

chooselife

A national strategy and action plan
to prevent suicide in Scotland

Argyll and Bute
Local Action Plan

2004- 2006

CORPORATE LOGO's ETC

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Background:

Suicide is a complex issue influenced by a wide range of social, economic, psychological and other factors. Experience in other parts of the world provides important pointers that have informed the approach that Scotland is now taking to prevent suicide. The causes of suicide are complex. This has implications for action and interventions and for who needs to be involved. The range of influences on suicidal behaviour exceeds the capacity of any single agency. No single intervention is likely to produce the impact desired of reducing suicide. Making a difference will require effort and commitment over the long term to achieve changes of the order required to affect trends in suicide in Scotland's population.

On 2 December 2002 as part of its aims to improve the overall health of the people of Scotland and achieve greater social justice, the Scottish Executive launched 'Choose Life': a National Strategy and Action Plan aimed at addressing the rising rate of suicides in Scotland. This strategy forms a key part of the work of the National Programme to Improve Mental Health and Well-Being in Scotland which was itself launched in October 2001.

This strategy and action plan represents the first phase of a 10 year plan with the goal of reducing the suicide rate in Scotland by 20% by 2013.

In working towards this goal the milestones to be achieved at local level by 2006 are:

- Establishment of effective local alliances with recognised co-ordination
- Local action plans for implementation in place with annual reviews and updates
- Development of local health improvement and community plans incorporating key points of local suicide reduction plans
- Action underway to implement local action plans with additional local investment on top of the 'Choose Life' implementation support fund
- Provision of funding support that helps to direct resources to priority groups within mainstream programmes and activities
- Local innovative practice established and undertaken by local community and voluntary groups
- Support given to establish and maintain local self-help groups
- Local training programmes developed
- Local areas provided with effective support and information
- Local developments informed by evidence of effective interventions and by sharing of practical experience

'Choose Life' is available to download from the Scottish Executive website at

<http://www.scotland.gov.uk/library5/health/clss-00.asp>

From the budget of the National Programme, the Scottish Executive is allocating £12 million over the next three years, £3 million nationally and £9 million locally, to support and complement national and local action in the implementation of 'Choose Life'. The above website also gives an overview of policy links for the 'Choose Life' strategy.

A considerable degree of local flexibility and imagination is being encouraged around the use of these support funds of £9 million over the next three years. One of the findings from the consultation work undertaken in the development of the national strategy was the benefits people said they gained from having local, accessible, flexible and person focused responses, services and supports in place.

Local areas will need to consider what they need to improve upon and develop to meet the objectives and priority areas of the strategy. They should identify what new investments will be made, partnerships for delivery, funding sources and what adjustments/enhancements they will make to existing programmes of work, initiatives, services and supports. Achieving the ‘Choose Life’ objectives will require promotion and awareness raising, prevention and early intervention, on-going care and support for all activities.

Objectives

The National Strategy and Action Plan has seven objectives:

Objective 1: Early Prevention and Intervention:

Providing earlier intervention and support to prevent problems and reduce the risks that might lead to suicidal behaviour

Objective 2: Responding to Immediate Crisis

Providing support and services to people at risk/in crisis, to provide an immediate response and to help reduce the severity of any immediate problem

Objective 3: Longer Term Work to Provide Hope and Support Recovery

Providing on-going support and services to enable people to recover and deal with the issues that may be contributing to their suicidal behaviour

Objective 4: Coping with Suicidal Behaviour and Completed Suicide

Providing effective support to those who are affected by suicidal behaviour or a completed suicide

Objective 5: Promoting Greater Public Awareness and Encouraging People to Seek Help Early

Ensuring greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks amongst all age groups and encouraging people to seek help early

Objective 6: Supporting the Media

Ensuring that any depiction or reporting by all sections of the media of a completed suicide or suicidal behaviour is undertaken sensitively and appropriately and with due respect for confidentiality

Objective 7: Knowing What Works

Improving the quality, collection, availability and dissemination of information on issues relating to suicidal behaviour (and self-harm) and on effective interventions to ensure the better design and implementation of responses and services and use of resources.

‘Choose Life’ also asks local areas to target the **national priority groups** of:

- children and young people (especially looked after children),
- people with mental health problems,
- people who have attempted suicide,
- people affected by the aftermath of suicidal behaviour or a completed suicide,
- people who abuse substances, and
- people in prison

National Statistics:

- In 2003 there were a total of 794 suicides and undetermined deaths in Scotland. This compares to 899 suicides and undetermined deaths in 2002; 887 in 2001; and 878 in 2000. (General Registrar for Scotland, 2004).
- Despite the unexplained and slight drop in 2003, suicide and undetermined deaths remain on an upward trend in Scotland.
- Men accounted for more than three out of every four such deaths. For men under 35, the number of deaths by suicide (including undetermined deaths) exceeds those by accident and is the greatest cause of death among men in this age group.
- The suicide rate in Scotland (including undetermined deaths) is 17.36 per 100,000 population – this is higher than in England (9.3 per 100,000) (figs from year 2000). There is no single known reason for this difference.
- While the overall rise in deaths through suicide from 1982 to 2001 was around 20%, the increase in *male* suicides was over 35%, with the rate for males 15-34 being 56%.
- For women, while the rate of suicide is smaller than that for men, it has increased over the last 20 years.
- Over 7000 people are treated in hospital each year for incidents of non-fatal self-harm.
- Within the general population, 13% reported having suicidal thoughts, 4% had attempted suicide and 2% had committed an act of self-harm at some time in their lives (Office for National Statistics, 2002).
- It is estimated that approximately 1 in 17 (250 000) people are having thoughts of suicide at any one time in Scotland.
- Suicide affects us all. Anyone can be at risk, men and women of all ages, occupations and socio-economic groups.

Local Information

1. Background

Argyll and Bute is a large and varied area covering more than 2,700 square miles, with a population of approximately 91,390. As the second largest Scottish local authority by geographical area, it is faced with a number of challenges in delivering services to its inhabitants. The distribution of the population is complex, as population numbers and sparsity figures do not adequately convey the physical distribution of the Argyll and Bute population. There are also wide local variations arising from factors like the landscape, local transport networks, affordable housing, access to services and employment opportunities.

The Argyll and Bute Community Planning Partnership, which has twenty four members, is ultimately responsible for the implementation of Choose Life locally. This is important as it means that a broad range of stakeholders have made a commitment to support the implementation of our local action plan. On a day to day level this responsibility has been devolved to the Choose Life Sub Group which will monitor progress and feedback to the partnership.

It is vital that we get across the message that the successful implementation of our local action plan depends on us developing a shared vision and a shared sense of responsibility for its implementation. The action planning seminar along with our informal discussions with individuals and groups have helped us to begin this process. We intend to build on this by identifying people who want to be involved by joining local reference groups, completing questionnaires and attending future seminars.

2. The rate of suicide and self-harm in Argyll and Bute

(Figures to be supplied)

3. Development and review of our local Choose Life Action Plan

We held an action planning seminar on the 9th of September in Inverary, this was attended by 75 people. The aims of this seminar were to increase awareness about Choose Life, identify gaps and priorities for development and also people who would be willing to be involved in the implementation and review of our action plan.

We plan to develop reference groups in up to seven local areas. These groups will help us to raise awareness about Choose Life, develop closer links with communities across Argyll and Bute, identify local ‘champions’ and therefore build in sustainability for the future.

We will hold two seminars focussed on reviewing, updating and assessing the impact of our local action. No dates or venues have as yet been identified but they are likely to take place around May 2005 and March 2006.

4. Choose Life activities to date

- The Choose Life Project Manager (full time) and Project Worker (part time) came in to post in May 2004
- Pace Theatre company wrote and performed 4 stories for us in 8 high schools and 9 community venues across Argyll and Bute
- Training of 2 ASIST Instructors for Argyll and Bute
- Delivery of 3 ASIST training programmes attend by a total of (figures to be supplied)
- Delivery of 2 Mental Health First Aid courses attended by a total of (figures to be supplied)
- Regular articles in local papers
- Action planning seminar in September, attended by around 75 people

5. Priorities for Development

Based on the issues raised at the action planning seminar and other discussions we have had with a variety of people we have identified six main strands of work.

a) Awareness Raising

We need to get across the message that reducing the incidence of suicide and self-harm is everyone’s business and that there are simple, practical things that we can all learn about recognising and responding to people at risk. Action 5.5 outlines how we plan to address this issue.

b) Information

We need to make sure that there is easy access to information about

- The help, advice and support available (locally and nationally)
- Signs and risk factors
- What you can do to help

- The scale of the problem
- What works (based on local, national and international evidence)

Actions 1.1, 1.2, 1.4, 1.5, 2.1 outline how we plan to address this issue

c) Co-ordination and Networking

We need to make sure that we make best use of the resources (people and skills as well money) available across Argyll and Bute, develop effective ways of sharing good practice and avoid duplication of effort where possible.

The feedback from our action planning seminar made it clear that people valued the opportunity to network with people from a broad range of sectors and organisations and would welcome more opportunities to do this. In an area like Argyll and Bute bringing people together can involve a significant amount of their time and so we need to be sure that maximum benefit possible is made of these opportunities. We are in the process of checking out with people what would be most useful and practical for them. Once we have this information we will plan a range of networking opportunities. Actions 1.8 and 3.3 outline how we plan to address this issue.

d) Training

Increasing the capacity of people across Argyll and Bute to respond appropriately and effectively to people at risk of suicide or self-harm is a vital element to the implementation of Choose Life locally. We therefore plan to run the following training programmes for as broad a range of people as possible.

General Mental Health Awareness Training

Improving mental health awareness and tackling stigma will provide a valuable foundation for the implementation of Choose Life. We are in the process of identifying an appropriate training package.

Applied Suicide Intervention Skills Training (ASIST) – Is designed to help participants become more ready, willing and able to help people at risk. Suicide can be prevented through the actions of prepared individuals.

Just as “CPR” skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. ASIST is a two-day intensive, interactive and practice-dominated course designed to help participants recognize risk and learn how to intervene to prevent the immediate risk of suicide.

Dealing with Self-Harm

It is important for us to get across the message that suicide and self-harm are very different issues and in particular that self-harm isn't necessarily about suicide. Sometimes people harm themselves because they want to die but often it is a coping method to help them get through a difficult time. We are in the process of identifying an appropriate training package. For each of the above training programmes we will be running training for trainers courses as a way of increasing capacity and ensuring sustainability. Actions 5.1-5.4 identify how we plan to address this issue

e) Supporting Local Voluntary, Community and Self-help Groups

We plan to offer this support through

- Access to training, conferences etc
- Direct Financial support to support innovative activities that address the gaps identified in action 1.5
- Development support for groups

Actions 1.6, 3.1 and 4.1 identify how we plan to address this issue

f) Policy/Protocol Review and Development

We have identified three key areas where policies/protocols need to be in place and shared (as appropriate) across statutory, voluntary, private and community sectors. These are

- A clear referral route in to mental health and other relevant support/services – to ensure an integrated approach and reduce the risk of people ‘falling between two stools’
- A discharge protocol that ensures appropriate follow up for people being discharged from hospital (general as well as psychiatric), care, prison etc
- An integrated procedure for recording incidents of self-harm or suicidal behaviour and feeding any relevant information into local planning processes

6. Monitoring and Evaluation

The Action plan table below outlines in very general terms how we will monitor and evaluate the implementation of Choose Life Locally. We have as yet to decide on a specific evaluation process. This will be addressed at the next Choose Life Sub Group meeting.

Argyll and Bute Choose Life Action Plan 2004/2006

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time Scale	Monitoring/Evaluation
1. Prevention and early intervention	1.1	Produce local information Sheets	<ul style="list-style-type: none"> Increased knowledge and confidence in responding to people at risk Clear and accessible information about the support, advice and information available locally and nationally 	Whole Community	Existing materials Health Promotion staff £1000pa to purchase materials or develop new ones	First information sheets produced January 2005	<ul style="list-style-type: none"> Annual Choose Life Survey Review June 2005 Number of information sheets distributed
	1.2	Develop and maintain a resource library	<ul style="list-style-type: none"> Improve early identification Increased knowledge and confidence in dealing with people at risk Promote good practice 	<ul style="list-style-type: none"> People at risk of suicide/self-harm People who care for or about someone at risk Front line/staff 	Publications £700 year 1 £800 year 2	January 2005 - then ongoing	<ul style="list-style-type: none"> Annual Choose Life Survey Frequency of use
	1.3	Compile and publish a directory – audit formal and informal services to identify good practice and gaps in provision	<ul style="list-style-type: none"> Mapping of existing provision and gaps in each locality Identify and encourage good practice 	Whole Community	Attempt to recruit a student/volunteer to undertake the audit – this would go beyond simply mapping provision to consider the impact (current and potential) on meeting Choose Life objectives	First directory in place and audit completed by June 2005 Update of directory - ongoing	<ul style="list-style-type: none"> Annual Choose Life Survey Frequency of directory use Service development/improvement as a result of the audit

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/ Evaluation
1. Prevention and early intervention	1.4	Develop a website	<ul style="list-style-type: none"> • Accessible information • A forum to discuss issues relating to suicide or self-harm • Increased awareness of mental health and wellbeing in general and Choose Life in particular • Identify and encourage good practice 	<ul style="list-style-type: none"> • Whole Community 	Website Development £1000 in year 1 ongoing costs £200pa	Basic website December 04 Interactive website March 2005	<ul style="list-style-type: none"> • Annual Choose Life Survey • Frequency of use
	1.5	Identify gaps in provision and feed this information in to the community and mental health planning processes	<ul style="list-style-type: none"> • Agreed priorities for development and local resourcing 	<ul style="list-style-type: none"> • People at risk of suicide/self-harm 	<ul style="list-style-type: none"> • Directory • Annual Survey • CHP's (when in place) 	March 2005	<ul style="list-style-type: none"> • Increase/ changes in local resourcing/ provision
	1.6	Support voluntary, Community and self-help groups <ul style="list-style-type: none"> • Providing access to training/ conferences etc • Direct financial support for innovative activities that address the gaps identified in 1.5 • Development support for groups 	<ul style="list-style-type: none"> • Extension of valued local service/support provision • Increased confidence in responding to people at risk of suicide/ self-harm • More responsive local services/support • Improved co-ordination 	<ul style="list-style-type: none"> • People at risk of suicide/self-harm 	Existing voluntary, Community and self-help groups £ 20000 year 1 £45000 year 2 criteria for allocation still to be agreed	November 2004 – agree funding available and criteria December 2004/ January 2005 – invite proposals	<ul style="list-style-type: none"> • Annual survey • Update of the directory – are new/extended services/support in place

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/Evaluation
1. Prevention and early intervention	1.7	Develop clear referral route in to mental health and other relevant services	<ul style="list-style-type: none"> Improved co-ordination Relevant support and care services more integrated and accessible within local communities 	<ul style="list-style-type: none"> People at risk of suicide/self-harm 	Health, local authority, voluntary and community groups, service users and carers	June 2005	<ul style="list-style-type: none"> Feedback from service users and referrers Update of Directory
	1.8	Provide regular networking opportunities	<ul style="list-style-type: none"> Improved co-ordination 	<ul style="list-style-type: none"> Existing statutory, voluntary, community and self-help groups 	£2000 year 1 £4000 year 2	December 2004 circulate programme of networking activities	<ul style="list-style-type: none"> Number and range of people involved in networking opportunities Feedback following networking sessions
2. Responding to an immediate crisis	2.1	Develop a crisis card with relevant local and national sources of support	<ul style="list-style-type: none"> Quick and easy access to help and support People encouraged to seek help early 	<ul style="list-style-type: none"> People at risk of suicide/self-harm 	£1500 (potential to share costs with the Police)	January 2005	<ul style="list-style-type: none"> Annual survey Impact on uptake of local services
	2.2	Develop procedure to ensure immediate referral to appropriate services and recording of unmet need	<ul style="list-style-type: none"> Quick and easy access to help and support Clearer picture of unmet need 	<ul style="list-style-type: none"> People at risk of suicide/self-harm People presenting with suicidal/self-harming behaviour 	NHS, LA, Vol orgs, community and self-help groups	Review current procedures by February 2005 Update as necessary June 2005	<ul style="list-style-type: none"> Annual survey Uptake of services Feedback from service users/carers Feedback from local services

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/ Evaluation
3. Longer term work to provide hope and support recovery	3.1	Identify <ul style="list-style-type: none"> • current provision and gaps • potential sources of funding (e.g FUSIONS, Implementation of Mental Health Act, Choose Life local funds) • investigate possibilities for altering/extending existing provision and/or developing new services 	<ul style="list-style-type: none"> • Increased availability of support, counselling and psychological services • Extension of valued local service/support provision 	<ul style="list-style-type: none"> • Priority children and young people • People at risk of suicide/self-harm • People presenting (to any agency) with suicidal/self-harming behaviour 	<ul style="list-style-type: none"> • Existing services • Potential counselling in schools pilot in Oban High 	First meeting of Oban working group 10/04 Gaps in provision identified March 2005	<ul style="list-style-type: none"> • New/ extended services in place • Feedback from service users
	3.2	Identify/develop discharge protocols	<ul style="list-style-type: none"> • Effective follow-up for people discharged from hospital (general as well as psychiatric), prison etc 	<ul style="list-style-type: none"> • People presenting with suicidal/self-harming behaviour 	<ul style="list-style-type: none"> • NHS, LA, Scottish Prison Service • Existing protocols • Good practice from elsewhere 	Review current procedures by February 2005 Update as necessary June 2005	Agreed, integrated protocol in place
	3.3	Develop effective mechanisms for providing support and advice to people working with anyone at risk of suicide/self-harm	<ul style="list-style-type: none"> • Increased confidence • Improved co-ordination 	<ul style="list-style-type: none"> • Staff/volunteers working with people at risk of suicide/self-harm 	<ul style="list-style-type: none"> • Local advisors with skills knowledge, and ability to offer advice and support • Networking opportunities 	<ul style="list-style-type: none"> • Local advisers in place February 2005 • Review June 2005 	Feedback from advisors and people who contact them for advice

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/ Evaluation
4. Coping with suicidal behaviour	4.1	Identify <ul style="list-style-type: none"> current provision and gaps potential sources of funding (e.g Carers Strategy, Choose Life local funds) possibilities for altering/extending existing provision and/or developing new services 	<ul style="list-style-type: none"> Appropriate support, counselling and services for families and others effected by suicide and self-harm 	Families and others effected by suicide and self-harm	<ul style="list-style-type: none"> Existing carers groups 	<ul style="list-style-type: none"> Gaps identified February 2005 Pilot May 2005 Review December 2005 	
5. Public awareness and training programmes	5.1	Deliver ASIST courses <ul style="list-style-type: none"> 4 in year 1 and 6 in year 2 	<ul style="list-style-type: none"> Increased capacity to respond effectively and appropriately to someone at risk of suicide or self-harm <p>Year 1 – 72 people completed ASIST course and 4 instructors trained Year 2 – 144 people completed ASIST courses and 2 instructors trained</p>	Whole community but with priority to front line staff (voluntary as well as statutory)	Year 1 - £13305 (£1900 covered by course fees) Year 2 - £16830 (£11400 covered by course fees)	<ul style="list-style-type: none"> 1st ASIST course June 2004 Diaries in place November 2004 	<ul style="list-style-type: none"> Analysis of diaries of ASIST participants Feedback from participants and where appropriate their employe Feedback from instructors

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/ Evaluation
5. Public awareness and training programmes	5.2	<p>Deliver general mental health awareness (GMHA) courses, plus training for trainers</p> <p>Year 1 – 2 Mental Health First Aid Course and 1 GMHA course Year 2 – 6MHA course and 2 T4T</p>	<ul style="list-style-type: none"> • Reduce stigma • Increased understanding of mental health issues • Increased capacity to respond effectively and appropriately to someone at risk of suicide or self-harm <p>Year 1 – 45 people completed course Year 2 – 75 people completed the course and 24 trainers trained</p>	Whole community	<p>Year 1 £1800 (£500 met by course fees)</p> <p>Year 2 £6600 (£3000 met by course fees)</p> <p>1st Mental Health First Aid Course August 2004</p>	<p>Decide on appropriate training resource by January 2005</p> <p>T4T course May 2005</p>	<ul style="list-style-type: none"> • Feedback from participants • Feedback from trainers
	5.3	<p>Deliver 6 dealing with self-harm courses, plus 2 training for trainers courses</p> <p>Year 1 – 1 Dealing with Self-harm course and 1 T4T Year 2 – 6 Dealing with self-harm courses and 2 T4T</p>	<p>Increased capacity to respond effectively and appropriately to someone at risk of suicide or self-harm</p> <p>Year 1 – 15 people completed the course and 12 trainers trained</p> <p>Year 2 – 75 people completed the course and 12 trainers trained</p>	Whole community but with priority to people working with young people	<p>Year 1 £2100 (£500 met by course fees)</p> <p>Year 2 £6600 (£3000 met by course fees)</p> <p>Dialogue Youth</p> <p>Other Youth work agencies</p>	<p>Decide on appropriate training resource by January 2005</p> <p>T4T course February 2005</p> <p>1st training course March 2005</p>	<ul style="list-style-type: none"> • Feedback from participants • Feedback from trainers • Feedback from youth groups

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/Evaluation
5. Public awareness and training programmes	5.4	Develop and deliver general mental health and dealing with self-harm training to S3/4 pupils	<ul style="list-style-type: none"> • Increased awareness about mental health • Reduced stigma • Improved coping skills • Increased confidence in responding to people at risk of suicide or self-harm 	S3/4 pupils	Education, Dialogue Youth Other youth work agencies	Develop/buy materials by February 2005 Sessions in place by May 2005	<ul style="list-style-type: none"> • Feedback from pupils • Feedback from parents
	5.5	Ongoing programme of suicide and general awareness talks	<p>Greater public awareness</p> <ul style="list-style-type: none"> • Positive mental health and well-being • Suicidal behaviour • Potential problems and risks for all groups <p>Year 1 10 people recruited and 4 talks given Year 2 – 15 people recruited and 40 talks given</p>	Whole community	£600pa preparation seminar £500 pa travel costs	December 2004 – identify people to deliver talks February 2005 – preparation event March 2005 – first talks	<ul style="list-style-type: none"> • Feedback from participants • Feedback from people delivering talks
6. Supporting the media	6.1	Encourage local journalists to adopt NUJ guidelines	Appropriate reporting about suicide and self-harm	Local journalists and editors		Circulate guidelines and our contact details by December 2004	<ul style="list-style-type: none"> • Feedback from journalists • Monitoring of reporting in local papers
7. Knowing what works	7.1	Develop integrated procedure for recording suicide, suicidal behaviour and self-harm	improved quality of information in relation to the incidence of suicide and self-harm	<ul style="list-style-type: none"> • NHS,LA,voluntary organisations 	Recording procedure in place by May 2005 Review November 2005	Recording procedure in place by May 2005 Review November 05	<ul style="list-style-type: none"> •

Choose Life Objective	Action Number	Planned Action	Expected Outcomes	Target Groups	Resources and Partners	Time scale	Monitoring/Evaluation
7. Knowing what works	7.2	Gather and share information about the application and impact of ASIST training	<ul style="list-style-type: none"> Improved information about the effectiveness of ASIST Information about any additional support necessary to ensure that the skills gained can be used to their optimal level 	<ul style="list-style-type: none"> ASIST participants and instructors 	ASIST participants and instructors £600pa for ASIST seminars	Issue diary to participants November 2004 and to participants on all future courses Analyse and amend (if necessary) diary proforma January 2005 Seminar for ASIST participants March 2005	Analysis of diaries Discussion at seminar <ul style="list-style-type: none"> Annual survey

Action Plan Team Profile:

Full Name (*of Planning Group*):

Remit:

Chair

Name: Ann Campbell

Designation: Public Health Practitioner

Organisation: Lomond and Argyll LHCC

Number and dates of Meetings held 2004/5:	
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Members

Name	Designation	Organisation
Dave Bertin	Mental Health Project Lead	NHS Argyll and Clyde
Shirley Mcleod	Health Development Officer	Argyll and Bute Council
Grace Ferguson	Acting Clinical Director	NHS Argyll and Clyde
Gwilym Gibbons	Kintyre Healthy Living Co-ordinator	
Carol Muir	Islay Healthy Living Co-ordinator	
Yenni Bute		
Maureen Beaton	Service Manager – Health	Argyll and Bute Council

Linking with National Policy at Local level:

**** to be completed locally ****