

Argyll and Bute Community Planning Partnership

Health and Well Being Theme Group (HWTG) Update

Good progress has been made on the review of the HWTG since the last report. It is felt that there is value gained from meeting as a group and Terms of Reference for the group have been drafted (see next page). The Management Committee is asked to approve those Terms of Reference. A sub group has been formed to take some of the more routine matters allowing the wider group to have time to discuss more strategic issues.

Review of the HWTG has also led to review of the co-ordination of the Local Public Health Networks (LPHNs). The role and remit of the Co-ordinator has been agreed. As previously noted some of the LPHNs are functioning better than others and action has been agreed to provide specific support for those networks that have additional needs.

A number of the Health Improvement Fund (HIF) projects (fully or partly funded by HIF) had completed recent evaluation. The total value of HIF monies spent by the projects was £38,300. The range of monies dispersed was £600 - £15,000. The main themes that money was directed towards were:

- Community capacity and knowledge
- Tackling social isolation for vulnerable groups, particularly older adults
- Increasing integration of public health work at a local level
- Physical activity
- Support for domiciliary patients and carers
- Healthy eating
- Social skills

Elaine C Garman
Chair, Health and Well Being Theme Group



TERMS OF REFERENCE

Meeting Title: Health and Wellbeing Theme Group

Meeting Remit
To work together with agencies and communities to improve health and wellbeing for everyone in Argyll and Bute. The Group will work together in partnership and develop, implement and evaluate the Joint Health Improvement Plan (JHIP).

Reporting and Accountability
Reports directly to Community Planning Partnership (CPP) Management Team and full CPP

All Stakeholders		
Designation	Rep attending at HWTG meetings	Name
Local public health networks x 7	x	
A&B Council Head of Integrated Care		Jim Robb
Community Safety Partnership	x	Gordon Anderson
Domestic Abuse Partnership	x	
Community Learning and Regeneration	x	Felicity Kelly
Community Councils	x	John White
Dialogue Youth	x	Roanna Taylor
Communities Scotland		
NHS Highland Public Health Specialist/Consultant Public Health Medicine	x	Elaine Garman
NHS Highland Public Health Practitioner	x	Ann Campbell
A&B Council Health Development Officer	x	Susan Dawson
A&B Council Community Planning Manager	x	Eileen Wilson
Strathclyde Police, LALO	x	Gordon Anderson
Argyll CVS		Peter Minshell
Healthy Living Centres x 3	x	Yennie van Oostende/Carol Muir/ Diane Mackenzie
Education service	x	
Strathclyde Fire and Rescue	x	Verina Litster
Argyll and Bute Drug and Addictions Team	x	Dave Greenwell
Argyll Community Housing Association	x	Gillian McInnes
Homelessness/Community Regeneration	x	Moir Macdonald

Quoracy

There must be a minimum of 5 members of HWTG present to make the meeting quorate. In the event of a meeting not being quorate, then the meeting may proceed; any issues or recommendations being made would be subject to agreement by other members. This agreement could be reached either at the next meeting, or if the decision was urgent, then it could be reached by emailing the group members.

Any subgroup should have a minimum of 3 people present to make the meeting quorate.

Agenda Setting

Agenda and papers will be circulated seven days in advance of the meeting. Agenda items and papers for the meeting should be submitted to the Chair for circulation at least two working days prior to circulation of the papers to the Group. The approved minutes will be distributed to the full stakeholder group. The list of dates and times of meetings will be agreed at the start of the calendar year.

Administrative Arrangements

Administrative support will be provided to the Chair by that agency's clerical staff.

Work Programme

Date	Regular Business	Special Items
6 weekly meetings with representation from local public health networks at every other meeting	JHIP action plan delivery <ul style="list-style-type: none">• Strategic issues• Update from local public health networks at alternate meetings• Financial update on the Health Improvement Fund (HIF) from the HIF sub group• Lessons learned from HIF funded projects• CPP Management Team actions/reports• Monitoring and evaluation	Development and updating of JHIP

Date TOR Agreed:

Review Date: