invited to a future meeting of the Management Committee**
2. Note and discuss the concerns of the MAKI CPG in regards the lack of attendance by key partners at MAKI CPG meetings.
    a. **Partners to commit to attend MAKI meetings with the knowledge that video-conference facilities always be available**
3. Note the request from the MAKI CPG that mental health first aid training be provided on the island of Islay
    a. **Request sent to Health and Social Care Partnership colleagues**
4. Note the difficulties experienced in Oban regarding access codes for defibrillator units and consider if there is support at strategic level which can be put in place to resolve this issue quickly
    a. **SuperIntendent Gibson from Police Scotland to coordinate an approach to access codes and defibrillators across the area.**

Concluding Point for Action

Communicating Community Planning is a priority for the Partnership and we welcome issues raised at Area Community Planning Groups, where these cannot be resolved locally, to be highlighted to the Argyll and Bute Management Committee meetings. The next formal meeting of the Community Planning Management Committee is 20 November 2018.

We welcome partners at Area Community Planning Groups sharing and linking to #abplace2b Instagram account of the council which has many followers and excellent images submitted by people showcasing Argyll and Bute. And, www.wildaboutargyll.co.uk

For further information please contact: Rona Gold, Community Planning Manager, rona.gold@argyll-bute.co.uk. 01436 658 862

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Argyll and Bute Community Planning Partnership

Area Meetings
Date: August 2018

Title: Health & Social Care Partnership Strategic Plan Refresh 2019 – 22 and Community Engagement Process

1. SUMMARY

The Health & Social Care Partnership (HSCP) is seeking feedback from service user and carer representatives, partners and staff on the development of the 2nd Strategic Plan (April 2019- March 2022), specifically on eight strategic areas of service change required to deliver the ambitions of the HSCP over the life of the Plan. This will take place during summer and early autumn 2018.

2. RECOMMENDATIONS

Community Planning Partnership Area Groups should consider their role in health and social care and what their collective response on the HSCP Strategic Plan engagement proposals. Individual partners can also provide their own response.

3. BACKGROUND

3.1 Strategic Plan

The current HSCP Strategic Plan runs from April 2016 to March 2019 and is available to view here - http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/Documents/SP%202016-2019%20%20Final.pdf

This includes the following vision and areas of focus:

Vision

- People in Argyll and Bute will live longer, healthier, independent lives.

Areas of Focus

- Promote healthy lifestyle choices and self-management of long term conditions
- Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
- Support people to live fulfilling lives in their own homes, for as long as possible.
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.
- Institute a continuous quality improvement management process across the functions delegated to the Partnership.
- Support staff to continuously improve the information, support and care that they deliver.
- Efficiently and effectively manage all resources to deliver Best Value.

3.2 Financial Challenges

The HSCP receives funding from NHS Highland and Argyll and Bute

Council for delivering health and social care to the people of Argyll and Bute. There is a significant budget shortfall (£5.2 million in 2018/19) and this means that health and social care delivery must change. There are eight proposed areas for service change:

1. Children's Services
2. Care Homes and Housing
3. Learning Disability Services
4. Community Model of Care
5. Mental Health Services
6. Primary Care Services
7. Hospital Services
8. Corporate Services

3.3 Engagement Process

The HSCP engagement process involves three stages, with stage 1 taking place from summer 2018 to early autumn 2018:

Stage 1 – Informing and Consulting on the Strategic Plan

- Informing people about what the HSCP is going to do
- Inviting comments on the key service change areas that are required
- Inviting suggestions around what we need to do to make sure we involve people as we make these changes
- Use the information gathered in this stage to inform what we do next

Stage 2 – Involving and Collaborating on service redesign

- Developing the areas of work around the 8 key areas for service change
- Involve staff, citizens and partners as we take forward this work
- Publicise what we have found out and how this information will be used to make service changes

Stage 3 – Involving and Collaborating on implementing service change

- Involve people who use services, carers, staff and partners in how we implement service change

Feedback on stage 1 can be done on handouts that will be collected at the end of the meeting or via this Survey Monkey link - https://www.surveymonkey.co.uk/r/AB-HSCP2019-23

4. CONCLUSION

The view of Community Planning partners is important in ensuring there is appropriate consultation and engagement to inform the new HSCP Strategic Plan.

For further information contact: Sandra Cairney
Associate Director of Public Health
Argyll and Bute Health and Social Care Partnership
Email: sandra.cairney1@nhs.net
Telephone: 07966 295 669

A&B HSCP Transforming Together

STRATEGIC PLAN (April 2019- March 2022)

STAKEHOLDER ENGAGEMENT

Health & Social Care Partnership

- The Integrated Joint Board was established as a new public body on the 1st April 2016.
- First Strategic Plan (2016/19) identified key areas of focus to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.
- There have been some notable successes in the first two years.

Successes in the first 2 years

- Developed Community Care Teams with a single point of access in Kintyre and Mid-Argyll.
- Developed a single point of access for health community referrals in Dunoon.
- Development of an extra care housing unit in Lorn Campbell Court Campbeltown.
- Relocation of in patient mental health facility in Mid Argyll.
- Embedding a re-ablement approach to care that enable a people to reach their highest level of independence, reduce the need for continued care at home.
- Developing process to improve referral into a community team, how referrals are triaged and allocated, to reduce the time and simplify the process.
- Working with the carer centres and respite providers to implement the Carers Act which gives carer rights to be assessed and supported in their caring role.
- Graded VERY GOOD for children's residential and fostering services.
- More Looked After Children placed in family type placements.
- Implemented 'Attend Anywhere' within Maternity Services.

2nd Strategic Plan (April 2019 - March 2022)

- The Challenging financial position means the Health & Social Care Partnership cannot do everything to meet the public's expectations of care.
- The ageing population and increasing health and care demands mean it is not possible to continue to provide services in the same way. Simply we need to utilise our staff, buildings and money differently to achieve the best impact.
- Delivering services within a balanced budget will require a shift of focus to:
  - delivering high quality and effective services for people with a complex range of needs, and
  - investing in communities, enabling and supporting people to enjoy the best quality of life possible, informed by choices they make for themselves.

Engagement Process

➢ Stage 1 – Informing and Consulting on the Strategic plan

- Informing people about what the HSCP is going to do
- Inviting comments on the key service change areas that are required
- Inviting suggestions around what we need to do to make sure we involve people as we make these changes
- Use the information gathered in this stage to inform what we do next

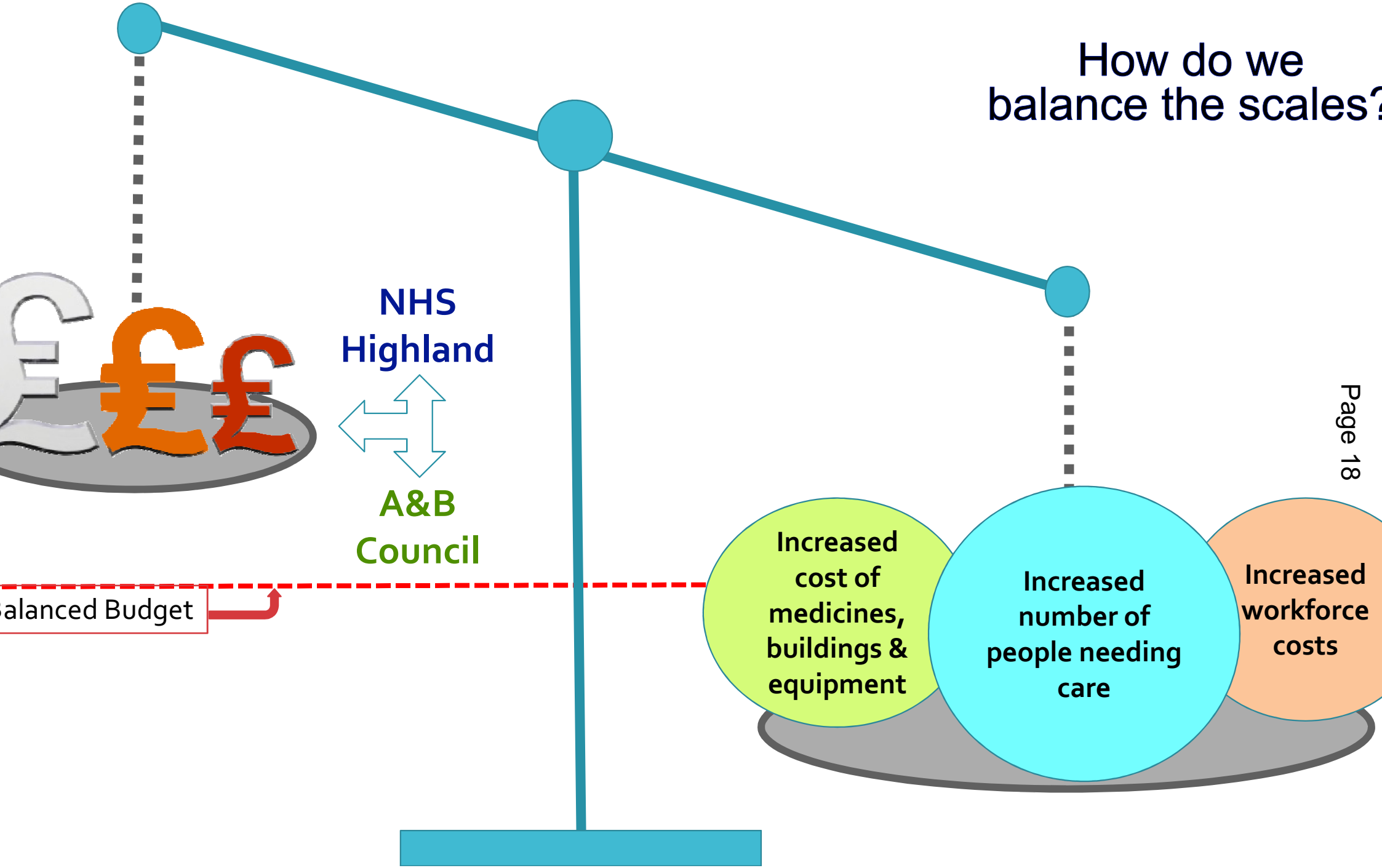
➢ Stage 2 – Involving and Collaborating on service redesign

- Developing the areas of work around the 8 key areas for service change
- Involve staff, citizens and partners as we take forward this work
- Publicise what we have found out and how this information will be used to make service changes

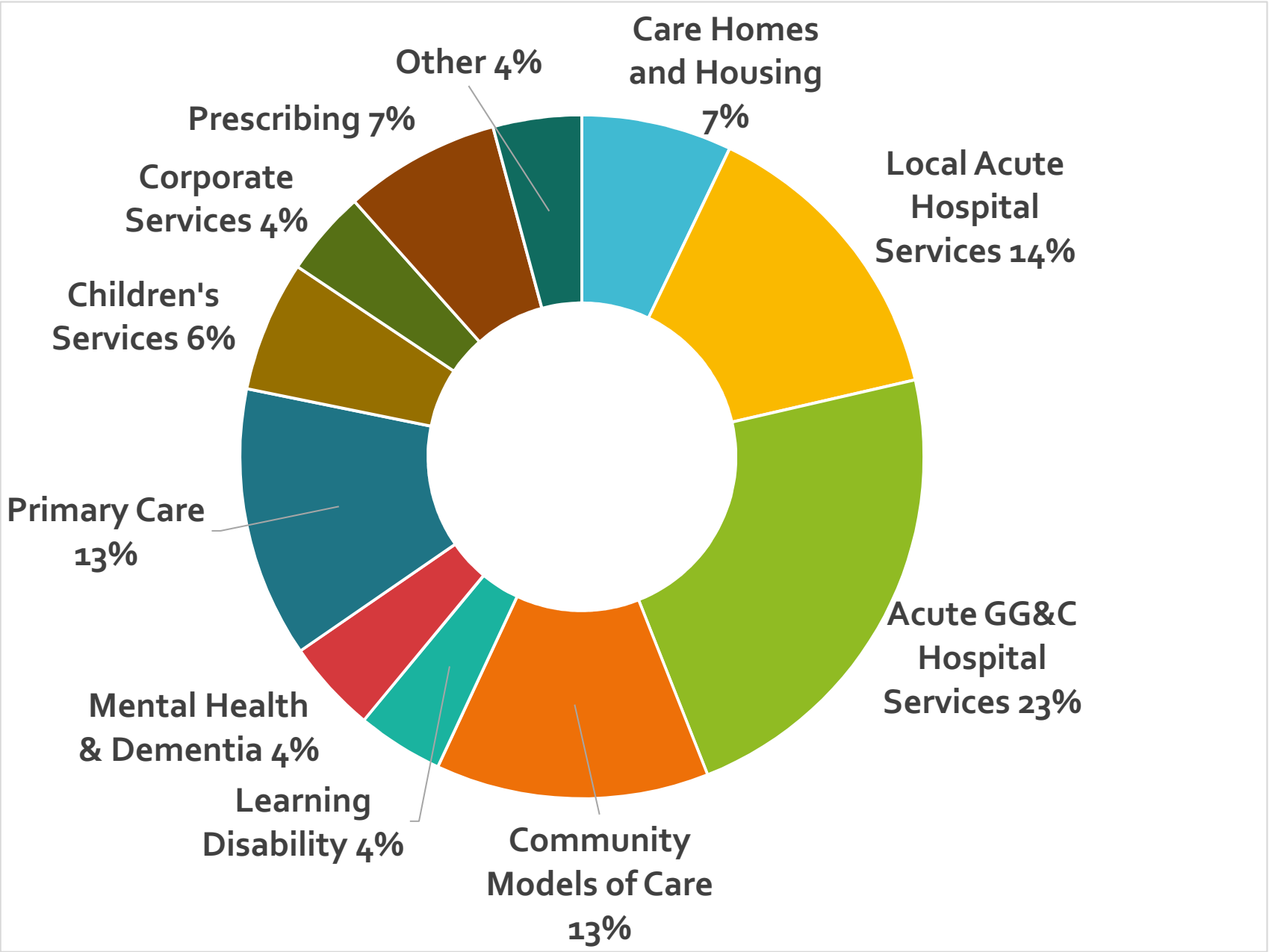
➢ Stage 3 – Involving and Collaborating on implementing service change

- Involve people who use services, carers, staff and partners in how we implement service change.

How do we balance the scales?



Current Spending



Spending Shortfall

2017/18	Income	£258.9m	£6.4m shortfall
	Spending	£265.3m	
2018/19	Income	£263.1m	£5.2m shortfall
	Spending	£268.3m	
2019/20 (estimated)	Income	£265.7m	£6.2m shortfall
	Spending	£271.9m	

High Level Service Changes

1. Children's Services
2. Care Homes and Housing
3. Learning Disability Services
4. Community Model of Care
5. Mental Health Services
6. Primary Care Services
7. Hospital Services
8. Corporate Services

Each of the high level Service Changes will involve a major area of work, needing their own improvement plan and engagement process.

1. Children's Services

Population Profile

Data for 2017 shows 13,163 children aged 0-15 years live in Argyll& Bute (6705-males and 6458 females). The children and young people population is declining.

Service Demand

The number of children with complex needs is increasing.

Challenges

The single biggest challenge is the recruitment and retention of midwives, health visitors and social workers.

Evidence Base

Being exposed to adverse and stressful experiences (ACEs) can have a negative impact on children and young people throughout their lives.
Trauma-informed and resilience-building practices should be embedded within services.

Current Service Cost

£19.1 million

Estimated Savings

Required to make
£0.8 million
savings over the next year.

Service change

1.1	Provide continuity of midwifery care.
1.2	Increase visits by health visitors.
1.3	Prevent children and young people coming into care.
1.4	Increase the number of fostering and kinship placements.
1,5	Place children close to their families and communities.
1.6	Reduce youth and adult reoffending rates.
1.7	Preventing problems through early intervention such as breastfeeding support and reducing poverty.

2. Care Homes & Housing Services

Population Profile

The number of older people is set to rise significantly in the coming years; with the steepest rises being in the over 75 year age group. 10.7% of the current population is aged 75 and over.

Service Demand

Increasing demand for adapted properties as more older people are enabled to stay at home.

Long-term sustainable solutions for high level needs (24 hour care).

Challenges

Our challenges are providing suitable housing and sustainable 24 hour care and care at home due to our workforce difficulties.

Evidence Base

A Health and care housing needs assessment has been undertaken to inform need.

A Care & Nursing Home Modelling Tool is being developed to better assess future needs.

Current Service Cost

£18.8 million

Estimated Savings

Required to make
£0.1 million
savings over the next year.

Service change

2.1	Understanding current scale and profile of nursing, residential care & supported accommodation for older people.
2.2	Working across health, social care, housing and independent sector to determine future demand.
2.3	Plan future provision around 24 hour care and housing.

3. Learning Disability Services

Population Profile

Argyll & Bute has a growing number of people living with learning disabilities who are living healthier for longer.

Service Demand

There is an increasing demand for Learning Disability services, both internal and external, with this trend not predicted to slow given the population profile.

Challenges

The challenge will be to deliver community based supported living services with a reducing resource, increasing need while meeting quality standards.

Evidence Base

Engaging with Third Sector providers will enable the development of new opportunities for supported living with a view towards delivering alternative models of care and support.

Current Service Cost

£10.8 million

Estimated Savings

Required to make
£1.4 million
savings over the next year

Service change

3.1	Further develop service and resources that will support individuals to return from out of area placements.
3.2	Review and evaluate current ‘sleepover’ services and increase usage of Telecare whilst maintaining service user safety and wellbeing.
3.3	Work with housing services to develop ‘Core and Cluster’ models of care.
3.4	Develop HSCP internal services that are able to support individuals with complex needs.
3.5	Sustain and further improve on the positive feedback from external regulators about quality of service provision.
3.6	Increase the uptake of Self Directed Support.
3.7	Support the co-production of community based services for families living with learning disabilities.

4. Community Model of Care

Population Profile

There are more elderly people living in Argyll and Bute and it is anticipated this will increase significantly in future years.

Service Demand

There will be more people living with care needs in our communities and some of these care needs will be complex.

There will be more people living with dementia requiring support and care in our communities.

Challenges

Recruiting care workers.

High public expectation of care provision.

The availability of appropriate homes/housing for people with care needs.

The delivery of care across a large geographical area.

Evidence Base

A multi disciplinary team provides more efficient and effective community care, reducing hospital admissions and supporting discharges.

Focussed re-ablement can improve outcomes for people and reduce demand on homecare.

A team approach to falls and frailty supports people to continue to stay at home.

Current Service Cost

£34.2 million

Estimated Savings

Required to make

£1.7 million

savings over the next year

Service change

4.1	Develop and Implement Multi-disciplinary Community Care Teams.
4.2	Develop a multi skilled care worker role to work within the Multi-disciplinary Community Care Teams.
4.3	Ensure anticipatory care planning is adopted to reduce the incidence of emergency hospital admissions.
4.4	Prioritise the prevention e.g. empower people to self manage long term health conditions and connect people with sources of support in their community such as opportunities to be more physically active.
4.5	Further develop the use of technology to support people living at home who have health and care needs.

5. Mental Health Services

Population Profile

There are increasing numbers of people living with mental health problems in our communities.

Evidence Base

Anticipatory and crisis care planning reduces admission to a hospital bed.
A positive therapeutic environment supports recovery.
A multi disciplinary team approach provides more efficient and effective care in the community.
New technologies can support care delivery.

Service Demand

In patient beds for people with severe and acute episodes of illness.
Community services to support people living at home.

Challenges

Increasing demand for services.
Recruitment to specialist mental health professionals.
Recruitment to care /support workers.
Delivery of care in a large geographical area.
Ability to provide a response to acute episodes of care out with normal working hours.

Current Service Cost

£11.6 million

Estimated Savings

Required to make
£0.6 million
savings over the next year

Service change

5.1	Establishment of the in patient beds within Mid Argyll Community Hospital.
5.2	Review of the Community Mental Health Teams.
5.3	Explore new technological ways of delivering therapy.
5.4	Implement the Locality Based consultant model of care.
5.5	Further develop the WRAP approach to enable people to self manage their mental wellbeing (Wellness Recovery Action Planning).
5.6	Mitigate the impact of problems such as debt and loneliness on mental health through connecting people to community based support.

6. Primary Care Services

Population Profile

33 GP practices in Argyll and Bute, with a registered patient population of 88,657 as at 1 April 2018.
Practice populations range from 11,200 in Oban to 130 on the Isle of Colonsay

Service Demand

To reduce the future workload on GPs and practices, services will be provided by other clinicians such as Pharmacy, Physiotherapy, Advanced Nurse Practitioners.

Challenges

GP Practices across Scotland provide Out Of Hours Cover, in Argyll and Bute.
Vacancies and turnover GPs
Transfer of GP work to HSCP.

Evidence Base

New GP Contract Implementation (April 18).
Sustainable services delivered by wider teams in the context of Primary Care Service Redesign.

Service Investment

New GP contract will see extra funding over the next 3 years- £848,000 to £2.9 Million in Argyll and Bute.

Changes

The HSCP is to take over some services currently provided by GPs e.g. Vaccinations, prescribing, Practice nursing tasks .

Service change

6.1	Musculoskeletal (MSK) Services - More physiotherapists employed so that patients can benefit from quicker access and treatment reducing unnecessary referrals to GPs.
6.2	Community Mental Health - Increasing the number of community mental health nurses better placed to support up to 25% of patients who currently see GPs.
6.3	GP Workload - Free up time and support the changing role of GPs so they can concentrate on patients with more complex health and care conditions. Make the role more attractive to recruit to.

7. Hospital Services

Population Profile

One Rural general Hospital in Oban.
Six Community Hospitals all with Accident & Emergency departments.

Contract with NHS GG&C for acute health services and specialities .

Service Demand

More care now being delivered in Community.

Hospital used for more day care services.

Number of A&E attendances increasing.

Challenges

People living longer, more demand on services.

Population decline mirrored in workforce.

Recruitment difficulties.

Increasing costs of acute health care and negotiation with NHS GG&C to reduce payment.

Evidence Base

People have said they want to receive care as close to home where it is safe and possible to do so.

Hospital services there when needed.

A&E departments should only be for urgent care .

Current Service Cost

Local Hospitals
£37.8 million

GG&C Hospitals
£60million

Estimated Savings

Required to make
£2.1 million
savings over the next year from local hospitals

£1.2million
reduction in use of GG&C services

Service Change

7.1	Standardise role and function of each Community Hospitals.
7.2	Bed model each inpatient area to ensure we make best use of all resources.
7.3	Workforce review to ensure we are utilising the full potential of all individuals.
7.4	Further improve discharge planning to reduce readmissions.

8. Corporate Services

Profile

Corporate services teams – including finance, planning, IT, HR, pharmacy management, medical management and estates
Includes all IT and corporate asset infrastructure.

Evidence Base

Audit Scotland - integrating support services will provide efficiencies.
Evidence of corporate efficiencies in Council services can be replicable within the Partnership.
National health and wellbeing outcome indicator to use resources effectively and efficiently.

Service Demand

Customers of support services are front line health and social care services
Demands are increasing, new corporate demands of health and social care integration alongside requirements of Council and Health organisations
requirement to make corporate services more efficient and integrated for front line managers.

Future Budget

Recurring budget is expected to reduce, but non-recurring investment may be required.

Challenges

Inevitably less people and buildings
Not all corporate support services from Council delegated to the partnership
Balance between efficiencies and reduced level of service
More efficient use of technology and systems may require significant investment.

Estimated Savings

The HSCP is required to make £1.3m of saving over the next year.

Service change

8.1	Health and social care corporate staff (eg finance, planning, IT, HR, estates) are co-located to work together in the same locations and in the same teams.
8.2	Integrate health and social work administration and implement digital technology.
8.3	Efficiencies in catering and cleaning services through shared services.
8.4	Rationalise estates and properties by co-location of staff.
8.5	Efficiencies in including travel and subsistence costs.

Stakeholder Engagement

The HSCP is engaging service users, carer, partners and staff on the development of the 2nd Strategic Plan (April 2019- March 2022). Your views are important and we welcome your feedback specifically on the 8 key service changes required to deliver the ambitions of the Partnership over the life of the Plan.

Q1:	What is your understanding of the types of services that are provided by the Health & Social Care Partnership?
Q2:	What are your thoughts about the 8 key areas of service change?
Q3:	What do we need to do to make sure we involve with people as we go about making these changes (effective engagement)?
Q4:	How can individuals, communities and our partners work with us to help people stay healthy and well?
Q5:	What would help communities as partners to play an active role in developing and delivering future services?

A&B HSCP Transforming Together

STRATEGIC PLAN (2019/22)

ENGAGEMENT PROCESS

The Health & Social Care Partnership (HSCP) is seeking feedback from service user and carer representatives, partners and staff on the development of the 2nd Strategic Plan (April 2019- March 2022), specifically on eight strategic areas of service change required to deliver the ambitions of the Partnership over the life of the Plan.

The Challenging financial position means the Health & Social Care Partnership cannot do everything to meet the public's expectations of care. The ageing population and increasing health and care demands mean it is not possible to continue to provide services in the same way. Simply we need to utilize our staff, buildings and money differently to achieve the best impact.

Delivering services within a balanced budget will require a shift of focus to delivering high quality and effective services for people with a complex range of needs and investing in communities, enabling and supporting people to enjoy the best quality of life possible, informed by choices they make for themselves.

The HSCP engagement process involves three stages, with stage 1 taking place from summer 2018 to early autumn 2018:

- **Stage 1 – Informing and Consulting on the Strategic Plan**
  - Informing people about what the HSCP is going to do
  - Inviting comments on the key service change areas that are required
  - Inviting suggestions around what we need to do to make sure we involve people as we make these changes
  - Use the information gathered in this stage to inform what we do next
- **Stage 2 – Involving and Collaborating on service redesign**
  - Developing the areas of work around the 8 key areas for service change
  - Involve staff, citizens and partners as we take forward this work
  - Publicise what we have found out and how this information will be used to make service changes
- **Stage 3 – Involving and Collaborating on implementing service change**
  - Involve people who use services, carers, staff and partners in how we implement service change

The key service change areas are outlined below. We welcome and value your feedback to better inform the Strategic Plan and the transformational service changes required over the next three years and beyond.

Please could you complete your response to the following five questions online via

https://www.surveymonkey.co.uk/r/AB-HSCP2019-23

Alternatively, you can post your response to:

Caroline Champion
Public Involvement Manager

Argyll & Bute Health & Social Care Partnership FREEPOST RRYT-TKEE-RHBZ
Blarbuie Road
LOCHGILPHEAD
Argyll
PA31 8LD

1. CHILDREN'S SERVICES

What do we Know?

Data for 2017 shows 13,163 children aged 0-15 years live in Argyll& Bute (6705-males and 6458 females). The children and young people population is declining. The number of children with complex needs is increasing. The single biggest challenge is the recruitment and retention of midwives, health visitors and social workers. £844K of savings will need to be delivered over the next year.

Being exposed to adverse and stressful experiences (ACEs) can have a negative impact on children and young people throughout their lives. Trauma-informed and resilience-building practices should be embedded within services.

What do we plan to do?

- Provide continuity of midwifery care.
- Increase visits by health visitors.
- Prevent children and young people coming into care.
- Increase the number of fostering and kinship placements.
- Place children close to their families and communities.
- Reduce youth and adult reoffending rates.
- Preventing problems through early intervention such as breastfeeding support and reducing poverty.

2. CARE HOMES AND HOUSING

What do we Know?

The number of older people is set to rise significantly in the coming years with the steepest rises being in the over 75 year age group. 10.7% of the current population is aged 75 and over. There is an increasing demand for adapted properties as more older people are enabled to stay at home.

The challenge is to provide suitable housing and sustainable 24 hour care and care at home services for people with high levels of need in the context of workforce recruitment difficulties. As service demand rises there is a requirement to make £0.1 million of saving over the next year from this service.

A Health and care housing needs assessment has been undertaken to inform need and a Care & Nursing Home Modelling Tool is being developed to better assess future needs.

What do we plan to do?

- Understanding current scale and profile of nursing, residential care & supported accommodation for older people.
- Working across health, social care, housing and independent sector to determine future demand.
- Plan future provision around 24 hour care and housing.

3. LEARNING DISABILITY SERVICES

What do we Know?

Argyll & Bute has a growing number of people living with learning disabilities who are living healthier for longer. There is an increasing demand for Learning Disability services, both internal and external, with this trend not predicted to slow given the population profile. The challenge will be to deliver community based supported living services with a reducing resource, increasing need while meeting quality standards.

Other models of care will be required which will involve moving away from individual tenancies which are unsustainable. Engaging with Third Sector providers will enable the development of new opportunities for supported living with a view towards delivering alternative models of care and support.

What do we plan to do?

- Further develop service and resources that will support individuals to return from out of area placements.
- Review and evaluate current 'sleepover' services and increase usage of Telecare whilst maintaining service user safety and wellbeing.
- Work with housing services to develop 'Core and Cluster' models of care.
- Develop HSCP internal services that are able to support individuals with complex needs.
- Sustain and further improve on the positive feedback from external regulators regarding the quality of service provision.
- Increase the uptake of Self Directed Support.
- Support the co-production of community based services for families living with learning disabilities.

4. COMMUNITY MODEL OF CARE

What do we Know?

There are more elderly people living in Argyll and Bute and it is anticipated this will increase significantly in future years. There will be more people living with care needs in our communities and some of these care needs will be complex. It is also predicted that more people will be living with dementia requiring support and care in our communities. There are a number of challenges to meeting service demand including recruiting care workers; high public expectation of care provision; the availability of appropriate homes/housing for people with care needs; and the delivery of care across a large geographical area.

Evidence suggests that a multi disciplinary team provides more efficient and effective community care, reducing hospital admissions and supporting discharges. Focussed re-ablement following a period of ill health can improve health and wellbeing outcomes for people and reduce the demand on homecare. A team approach to falls prevention and frailty supports people to continue to stay at home.

What do we plan to do?

- Develop and implement multi-disciplinary community care teams
- Develop a multi skilled care worker role to work within the multi-disciplinary community care teams.
- Ensure anticipatory care planning is adopted to reduce the incidence of emergency hospital admissions.
- Prioritise the prevention e.g. empower people to self manage long term health conditions and connect people with sources of support in their community such as

opportunities to be more physically active.
- Further develop the use of technology to support people living at home who have health and care needs.

5. MENTAL HEALTH SERVICES

What do we Know?

There are increasing numbers of people living with mental health problems in our communities. Demand for support and care services centre around in-patient beds for people with severe and acute episodes of mental ill health and community services to support people living at home. There continues to be an increasing demand for services and recruitment to specialist mental health professionals and care support workers remains challenging. The nature of the large geographical area presents difficulties in delivering care and support, particularly responding to acute episodes of care out with normal working hours.

It is well recognised that anticipatory and crisis care planning reduces admission to a hospital bed and a positive therapeutic environment supports recovery. A multi disciplinary team approach provides more efficient and effective care in the community and new technologies can support care delivery.

What do we plan to do?

- Establishment of the in-patient beds within Mid Argyll Community Hospital.
- Review of the community mental health teams.
- Explore new technological ways of delivering therapy.
- Implement the Locality Based consultant model of care.
- Further develop the WRAP approach to enable people to self manage their mental wellbeing (Wellness Recovery Action Planning).
- Mitigate the impact of problems such as debt and loneliness on mental health through connecting people to community based support.

6. PRIMARY CARE SERVICES

What do we Know?

There are 33 GP practices in Argyll and Bute, with a registered patient population of 88,657 as at 1 April 2018. The national priority is to reduce the future workload on GPs and practices and to transfer work to HSCP to deliver services through other clinicians such as Pharmacy, Physiotherapy, Advanced Nurse Practitioners.

The new GP Contract was implemented in April 2018. Sustainable services delivered by wider teams are being planned within the context of Primary Care Service Redesign. This will see extra funding over the next 3 years in Argyll and Bute - £848,000 in the first year expected to rise to £2.9 Million.

What do we plan to do?

- Musculoskeletal (MSK) Services - More physiotherapists employed so that patients can benefit from quicker access and treatment reducing unnecessary referrals to GPs.
- Community Mental Health - Increasing the number of community mental health nurses better placed to support up to 25% of patients who currently see GPs.
- GP Workload - Free up time and support the changing role of GPs so they can concentrate on patients with more complex health and care conditions. Make the role more attractive to recruit to.

7. HOSPITAL SERVICES

What do we Know?

There is one Rural General Hospital in Oban and six Community Hospitals all with Accident & Emergency departments.

As more people live longer there is more demand on services. The number of A&E attendances continues to increase; more care is now being delivered in the community and hospitals are being used for more day care services. A challenge is that the general population decline in Argyll and Bute is also mirrored in the workforce impacting on the ability to recruit a sustainable workforce.

International and national evidence advises that people have better outcomes when they receive care as close to home when it is safe and possible to do so; hospital care should be used when needed for acute care; and A&E departments should only be for urgent care.

What do we plan to do?

- Standardise role and function of each community hospitals.
- Bed model each in-patient area to ensure we make best use of all resources.
- Workforce review to ensure we are utilsing the full potential of all individuals.

8. CORPORATE SERVICES

What do we Know?

HSCP corporate services include finance, planning, IT, HR, pharmacy management, medical management and estates, as well as all IT and corporate asset infrastructure. Demands are increasing alongside new corporate demands of health and social care integration. There is a requirement to make corporate services more efficient and integrated for front line managers.

There are a number of challenges in improving the effectiveness and efficiency of these services. These include less people and buildings; not all corporate support services from Council are delegated to the partnership; the balance between efficiencies and reduced level of service; and more efficient use of technology and systems requires significant investment. The recurring budget is expected to reduce, requiring savings of £1.3m over the next year. However, if efficiency and effectiveness are to be achieved non-recurring investment may be required.

The National health and wellbeing outcome indicators require HSCPs to use resources effectively and efficiently and to integrate support services to provide efficiencies. The HSCP will model corporate efficiencies on those already realised by the Council.

What do we plan to do?

- Health and social care corporate staff (eg finance, planning, IT, HR, estates) are co-located to work together in the same locations and in the same teams.
- Integrate health and social work administration and implement digital technology.
- Efficiencies in catering and cleaning services through shared services.
- Rationalise estates and properties by co-location of staff.
- Efficiencies in travel and subsistence costs.

YOUR VIEWS ARE IMPORTANT AND WE WELCOME YOUR FEEDBACK.

Q1:	What is your understanding of the types of services that are provided by the Health & Social Care Partnership?

Q2:	What are your thoughts about the 8 key areas of service change?

Q3:	What do we need to do to make sure we involve people as we go about making these changes (effective engagement)?

Q4:	How can individuals, communities and our partners work with us to help people stay healthy and well?

Q5:	What would help communities to work with us and play an active role in developing and delivering future services?

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Argyll and Bute Community Planning Partnership

Area Meetings
Date: August 2018

Title: Health and Wellbeing Annual Report for 2017 - 2018

1. SUMMARY

The Health and Wellbeing Partnership is a strategic partnership of the CPP that leads and supports the delivery of activity for health and wellbeing in Argyll and Bute.

2. RECOMMENDATIONS

The four area community planning groups should note the health and wellbeing activity taking place across Argyll and Bute and consider their role in supporting the promotion of health and wellbeing in their local area.

3. BACKGROUND

3.1 Health and Wellbeing Partnership

This group meets four times per year to lead the promotion of health and wellbeing activity across Argyll and Bute. Ways of doing this include:

- Engaging partners from a range of sectors
- Working with local communities via the Health and Wellbeing Networks
- Developing policy and strategies informed by local needs, evidence and national direction.

The Partnership is also responsible for implementation of the CPP Outcome 5 – People lead active, healthier and more independent lives

3.2 Annual Report

An annual report of activity is published each year and is published at – www.healthyargyllandbute.co.uk

3.3 Joint Health Improvement Plan (JHIP)

The JHIP is the strategic document that sets out the intentions of the Health and Wellbeing Partnership. It has four high level themes which are:

- 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 – Focusing on wellness not illness

4. CONCLUSION

Better health and wellbeing in the people of Argyll and Bute has the potential to make Argyll and Bute a better place to live. Health improvement is a partnership requirement rather than being the sole responsibility of the Health and Social Care Partnership.

For further information contact: Alison McGrory
Health Improvement Principal
Argyll and Bute Health and Social Care Partnership
Email: alison.mcgrory@nhs.net
Telephone: 07766 160 801

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Being the Healthiest we can be in

Argyll and Bute

HEALTH & WELLBEING ANNUAL REPORT 2017-2018

Health and Wellbeing in Argyll and Bute Annual Report 2017 - 2018

Contents **Page**

Introduction

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

Welcome to our annual report for 2017 - 18. This year has seen the team really focus on what it means to prevent health and social care problems from arising and helping our partners to do this. Prevention is really important as 40% of public sector spending is on things that could have been avoided with an earlier intervention.

As public sector spending continues to be stretched it is essential that every penny is spent wisely. We are especially proud that the health and wellbeing grant fund continues to support local projects to deliver excellent health and wellbeing projects that are designed by and for local people.

The Health Improvement Team in Argyll and Bute also works with the Health Improvement Team in Inverness. Their annual report is at: http://www.nhshighland.scot.nhs.uk/Pages/Welcome.aspx

We've had a busy year working to build healthier and stronger communities across Argyll and Bute. Please tell us what you think on Facebook: **www.fb.com/healthyargyllandbute**

If you would like a copy of this report in a different format or in large print please contact us at: High-UHB.ABHealthImprovement@nhs.net

Health and Wellbeing Networks & Health and Wellbeing Grant Fund

Health and Wellbeing Networks

There are eight Health and Wellbeing Networks across Argyll and Bute which work in a co-productive way to support healthy living at a local community level. Each network has a part time co-ordinator funded by the Public Health Team. The coordinators are responsible for running the networks and administering the Health and Wellbeing Fund.

Co-ordinators produce an annual report in May of each year and these are available at: www.healthyargyllandbute.co.uk

Over the last year, two Health & Wellbeing Networks have welcomed new coordinators:

Helensburgh & Lomond: *Audrey Baird*

Kintyre: Ailsa Wilson

Sharon Erskine from the Cowal Network said: "Our local network helps a wide range of people with an interest in healthy living to come together and share ideas. We meet 4 times per year and everyone is committed to making our community better."

Health and Wellbeing Small Grant Fund

The Health & Wellbeing Fund provides an opportunity to help get local health improvement projects off the ground or to expand. **£115,000 was available across the eight networks in 2017-18.**

The funds are allocated using a formula based on the National Resource Allocation Committee (NRAC). This considers factors known to affect health care usage and need, for example, the age-sex profile of the population; additional cost of service provision across different geographical areas; and the additional needs of a population due to morbidity and life circumstances.

Grant applications must meet the strategic priorities of the Joint Health Improvement Plan (JHIP) and decisions on how to spend the grant fund is devolved to local, community led scoring panels to ensure network members agree with how the money is spent.

A total of 100 local projects received a grant ranging from £250 to £2,000. All projects complete a Project Case Study at the end of the funding period and these are published at http://healthyargyllandbute.co.uk/case-study/

The JHIP is the strategic plan for health improvement in Argyll and Bute; the latest edition covers the period 2017 – 2022 and includes the following 4 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 – Focusing on wellness not illness

The allocation of the Health and Wellbeing Fund across Argyll & Bute is shown below:

Area	Funding Amount (£)
Bute	£10,173
Cowal	£19,922
Helensburgh and Lomond	£28,303
Islay and Jura	£5,441
Kintyre	£11,210
Mid Argyll	£12,778
Mull, Iona, Coll, Tiree and Colonsay	£6,042
Oban Lorn and Inner Islands	£21,131
Total	£115,000

Overview of Spend	
Main health theme	Number funded
Getting the best start in life	36
Working to ensure fairness	13
Connecting people with support in their community	33
Focusing on wellness, not illness	18
Total number of projects funded:	100
Average award (£):	£1,150

Children enjoying the new Lismore play park that received a Health and Wellbeing grant of £2000

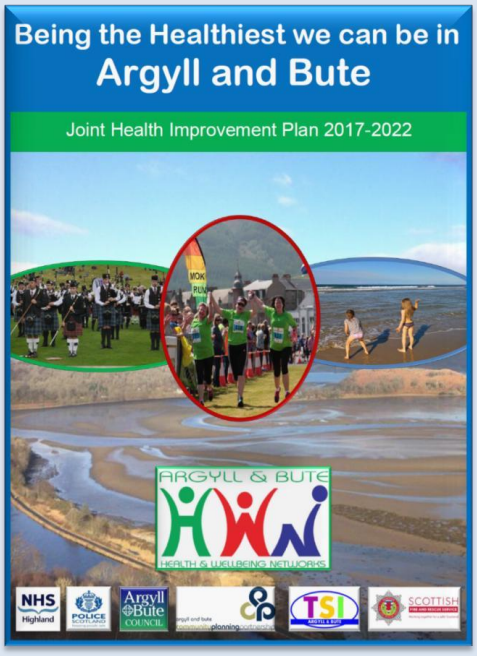
Health and Wellbeing Partnership

The Health and Wellbeing Partnership is a strategic partnership of Argyll & Bute's Community Planning Partnership, which meets quarterly throughout the year. Membership of the Partnership consists of Health Improvement Team staff; NHS Leads with a health promoting role; strategic partners, such as, Police, Fire and Rescue; and the eight local Health and Wellbeing network co-ordinators.

The Partnership oversees the implementation of the Health & Wellbeing Grant Fund and the Joint Health Improvement Plan (JHIP). The Partnership also provides leadership for health and wellbeing and keeps up to date with national policy and strategy. They also review developments and examples of best practice in health improvement across Argyll & Bute with a view to up-scaling good practice.

During 2017-18 the Partnership addressed the following:

- Responded to national consultations:
    - Well Connected Scotland to reduce the impact of loneliness and isolation on health and wellbeing outcomes for people.
    - Diet and Healthy Weight to reduce the incidence of obesity in our population and promote healthy weight.
- Launched the Joint Health Improvement Plan in April 2017.
- Carried out an evaluation of the Health and Wellbeing grant fund which is available to view here: www.healthyargyllandbute.co.uk
- Led Argyll and Bute's Community Planning health priorities – Outcome 5: People live active, healthier and more independent lives.
- Considered a range of topics to provide leadership for their dissemination across the local networks. These topics included:
    - Physical activity
    - Self management
    - Social prescribing
    - Equality Outcomes
    - Smoking cessation
    - Healthy weight
    - Diabetes
    - Mental wellbeing in young people



Health and Wellbeing Networks Highlights

Bute Network
Caroline Gorman (*hwnbute@ab-rc.org.uk*)
Health & Wellbeing Network Coordinator

This was Argyll and Bute Rape Crisis's (ABRC) first year and we have really enjoyed the opportunity to be part of the Health and Wellbeing Network, promoting prevention and building links with local organisations. Our quarterly meetings are well attended and supported by local groups and organisations. Each meeting focuses on one of the themes in the Joint Health Improvement Plan. In January, we facilitated an action planning day to capture information and local priorities to be included in the Bute Local Plan.

Our main highlight for us was the grant funding as through our fund allocation we were able to fund nine projects last year. It was an amazing to be able to support smaller, local organisations to see their plans come to fruition. The groups funded are detailed below:

Butefest – training volunteer costs & fruit snacks/water for volunteers
Achievement Bute – counselling support for children with disabilities and their families
A & B Adult Learning – 'Come and Try' sessions for adult learners – offering workshops in IT, literacy, etc.
Rothesay pre-5s – 'Warm and cosy and out to play' - outdoor clothing to enable all children to enjoy outdoor play and learning.
Tiddlers – outdoor storage and repairs, music sessions
North Bute and St Andrews Primaries – 'Healthy Lives in Primary School Project' – growing vegetables to encourage healthy eating and cookery classes in school.
Fyne Futures – 'Future Growth' project – funding towards growing fruit, veg and herbs healthier lifestyle and access to the outdoors.
Appletree Nursery – A bubble wrap greenhouse to grow their own fruit and veg.
Bute Advice Centre – 'Supporting the Elderly – provide advice and information to elderly members of the community.

We have been delighted to hear their successes and look forward to seeing the legacy of these projects as time goes on.

Cowal Network
Sharon Erskine (Sharon@homestartmajik.eclipse.co.uk)
Health & Wellbeing Network Coordinator

Cowal Health and Wellbeing Network have been working on connecting the NHS Health Improvement Strategy with the wider community throughout 2017/2018. We have a strong and cohesive membership who have committed to ensuring that there is equity for the residents of Cowal in NHS services and that we meet the needs of each individual group.

We have met at Cowal Community Hospital to Plan for the coming year and have identified potential gaps in service and ways in which we can work on wellness and not illness for our population and for future members of our community.

Last year we funded several Community Groups to deliver projects which we felt would have a positive impact on the wellbeing of Cowal Residents and would potentially create lasting change.I have listed below some of the activities rolled out over 2017/18:

Step up Innellan: A community who have invested hugely in the regeneration of their village came up with the idea of having working groups to support with regeneration which was inclusive of all ages and abilities. It encouraged residents to access their pathways and had an educational element for younger residents. Getting out and about locally for our smaller, more isolated communities we felt also encouraged a system which would potentially reduce social isolation and create links between residents which may well not have happened without this piece of work.

Dunoon Grammar School Additional Support Swimming Lessons:Used in conjunction with some money which was raised by the Department in DGS the CHWN awarded a grant for the Pupils with Additional Support Needs to access swimming lessons at our local pool. The lessons were tailor made for our pupils and meant that they could access a sport which has many health benefits for them now and into old age.

We look forward to inviting all of the organisations who were awarded funding last year to join us and present their project reports. This includes Dunoon Schools Pipe Band who were awarded £2,000.

Helensburgh & Lomond (H&L) Network
Audrey Baird (*audreyabhwn@gmail.com*)
Health & Wellbeing Network Coordinator

The Helensburgh & Lomond Network underwent a significant change in April 2017 when its long-standing coordinator of nearly 10 years, Morevain Martin, stepped down and handed over to a new coordinator, Audrey Baird. Thankfully Morevain continued to have a significant role in the Network representing a number of local community organisations and the H&L office of Argyll & Bute Third Sector Interface. Audrey previously coordinated the Mid Argyll HWN and knows the Helensburgh & Lomond area well through working in a community development role for four years. Two significant pieces of work in 2017-18 were creating a new 2018-22 work plan for the network and establishing a new database of members.

The Work Plan was the main focus of two of the quarterly Network meetings and the final version was published on the Healthy Argyll & Bute website in March 2018. Top priorities identified by members included supporting young people and families in areas of higher deprivation, boosting physical activity and 'free' exercise for people of all ages in our outstanding environment and tackling loneliness.The membership of the Network rose steadily to more than 150 people and invitations to participate were extended to community councils and local churches in the area. Average attendance at the four annual Network meetings was around 20 people and we were pleased to welcome guest speakers, including a representative from the Community Health Exchange (CHEX) who delivered a half day training programme to members on health inequalities. One training participant said: *"This should be a training opportunity that all services provide and access. [This] topic [is] very emotive and applicable to all service providers."*

Another important development was a pilot partnership arrangement with the H&L Substance Misuse Forum which saw both networks meeting on the same day and sharing a joint networking lunch. The arrangement boosted participation at both meetings and the partnership will continue into 2018-19.

Lastly, **the Network had a grant fund of more than £28k to distribute and 22 diverse and exciting projects were supported over the year**, ranging from a summer programme for young people through to community empowered beach cleaning and community gardening. This included £950 for Helensburgh's Tai Chi group who are pictured below.

Islay & Jura Network
Sandra MacIntyre *(sandra.macintyre@addaction.org.uk),*
Health & Wellbeing Network Coordinator

The Islay and Jura Network has 44 members, we meet regularly along with Islay and Jura SMF. This year Addaction took up HWBN on Islay and Jura in April for the next two years when Gill Chasemore, TSI, resigned due to other work commitments. Gill left a legacy of a lot of good work. My first meeting as new coordinator was well attended, we had a talk from Debra Nelson, Addaction's Volunteer Organiser about her work with recovery communities in Argyll. We discussed local interest news such as the Islay Hospital now has a Day Care Unit. We looked at our Local Plan for 2018.

A highlight from last year was two days of health and wellbeing events at Islay High School in March 2017 over a Friday and Saturday. The Friday was for High School pupils and offered Addictions, Sexual Health and Mental Good health workshops along with Yoga and Meditation taster sessions. The Mactaggart leisure centre offered a fitness instructor based in the leisure centre for the day. The Saturday was aimed at adults-parents and it was family orientated with entertainment for younger children such as bouncy castle and stalls which was well supported and conducted by the network membership and other groups and organisations. A good lunch was supplied by the Islay High School Expedition group.

Another highlight was the Islay Show in August 2017 where gave out 150 'goodie bags' filled with leaflets and give away materials from the Health and Wellbeing Network Membership. This was to let people know about health groups and organisations on Islay and Jura and how to access them.

In 2017 we distributed £5000 in grants to six groups for new projects.

This included £530 for the Jura lunch club to hold more social activities, they are pictured below.

Kintyre Network
Ailsa Wilson (*ailsaw@ab-rc.org.uk*)
Health & Wellbeing Network Coordinator

Ailsa ran the Kintyre Health and Wellbeing network from May 2017 – March 2018 and has now left to return to her other role with Argyll and Bute Rape Crisis. Ailsa lives in west Kintyre and during her time as co-ordinator spent a considerable amount of time building up relationships in communities throughout Kintyre and well as in Campbeltown. This is important as many people live in these communities and they often are unaware of health and wellbeing activity.

The network distributed £8,620 to 12 project including £1000 to the Monday Social Club pictured below at their strength and balance class.

Mid Argyll Network
Antonia Baird *(antonia.baird@argyll-bute.gov.uk),*
Health & Wellbeing Network Coordinator

The mid Argyll network has 150 members and regular bulletins are issued to them, packed with news.

We distributed 44 Health and wellbeing bags to attendees at “The Workshop”. This is Argyll and Bute Council’s job club – a hub for information and job hunting. The bags contained health based information from network members and some health based freebies provided by members.

The coordinator sat on the social prescribing working group to assist and understand how a Link Worker project would work in Argyll. From that, a draft of a prescription pad methodology was designed for use in rural areas. She also contributed to the Prevention and Diabetes group.

This year the coordinator worked to encourage a greater diversity onto the scoring panel, creating a task descriptor to recruit volunteers from all walks of life. The Mid Argyll Youth Forum collectively scored the bids for round one, and was represented by two young people at the scoring meeting. Their input and diligence were greatly valued and they admitted that they had learnt a great deal about what was going on locally.

We held a shopping project scoping meeting as the issue appeared occasionally on local consultations – it became clear that there was little need due to the preference to take housebound people out where possible and also that the local supermarkets had increased their delivery services in the area. It was therefore agreed not to progress with any shopping project in the mid Argyll area this year.

Working in partnership with the Kintyre network, a town hall participatory budgeting method for disbursing the grants was explored, and may be progressed at another time.

Mull, Iona, Coll, Tiree & Colonsay Network
Carol Flett (*tcmhwn@gmail.com*)
Health & Wellbeing Network Coordinator

The Health and Wellbeing Events continued with events in Tobermory, Derail and Salen on Mull, then an event on Iona in May. The Tiree event was in August. A larger and more varied group of mainland visitors came along to the 'Happy and Healthy' events to share information and offer support to Island residents. Organisations represented included North Argyll Carers Centre, Marie Curie Helper Service, Living it up, Alienergy, Argyll and Bute Council Community Development, Alzheimer Scotland, ACUMEN and Macmillan Cancer Information and Support Service. Also attendingg the events were NHS Senior Health Improvement Specialist, Argyll and Bute Council Home Energy Advisor, Smoke Free Officer and Public Health Dietician.

Over £5700 of Health and Wellbeing funding was allocated to 9 different projects, 6 of which were on the Isle of Mull (Homestart Mull, Baby Massage, Mull Triathlon, Swimming Lessons, Dervaig Cinema and Dervaig Outdoor Learning). Funding was given to Argyll Couple Counselling to support and promote Counselling sessions on the Islands. A joint Mindfullness training course took place on the Isle of Tiree for people from Tiree and Coll. Funding was given to Arinagour Primary School on the Isle of Coll to buy gymnastics mats. This culminated in the 7 children from the Isle of Coll taking part in Oban, Lorn and the Islands Gymnastics Competition and winning best girl and second placed team, a great achievement for such young children.

A day trip to Colonsay with North Argyll Carers Centre Manager is one of many examples of joint working and networking that have come about since the creation of the Islands Health and Wellbeing Network.

Oban, and the Inner Isles Network
Eleanor MacKinnon (*olihwn@gmail.com*)
Health & Wellbeing Network Coordinator

Themed topics remain in place this year. It has proven successful to have speakers usually at our first meeting of the new financial year. There is regular attendance from social work; fire service; public sector and voluntary sector. Speakers in 2017-18 included local healthy villages/ healthy town; children services plan; our children our future; SALI; Cool2 talk; Early Learning care model; Child protection committee- training support; Carers Act; HEEPs- Housing services/ Home Energy; Transport initiative reports; Paediatric Services.

We are delighted to hear on a regular basis about groups and activities we have supported over the years that remain active, are achieving results and filling gaps for their local communities. We are particularly pleased to have reached out to Lismore and Appin, both of which have gained funds to support local community capacity. We also have input in to the Oban Healthy Town Initiative.

We get regular feedback from members of earlier applications on advancement of projects. For example: Oban playpark now open; Lorn growers continues to expand; Oban walking group still ongoing; Fire service home call visit pointers still in use.

2017/2018 saw 12 applications for grants including our most unusual to date, compost toilet to enable older people to stay longer at a community garden.

Groups and Activities supported 2017/18 were:
Lismore playpark – community lead initiative - families
Homestart Lorn – sleep counselling training – enabling worker to support families, sleep deprivation in families (sleep Scotland training)
Dunollie Links – mental health outdoor initiative
Mindfulness – pilot with WHHA and local provider – mindfulness course
Appin Care and Appin Transport - 2 separate projects – Local community care provision
Ardchattan community council – further support to defibrillator in rural area
Healthy options – extending reach rural areas
Digital skills – Community Learning – accessing support
Youth Café – support project for young people additional needs
Lorn Growers – compost toilet- supporting attendance on site
Rape Crisis – extend service hours of support this year has supported 12 groups/ organisations

Oban people enjoying an exercise class delivered by Healthy Options.

Health Equalities

Alison Hardman, Health Improvement Lead
(alison.hardman@nhs.net)

Statutory Requirements for Equality

Equalities Outcome Framework
Over the last year Equalities work has gained an even higher profile fuelled by legislation, strategies and policies. The main piece of work was the Equalities Framework report to the Integrated Joint Board (IJB). This report looks at the first Equality Outcome Framework Measures for the period 2016-20 progress in 2016-18. Over the past year the existing set of equality outcomes have been reviewed and assessed against current evidence, data available, alignment against priorities and the progress made. A wide range of staff, managers and partners have been consulted.

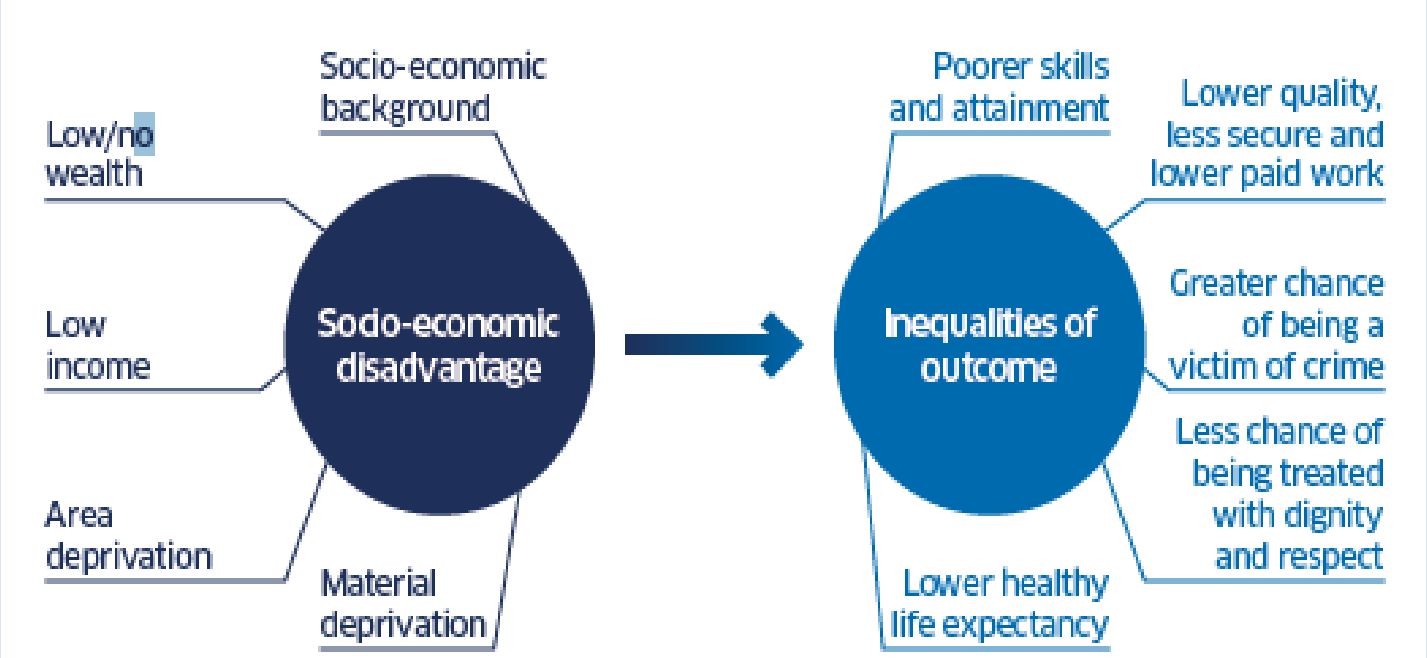
As a Public authority Argyll and Bute must:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The report was presented and ratified by the IJB in March 2018. The 2016 framework and 2018 report can be viewed here:
http://www.nhshighland.scot.nhs.uk/YourHealth/Pages/Equalityanddiversity.aspx

Fairer Scotland Duty
Further legislation from April 2018 is the Socio-economic Duty (Fairer Scotland Duty). This will be implemented over the coming three years under guidance from the Scottish government, ensuring that inequalities are put at the heart of any strategic decision making with authorities required to undertake 'due regard'. Many people in Scotland still experience significant socio-economic disadvantage, with over a million Scots living in poverty (1 in 4 children) contributing to wide health and education attainment gaps. Poverty and equality are not inevitable and can be reduced.

Socio-Economic Duty – Effect of Poverty



Source: The Scottish Government (2018:03) 'The fairer Scotland Duty Interim Guidance', Page 7.

(https://beta.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/)

Welfare Reform Working Group

The Welfare Reform Working group is a forum of public and Third Sector agencies that are working together to support the residents of Argyll and Bute in all areas of finance, housing and wellbeing. Over the last year co-production and collaboration have been undertaken in many areas.
This group will oversee the implementation of Fairer Scotland and their priorities include:

- Anti-poverty Strategy and action plan is now available on the Council website;
- Mitigating adverse impact of welfare reform – introduction of Universal Credit full service due Sept 2019 in A&B area;
- Monitoring use and impact of Scottish Welfare fund and discretionary housing payments, which currently pays the tax on behalf of the residents, especially since Under Occupancy Tax (bedroom tax);
- Responding to development of new Scottish Social Security Agency and its new benefits.

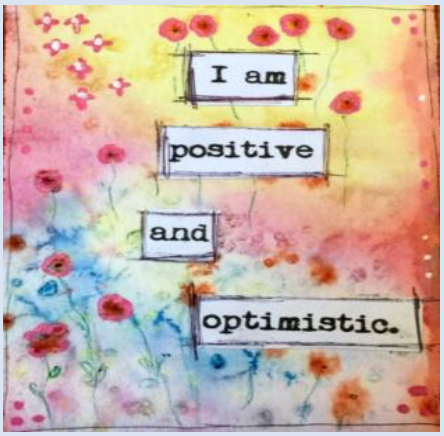
United Violence Against Women (VAG) Partnership

West Dumbarton and Argyll and Bute have merged to form the United VAW Partnership to plan, implement, co-ordinate and manage action to prevent and address violence against women. The aim is to improve outcomes for women affected by violence, to drive up quality standards, measure and report performance against agreed outcomes and targets. The Partnership will contribute to relevant national and local consultation exercises.

A **3 year action plan**, which will incorporate the Equally Safe Priorities is being developed. This will set clear outcomes that reflect the national framework and Local Outcome Improvement Plan priorities, including performance outcomes, indicators and targets identified.

Self Management

Yennie Van Oostende, Health Improvement Lead
(yennie.vanoostende@nhs.net)



'Successful self management is about working in partnership with family, friends, volunteers, peers as well as professionals to find the best route to your wellbeing. While health professionals will be knowledgeable in the field of medicine, people with long term conditions are the expert in how they are. Only they know how it affects their life, and what matters to them in their life.'

NHS Highland's Pain Management Toolkit
http://healthyargyllandbute.co.uk/wp-content/uploads/2018/04/self-management-toolkit-LGOWIT.pdf

The Living Well Self Management Programme

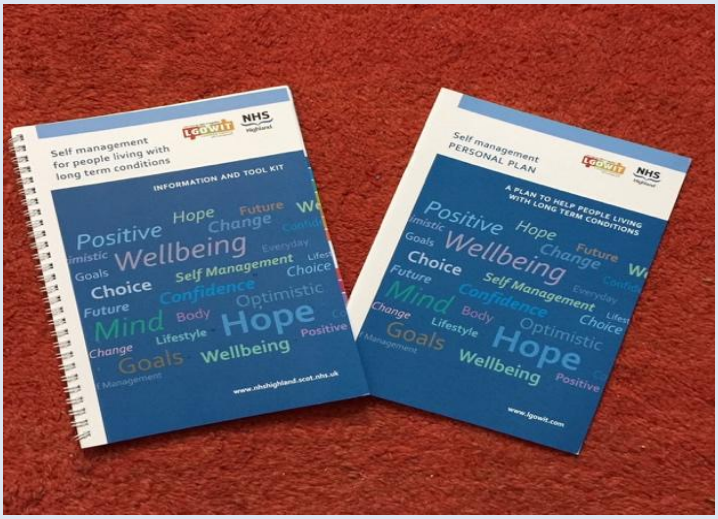
We have continued to work with Arthritis Care/Arthritis Research UK to deliver Self Management courses, Pain Toolkit workshops and Tai Chi programmes.

This year, we started the process of collaborating closer with 3rd sector organisations and volunteers to deliver the above programmes in a more sustainable way, which can build on their local connections and networks to increase referrals and signposting. This will also improve what can be offered to people with a long term condition in a supportive community

Often these organisations offer ongoing support programmes, helping people to make new friends and get involved with new activities which can combat social isolation and loneliness.

Participants of one of the programmes continued to meet, have set up a constituted group and have run a welcoming monthly "Stress Buster Coffee Morning" for the last three years. This offers a programme of activities, peer support, education and a place for people with long term conditions to continue to meet.

Self Management Toolkit & Personal Plan



Produced in collaboration with the "Let's Get On With It Together" (LGOWIT) Partnership, the newly produced **Self Management Toolkit** and Personal Plan, provides a helpful resource for people to work through on their own, with their health or support worker, or alongside the self management workshops. Access t*his resource via our "Your Health" tab under the healthyargyllandbute website (http://healthyargyllandbute.co.uk/your-health/).*

Training on Motivational Interviewing (MI)

Motivational Interviewing (MI) has continued to be delivered for staff supporting people to make positive changes. A Motivational Interviewing style of conversation encourages people to reflect on their situation and how they can best use their inner resources to help improve their wellbeing and life circumstances.

This training is delivered as blended modules with NHS Health Scotland's Health Behaviour Change, Level 1 on-line module and one or two days face-to-face training:

- 22 staff members attended 2-day training
- 5 staff members attended 1-day training
- 27 staff completed HBC Level-1 on line module

NHS Health Scotland continues to update and increase their on-line suite of courses, which can be accessed here: https://elearning.healthscotland.com/course/index.php?categoryid=108

Physical Activity

The benefits of physical activity as a means of maintaining good health are many, including improved mental wellbeing, reduced stress and better cardio-vascular health. The health improvement team has continued to support LiveArgyll's Leisure Services via a service level agreement to deliver an exercise referral programme for people to be referred to exercise by their GP or practice nurse. We are also forging close links, opportunities for referral and collaboration on physical activity programmes for frailer people and those with a long term condition. There is a clear evidence base to link increased physical activity in older people with a reduced risk of falling.

The benefits for older people being physical activity is explained well in the diagram on the next page.

Physical activity benefits for adults and older adults

- BENEFITS **HEALTH**
- IMPROVES **SLEEP**
- MAINTAINS **HEALTHY WEIGHT**
- MANAGES **STRESS**
- IMPROVES **QUALITY OF LIFE**

REDUCES YOUR CHANCE OF

Type II Diabetes	-40%
Cardiovascular Disease	-35%
Falls, Depression and Dementia	-30%
Joint and Back Pain	-25%
Cancers (Colon and Breast)	-20%

What should you do?

For a healthy heart and mind

To keep your muscles, bones and joints strong

To reduce your chance of falls

Be Active | **Sit Less** | **Build Strength** | **Improve Balance**

VIGOROUS	MODERATE			
RUN	WALK	TV	GYM	DANCE
SPORT	CYCLE	SOFA	YOGA	TAI CHI
STAIRS	SWIM	COMPUTER	CARRY BAGS	BOWLS

MINUTES PER WEEK

75 OR **150**

VIGOROUS INTENSITY (BREATHING FAST DIFFICULTY TALKING)

MODERATE INTENSITY (INCREASED BREATHING ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME

2 DAYS PER WEEK

Something is better than nothing.

Start small and build up gradually: just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

UK Chief Medical Officers' Guidelines 2011 **Start Active, Stay Active: http:bit.ly/startactive**

Social Prescribing

Alison McGrory, Health Improvement Principal
(alison.mcgrory@nhs.net)

Social Prescribing in Argyll and Bute

Social prescribing is connecting people with support in their community for social problems, such as relationship breakdown, debt, loneliness, caring responsibilities or housing difficulties. It is built on the premise that our health is affected by a wide range of social factors such as income, occupation, housing, environment etc.

Someone who has money worries will very likely feel stressed and anxious. This may also make them feel physically unwell with things like headaches, insomnia or changes in appetite. A doctor can prescribe medication for these symptoms e.g. painkillers for the headaches, however, the underlying cause of the problem, which is debt, is still there. Linking this person up with a debt advice service will help them to feel better in the long run.
Carr Gomm Carer Outreach Service in Bute & Cowal

Two pilots for link workers took place in GP practices in Bute and Cowal during 2017. This was part of a two year commissioned project with CarrGomm called ***Connections for Wellbeing*** to develop awareness and understanding of social prescribing and investigate models for future delivery. Funding from NHS Highland Public Health, Technology Enabled Care and the Transforming Primary Care Fund enabled link workers to have a weekly clinic in each practice to see people referred to them by GPs and nurses.

carr gomm
Supporting People & Communities

The link workers followed a 'person centred model of care' seeing each person once or twice on average. Supportive conversations using motivational interviewing techniques focussed on linking people up with practical sources of help within their local community, for example debt advice for people in financial difficulty or community activities for people who were lonely. The link workers supported 65 people over a total of 89 appointments. The knowledge gained from the pilot work is being used to inform the roll out of the new General Medical Services contract from April 2018.

CONNECTIONS for Wellbeing

The diagram on the following page was part of a range of resources developed by the Carr Gomm development worker Amanda Grehan. She worked in a community led way to achieve this by linking with a range of partners and community representatives to ensure the material was relevant and accessible.


Hi, I'm Jenny and I've just moved to Mid Argyll for a fresh start after an accident forced me to give up work.
I take medication for back pain but have noticed I'm putting weight on and this is causing me anxiety.
I met a new GP who suggested less medication and some physiotherapy might help.
I got on well with my physiotherapist who invited me along to a tai chi class.
I enjoyed the class and met new friends and my health began to improve.
I now teach tai chi at a local volunteer centre and I now take medication occasionally. I feel great!

Adverse Childhood Events (ACEs)

Sam Campbell, Health Improvement Senior
(samanthacampbell@nhs.net)

A successful Health and Wellbeing Development day was held in May 2017 attended by 130 people to better understand the topic of **Adverse Childhood Experiences (ACEs)** and to consider Argyll and Bute's response to this significant public health issue. A full report was published to consolidate learning from the event and share the key messages with those who were unable to attend which is available to view here - http://healthyargyllandbute.co.uk/ace-may17/

Attendees explored the negative effects of ACEs to physical and mental health outcomes. This was followed by reporting on evidence based interventions which mitigated the effects of ACEs and how to prevent these in the first place. Further presentations included information from local services which provide some of the support required to tackle ACEs in Argyll and Bute.

Workshops allowed partners to come together and share their thoughts about how to take forward the ACEs agenda and make Argyll and Bute ACEs aware. The recommendations included:

- Set up a dedicated ACEs steering group.
- Identify champions.
- Increase awareness & understanding of ACEs.
- Promote societal level solutions by supporting, facilitating and encouraging partnership working, sharing of information about services, support & training available.
- Promote the importance of resilience.
- Encourage the use of shared language.
- Implement routine enquiry about ACE procedures.
- Embed ACEs work & key performance indicators.
- Monitor & evaluate progress & ACE key performance indicators.

A working group has been established to support the progression of the ACEs agenda. A number of activities have taken place over the year, such as, screenings of the film 'Resilience' which focuses upon the negative impact of ACEs and what can be done to combat these. Around 80 people attended these two screenings from a wide variety of organisations such as Youth Projects, Family Mediation, Advocacy, Community Mental Health Services, Social Work, the Department of Work and Pensions, Addictions Services and Health Visitors.

Mental Health and Young People

Sam Campbell, Health Improvement Senior
(samanthacampbell@nhs.net)

Mentally Healthy Schools

A pilot project within three Secondary Schools in Argyll and Bute is underway. The schools undertook a self evaluation and with support from Health Improvement, Suicide Prevention and Educational Psychology have undertaken a variety of activities and training to address the challenges they identified. A further roll out is planned over the coming year.

Cool2Talk (http://www.cool2talk.org/)

Sam Campbell, Senior Health Improvement Officer

The Cool2Talk service launched in June 2017 and has received over 200 questions from young people aged 12-26 in Argyll and Bute, in the first year.

These questions were answered by our team of trained staff based in the Third and Independent Sector. The majority of questions posted by young people were about sexual health (69 questions), relationships (65 questions) and mental health (62 questions). There have been 9 questions about suicide and 16 about self harm. The majority (71%) of questions came from people who stated their gender as female and 18% male.

This pilot project is funded by the Alcohol and Drugs Partnership, Public Health and Children and Families until March 2020. A report detailing the activities of the first year was published in June 2018 and is available on the Healthy Argyll and Bute website http://healthyargyllandbute.co.uk.

Scotlands Mental Health First Aid - Young People (SMHFA-YP)

The 'SMHFA - Young People' courses took place in Lochgilphead and Inveraray in March 2017. This is the first time Public Health have made this course available in Argyll and Bute. Discussions with partners on the cool2talk project identified a funding opportunity which we utilised to finance the running cost.

Twenty-six people undertook the blended learning course however only 15 completed it. This significant non completion rate significantly impacts upon the likelihood this course will be supported by Public Health in the future and highlights an ongoing issue those who arrange training are experiencing.

Those who completed the course, which was co-ordinated by Sam Campbell and delivered by a Freelance Trainer enjoyed the training. Feedback from the course was positive with participants gaining a better understanding of issues that affect the mental health of young people, and how to support them. A full evaluation of this course, Scotlands Mental Health First Aid - Adults and all the Livingworks programmes will be initiated in partnership in August 2018.

S3 Health Drama Pilot

Laura Stephenson, Health Improvement Senior
(laurastephenson@nhs.net)

Following a needs assessment with young people, Laura Stephenson established and chaired a multi-agency steering group to provide an interactive health drama for S3 pupils in Argyll and Bute. The aim of the drama was to address the health issues highlighted through the needs assessment, raise awareness of available support services in relation to those health issues, and encourage young people to seek support from the services available. Topics included; social media and sexual relationships, sexuality, self harm, alcohol, smoking and peer pressure.

The powerful 60 minute drama toured Argyll and Bute delivering the production to all S3 pupils. It included three different scenarios to address the identified health issues. Immediately following the drama, local service providers worked with pupils to reflect on the play and consider what questions they had or what else they would like to know.

A question and answer session (Q&A) with the pupils and local service providers addressed 185 questions, the majority focussed on aspects of sexuality, sexual health, sexual material, explicit material, accessing help and self-harm.

Each pupil was provided with a bespoke booklet containing exercises around self efficacy and resilience, useful information and details of services - around a quarter of young people shared this resource with their teacher. Bespoke lesson plans, for teachers to deliver, provided further follow up and learning for pupils.

Funding to support the project was sought from Smoking Cessation, Health Improvement, NHS Highland and Argyll and Bute Council.

Some local newspapers published an article about the initiative. Two pupils and Laura Stephenson were interviewed for BBC Alba who presented the article on their news programme. A full report of the event is available here - http://healthyargyllandbute.co.uk/wp-content/uploads/2018/03/S3-Health-Drama-Pilot-Project-2017-Report.pdf

Evaluation of the S3 Health Drama Pilot Project:

88% of staff thought the S3 Health Drama Initiative was **an effective communication tool to raise awareness and discussion *about these issues***

75% of staff thought the S3 Health Drama Initiative was **an effective communication tool to raise awareness and discussion *about the services on offer***

100% of staff thought their school would **be in favour of doing a similar drama initiative in future years**

63% of school staff thought the drama was a useful input to the curriculum whilst considering the Health and Wellbeing Social Benchmarks.

1 in 6 pupils self identified with at least one of the characters, or identified a friend in them.

Feedback from pupils was very positive with the majority expressing a similar project should be repeated.

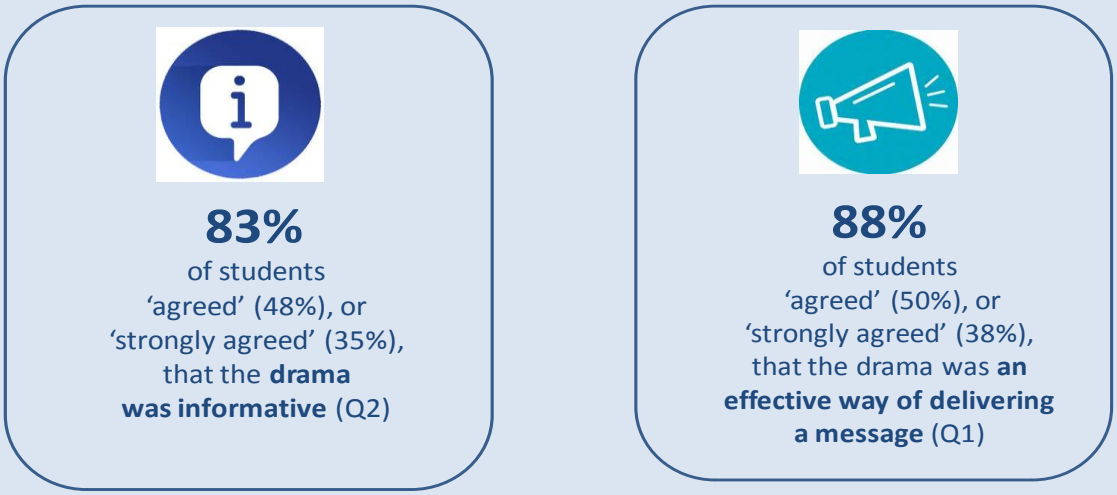


Fig. 4. Comments from the Young People who saw the S3 Health Drama

Smoking Cessation

Laura Stephenson, Health Improvement Senior
(laurastephenson@nhs.net)

Scotland's strategy '**Creating a Tobacco Free Scotland'** aims to have a tobacco free generation by 2034. Yet smoking remains the most preventable cause of premature death and ill health.

Since the 1999 legislation, policy, health improvement and services have contributed to a decline in smoking prevalence in Scotland (19.6% for Scotland and 17.0% for Argyll & Bute in 2016). However, we need to keep working hard to support people to stop to reduce the adult smoking prevalence to **5% by 2034**.

This year the national logo ('Quit Your Way, with our Support') was launched and the Health Improvement Team promoted messages through a range of awareness raising methods including through the **Health & Wellbeing Network's Facebook page (**www.facebook.com/healthyargyllandbute**).**

As well as the smoking cessation services provided through GP practises and pharmacies, two Health Improvement Officers (HIOs) with a Smoke Free remit supported people wishing to stop smoking, in Cowal, Oban and Lorn.

The HIOs raised awareness of support and services available and participated in education with schools. They also provided valuable one to one support for anyone in the local area wanting to stop smoking, and demonstrated how the use of 'Flo', the new texting service, could be used to provide added support for stopping smoking for good.

Smoking Cessation - Education

The primary school Smoke Free programme continues to evaluate very well and is considered a valuable and well established element of the health and wellbeing curriculum.

The Health Improvement team worked in partnership with Education colleagues to arrange and co-ordinate the programme. In 2017, 901 pupils from 52 schools participated in the programme, which includes five lessons delivered by teachers followed by a fun and interactive drama. This tours Argyll and Bute allowing pupils the opportunity to get together with other schools to reinforce the facts they've learnt and sing the songs they've practised in class.

Healthy Working Lives (HWL)

Angela Coll, Healthy Working Lives Adviser (angela.coll@nhs.net)

Argyll & Bute currently has 35 workplaces registered for the HWL Award Programme, including cross border HWL registrations (workplaces with sites throughout Scotland). Twenty-six of these workplaces have already achieved a HWL Award. This includes 14 Gold, three Silver and nine Bronze Awards. The organisations vary significantly in size, and come from all sectors.

Within Argyll & Bute HSCP, all seven NHS sites plus Argyll & Bute Council have achieved HWL Awards. NHS sites in Cowal, Islay, Kintyre, Mid Argyll and Oban all have a HWL Gold Award, Bute has a HWL Silver and the Victoria Integrated Care Centre, in Helensburgh, has a HWL Bronze Award. Argyll & Bute Council has a HWL Bronze Award.

In 2018 Healthy Working Lives launched its new website www.healthyworkinglives.scot, allowing organisations across Scotland to access personalised advice to improve the health, safety and wellbeing of their workforce.

The website is ideal for small to medium businesses, including Third Sector organisations. It is packed with interactive features and the new content structure makes it easier for businesses to find what they need, when they need it.

The website not only helps businesses with practical tasks, such as developing a health and safety policy or completing a return to work form - it also has simple guides on a range of topics, provides practical tips and advice on how to keep employees healthy and happy. In addition, there are policy templates, for example there is a smoke-free policy template, which can be downloaded in a ready to use format. One of the best ways to promote stopping smoking and protect people from the effects of smoking is by creating a smoke-free policy.

Take a tour of the new website now on www.healthyworkinglives.scot. If you would like more information on the Healthy Working Lives Award Programme then please contact angela.coll@nhs.net.

Stress Awareness and Stress Management Workshop

Angela Coll, Healthy Working Lives Adviser (angela.coll@nhs.net)

Health and Wellbeing in the Workplace

A **Stress Awareness and Stress Management Workshop** was held on the 9th November in Inveraray for all partners to attend. The workshop was well attended with 39 participants from a wide range of settings.

Two further half-day **Stress and Personal Resilience Workshops** were held in Lochgilphead, on 30th November, to include those who were unable to attend on the 9th November. Twenty more participants attended these workshops.

The aim of the workshop was to:

Identify attitudes and perceptions to mental health;

Increase knowledge of the most common mental health problems that affect people;

- Help understand the links between pressure, stress and performance and health;
- Recognise the effects of stress on physical as well as mental wellbeing;
- Increase understanding of how to recognise and manage stress related behaviours;
- Measure resilience and understand how to build resilience.

The workshop began with an introduction to mental health then highlighted different types of mental health problems, followed by introducing tools to help identify stress and increase personal resilience. Workshop activities allowed participants to consider their own stressors, how they deal with stress and potential ways to build their personal resilience.

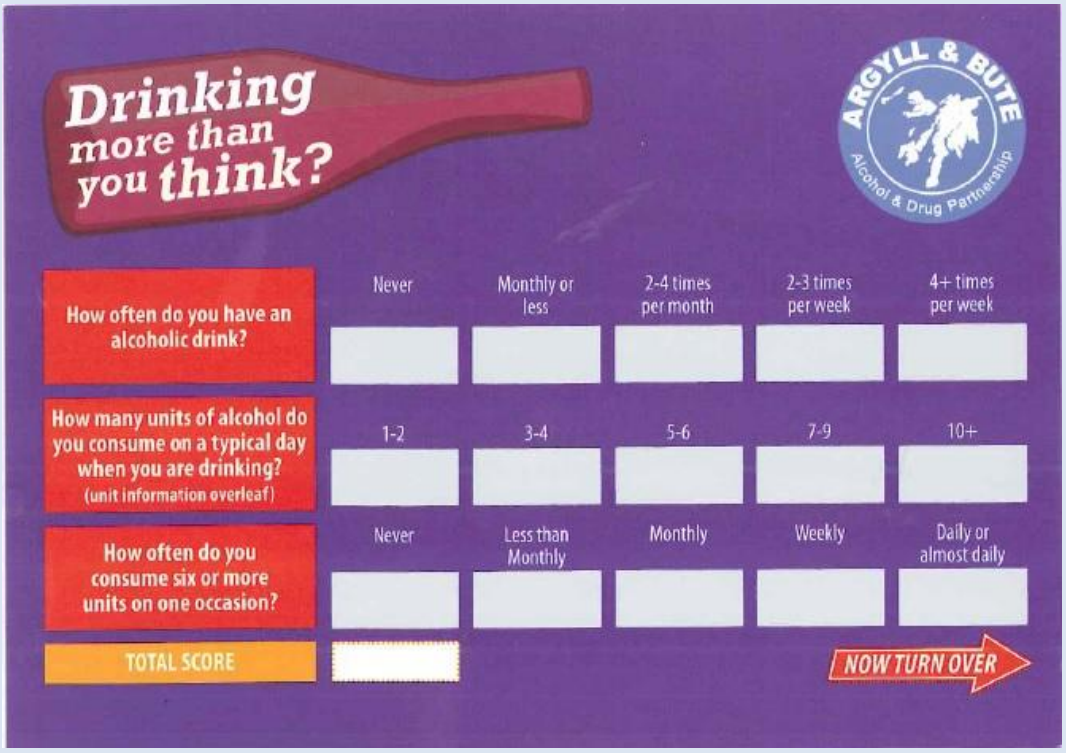
Overall, the training was well received with the majority of participants. Most participants agreed that we should continue to increase the knowledge and understanding of stress and mental health. A full evaluation report, including a brief outline of the workshop presentations plus exercises undertaken, can be found via this link: Stress Awareness and Management Workshop 9 Nov 2017

Alcohol Screening

Jenny Dryden, Health Improvement Senior (j.dryden1@nhs.net)

2017 saw the launch of the new Alcohol Screening Scratch Cards, a sample of which you can see below. The cards can be used to assess a person's alcohol drinking levels and therefore whether they may benefit from an Alcohol Brief Intervention (ABI).

Fig. 5. Alcohol Screening Scratch cards, Argyll & Bute



Many staff within the Health and Social Care Partnership plus our partners throughout Argyll and Bute have already started to deliver ABIs. However more work needs to be done in order help reduce the impact alcohol is having on our population.

Alcohol Brief Interventions are a simple way of supporting people who are currently drinking a bit more than is healthy to reduce their alcohol intake. Each ABI takes about 5-10 minutes and can be carried out by any trained member of staff. The training is easy and can be completed online.

NHS STAFF: **https://tinyurl.com/ycfut6rg**

NON-NHS STAFF: **https://tinyurl.com/yc23d3b7**

Please email joyce.ackroyd@nhs.net if you would like to order some scratch cards or contact the Argyll and Bute Alcohol & Drug Partnership Support Team, High-uhb.ArgyllandButeADP@nhs.net for more information.

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