

Public Document Pack
COMMUNITY PLANNING PARTNERSHIP
MANAGEMENT COMMITTEE MEETING

28 September 2005

A meeting of the **CPP MANAGEMENT COMMITTEE** will be held in the **SCOTTISH NATURAL HERITAGE OFFICES, KILMORY INDUSTRIAL ESTATE, LOCHGILPHEAD** on **WEDNESDAY, 5 OCTOBER 2005** at **10:30 AM**.

AGENDA

- 1. WELCOME/APOLOGIES**
- 2. MINUTES OF PREVIOUS MANAGEMENT COMMITTEE MEETING HELD ON 17 AUGUST 2005** (Pages 1 - 6)
- 3. MATTERS ARISING**
- 4. CONSULTATION ON DISSOLUTION OF NHS ARGYLL AND CLYDE** (copy paper submitted to Council's PDG attached) (Pages 7 - 22)
- 5. COMMUNITY PLANNING ISSUES**
 - (a) Partnership Capital Development (Brian Barker - verbal report)
 - (b) Future Action Plan (Brian Barker - verbal report)
 - (c) CPP Budget 2005/6 - Update (Pages 23 - 24)
 - (d) Update by Theme Group Leaders on Progress with CPP Priorities
 - Health and Wellbeing Theme Group (Gavin Brown) (Pages 25 - 28)
 - Argyll and the Islands Local Economic Forum (Alan Milstead) (Pages 29 - 32)
 - Scottish Enterprise Dubartonshire (Verbal Report – Aileen Edwards)
 - Sustaining and Developing our Communities, Culture and Environment Theme Group (Donald MacVicar) (Pages 33 - 34)
- 6. THE LOCAL TRANSPORT STRATEGY PREPARATION - PRESENTATION BY BLAIR FLETCHER**(Pages 35 - 40)
- 7. COMMUNITY PLANNING PARTNERSHIP AGENDA - 11 NOVEMBER 2005**(Pages 41 - 42)
- 8. AOCB**
- 9. DATE OF NEXT MEETING: 7 DECEMBER 2005**

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**MINUTES of MEETING of CPP MANAGEMENT COMMITTEE held in the SCOTTISH
NATURAL HERITAGE OFFICES, KILMORY INDUSTRIAL ESTATE, LOCHGILPHEAD
on WEDNESDAY, 17 AUGUST 2005**

Present: Andrew Campbell, Scottish Natural Heritage (Chair)
James McLellan, Argyll and Bute Council
Brian Barker, Argyll and Bute Council
Andy MacKay-Hubbard, Argyll and Bute Council
Peter Minshall, Argyll CVS
Alan Milstead, Argyll and the Islands
Ken Abernethy, Argyll and the Islands Enterprise
David Dowie, Communities Scotland
Gavin Brown, NHS Argyll and Clyde
Marlene Baillie, Strathclyde Police
Patricia Logan, Volunteer Centre
Muriel Kupris, Argyll and Bute Council
Josephine Stojak, NHS Argyll & Clyde
Aileen Edwards, Scottish Enterprise, Dunbarton
Bill Dundas, SEERAD
Julian Hankinson, Argyll and Bute Community Council Association
Caroline Milsom, Accounts Commission

Apologies: Donald MacVicar, Argyll and Bute Council
Raymond Park, Strathclyde Police

1. WELCOME

Andrew Campbell welcomed everyone to the meeting, particularly Bill Dundas who was attending for the first time.

2. PRESENTATION BY HUGHIE DONALDSON, INITIATIVE AT THE EDGE

Hughie Donaldson gave a short presentation outlining part of the history, ethos and where we are with Initiative at the Edge (IaE).

It was noted that in every area IaE go into Housing was the main issue together with the problems related to land ownership and access. Hughie stated that the best results for capacity building were obtained by focusing resources over a short period of time.

In respect of Argyll and Bute, the islands of Jura and Coll were just at the beginning of the process, while Colonsay was almost at the end. It was noted that Coll was struggling to produce a development plan and that the Community Council had collapsed. James McLellan suggested it may be helpful to seek support from Ken Abernethy of AIE.

James McLellan suggested that when the development plans were completed for Jura and Coll they should be signed off by the CPP Management Committee as it would help give the projects a reality check. The local steering group would be charged with delivery.

latE would provide copies of the steering group minutes to form part of the agenda at future Management Committee meetings.

It was agreed that it would be useful for the Committee to receive feedback on the latE Annual Conference being held in Caithness in September 2005. It was also noted that latE would be an agenda item at the Highland and Islands Convention being held in Inveraray in November 2005.

Admin Note: It was agreed that latE should be a standing item (every second meeting).

3. MINUTES OF PREVIOUS MANAGEMENT COMMITTEE MEETING

(a) The minutes of the meeting held on 15 June 2005 were accepted as an accurate record, subject to the following amendment – delete penultimate para on page 4 “Social Enterprise would be involved with Islay, Coll, Gigha..... .. addressed by Pat Logan’s group.”

(b) The following points were noted:

Page 4, Construction Training College: A bid would be made for European Funding over the next two/three years.

Page 1, Item 2.1 – Presentation by John Scott from ODS Consultants on Evaluation of Better Neighbourhood Services Fund: David Dowie reported that we now had a way forward. ODS would give a presentation on the Care and Repair Report at the next Health and Wellbeing Theme Group on 22 August 2005.

Page 1 Item 2.2 – Communities Scotland’s Contribution to CPP: The meeting welcomed the news that Pat Flynn of Communities Scotland had agreed to contribute additional funding to CPP, which was expected to be in the region of £10K. Brian Barker to check if any conditions apply to this funding.

Page 6 Item 6 – Argyll County Mapping Proposal: Peter Minshall reported that to ensure connectivity it had been decided to wait until the mapping project being carried out by Argyll Local Social Economy Partnership (LSEP) was completed before taking forward the Argyll Country Mapping Proposal.

4. MINUTES OF PREVIOUS CPP MEETING

(a) The minutes of the meeting held on 8 July 2005 were noted.

(b) The Committee asked that the following points be noted regarding the attendee list: Ken Mactaggart is a consultant and not from Argyll and the Isles Enterprise; Peter Minshall is from CVS Argyll and not CVS Argyll and Bute Council.

5. MATTERS ARISING

- (a) **Regional Transport:** James McLellan reported that the Council was seeking approval to form its own Regional Transportation Partnership when they become statutory bodies under the proposed new Transport Bill. It was noted that Dumfries and Galloway had been given approval to set up a Single Authority Partnership and there was therefore a case for Argyll and Bute to do the same as they had a more complex transport system.

It was noted that under the current proposals Argyll and Bute would be the only local authority to be split between two partnerships i.e. Westrans and Hitrans.

CPP endorsed the view that there should be a single transportation strategy for Argyll and Bute and it was agreed that Andrew Campbell would prepare a response to Scottish Executive stressing CPP's support for a single authority. Partners were also encouraged to write to the Scottish Executive on an individual basis.

- (b) **Dissolution of NHS Argyll and Clyde:** Under the current proposals Argyll and Bute is the only authority being covered by the option proposed. James McLellan reported that the Council's Policy Development Group would be meeting shortly to consider their response to the consultation, but he was looking at putting a case forward for a single Health Board. His view is that if the area continues to be split up then in terms of future management it would become more complex and not accord with the government's public sector reform agenda.

It was agreed that this issue should be an agenda item for the next Management Committee Meeting and a presentation arranged. A copy of the Policy Development Group minutes to be included in the papers for the next meeting. Any decisions agreed at the next Management Committee would go forward to the Community Planning Partnership Meeting on 11 November 2005 for endorsement.

It was noted that the deadline for responses to the public consultation was 4 November 2005 and that partners should encourage local communities to take an active part in the consultation process.

6. COMMUNITY PLANNING ISSUES

- (a) **CPP Biennial Conference Report**

The Committee thanked Brian Barker for the very helpful report on the CPP Biennial Conference.

- (b) **Capacity Building Budget**

Brian Barker reported that a total of 14 applications were received. It was noted that the applications were generally of a much lower quality than expected and some did not meet the criteria for the fund.

Pat Logan raised concerns regarding the lack of objectivity in the assessment process. It was agreed that this would be taken into account in any future bids and that the following funding applications would be supported.

- Fundraising skills in the community - £5,000
- Funding Road Show - £3,400

It was also agreed that the Youth Participation Conference be partially supported with the suggestion they approach AIE for discussion about additional support.

It was noted that approximately half the Capacity Building Fund of £20,000 remained unallocated and it was agreed that this process should be repeated later in the year to allocate the remaining funds.

Brian Barker would provide feedback to the unsuccessful applicants.

(c) Themes for next Citizens Panel Survey

The next Citizens Panel Survey would take place in September 2005. After discussion, it was agreed that this survey should contain questions on the following themes:

- Transportation Strategy
- The forthcoming Health Board consultation
- Single Public Service Authority
- Living Landmarks (questions to test out the concept)

(d) CPP – International Links

Following the CPP meeting on 8 July 2005, contact had been made with various community planning partnerships and other organisations to determine the nature of international links they have developed (with a particular focus on Africa).

The overwhelming response from community planning partnerships in Scotland, England and Wales was that no links had been developed. The international links that do exist tend to be direct from the local authorities rather than the CPPs, with the focus on twinning links or responses to crises.

It was agreed that partners should be encouraged to bring forward appropriate international links to CPP for consideration.

Hughie Donaldson would provide Brian Barker with the application form of the European Small Island Network: Inter-Island Exchange Project for circulation purposes.

(e) Update by Theme Group Leaders on Progress with CPP Priorities

Health and Wellbeing Theme Group 1: It was noted that there had been no meeting of this Theme Group since the last report to CPP on 8 July 2005.

Gavin Brown reported that the Group would be considering applications submitted to Health Improvement Fund at its next meeting on 22 August 2005.

A meeting would be held on 18 August 2005 to discuss the holding of an event later in the year or early next year relating to the impact of alcohol and how Partners could make a difference. An update on progress with this event would be provided at the next meeting.

Argyll and the Islands Local Economic Forum: Allan Milstead's progress report was noted.

Scottish Enterprise Dunbartonshire Local Economic Forum: Aileen Edwards reported that a new chairman, Andrew McAlister, had been appointed and that the LEF was refocusing and simplifying its strategic direction and would become more dynamic. The new draft strategy would be tabled at a Board Meeting on 6 October 2005. Once agreed, the strategy would go to the sub-groups and be relaunched in December 2005.

It was noted that the new chairman was keen that the private sector takes a lead, with each sub-group now consisting of more than 50% private sector.

A further update will be provided at the next meeting.

Sustaining & Developing our Communities, Culture & Environment Theme Group 3: Donald MacVicar, who was unable to attend the Management Committee meeting, had previously indicated that there was no progress to report since the last paper to CPP on 8 July 2005. The next meeting of Theme Group 3 will be held on 24 August 2005.

7. SCOTTISH EXECUTIVE

(a) Update on Rural Services Priority Areas

Brian Barker reported a successful research focus group in Lochgoilhead. Arrangements had still to be put in place to carry out research on the islands to identify their priorities.

Hughie Donaldson stated that latE was very concerned regarding this Scottish Executive Initiative as it lacked sustainability and people were being excluded from the consultation process. They felt it could be quite damaging to some of the other initiatives already on the ground.

(b) Response to the Scottish Parliament Rural Development Inquiry

The Management Committee noted Argyll and Bute Council's response to the Scottish Parliament Rural Development Inquiry and the recommendations put forward. The Council awaited a response from the Scottish Executive.

8. AOCB

(a) Scottish Council Foundation: The meeting agreed to support the research project on Financial Inclusion by the Scottish Council Foundation and approved the release of £6K from the CPP budget to part fund this project.

(b) ROA: Muriel Kupris reported that the Council's final ROA document would be submitted to the Scottish Executive by 19 August 2005.

9. DATE OF NEXT MEETING

In an effort to avoid school holidays, it was agreed that the next meeting should be brought forward by one week to Wednesday 5 October 2005 at 10.30 am in the Scottish Natural Heritage Offices, Kilmory Industrial Estate.

ARGYLL AND BUTE COUNCIL**POLICY DEVELOPMENT GROUP****Policy and Strategy****28 September 2005**

Draft submission to the Executive consultation on “Redrawing NHS boundaries in Argyll & Clyde”

1. SUMMARY

The appended report is a draft submission drawing on previous discussions and data gathered about clinical peripherality, finance and opportunities for closer integration of services.

There are still gaps in the draft submission that will need to be clarified at this meeting and with additional information that is still being sought.

2. RECOMMENDATIONS

To consider and revise as appropriate the appended draft submission.

3. BACKGROUND

The previous PDG meeting considered significant information on population, deprivation, geography and rurality, with a conclusion that Argyll and Bute Health Board provided the ‘best fit’ and Argyll and Bute merged with Highland provided a ‘good fit’.

Key questions still remained regarding:

- the best financial option of the two and this has been addressed with the best available information in the accompanying paper *Financial Impact of the Dissolution of Argyll and Clyde Health Board*.
- impacts in terms of governance for the different options may require further clarification, possibly by reflecting differences in local accountability
- opportunities for closer integration and consequent efficiency savings

4. COMMENTARY

The draft submission has been developed with contributions from NHS and Council managers using information available at the previous meetings and further analysis based on direction from the previous meeting. Additional information about clinical peripherality has also been summarised in the accompanying paper *Clinical Peripherality*. This has consequences for the discussion on governance.

There are still some gaps in the draft submission that are awaiting further information or the outcome of discussions at this meeting. Some of the additional

information, such as Citizens Panel views, may not be available in time for presentation to the Council on 12 October, but will be available in time for the Executive's deadline of 4 November.

5. CONCLUSIONS

The development of the submission in response to the Executive's consultation on the dissolution of Argyll and Clyde Health Board has made significant progress since the last meeting.

Additional input is required to direct the final drafting of the submission ready for presentation to Council on 12 October 2005.

6. IMPLICATIONS

| | |
|----------------------|---|
| Policy: | Potentially significant depending on the Health Minister's decision regarding future health board boundaries. |
| Financial: | |
| Personnel: | Potential integration of support services. This would be dependent on the Health Minister's decision and further detailed negotiations. |
| Equal Opportunities: | None. |

BRIAN BARKER

Policy and Strategy Manager

20 September 2005

For Further Information Contact:

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Redrawing NHS Boundaries in Argyll & Clyde – response from Argyll and Bute

Foreword

XXXX defining moment

XXXX plan for Argyll and Bute in Argyll and Bute

XXXX signed by

Introduction

Health Minister, Andy Kerr, launched the three-month consultation on Argyll & Clyde Health Board boundaries in August 2005. He emphasised that communities will have a strong voice in deciding the eventual boundaries and the factor most important to him was the provision of safe, sustainable healthcare services.

The consultation document includes seven options for redefined boundaries. All seven options are open for comment, despite the Executive's indication of a preference for three of the options.

Consideration of the changes in Argyll and Bute has focused on all seven options, rather than discount some before detailed analysis or comment from local communities and partner organisations. Our analysis and discussion has focused on:

- looking for a 'best fit' for the communities of Argyll and Bute that recognises the complex and diverse nature of the area and the challenges this presents to service providers of all types
- comparisons of population profiles, deprivation data and urban-rural characteristics to identify the option that provides the best for Argyll and Bute and clearly avoids acknowledged weaknesses in the Argyll & Clyde Health Board related to highly mixed population, urban-rural geography and clinical peripherality
- options for effective governance of services in Argyll and Bute, including governance of common services by the Council and Health Board members
- options for more efficient delivery of public services through local integration of Council and NHS support services and more effective links with nationally provided services

This response has been produced by Argyll and Bute Council, with significant input from local NHS partners. Where possible we have also used information about community preferences gathered from a variety of sources including the community planning partnership's Citizens Panel and direct contact with all community councils in the area.

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Summary response

The initial analysis of population profiles, deprivation data and urban-rural characteristics quickly focused attention on two of the Executive's seven options:

- Argyll and Bute as a single health board with a coterminous Community Health Partnership as the 'best fit'
- Argyll and Bute merged with Highland with a coterminous Community Health Partnership as a 'good fit'

Additional analysis then focused on governance arrangements, possibilities for strategic integration with Argyll and Bute Council, clinical peripherality and an assessment of the financial impacts for the two short listed options.

XXXXX insert detail of how the later discussion arrived at the final choice of ZZZZZ

Current situation

The deficit faced by Argyll and Clyde Health Board is one that has had a significant impact on service provision as the Board has been obliged to cut funding in certain areas. The per capita funding allocation to Argyll and Clyde appears to have been adversely affected by the unique mix of different populations and geographies. This has not benefited the population of Argyll and Bute.

Consultation on the Argyll and Clyde Clinical Strategy in 2004 caused significant uncertainty for local communities. The Community Development Programme that followed the consultation has strengthened local relationships between different service providers. There is genuine dialogue between partners locally to identify effective means to deliver high quality health services to the population of an area with significant challenges for all service providers.

There are also very strong links through the Community Planning Partnership that have influenced service delivery and highlight the benefits of joint planning. These processes and the debate about the development of Argyll and Bute Community Health Partnership (CHP) illustrate the strong identity with the area.

The local commitment and focus of many different service providers, whether Council, not-for-profit sector or NHS services based in Argyll and Bute illustrates the strong identity for the area, the desire to meet common challenges and the open, honest debate that characterises work in the area. These strong local relationships often overcome problems arising from a more remote Health Board that is not focused on the unique needs of this area.

As the debate on the future of the Health Board has progressed and opinions have been formed, there has been growing support for the favoured option of an Argyll and Bute Health Board

Population and geography – looking for a best fit

The analysis of 'best fit' was based on an extensive assessment of factors affecting the geography of Argyll and Bute and the various options for revised

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boundaries and the characteristics of the different population for each area. The five factors of geography, rurality, coterminosity, natural communities and regional planning used by the Scottish Executive were also considered as part of the analysis.

Full details of the supporting analysis can be accessed from the Argyll and Bute Council web site¹ or by contacting the Council's Policy and Strategy Manager².

The key points from this analysis are detailed below:

| Area | Option | Key points |
|------------------------------|--------|--|
| Argyll and Bute Health Board | 5 | <ul style="list-style-type: none"> • more homogeneous geography and population – largely very remote rural, remote rural and accessible rural with less variation in deprivation (factors which adversely affected Argyll & Clyde) • better placed to address issues of peripherality • precedent of other similar scale health boards for Dumfries and Galloway and Borders and smaller boards for the island authorities • coterminous with the Council and Community Health Partnership (CHP) boundaries and remains within one divisional boundary for the Scottish Ambulance Service • the natural community for Argyll and Bute is one where significant secondary care for the whole population is provided from Glasgow and this would not change whatever option was selected • Argyll and Bute is a complex area with 17.4% of the population on 25 inhabited islands alongside rural mainland areas. A Health Board dedicated to this area would ensure that service priorities are not overlooked by competing priorities in a larger health board |

¹ The full analysis of geography and population can be accessed at <http://www.argyll-bute.gov.uk/moderngov/Published/C00000307/M00002122/AI00023868/Healthboardsupportinginforma.pdf>

² Brian Barker, Policy and Strategy Manager, Argyll and Bute Council: tel. 01546 604436: e-mail brian.barker@argyll-bute.gov.uk

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| Area | Option | Key points |
|--|--------|---|
| Argyll and Bute plus Highland | 1 | <ul style="list-style-type: none"> the population profile is similar to that of Argyll and Bute the physical size and remoteness of the area would present significant challenges the mix of rural classifications is the same as Argyll and Bute the Health Board would be coterminous with the Council area and CHP, but would cross Scottish Ambulance Service divisional boundaries secondary care within Highland would be largely provided within the area, but secondary care in Argyll and Bute would not. The natural 'health' communities are therefore different. effective representation of Argyll and Bute communities on the Health Board would be a concern because of the scale of the area and remoteness of the Argyll and Bute population to the strategic decision-making centre |
| Helensburgh and Lomond joins Glasgow and Clyde; remainder to Highland | 2 | <ul style="list-style-type: none"> the profile of the Helensburgh and Lomond population is very different to the rest of Glasgow and Clyde. Significantly higher deprivation in other areas would raise concerns about resource allocation to Helensburgh and Lomond 90% of Helensburgh and Lomond is classed as rural – a very different mix compared to the rest of the proposed area. This would be a more extreme example of the mix in Argyll & Clyde and would suffer the same difficulties there is no coterminosity with the Council area or CHP |
| Oban, Lorn and the Isles (OLI) to Highland; remainder to Glasgow and Clyde | 3 | <ul style="list-style-type: none"> OLI area would match well with Highlands but remainder of area would be similar to Argyll & Clyde, but with more extreme weighting towards urban areas the Glasgow and Clyde area would contain all 8 classes of urban-rural classification – a problem that Argyll & Clyde was unable to address there is no coterminosity with the Council area or CHP OLI's natural community is with other parts of Argyll and Bute, rather than Highland the arguments against Argyll & Clyde apply to this option |
| Maintain Argyll & Clyde | 4 | <ul style="list-style-type: none"> there is a very wide range of deprivation across the area and little homogeneity across populations the area contains all 8 classes of urban-rural classification for funding, Arbutnott classed the area as predominantly urban even though Argyll and Bute accounts for 92% of the land area |

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| Area | Option | Key points |
|-------------------------------------|--------|--|
| Argyll & Clyde merged with Glasgow | 6 | <ul style="list-style-type: none"> retains all the features of Argyll & Clyde, but with Argyll and Bute marginalised further by the large increase in urban population |
| Argyll & Clyde merged with Highland | 7 | <ul style="list-style-type: none"> retains all the features of Argyll & Clyde, with strategic decision making further from the main population centres and Highland gaining a significant urban area with much higher levels of deprivation |

This analysis highlighted the only two credible options as 5 and 1 from the original seven presented by the Scottish Executive. The initial conclusions were:

- Option 5, the Argyll and Bute Health Board, is the best fit
- Option 1, Argyll and Bute plus Highland is a good fit

This analysis focused on the most desirable in terms of fit with the communities that any Health Board has to serve. The Council's Policy Development Group took the view that this is critical when considering what arrangements should be put in place to deliver health services.

Questions still remained in terms of governance arrangements, possible integration with Council services to realise efficiencies in service delivery and potential impact in terms of funding allocation. These are considered in more detail below in relation to the 'best fit' of the Argyll and Bute Health Board and the other option of Argyll and Bute merged with Highland.

Argyll and Bute Health Board

Argyll and Bute Council, Argyll and Bute CHP and an Argyll and Bute Health Board are all separate bodies created under statute. Whilst there may be future opportunities to merge them to create a single integrated public sector agency, this is not a proposal in this response, but a factor to be considered that could facilitate future changes of that type.

The creation of an Argyll and Bute Health Board following the dissolution of NHS Argyll & Clyde will not increase the number of Health Boards in Scotland.

Governance

Argyll and Bute focus

Argyll and Bute poses service challenges that are probably unique in Scotland, and the UK. The geography of the area is highly fragmented, with 25 inhabited islands – more than any other area of Scotland – and a sparsely spread population across that area.

Recent changes within public sector bodies have seen Argyll and Bute increasingly marginalised as rationalisation of public agency offices have seen strategic decisions about Argyll and Bute shift to organisations based in the Central Belt. The challenges of service delivery in this area are easily overlooked

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if decisions are made in locations where access by many modes of transport is easy.

Our communities also feel this effect with a recent Citizens Panel survey indicating that more than 25% of respondents felt discriminated against because of where they lived.

Research by the Rural Action Team developed a measure of clinical peripherality that indicates much of Argyll and Bute is highly peripheral for health services. The only option proposed by the Executive that would reduce this peripherality is the creation of an Argyll and Bute Health Board.

These effects that leave Argyll and Bute on the margins of any decision making body will be significantly reduced with the creation of an Argyll and Bute Health Board that has direct links to the Health Minister, clear allocation of resources to Argyll and Bute, strong local representation on the Health Board and more transparent public accountability. Local communities, via an Argyll and Bute Health Board, will have more status, power and influence in discussions with the Health Minister and other Health Boards. The interests of Argyll and Bute would be represented at a national level.

Closer links between the strategic planning body for health, local communities and partner organisations can only build confidence in services locally. A remote body making decisions in Inverness or Glasgow will always be open to accusations of preferential treatment given to the much larger population closer to the corporate headquarters, increasing the feeling of isolation of local people from the bodies that make decisions about services that directly affect their quality of life.

In 2003/4 the percentage of different categories of secondary care provided in Argyll and Bute were:

- elective inpatients – 18% of cases
- emergency – 55% of cases
- day cases – 37% of cases
- new out patients – 55% of cases

All services outside Argyll and Bute were provided at Vale of Leven, Inverclyde, Paisley and Glasgow Hospitals. Any Health Board representing Argyll and Bute residents needs to understand the particular needs of communities that are so distant from service centres and effectively negotiate commissioning of services for those populations.

Strategic integration

Whilst there are clear operational benefits from the integration of Council and CHP services, e.g. through Joint Future and action in the Joint Health Improvement Plan (JHIP), these can only really be effectively delivered if there is strategic coordination by the Council, NHS and other partners.

Effective coordination and integration of strategic planning activities can only happen if organisations trust each other. This is more likely to occur with a coterminous Health Board and Council because there are common challenges in terms of geography, demographics and service delivery with fewer questions

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about competing priorities – for example resource allocation to other areas within a larger Health Board area. This has been an issue with Argyll & Clyde as each of the five local authorities in the area want to be able to clearly see how NHS resources are allocated to their area and is likely to be an issue if Argyll and Bute is merged with Highland. Greater trust should lead to greater pooling of resources.

Secondary care commissioning gives a good example of the tensions that could exist with a Highland and Argyll and Bute Health Board. Secondary care services from Argyll and Bute are largely provided from outside the area and Glasgow in particular. Secondary care services in Highland are largely provided from Inverness. If budgets come under pressure, the Health Board will come under pressure to protect major facilities like Raigmore Hospital, which could result in fewer services commissioned from outside the Health Board area – with disproportionate impacts on the population of Argyll and Bute.

Effective scrutiny

Effective scrutiny of a health board is essential if the public are to have confidence in the services that the board provides.

The merger of Argyll and Bute with Highland provides immediate concerns about the effective scrutiny and influence by local communities and partners on an organisation based in a city that is not part of the natural community of Argyll and Bute. Health services for the population of Argyll and Bute are either provided in Argyll and Bute or the Glasgow conurbation – there are no natural links to Inverness.

Anyone trying to scrutinise a body needs to understand the organisation and have effective access to people and information. This is less likely to be the case with a merged Highland/Argyll and Bute health Board. The situation would be very different with an Argyll and Bute Health Board headquartered in Argyll and Bute. Access would be much easier, even for more remote communities as they can use arrangements already in place for the Council.

Joint audit arrangements could provide a stronger local audit presence that is perceived as more independent because representatives of the Council could be involved in audit of the NHS and vice versa.

There would also be a stronger voice for local communities with an Argyll and Bute Health Board. Representation from democratically elected members and non-executive board members, all drawn from Argyll and Bute would encourage greater accountability to the local population. This contrasts with the situation in Highland where the Argyll and Bute population and their representatives could easily be out-voted by interests focused on Inverness and the Highland area.

Concerns about representation and local accountability are far easier to address with an Argyll and Bute Health Board. Highland would be expected to make significant changes to their executive arrangements or devolve significant control to a very strong, highly devolved Argyll and Bute CHP if questions of governance for a merged Highland and Argyll and Bute Health Board were to be adequately addressed.

The Executive has already created the right climate for scrutiny of integrated NHS and Council services within Joint Future via the Joint Planning, Information and

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Assessment Framework (JPIAF) and Children's Services. Further strategic integration could build on this to further scrutinise, audit and recommend improvements for:

- Sharing information
- Joint inspection
- Exchange of best practice
- Common standards
- Harmonising data collection requirements
- Planning
- Performance monitoring and management

SUMMARY – Governance of health services in Argyll and Bute is a significant concern. Argyll and Bute is an area that is often marginalised and any new structure must be able to demonstrate that the health needs of the local population are being effectively addressed. The complex and diverse nature of the area demands effective strategic coordination of services with agreement on common priorities across different service providers. Local communities must be able to see and contribute to effective scrutiny of service planning and delivery. These demands would most effectively be met by an Argyll and Bute Health Board based in Argyll and Bute.

Efficient government

National context

A Partnership for a Better Scotland set out the Executive's vision for public services of the highest possible quality and offering the greatest possible choice; to be achieved by matching investment with reform, increasing public sector productivity and designing services around the needs of individuals. The Efficient Government initiative, launched in June 2004 by Andy Kerr, the then Minister for Finance and Public Services, is a central part of that programme of investment, reform and modernisation.

Until now, our focus has been mainly directed at making individual organisations more efficient while working together within the Joint Future and Community Health Partnership (CHP) structures. This has been further reinforced in statute within the Community Care & Health (Scotland) Act 2002, which provided the financial framework for the NHS and councils to work in a significantly more integrated manner. In particular, the legislation allows greater flexibility for local authorities and the NHS to transfer funds to each other for the provision of operational and support services and allows the financial framework for the creation of joint projects.

The dissolution of Argyll & Clyde Health Board offers a rare opportunity to change organisational boundaries to facilitate closer, more integrated working, between two important public sector bodies. Argyll and Bute is unusual with the corporate and operational boundaries of many organisations failing to match. This complexity creates difficulties that a revised Health Board boundary could greatly

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simplify and so open up opportunities for integration across all support services within the NHS and Argyll & Bute Council and so help to realise efficiencies through integration in areas such as purchasing, accommodation and support services.

Integrated working and improved efficiencies will enable the Health Board and Council to focus resources on the people and places that matter to improve the experience of users of public services. Every pound that is used inefficiently is a lost opportunity to provide better public services.

Argyll and Bute context

The Scottish Executive's focus on the five factors of geography, rurality, coterminosity, natural communities and regional planning also provide a useful framework to look at opportunities to deliver further efficiencies in the delivery of public services in Argyll and Bute. The areas that could deliver efficiencies are evident at corporate and operational levels and extend beyond health related services. Opportunities that are already being developed in partnership with the NHS include:

- Integration of service provision within the Joint Future Partnership
- Joint work within the Community Planning Framework

Further integration at corporate levels would be a logical extension of the work progressing through Community Planning and Joint Future as both clearly go beyond the simple alignment of operational services. They have developed into an agenda that involves the integration of services and the active involvement of support services in the development, planning and creation of protocols that support operational services. Procurement, Personnel, Finance, ICT, Asset and Facilities Management, Legal, Planning and Transport are all support services that offer potential for closer integration between Argyll and Bute Council and an Argyll and Bute Health Board.

Some steps have already been taken under Joint Future and Community Planning, but there is potential for much more. A coterminous health board offers greater opportunities to extend joint planning for the region to a wider range of support services – building on the progress made with operational activities to date where we have integrated teams, co-located, working with integrated e-care systems to agreed protocols. Common boundaries offer transparency in terms of governance and common understanding and focus between organisations about the challenges facing service delivery for local populations in Argyll and Bute's complex environment.

Closer coordination and integration between the NHS and Argyll and Bute Council takes scrutiny and efficiency significantly further than the Joint Future or CHP proposals. This crossing of organisational boundaries has the potential to transform support services to develop a single and integrated approach that is both efficient and cost effective.

Progress so far

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The focus of Joint Future is improving service outcomes for clients and carers via an integrated and efficient working relationship between the NHS and the Council. This allows for improvement in both efficiency and quality.

Our work within Joint Future and development of the CHP has clearly highlighted the need for high-level governance arrangements between the Council and the NHS that focuses on more efficient and customer-focused processes for service delivery. Operational changes can only be effectively implemented if there is trust, openness and common goals at a strategic level between the partner organisations. So, whilst integration will largely be apparent in operational areas between the Council and CHP, there needs to be a clear Health Board commitment – which will be best facilitated by an Argyll and Bute Health Board free of the distractions of priorities from other areas outside Argyll and Bute.

Argyll and Bute Council and its community planning partners are committed to the closer integration of public services and are keen to enable steps that would facilitate the creation of a single public service authority for the area – if Scottish Executive research proves this to be an effective model for service delivery.

Areas for future consideration

The Council and NHS invest significant resources in the development of support services for the assistance of operational services. These provide fertile ground for joint working and opportunities to remove duplication or unnecessary effort so that time and resources can be redirected to service delivery and client-centred outcomes. Areas identified for further investigation include:

- Procurement
- Personnel management
- Asset and Facilities Management,
- Information and Communications Technology
- Finance/Salaries
- Planning
- Legal
- Transport

Some of these are already managed via collaborative arrangements, e.g. the NHS and the Council both link with regional or national purchasing arrangements and the NHS has national arrangements for legal and financial support. Any review would take account of these and look for opportunities to benefit both partners, either by tapping into national networks or using local support that could speed up processing of particular areas of work.

This also meets Scottish Executive expectations for Efficient Government where organisations will be expected to use Executive support services or share support services with other organisations.

1. Procurement

There are major gains to be made from better procurement practice by extending e-Procurement gains, using the best of existing collaborative arrangements with

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other partners and integration in other areas to maximise purchasing power. Examples include the Council's Pecos system and the Authorities Buying Consortium.

2. Personnel management

Processes relating to recruitment and retention, workforce planning, absence management and job evaluation are central to the functions of personnel services and are an important area for collaboration. There are particular challenges in an area like Argyll and Bute where rural nature and fragmented geography make recruitment more difficult, especially if managed remotely to the area (as is the case with Argyll & Clyde).

Although the experience of the Joint Future agenda has highlighted many difficulties in retaining clear employment status for staff within the two partner organisations that must be retained there are areas of work that would benefit from an integrated approach. Greater strategic integration would alleviate some of these difficulties, especially if the strategic focus was solely on Argyll and Bute.

3. Asset and Facilities Management

Areas like Argyll and Bute with its low population density need a network of locations to deliver services. The number of locations far exceeds that which would be expected for the same population in an urban setting. This creates difficulties for all service providers and joint development and management of assets is one way to secure higher quality service delivery points with lower running costs. Services are also improved because many services can be accessed from one location.

Within the Joint Future Partnership, this is already being progressed on the basis of efficient use of buildings in support of the targeted outcomes of co-location of staff and integration of services e.g. joint day services for older people and redevelopment of the Mid-Argyll Hospital with co-location of hospital services, dentistry, GPs and local authority staff.

Argyll and Bute Council has embarked on a programme to review and rationalise assets and there is significant scope to develop this further with a local strategic partner. There would need to be close working and common priorities and a Health Board with an Argyll and Bute focus would help to achieve this aim with more effective long term planning for provision of assets and their day-to-day management.

After employee costs, the management of assets is typically the second highest cost on the revenue budgets of public sector bodies and efficient asset management can make a significant difference to revenue availability for service delivery.

4. Information and Communications Technology (ICT)

The integration of the ICT agenda within operational services across Health and the Council is a central component of Joint Future Agenda. The development of an integrated, electronic assessment process that serves social work, housing and nurse practitioners is one of the major priorities for the partnership and requires an integrated approach in terms of planning, finance and implementation.

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The general integration of ICT support services can build on this work in terms of system development, procurement, training and maintenance arrangements that are presently duplicated across the NHS and the Council.

5. Finance/Salaries, Planning and Legal

Integration of personnel services also offers scope for development of joint arrangements for payment of salaries. There is also an opportunity to review our financial management and planning systems so that budget and service planning complement each other (taking account of the fact that the NHS is tied into national arrangements for financial management).

Joint Future is a significant building block to help develop this closer working. Personnel from both partner organisations work to common protocols for the management of budgets across integrated services. Further efficiencies and greater standardisation can be realised by developing this further with more efficient use of staff to develop financial planning and monitoring systems.

There may be some scope to reduce duplication of legal services or to take advantage of other external arrangements available to the NHS or the Council – for example from national services or particular partnership agreements.

6. Transport

There are possible benefits in two areas with regard to transport. They relate to fleet management and service coordination for the transport of goods and people. The significant distances in Argyll and Bute and the need to provide services to island communities suggest that there is significant scope to make savings from better coordination of these services.

SUMMARY – The redefinition of the health board boundaries offers an opportunity to progress the Executive’s Efficient Government initiative. This moves beyond efficiencies within one organisation, or several organisations in one sector, to different organisations working in one geographic area – a possible prelude to the development of single public service authorities. There has been some integration at an operational level with Joint Future, but more extensive integration is only possible with close strategic alignment and coordination. For these reasons, Argyll and Bute would be best served by its own health board to enhance transparency, build greater trust and benefit from fewer competing priorities and so further integrate service delivery.

Financial impact

An assessment of the likely financial impact of the different options for Argyll and Bute has been difficult and the calculation of a per capita allocation for each option based on current allocation mechanisms has not been possible. The principal difficulties relate to the limited availability of data and weightings for health board or local authority boundaries, so any option that divided the Argyll and Bute area could not be assessed.

A partial assessment was possible for the options for Argyll and Bute Health Board and Argyll and Bute merged with Highland, but only in terms of the likely direction of change of any funding allocation rather than a quantified result. Two factors affected this analysis; first the lack of a remoteness weighting factor for

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Argyll and Bute to include in the Arbuthnott formula for calculating per capita allocations; and second insufficient detail about the final calculation in the Arbuthnott formula to produce the overall weighting for budget allocation.

The cooperation of the Scottish Executive Health Department is acknowledged in terms of the amount of information shared on this topic as the analysis could not have been completed without that contribution.

Our analysis, based on factors used in the current Arbuthnott formula for allocating funds, suggests that:

- Argyll and Bute is likely to receive a higher overall per capita funding allocation than under Argyll and Clyde, largely because of the age/sex profile of the population and higher remoteness weighting (the deprivation factor would probably reduce)
- the three main factors for the Arbuthnott formula are likely to be similar for Argyll and Bute and Highland, so Argyll and Bute would not be advantaged or disadvantaged if in a dedicated Health Board or merged with Highland

In terms of overheads, there should be little difference between the two options under discussion. All but one health board have 15.6-18.1% of their staff classed as Admin, Clerical and Senior Management (Highland 18.0% and Argyll and Clyde 16.7%). There is nothing to indicate that an Argyll and Bute Health Board would be outside this range.

Also, costs associated with primary care or care commissioned outside the area are unlikely to change as a result of redefined health board boundaries. Costs of access to nationally provided support will remain the same, whatever prevails for regional arrangements.

SUMMARY – The significant similarities between Argyll and Bute and Highland suggest that there would be no significant difference in terms of per capita funding allocation overheads/care costs between an Argyll and Bute Health Board and a merged Argyll and Bute and Highland Health Board. Basic comparisons between different health boards suggest that overheads are unlikely to stray from current norms as all health boards, bar one, follow a similar pattern.

Community voice

NHS professionals

XXXX Council, NHS, health care professionals, local people?

Council staff

XXXX

Local communities

XXXX information we're looking for from the next Citizens Panel survey – plus check previous surveys

XXXX other information from the population

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| COMMUNITY PLANNING BUDGET 2005/06 | | |
|---|-----------------|--------------------------------|
| April-August 2005 | | |
| INCOME | Budget | Income Year to Date |
| Contributions from Partners/Others: | | |
| AIE | £13,721 | £13,721 |
| NHS | £12,194 | £12,194 |
| Communities Scotland | £7,622 | £0 |
| SNH | £11,013 | £11,013 |
| Scottish Enterprise - Dunbartonshire | £4,244 | £4,244 |
| Forestry Commission | £3,183 | £3,183 |
| Strathclyde Police | £3,183 | £3,183 |
| Strathclyde Fire Brigade | £3,273 | £3,273 |
| Careers Scotland | £3,183 | £3,183 |
| Tourist Board | £1,524 | £1,524 |
| Argyll and Bute Council | £22,866 | £22,866 |
| Scottish Executive Capacity Building Grant | £20,000 | £20,000 |
| CPP surplus from 04/05 | £17,938 | £17,938 |
| Total Income | £123,944 | £116,322 |
| EXPENDITURE | Budget | Year to Date Spend |
| Direct/Indirect Employee Costs | | |
| Staff Costs (Includes Admin, NI/Pension, Car allowance/Travel & Subsistence) | £51,873 | £13,770 |
| Staff Training | £500 | £0 |
| Conference Fees | £1,000 | £0 |
| General Costs | | |
| Furniture | £100 | £100 |
| Printing and Stationery | £8,000 | £1,656 |
| Postage | £1,000 | £249 |
| Telephone | £1,040 | £22 |
| Computer Software | £200 | £0 |
| IT Consumables | £800 | £0 |
| Publicity | £1,000 | £0 |
| Routine Hospitality(catering for meetings) | £6,700 | £2,152 |
| Hire of Facilities | £1,469 | £272 |
| Third Party Travel & Subsistence | £1,500 | £972 |
| Consultants | | |
| IBP (Citizens Panel) | £16,000 | £2,945 |
| Grants to Other Organisations | | |
| Capacity Building Fund | £20,000 | £10,000 |
| Total Expenditure | £111,182 | £32,138 |
| Projected Surplus 05/06 | £12,762 | |

| | | |
|--|-----------------|--|
| | | |
| | | |
| DRIVE SAFE INITIATIVE | | |
| | | |
| Income | | |
| Strathclyde Fire Brigade | £3,000 | |
| Strathclyde Police | £3,000 | |
| NHS | £3,000 | |
| Scottish Executive | £9,000 | |
| Total Income | £18,000 | |
| | | |
| Expenditure | | |
| DriveSafe Packs for Scottish Local Authorities | £9,000 | |
| Tax Disc Holders | £135 | |
| AdTrailers/Banners | £1,610 | |
| Total Expenditure to Date | £10,745 | |
| | | |
| CHOOSE LIFE INITIATIVE | | |
| | | |
| Income | | |
| Scottish Executive Funding c/fwd 04/05 | £68,290 | |
| Scottish Executive Funding 05/06 | £83,000 | |
| Total Income | £151,290 | |
| | | |
| Expenditure | | |
| Salary plus general expenses | £39,964 | |
| Postage | £247 | |
| Total Expenditure to Date | £40,211 | |

ARGYLL & BUTE COMMUNITY PLANNING PARTNERSHIP**Meeting of Management Committee: 5 October 2005****Report from Health & Well-being Theme Group**

I have reported before that the Health & Well-being Theme Group had agreed in principle to hold a conference on alcohol in partnership with the local Substance Forum & ADAT. This is now scheduled for 18 November in the Argyll Hotel, Inveraray, from 10.00-4.30. The purpose of the day is to produce the next Alcohol Action Plan for Argyll & Bute. The format of the plan will be similar to that of the JHIP i.e. with a strategic section to inform the development of local plans.

I reported that, for the first time, the Health & Well-being Theme Group would have a role to play in the allocation of money from the Health improvement Fund. At our last meeting the Group considered eight bids for funding and agreed to fund the following.

- Making It Happen In Mid Argyll - £3,610
- Development and Support of Local Health Partnership (Bute) - £7,000
- Development of Local Health Partnership (Kintyre) - £2,098 (subject to some further discussion)
- Developing a Local Public Health Network (Islay) - £2000

The other bids all required some further work before the Group felt they could consider/approve them. Other bids are being invited.

Some time ago the Management Committee asked the Theme Group to consider how Care and Repair and the various initiatives might tie together. This would fit with the remit of integrating health and housing projects in Argyll & Bute. The Theme Group discussed this at its meeting in August and agreed that I should convene a group to scope the exercise. This would consist of representatives from Strathclyde Police, Better Neighbourhood Services, Communities Scotland and the Fire Brigade. It would consider the implications of the task and report back to the Theme Group. The Theme Group could give the matter further consideration and, in turn, report the Community Planning Management Committee. This meeting is being organised.

At its most recent meeting the Theme Group once again reviewed some progress on the JHIP. The annex to this paper reports on the monitoring of Section One. I should like at the meeting of the Management Committee to touch on the scale of the exercise required to address the first action point under the strategic objective of Improving Partnership Working.

At its next meeting on 31 October the Group is going to discuss the programme and process for reviewing and updating the JHIP for presentation to the Community Planning Partnership for approval.

Gavin Brown
Chair, Health & Well-being Theme Group
22 September 2005

ARGYLL & BUTE COMMUNITY PLANNING PARTNERSHIP:
HEALTH & WELL-BEING THEME GROUP

MONITORING OF THE JHIP

This paper is a version of the Monitoring Paper considered at our meeting on 19 september but revised in the light of the discussion at the meeting.

| What needs to change | What will be done | Agreement on 23 May |
|---|---|---|
| Priority 1 Improved Partnership Working on Health and Well Being | | |
| A 1:1 Better links between plans | Identify all plans relating to health improvement within partner organisations and highlighting opportunities to reduce duplication | To be done by Gavin Brown (NHS) Shirley MacLeod (Argyll & Bute Council) Eleanor Dickie (Communities Scotland) |
| Update Gavin Brown has prepared a paper that begins to set out the plans and objectives. Shirley MacLeod has identified up to 23 Argyll & Bute Council plans | | |
| | Adopt and roll out FUSIONS with Integration of Integrated Community Schools and Changing Children's Services Funds | Ann Campbell/Sheila Walker to consider and develop into a more focussed objective |
| Update Sheila Walker will circulate the FUSIONS monitoring report that will probably cover this. | | |
| | Roll out of Health Promoting Schools to all schools by 2007 | Sheila Walker to report |
| Update Part of the FUSIONS plan. | | |
| A 1:2 Agreed and understood aims and objectives | Agreed partnership aims for each action point | |
| Update Part of the activity under the first Action Point. | | |
| Priority 2 To Reduce the Negative Impact of Alcohol Misuse | | |
| A 2:1 To promote the positive use of alcohol | Link in with National campaigns and strategies to promote positive messages | Gavin Brown to co-ordinate - linked to alcohol event (see below) |
| Update Two planning meetings have been held together with ADAT and the local Substance Forum to plan an event for 18 November. | | |
| A 2:2 To work with national agencies to reduce the effects of binge drinking | Hold Public Health conference to review action plan and identify funding streams | Idea agreed by Theme Group Ann Campbell, Shirley MacLeod and Gavin Brown to produce proposals |
| Update As for A 2:2 | | |
| A 2:3 To encourage links between ADAT at strategic level and with public health networks | Hold joint meetings, improve communication, share information | Gavin Brown has written to ADAT |

| | | |
|--|---|---|
| Update Gavin Brown and Steve Lydon, the ADAT Secretary, have met and agreed the need to establish closer links. The joint working on the alcohol event presents a focussed activity in which the groups can work more closely together | | |
| Priority 3 To Reduce the Incidence of Coronary Heart Disease, Stroke and Cancer | | |
| Action A 3:1 Improve diet in all ages under Challenge Plan headings Early Years Teenage Transition Workplace/Communities | Actions from Eating for Health Plan for Argyll & Bute 2004-2006 | Group to receive a formal report on implementation of the plan (Ann Campbell/Shirley MacLeod) |
| Update The Food & Health Plan is being reviewed. The three-year plan will be brought to the Theme Group. | | |
| A 3:2 Achieve a sustained increase in activity levels of the whole population under Challenge Plan headings Early Years/Teenage Transition Workplace Communities | Actions from Sports and Physical activity Strategy implemented Local groups identify actions from Physical Activity Open Space | Need to establish progress on the Argyll & Bute Sports & Physical Activity Strategy that was to be issued for consultation. (Shirley MacLeod) |
| Update The Physical Activity Strategy is now out for consultation. | | |
| A 3:3 Reduce the prevalence of smoking in all age groups | Each local action plan to identify at least one action in relation to smoking and health | Plans will need to be reviewed |
| Update All Local Plans include smoking cessation activity | | |
| | Review Tobacco Policies in all partnership establishments | The Group's action will need to take account of legislative changes. Gavin Brown to write to partners |
| Update Gavin Brown has written to partners. So far Argyll & Bute Council, Strathclyde Police and Strathclyde Fire Brigade have replied enclosing copies of their current policies. NHS Argyll & Clyde is about to conclude consultation on its revised No Smoking Policy. | | |
| Priority 4 To Improve Mental Health and Well Being | | |
| A 4:1 Preventing suicide, raising awareness, reducing stigma and aiding recovery | Implement Choose Life Action Plan | The Group will need a report from the Choose Life Initiative |
| Update The Group heard a report from the Coose Life Co-ordinator at the meeting on 27 June. The Choose Life Steering Group have been asked to consider how to ensure reported slippage is recovered and report back. | | |
| A 4:2 Promotion of positive mental health and well-being | All partners to adopt, implement and monitor a mental health in the workplace policy | Dave Bertin to consider and produce a more focussed plan |
| Update See report below. | | |
| | Implement actions in the report on the Poverty and Mental Health Conference March 2004 | Group to return to this after report re-circulated |
| Update See separate note on the Poverty and Mental Health Conference. Dave Bertin will report to the Group on 31 October. | | |

| Priority 5 To Help Communities Feel Safer | | |
|--|--|---|
| A 5:1 To improve road safety and reduce road accidents | All Community Planning Partners and Private Sector to implement DRIVESafe | |
| Update DRIVESafe are preparing a three-year plan for the Community Planning Management Committee. | | |
| A 5:2 To reduce anti-social behaviour, crime and fear of crime | Implement the approved Building Strong, Safe and Attractive Communities Plan | Shirley Macleod/Gavin Brown to establish |
| Update Gavin Brown has prepared a paper (now circulated). | | |
| | All Community Planning Partners to adopt the Community Safety Strategy | Shirley Macleod/Gavin Brown to establish |
| Update Gavin Brown has prepared a paper (now circulated). | | |
| A 5:3 Adoption of zero tolerance of domestic abuse. | Implement the Argyll & Bute Against Domestic Abuse Strategy | Strategy being reviewed Hold for the time being |
| Update Determine status of strategy and review. | | |
| Priority 6 To Reduce Inequalities Through the Development of Social Care and Health Care Services | | |
| A 6:1 Reduction in the number of homeless people. | Adopt the Argyll & Bute Homelessness Strategy | Strategy being reviewed Hold for the time being |
| Update Determine status of strategy and review. | | |
| A 6:2 Improving information education and access to facilities for elderly people living in poverty | Each local network to identify at least one action to improve quality of life for older people living in poverty | Plans will need to be reviewed |
| Update All plans have an action about improving life for elderly people but not specifically those living in poverty. | | |
| A 6:3 Increasing opportunities for consultation and involvement of young people in health promotion & well-being | Online consultation on health & wellbeing issues | Gary Haldane/Gavin Brown to publicise Dialogue Youth's facility to partners |
| Update The new web site has been set up. | | |
| A 6:4 Health inequalities in socially excluded areas need to be addressed within the JHIP | Health Improvement Actions in the Regeneration Outcome Agreements to be reflected in the JHIP and local action plans | Related to first action point |
| Update Still part of first action point. | | |

**THEME LEADER REPORT TO COMMUNITY PLANNING PARTNERSHIP ARGYLL
& THE ISLANDS LOCAL ECONOMIC FORUM**
7TH September 2005

This meeting included four key presentations.

Points of note included:

Status of the Campbeltown Contact Centre – lease now signed and 50 staff to be employed by the end of October. Tower construction capacity worldwide at Vestas is being reviewed and there is a need to ensure the Scottish facility is retained. There was a discussion on the anti-wind farm lobby, its effect on wind-farm production, and the need for a more pro-active, pro-wind farm lobby to be mobilised. The extended quay in Campbeltown, put in place to assist Vestas, was progressing well. The effect of the Scottish Executive targets on renewables was discussed. There have been a large number of responses to the latest consultation on the Argyll & Bute Council Local Plan. The NAC Local Plans are now in place. Where there are unresolved matters on the Argyll & Bute plan there are likely to be Planning Enquiries. There had been a meeting of CEO of LEC's covered by the National Parks and there was a recognised need to encourage businesses within the Park to be more active. Ken Abernethy was planning to contact Mike Cantley, Vice Chairman of VisitScotland to progress actions. It was agreed to obtain and circulate HIE & A&B Council's response to the consultation on Marine National Park. It was noted that no progress has been made on the transport strategy as the transport partnerships had not been finalised. It was noted that HIE was formulating some thinking and the new Scottish Transport Minister, Tavish Scott, had his own thoughts. The lack of progress was affecting island sustainability and economic development. It was noted that despite the lack of a current strategy, there was still progress on transport infrastructure.

- Linkspans at Oban and Dunoon
- Bruichladdich Pier
- Port Askaig Terminal
- Argyll Air Services linking Colonsay, Coll etc to Oban and Glasgow

There has been a change in attitude and perception despite the lack of a formal strategy following individual issue consultations. The tenders for Argyll Air Services were now in at £6m and are up for 49.9% ERDF intervention provided additional capital funding could be found from other partners.

Changes to the Scottish Ambulance Services provision were highlighted and it was agreed to invite them to a future LEF meeting. It was noted that there were 7 weeks left on the consultation on the future of the Argyll & Clyde Health Board. The new Mid Argyll Hospital is due to open in March 2006. The Mull Progressive Care Centre is going for approval to the various bodies.

The four presentations were:

(1) KEN MCTAGGART – ECONOMIC STRATEGY – MEASURING PROGRESS

The Aim of the economic strategy is achieved by 5 objectives with 17 Priorities. It is the intention to monitor progress against these 17 priorities. Constraints are variable quality of official statistics, non-contiguous boundaries of the official areas (police, health, council, LEC etc) sourced from different bodies, but while uniformity does not exist best estimates to monitor progress of the strategy will be used, i.e. the best we can get.

In some cases the factor to be measured may be change, for example, Broadband coverage may change to Broadband take-up. The baseline study needs to be flexible to assess progress. The fall in unemployment needs to be examined against population trends. It was noted that the provision of health facilities in rural areas had a significant economic effect. There was a debate on how East European labour was eliminating seasonal unemployment, how local colleges had a role on retaining young people to work seasonal in local areas, how to train locally, and Argyll College's role in this was recognised. Data will be collected from 04 (annual) and 05 (quarterly) and be reported annually using graphs and tables with a community to set the data in context. The first report will be made as at the end of December detailing coverage of each data set. Agreement from members/partners by mid October was sought on the measures to be used, and the first report available in February 06. There will also be a quarterly activity report which will be co-ordinated by Ken McTaggart, covering what is happening in each organisation, including major projects and significant barriers in order to give members an overview of what is happening.

There was a short discussion on how to imbed the economic strategy within member's economic activity. Reference to the strategy should be made in any papers requesting budgets or actions within the statutory bodies. There is also an issue on how to embrace the strategy within the different organisations at a day to day level.

(2) MIKE BRESLIN – ARGYLL COLLEGE – UPDATE ON THE NEW CONSTRUCTION TRAINING CENTRE (part of the CONSTRUCTION EXCELLANCE INITIATIVE)

The project will cost £992,000 to purchase land, build the centre and provide equipment and funding is largely in place from a number of sources with an application of £346,000 to ERDF. There is very little money left in the EDRF fund, but as there is much partnership working the application is seen as very strong. The professional contracting team will be encouraged to work "at risk" to get building control applications in place. Planning is in place.

(3) BILLY WALKER – JOBCENTREPLUS – PATHWAYS TO WORK

In 2003 there were seven pilot Pathways to Work aimed at these on Disability Benefits. Once a client has been on Incapacity Benefit for a year, they find it difficult to return to work even if they wish to. While there are 7,000 unemployed in the JCPlus area, there are 32,000 on Incapacity Benefit, so there is a lot of work to identify suitable clients and then help them back to work. (The JCPlus area covers Renfrew, Inverclyde and Argyll & Bute).

There are three identified barriers to their return to work:

- lack of confidence
- lack of skills
- lack of financial incentive.

There are a number of funds available to advisers to overcome these barriers. While these include financial incentives there is a Conditioned Management Programme to improve the health (not illness focused) of the client. This appears to be working well with mental health and addiction issues. This programme is working with a number of partners, NHS, employers, statutory partners, voluntary sectors, to address the economic constraint of a reducing workforce. There is an In Workforce Support mechanism to assist small businesses who are employing for the first time.

Performance so far is good, job entries have doubled compared to previous year, 8-10% off benefit flow found work and 20% of customers have taken up the “ Choices “ Option, 10% of 7,500 on programme are volunteers.

Changes to the Benefit Systems are resulting from the success of Pathways to Work but there needs to be:

- More Back to Work support from NHS
- Healthier workplaces

Incapacity Benefit recipients will in the future have:

- Work Focused Interview at week 8
- Back to Work Action Plan

(4) PATRICK FLYNN – COMMUNITIES SCOTLAND – LOCAL SOCIAL ECONOMY PARTNERSHIP UPDATE

Patrick started by explaining as LSEP is nested in the LEF; he needed to get the groups agreement to use his draft action plan as a consultative document. While Argyll had a very strong volunteering tradition, there were very few social enterprises in the area. Papers and studies are being prepared on:

- Procurement
- Gross sector trading
- Healthcare sector

along with links to HIESEZ and similar groups. There will be successor funds to Futurebuilders but whether this is a grant or loan fund, is not yet decided. Patrick agreed to attend and update the next LEF meeting.

The next meeting will be held on 14 December 2005.

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Community Planning Partnership Management Committee

Wednesday 5th October 2005

Third Theme Group – Update

SUSTAINING AND DEVELOPING OUR COMMUNITY'S CULTURE AND ENVIRONMENT

At the last Theme Group meeting on the 24th August 2005, there was a good attendance of 18 people, and an auditor from Audit Scotland sat in to observe the business being conducted as part of the Best Value Review of Argyll and Bute Council. Fergus Murray, the Council's Development Policy Manager gave a presentation on the Argyll and Bute draft Local Plan and an update on the current status of finalising the document in view of objections raised. It was confirmed that until the document is fully implemented, any applicants should make reference to the relevant Local Planning Officer as at this stage sections of both the new and the old document are relevant. Concerns about the local infrastructure are still to be resolved and it was noted that there has been no comment to date on the plan from Scottish Water.

Malcolm MacFadyen, Head of Planning and Performance for the Council, gave an update on the Local Housing Strategy. It was confirmed that Year 1 targets have been met in almost all cases, with just one or two issues requiring an alteration and these will be accommodated within the overall timescales. Although awaiting formal feedback from Communities Scotland, initial indications are that the Strategy Forum is performing very well. A fruitful discussion followed which was of value to all CPP partners.

A review of the Theme Group's six priority actions took place and the following progress was noted.

Priority 1. To provide adequate and affordable housing.

All actions are on target and it was noted in particular that financial packages for the progressive care initiatives on Mull, Iona and Jura have now been resolved.

Priority 2. To address accessibility and transportation needs.

As discussed in some detail at the previous Theme Group meeting, it was noted that actions were on target.

Priority 3. To enhance the sense of community participation and identity.

The Regeneration Outcome Agreement has been submitted to Communities Scotland and received a positive response. The final annual report for the SIP has been completed and it was noted that European Funding has been achieved to try and take forward the development of community enterprise for the Soroba area which is no longer part of the ROA.

Priority 4. To protect and enhance Argyll and Bute's rich environmental assets.

There has been limited progress to-date in implementing the action points and it was agreed that SNH would take the lead in preparing a presentation for the next Theme Group on this priority.

Priority 5. To address waste management, renewable energy and energy conservation issues.

Alan Miller updated the group on the positive improvements to waste infrastructure and agreed to provide a further update at a future meeting. With regard to renewable energy and energy conservation issues, it was agreed that Audrey Martin would take the lead in providing an update on renewable energy actions at the next Theme Group meeting.

Priority 6. To enhance Argyll and Bute's rich cultural heritage.

The Council's Cultural Strategy has been approved and is in place, with ongoing consultation with all interested stakeholders.

Donald MacVicar
Head of Community Regeneration

12th September 2005.

ARGYLL & BUTE COUNCIL**COMMUNITY PLANNING
PARTNERSHIP****MANAGEMENT COMMITTEE****TRANSPORTATION & INFRASTRUCTURE****DATE: 5TH October 2005**

PREPARATION OF LOCAL TRANSPORTATION STRATEGY

1. SUMMARY

- 1.1 The white paper, "Scotland's Transport Future" signals significant reforms in the way that transport is delivered in Scotland.
- 1.2 Local Transport Strategies (LTS) are the means by which local authorities describe how they intend to deliver on both national and local transportation objectives and provide an action plan for meeting local challenges and objectives.
- 1.3 Guidance has been issued by the Scottish Executive on developing an effective LTS and it expects all Local Authorities to review their existing strategies and complete this latest review by 2006.
- 1.4 To ensure that the LTS reflects the needs of the people of Argyll and Bute it is intended that stakeholders are involved in the development of the strategy, and this will be best achieved by engaging with the Community Planning Partnership (CPP). It is expected that the Partnership will take an active role in the process such that the emerging strategy will meet the requirements of all agencies involved.

2. RECOMMENDATION

- 2.1 The Committee note the requirement to prepare the LTS over the coming months, and agree the proposals to engage the CPP, the Area Committees and other major stakeholders in the process. The Committee are also asked to note the proposed use of the Citizens Panel to gauge public opinion on transportation issues.

3. BACKGROUND

The following transport matters are significant to the Council in developing its LTS:

3.1 Scotland's Transport Future

The white paper, "*Scotland's Transport Future*" sets out the Scottish Executive's aims and objectives for transport.

The Executive's overall aim is to:

".....promote economic growth, social inclusion, health and protection of our environment through a safe, integrated, effective and efficient transport system."

3.2 National Transport Agency

A new National Transport Agency should be established by the end of 2005 which will be responsible for the trunk road and rail networks and delivery of national transport services.

3.3 Regional Transport Partnerships

The Minister's current proposals are for seven statutory Regional Partnerships to be established by April 2006. The partnerships will have the common statutory requirement to produce Regional Transport Strategies for their areas. These strategies will need approval from the Scottish Ministers and will be binding on their constituent authorities.

3.4 Local Transport Strategies

LTS should communicate the authority's strategy and proposals for transport to its citizens.

Guidance on LTS production has been produced by the Scottish Executive which identifies how authorities might deliver on national and local objectives. A central theme is the support of projects/policies that encourage people, wherever practical, to move away from the car to other more sustainable modes of transport.

The LTS should cover a three year period in detail and the timetable for production anticipates completion of the document during 2006. It is recognised that many transport projects extend beyond this period and that the strategy will need to reflect this.

4. DETAIL

4.1 Transport impacts on the lives of everyone in the community - it is the social and economic "glue" of any society. It is therefore important to ensure that the LTS is inclusive, reflects the needs of the entire community and facilitates the Council aim of Argyll and Bute being Scotland's leading rural area.

4.2 Given the importance of this strategy it is intended to widely engage the community in creating the LTS. It is proposed that this be achieved by the active involvement of all partners in the CPP, and other major stakeholders (see Appendix 1), such that the final strategy reflects the views of the community. The proposed delivery mechanism is as follows:

- All partners will be asked to sign up to the production of the LTS, to engage in its development, and to take ownership of the final strategy document.
- The Council will guide the LTS partnership in this work to bring to the fore the partners' concerns / ideas for transport in their particular field within short and medium timeframes. e.g. it is hoped that local economic forums will play a prominent role in the preparation of economic development aspects of the strategy.
- Working groups will be established to achieve this aim and it is envisaged that an interactive process will be vital in securing the partners' ownership of the strategy.

4.3 The Council's website will also form a key role in the LTS consultation / information process and indeed the Scottish Executive expect all completed

strategies to be published on authorities' websites. The website has successfully been used recently for several online questionnaires and comments - most recently the Local Plan (almost 300 responses received via the internet). To reach more of our citizens and to possibly target particular issues, e.g. ferry travel, it is intended to generate online questions to raise awareness of the LTS and gain opinion.

- 4.4 Transport related issues were identified in the first questionnaire of the Citizens' Panel as one of the most important areas of concern for the people of Argyll and Bute. The second questionnaire, in October 2001, focussed solely on transport issues and achieved a response rate of 66%. The next questionnaire issue is September 2005 and it is intended to repeat some of the questions asked in 2001 and introduce some additional questions in order to gauge whether public attitudes and practices have changed on matters such as how people travel, walking, cycling and public transport information.
- 4.5 It is anticipated that a consultative draft of the LTS will be sent to the Executive in the spring of 2006 with a view to producing the final document by the end of the summer. (See timetable included in Appendix 2.)

For further information - please contact Nicola Debnam
Transportation & Infrastructure
01546 604120

| | |
|---------------------|--|
| POLICY | The LTS will be one of a suite of Council policy documents. It will set a direction for future investment in transport infrastructure and it is hoped the LTS will influence the developing Regional Transport Strategies. |
| FINANCIAL | There are no immediate financial consequences to the production of this strategy document, other than staff time and publishing costs. It is important however that large scale infrastructure projects identified as necessary for economic regeneration are included in the strategy if they require, in time, to secure funding from the Executive from sources such as the Integrated Transport Fund. |
| PERSONNEL | N/A |
| EQUAL OPPORTUNITIES | Consultation process needs to ensure all stakeholders are reached. |
| LEGAL | N/A |

Dave Duthie
Head of Transportation and Infrastructure
27th September 2005

Appendices, see over

APPENDIX 1 - Proposed members of LTS workshops

| | ENVIRONMEN T | SAFETY | ECONOMY | INTEGRATIO N | ACCESSIBILIT Y |
|---|---|---|--|--|---|
| WE WANT TO..... | Protect our environment & improve health by building and investing in public transport and other types of efficient and sustainable transport, which minimise emissions and consumption of resources and energy. | Improve safety of journeys by reducing accidents and enhancing the personal safety of pedestrians, drivers, passengers and staff. | Promote economic growth by building, enhancing, managing and maintaining transport services, infrastructure and networks to maximise their efficiency. | Improve integration by making journey planning and ticketing easier and working to ensure smooth connection between different forms of transport. | Promote social inclusion by connecting remote and disadvantaged communities and increasing the accessibility of the transport network. |
| WHO CAN HELP US ACHIEVE THIS..... | | | | | |
| Proposed lead member | Forestry Commission | Community Safety Partnership | Local Economic Forums | Argyll & Bute Council - Public Transport Officer | Argyll & Bute Council - Community Services, Community Regeneration |
| Proposed team members | Shanks Scottish Natural Heritage Scottish Environmental Protection Agency Scottish Water West Coast Motors ALI Energy Loch Lomond and the Trossachs National Park Vestas Argyll & Clyde Health Board | Scottish Ambulance Service Strathclyde Police Strathclyde Fire Brigade Caledonian MacBrayne Highland Rail Partnership West Coast Motors Argyll & Clyde Health Board | Argyll and the Isles Enterprise Chamber of Commerce Careers Scotland Job Centre Plus Scottish Enterprise Dunbartonshire | Forestry Commission Tesco Freight Transport Association Strathclyde Passenger Transport Caledonian MacBrayne Highland Rail Partnership West Coast Motors | Argyll CVs Careers Scotland Job Centre Plus Housing Association Association of Community Councils Young Scot Argyll & Clyde Health Board |
| Proposed team members - Argyll & Bute Council | <u>Development Services - Planning Access Project Manager</u> Local Biodiversity Officer Development Policy <u>Operational Services - Facility Fleet Manager</u> <u>Corporate Services - Legal & Protective Protective Services Officer</u> | <u>Development Services - Transportation & Infrastructure Road Safety Training Officer</u> <u>Chief Executive's Unit - Personnel Health and Safety Manager</u> <u>Corporate Services - Legal & Protective Protective Services Officer</u> | <u>Development Services - Planning Development Projects Employability Unit</u> <u>Operational Services - Roads & Amenity Roads</u> | <u>Development Services - Planning Development Policy</u> <u>Corporate Services - Democratic Services and Governance</u> <u>Community Services - Planning & Performance</u> <u>Operational Services - Roads & Amenity Roads</u> | <u>Community Services - Planning & Performance</u> <u>Community Services - Community Support</u> <u>Community Services - Housing</u> <u>Community Services - Children & Families</u> <u>Development Services - Planning Development Policy Employability Unit</u> |

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ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP

A meeting of the ARGYLL AND BUTE COMMUNITY PLANNING PARTNERSHIP will be held in the COUNCIL CHAMBERS, KILMORY, LOCHGILPHEAD on FRIDAY, 11 NOVEMBER 2005 at 11:00 am.

Coffee will be available from 10.45 am

A G E N D A

1. WELCOME AND APOLOGIES
2. MINUTES OF THE MEETING HELD ON 8 JULY 2005
3. MATTERS ARISING
4. MANAGEMENT COMMITTEE UPDATE (ANDREW CAMPBELL)
5. RESPONSE TO HEALTH BOARD CONSULTATION
6. COMMUNITY PLANNING ISSUES
 - (a) UPDATE ON CPP PRIORITIES
 - Health and Wellbeing Group (Gavin Brown)
 - Scottish Enterprise Dunbartonshire
 - Argyll and the Isles Enterprise
 - Sustaining & Developing our Communities, Culture & Environment (Donald MacVicar)
 - (b) UPDATE ON BUTE AND COWAL AREA PARTNERSHIP (GEORGE MCKENZIE)
8. CPP BUDGET 2005/06 - UPDATE
7. AOCB
8. DATE OF NEXT MEETING

A buffet lunch will be provided after the meeting

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