

**Public Document Pack**  
**COMMUNITY PLANNING PARTNERSHIP**  
**MANAGEMENT COMMITTEE MEETING**

1 February 2006

A meeting of the **CPP MANAGEMENT COMMITTEE** will be held in the **SCOTTISH NATURAL HERITAGE OFFICERS, KILMORY INDUSTRIAL ESTATE, LOCHGILPHEAD** on **WEDNESDAY, 8 FEBRUARY 2006** at **10:30 AM**.

**AGENDA**

- 1. WELCOME/APOLOGIES**
- 2. MINUTES OF PREVIOUS MANAGEMENT COMMITTEE MEETING HELD ON 7 DECEMBER 2005**(Pages 1 - 6)
- 3. MATTERS ARISING**
  - (a) Best Value Audit - Verbal Feedback (James McLellan)
- 4. INITIATIVE AT THE EDGE**
  - (a) Argyll Islands Steering Group
  - (b) Two-monthly Report from the 3 Islands
- 5. COMMUNITY PLANNING ISSUES**
  - (a) Update by Theme Group Leaders on Progress with CPP Priorities
    - Health and Wellbeing Theme Group, including Joint Health Improvement Plan 2006 – 2008 (Pages 7 – 32)
    - Argyll and the Islands Local Economic Forum (Meeting: 14 December 2005) (Pages 33 – 34)
    - Dunbartonshire Economic Forum – Verbal report by Aileen Edwards, Scottish Enterprise Dunbartonshire
    - Sustaining and Developing our Communities, Culture and Environment Theme Group (Pages (Pages 35 - 36)
  - (b) New Chair for Health and Wellbeing Theme Group
  - (c) Capital Development Partnership

6. **INTEGRATED SERVICES - FEEDBACK FROM WORKSHOP HELD ON 7 DECEMBER 2005**(Pages 37 - 40)
7. **SEERAD RESEARCH REPORT ON ACCESS TO SERVICES - SPENDING PROPOSALS (TO FOLLOW)**
8. **CITIZENS' PANEL - 9TH PANEL REPORT AND POSSIBLE THEMES FOR 10TH PANEL**  
Report by Policy and Strategy Manager (Pages 41 - 44)
9. **CHOOSE LIFE ACTION PLAN 2006-2008 (DRAFT PLAN)**(Pages 45 - 50)
10. **DRIVESAFE ACTION PLAN**(Pages 51 - 56)
11. **CHILDREN'S CHANGE FUND**  
Report by Dougie Dunlop, Head of Children and Families (Pages 57 - 72)
12. **COMMUNITY PLANNING PARTNERSHIP AGENDA: ITEMS FOR DISCUSSION (DRAFT)**(Pages 73 - 74)
13. **AOCB**
14. **DATE OF NEXT MEETING: 19 APRIL 2006**

**MINUTES of MEETING of CPP MANAGEMENT COMMITTEE held in the SCOTTISH  
NATURAL HERITAGE OFFICES, KILMORY INDUSTRIAL ESTATE, LOCHGILPHEAD  
on WEDNESDAY, 7 DECEMBER 2005**

**Present:** Andrew Campbell, Scottish Natural Heritage (Chair)  
Brian Barker, Argyll and Bute Council  
Gavin Brown, NHS Argyll and Clyde  
Hugh Donaldson, Initiative at the Edge  
David Dowie, Communities Scotland  
Julian Hankinson, Argyll and Bute Community Council Association  
Audrey Martin, Argyll and Bute Council  
James McLellan, Argyll and Bute Council  
Harry Miller, Strathclyde Police  
Alan Milstead, Argyll and the Islands Enterprise  
Josephine Stojak, NHS Argyll and Clyde

**In attendance for Item 8:** Steven Dott of Argyll and the Islands Enterprise

**Apologies:** Ken Abernethy, Argyll and the Islands Enterprise  
Marlene Baillie, Strathclyde Police  
Bill Dundas, SEERAD  
Murdina MacDonald, Argyll and the Islands Enterprise  
Donald MacVicar, Argyll and Bute Council  
Peter Minshall, Argyll CVS  
Raymond Park, Strathclyde Police

**1. WELCOME**

Andrew Campbell welcomed everyone to the meeting. The Management Committee expressed their wishes for Lolita Lavery's speedy recovery.

**2. MINUTES OF PREVIOUS MANAGEMENT COMMITTEE MEETING**

The Minutes of the meeting of 5 October 2005 were accepted as an accurate record.

**3. MINUTES OF PREVIOUS MEETING OF FULL COMMUNITY PLANNING PARTNERSHIP**

The Minutes of the meeting held on 22 November 2005 were accepted as an accurate record.

**4. MATTER ARISING**

**Response to Health Board Consultation – Comments on CPP meeting**

The Management Committee discussed the results of the latest Citizens Panel survey which was taken into account in the response on behalf of the CPP to the Health Board consultation.

The need for CPP partners to engage in and comment on local and national issues beyond the remit of their organisation was re-emphasised.

There could be a need for further development work/training on community planning that could be incorporated into work arising from the Best Value Audit.

The link with Andrew Goudie at the Scottish Executive needs to be strengthened. James McLellan to make contact.

Stock Transfer vote due to be reported on 15<sup>th</sup> December 2005.

## **5. INITIATIVE AT THE EDGE**

### **(a) Argyll Islands Steering Group**

There had previously been circulated Note of the Argyll Islands Steering Group held on 20<sup>th</sup> October 2005, the main item of the agreement was that if the Group were successful in enabling the communities to interact with the CPP there would be no need for a local steering group and this group could be stood down. This was seen as an objective for the next 12 months.

The terms of the report were noted by the Management Committee.

### **(b) Two-monthly Report from the Three Islands**

Copies had previously been circulated of reports from the Three Islands of Coll, Jura and Colonsay, which were snapshots of the formal agreement.

Hugh Donaldson spoke to the Management Committee outlining staffing, travel etc. difficulties. The islands required to be more visible and supported. The Management Committee discussed the importance of getting partners round the table, discussing proposals, prioritising, signing up with partners.

So that distant communities were not working in isolation, the CPP could assist the islands by providing, for example, assistance at officer level with projects. Communities Scotland Housing Trust's Housing Officer to meet regarding budget evidence.

Regarding sustainable Health Services on remote islands, Josephine Stojak offered to provide details of the proposals, on request, regarding the Jura ferry link where the NHS were re-designing patient transport for Islay and Jura.

The debate highlighted issues where Scottish Water could be able to facilitate developments. Brian Barker to contact Scottish Water to encourage more regular attendance at CPP meetings to aid local understanding and help to set priorities.

## **6. FEEDBACK ON SEERAD RESEARCH ON RURAL SERVICE PRIORITY AREAS (RSPAS)**

Brian Barker provided a verbal feedback to the Management Committee on SEERAD research on Rural Service Priority Areas (RSPAs)

Priorities need to be agreed between the CPP and the Executive on issues highlighted within the research.

Concerns with the research consultant's approach have been raised with SEERAD. £100,000 may be available for each RSPA area next year. The report for Jura, Colonsay and N. Islay is still outstanding.

This was noted by the Management Committee.

## **7. COMMUNITY PLANNING ISSUES**

### **(a) Citizens' Panel Feedback**

Detailed data is not yet available. The response rate of 50-55% is good but not as good as usual. Changes will be made in the next survey.

### **(b) Capacity Building Budget – Decision on second bid submissions**

Brian Barker provided a report, copies having previously been circulated, in regard to responses received to the second request for funding bids from the Capacity Building Budget. It was recommended:-

- Provision of requested amount for the YACES project;
- Part-funding of Kintyre Toolkit and Carers Support projects;
- Declining the request for funds from the Voluntary Sector Policy
- Group and Nadair Trust.

The Management Committee agreed to the recommendation.

### **(c) Update by Theme Group Leaders on Progress with CPP Priorities**

#### **Health and Wellbeing Theme Group 1:**

Gavin Brown spoke to the Health and Wellbeing Theme Group report, copies having previously been circulated. The Management Committee noted the report on the activities by the Health and Wellbeing Group.

#### **Argyll and the Islands Local Economic Forum:**

The Management Committee noted that there was no progress to report since the last Management Committee meeting on 5 October 2005. The next meeting of the Health and Wellbeing Group would be held on 14 December 2005.

**Dunbartonshire Economic Forum Strategy 2006-2009:**

The Management Committee received the Dunbartonshire Economic Forum Strategy 2006-2009, copies of which had previously been circulated. The general approach of housing on areas to add value was welcomed. Concern was expressed about local sensitivities with regard to the lack of mention of Helensburgh.

**Sustaining & Developing our Communities, Culture & Environment Theme Group 3:**

The Management Committee noted that there was no progress to report since the CPP meeting held on 11 November 2005. The next meeting of the Sustaining and Developing our Communities, Culture and Environment Group would be held on 26 January 2006.

**8. AGRICULTURAL STRATEGY FOR THE ARGYLL AREA**

Audrey Martin, Senior Development Officer, Argyll and Bute Council, delivered a presentation on an Agricultural Strategy for the Argyll area prepared by members of the Argyll and Bute Agricultural Forum, explaining the main themes and objectives of the Strategy, copies of which were circulated.

It was noted that the purpose of the Forum was to:

- Raise awareness of agricultural issues across Argyll and Bute
- Act as a forum for discussion about agricultural issues in Argyll and Bute
- Promote the sustainable development of agriculture in Argyll and Bute
- Create a unique opportunity for all agencies with an interest in land use sectors to work together

Audrey Martin and Steven Dott answered various questions put by the Management Committee

The agricultural strategy for the Argyll and Bute area was welcomed by the Committee and it was agreed that Audrey Martin would report back to the Forum on the discussion she and Steven Dodd had had with the CPP Management Committee.

**9. RURAL DEVELOPMENT REGULATION POST 2006**

Following a presentation by Audrey Martin, Argyll and Bute Council, on Rural Development Regulation post-2006, copies having previously been circulated, the CPP agreed, in principle, to the recommendation to respond to the SEERAD RDR consultation proposing local, integrated RDR delivery in Argyll and Bute to achieve some of the key CPP objectives. It was also agreed that CPP support the principle of local delivery of appropriate elements of the RDR using a LEADER approach.

It was agreed that Jane Fowler, European Manager, Argyll and Bute Council, draft a letter to respond to the SEERAD consultation. The letter should be drafted for Allan Macaskill as Chair of the Community Planning Partnership.

**10. STANDARDS OF ENGAGEMENT TRAINING/SUPPORT**

The Committee considered a report by Jim McCrossan, Community Learning and Regeneration Manager, Argyll and Bute Council, on National Standards for Community Engagement. The CPP has 6 days' free consultancy and the report recommends using these to promote the standards to organisations, people training and offer surgeries for CPP Partners to use for particular issues.

After discussion the Management Committee agreed the recommendations in the report regarding the proposals and dates for use of the time available from the Scottish Community Development Centre, to consider adopting the standards and to use the time available through the training and consultancy to raise awareness of these standards and to resolve any obstacles to their adoption.

#### **11. COMMUNITY PLANNING BUDGET 2005/6**

The Management Committee noted that there was a projected surplus of £22,762 in the CPP budget for this financial year and agreed that contributions should remain at the same level for 2006/7.

Letters confirming the 2006/7 contributions will be sent to all partners.

#### **12. AOCB**

- a) Andrew Campbell had recently met with Eric Thompson, Argyll and Bute Councillor for the Helensburgh East Ward, who had raised several issues in relation to funding and community regeneration, and it was noted that these had been satisfactorily dealt with and Andrew would visit the Helensburgh ADG.

#### **13. DATE OF NEXT MEETING**

The next meeting would be held on Wednesday, 8 February 2006 at 10.30 am in the Scottish Natural Heritage Offices, Kilmory Industrial Estate.

#### **Dates of future CPP Management Committee meetings –**

Wednesday	19 April
Wednesday	14 June
Wednesday	16 August
Wednesday	4 October
Wednesday	6 December

To take place within the SNH offices, Kilmory Industrial Estate, Lochgilphead  
(10:30 – 13:00 hours)

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**Report to Community Planning Partnership Management Committee by Health and Well Being Theme Group  
Wednesday 8<sup>th</sup> February 2006**

**Report from Health and Wellbeing Theme Group**

Sadly this group has recently lost its Chair with the departure of Gavin Brown. The group reflected on the progress that had been made during his time as Chair and were very grateful for his significant input and guidance. Josephine Stojak was welcomed as acting Chair until the new appointment is made.

Additional allocations from Health Improvement Fund made on 7 December 2005

Drug and Alcohol Action Planning Day	<b>£500</b>
Integration of Regeneration Outcome Agreement with JHIP (Bute)	<b>£500</b>
Expansion and Development of Befriending Scheme (Cowal)	<b>£11,187.50</b>

The group received an update on Choose Life action Plan 2003-06. Key achievements were awareness raising and training. Areas highlighted for future work were increasing integration of Choose Life objectives into policies and strategies, targeting training towards frontline workers and sustainability. Attention was drawn to the letter sent by Scottish Executive on 19 December 2005 requiring a formal annual report of activities to be submitted by Chair of local CPP to National Implementation Support Group by 31 July each year.

Local support funds for Choose Life 2006-08 have been allocated and the Choose Life Sub group have prepared a proposed action plan to be discussed at this meeting. This proposal has been developed in line with national guidance taking into account the current gaps in services and available funding.

The updated JHIP including the revised strategic action plan was discussed and approved by Health and Wellbeing theme group for submission to Management Group on 8 February and for wider circulation. In revising the action plans, actions included this time round do not duplicate actions that are included in other plans but focus on actions that require partnership working and added value in terms of outcomes. The local public health networks are currently updating their action plans for submission to Health and Wellbeing theme group on 8 March 2006.

The group discussed a report on Review of Care and Repair and Other Services to Older people prepared by the scoping group. The scoping group believe that a dedicated resource is required either to fund a member of staff on a secondment or to seek an outside facilitator, possibly ODS, to take this work forward. The theme group preferred the secondment option and requested that the scoping group prepare a project outline proposal which makes the case for a secondment and identifies possible funding sources.

An updated plan for DRIVESafe was discussed and approved for submission to this meeting. The DRIVESafe steering group believe that more progress could be made if funding was secured for three years.

**Prepared by Ann Campbell, Public Health Practitioner on behalf of Josephine Stojak,  
Acting Chair, health and Wellbeing Theme Group  
30 January 2006**

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**Report to Community Planning Partnership Management Committee by  
Health and Well Being Theme Group  
Wednesday 8<sup>th</sup> February 2006  
Argyll and Bute Joint Health Improvement Plan 2006-2008.**

**1. BACKGROUND.**

**1.1** The Joint Health Improvement Plan is the Community Planning Partnership's plan for health and well being for the area. The plan outlines the work which will take place across all partnership organisations, and is the overarching plan for all partners in progressing and linking to national and local health improvement challenges. The plan concentrates on partnership working and on adding to existing health improvement work within individual organisations, looking at partnership actions which add value to these individual pieces of work.

**1.2** The Joint Health Improvement Plan was radically overhauled in 2005, providing a strategic plan for the period 2005-2008. At this time the plan was also re-organised into a strategic plan, looking at issues and priorities for well being across all of Argyll and Bute, and a series of 7 local plans, produced by local public health networks in each of 7 localities across the area.

**1.3** The Plan submitted today is the update for 2006/08 for the strategic section of the Joint Health Improvement Plan. Locality updates are being produced, and will be considered and adopted by the Health and Well Being Theme group at it's meeting on 8<sup>th</sup> March 2006. This strategic section has been agreed by the Health and Well Being Theme Group at it's meeting on 25<sup>th</sup> January 2006.

**1.4** This updated plan builds on and develops much of the work commenced in 2005/06, and does not introduce any new priorities to the health and well being agenda for Argyll and Bute.

**2. RECOMMENDATIONS.**

**4.1** That the CPP Management Committee continue to support the Joint Health Improvement Planning process, and agree to the attached Plan being submitted for approval to the full Community Planning Partnership at it's meeting in March 2006.

Gavin Brown, Chair of Health and Well Being Theme Group.

For further information contact:

Shirley MacLeod, Health Development Officer, Argyll and Bute Council  
Tel 01369 704374

**DRAFT**  
**ARGYLL & BUTE COMMUNITY PLANNING PARTNERSHIP**  
**JOINT HEALTH IMPROVEMENT PLAN 2006-09**

**Introduction**

One of the tasks of the Health & Well-Being Theme Group of the Argyll & Bute Community Health Partnership is to produce a revised Joint Health Improvement Plan each year. In the plan for the years 2005-08 produced last year there was a short introduction setting the context for the work of the Health & Well-Being Theme Group. Some of this is re-produced below in order to ensure that the Joint Health Improvement Plan remains relatively accessible and free-standing to any reader.

**Background**

The Health & Well-being Theme Group is one of two sub-groups operating within the Community Health partnership. The other is concerned with Learning Opportunities and Skills Development. The Theme Group reports through its Chair to the Community Planning Partnership Management Committee, which, in turn, reports to the full Argyll & Bute Community Planning Partnership. The Partnership consists of representatives from a range of statutory and voluntary bodies and community representatives working together to identify activities where, by working in partnership, the life of the communities in Argyll & Bute can be improved.

**Joint Health Improvement Plan**

This document is the shared action plan for health produced by the partners in the community planning process. It forms part of the Community Plan and local Health Plan. It is the main focus of activity for the work of the Health & Well-Being Theme Group and, most recently, has formed one of the main criteria for distribution of funds from the Health Improvement Fund.

Last year's report described the Conferences and Review Days that had been held in the past to inform the development of the Joint Health Improvement Plan and the priorities within it. This year's report will focus more on a review of the activity of the Health & Well-Being Theme Group in 2005-6.

**Review of 2005-06: Strategic Overview**

The Joint Health Improvement Plan contains eight separate action plans. One of these is the strategic, covering all of Argyll & Bute and seven others are related to the local Public Health Networks (see below). The Health & Well-Being Theme Group is responsible for monitoring all of the Joint Health Improvement Plan but it has a particular concern with the oversight of the strategic section. At the end of this introduction there is a summary of the actions contained in the strategic section last year and an update on each of the action points.

## DRAFT

### **Review of 2005-06: Activity**

The Theme Group met on nine occasions. Its usual business is to review and monitor the Joint Health Improvement Plan, and receives information on health improvement Activity e.g. the work on reducing falls in Cowal, the preparation of the Sport & Physical Activity Strategy. It receives reports on the implementation of Choose Life and discusses other matters related to its remit. As described below, an entirely new activity this year was on the allocation of funds.

In 2004-5, the Group had organised a successful half-day workshop on Joint Planning and the links between plans and between agencies. For years, a major task for the Theme Group had been to improve links with the Area Drugs and Alcohol Team and other groups concerned with alcohol. The opportunity was taken, therefore in 2005-06 to work with the ADAT and the Area Substance Misuse Forum on a workshop on the local action plan for alcohol.

The workshop focussed on agreeing priorities for planned actions for 2006-08 to be included in the Alcohol and Drug Action Plan. The draft plan will be circulated to locality public health networks as part of the consultation process, before final agreement at the Argyll and Bute Substance Misuse Steering Group. Local public health networks will then use the plan as a basis for planning JHIP priority 2 actions to be included in local health plans.

### **Review of 2005-06; Local Health Networks**

The Joint Health Improvement Plan has seven local action plans. These are largely the work of seven local health networks who try to mirror the approach of the Theme Group at a more local level. These networks are at different stages of development. The Theme Group is confident that the idea of the local networks now has momentum behind it and can continue to develop, although the Group is aware that, in a couple of areas, more work is needed to support the network.

The networks cover Helensburgh, Cowal, Bute, Kintyre, Mid Argyll, Islay and North Argyll.

*Some of the activities that have been carried out through the local public health networks:*

- *Alcohol free youth dances on Islay*
- *Fit For Life exercise and healthy eating programme on Bute*
- *Fit Fun Day in Oban*
- *Audit of alcohol related admissions at Campbeltown hospital*

### **Review of 2005-06: Health Improvement Fund**

In previous years, decisions on the distribution of money from the Health Improvement Fund were largely taken centrally by a group within the headquarters of NHS Argyll & Clyde. The Health & Well-Being Theme Group welcomed the decision of NHS Argyll &

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Clyde to devolve this responsibility. We are grateful that the Health & Well-Being Theme Group were given the direct opportunity to discuss and decide the distribution of these funds for Argyll & Bute.

This meant that the decision-making process was close to the area where the decisions would have an impact. It also meant that the process could be directly linked to the Joint Health Improvement Plan and to the work of the Local Health Networks. This made it more meaningful for all concerned and the networks, especially, could see their planning work generating a direct return.

Some of the funding is taken up with commitments that need to continue and so the amount over which the Group had discretion was limited. Moreover, when discussing criteria for disbursing funds, the Group took the view that it would not increase the level of long-term commitment. The following tables show the funds that had been allocated to the Group up to 31 December 2005.

**Committed from the Beginning of the Year**

Argyll & Bute Health Improvement Officer	<b>£14,000</b>
Community Planning Post	<b>£12,200</b>
Healthy Living Centres	<b>£50,500</b>
Integrated Community Schools	<b>£18,000</b>

**Allocated during the Year (up to 31 December)**

Argyll & Bute Fruit Initiative	<b>£15,500</b>
Making it Happen in Mid Argyll	<b>£3,610</b>
Development and support of Local Health Partnership (Bute)	<b>£7,000</b>
Development of Local Public Health Network (Kintyre)	<b>£2,098</b>
Development of Local Public Health Network (Islay)	<b>£2,000</b>
Development and support of Local Public Health Network (Helensburgh)	<b>£2,000</b>
Argyll & Bute Against Domestic Abuse	<b>£5,000</b>
Health Improvement Projects for Young People	<b>£8,500</b>
Drug and Alcohol Action Planning Day	<b>£500</b>
Integration of Regeneration Outcome Agreement with JHIP (Bute)	<b>£500</b>
Expansion and Development of Befriending Scheme (Cowal)	<b>£11,187.50</b>

**Membership of Theme Group**

In last year's JHIP we set out the membership of the theme group as follows.

Representative from NHS Argyll & Clyde	Gavin Brown
Public Health Practitioner, Argyll & Bute	Ann Campbell
Public Health Practitioner, Lomond	Jacqui McGinn
Health Development Officer, Argyll & Bute Council	Shirley MacLeod
Head of Integrated Care, Argyll & Bute Council	Jim Robb
Policy and Strategy Manager, Argyll & Bute Council	Brian Barker
Mental Health Services, NHS Argyll & Clyde	Dave Bertin
Representative from Dialogue Youth	Gary Haldane
Representative from Social Inclusion Partnership	Tricia McCrossan
Representative from Community Councils	John White
Representative from Strathclyde Police	Marlene Baillie

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Representative from Communities Scotland	Eleanor Dickie
Representative from Health Promotion	Clare Beeston
Representative from Community Services. Argyll & Bute Council	Sheila Walker
Consultant in Public Health	Maggie Lachlan
Argyll CVS	Peter Minshall
Kintyre Health Living Initiative	Jeannie Holles
Bute Healthy Living Initiative	Yennie van Oostende
Islay Healthy Living Initiative	Carol Muir

In the nature of things personnel changes and organisations change and so at the end of the year we have a few membership changes to report. During the year, Clare Beeston, Gary Haldane and Jeannie Holles left. We were also joined by Caroline Champion, Public and Involvement Manager, NHS Argyll & Clyde, and Moira Macdonald, Community Support Development Manager, Argyll & Bute Council.

In addition, towards the end of 2005-06 the Group also lost its Chair from NHS Argyll & Clyde. This came at an opportune time for the Group because the restructuring of the NHS, with the introduction of Community Health Partnerships, would almost certainly have meant as change at this level in any case. The NHS Chair of this Group should certainly come from the Community Health Partnership, the local organisation for the management and planning of health services.

**Next Steps**

One of the main partners in the Community Planning Process, the NHS, has undergone a major structural upheaval in the last part of 2005-06. Responsibility for the health services in Argyll & Bute was transferred to NHS Highland following the decision formally to dissolve NHS Argyll & Clyde. In terms of community planning, however, we expect the most direct relationship to be with the local management organisation, Argyll & Bute Community Health Partnership.

The Health & Well-Being Theme Group was encouraged by the following acknowledgement of the importance of community planning given in Professor David Kerr's report on Building a Health Service Fit for the Future.

*Community Health Partnerships offer the potential for a fresh exploration of partnership working and a channel through which services can be better co-ordinated and delivered, depending on local circumstances and decisions. The co-terminosity with Council boundaries should be a major stop forward in harmonising services.*

*At the strategic level, the key mechanism for driving integration and health improvement is the Community Planning Partnership. The purpose of Community Planning Partnerships is to deliver co-ordination of local strategies of all key organisations in a local authority area, with full participation of community representatives and they are particularly well placed to deliver health improvement outcomes and to develop cross-agency strategies which address health inequalities.*



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The contribution of the Health & Well-Being Theme Group to that is this Joint Health Improvement Plan and the activity that it generates. The Action Plans for 2006-09 are attached to this report.

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**DRAFT**  
**SECTION 1 OF JOINT HEALTH IMPROVEMENT PLAN 2005/08:**  
**REVIEW OF ACTIVITY DURING 2005/06**

What needs to change	What will be done
<b>Priority 1 Improved Partnership Working on Health &amp; Well Being</b>	
<b>A 1:1</b> Better links between plans	Identify all plans relating to health improvement within partners organisations and highlighting opportunities to reduce duplication
<p>Work began on this but the task of assembling and monitoring all the plans within even the two key organisations, Argyll &amp; Bute Council and NHS Argyll &amp; Clyde, proved too great for the resources available. The H&amp;W Group heard, for example, that the exercise had identified 23 plans within Argyll &amp; Bute Council that could have a health improvement component.</p> <p>Communities Scotland adopted a different approach and circulated to the H&amp;W Group a list of all of its activities that fell within the scope of health improvement.</p>	
	Adapt and roll out FUSIONS with integration of Integrated Community Schools and Changing Children's Services Funds
Worked with local public health networks to ensure that FUSIONS linked with them to ensure sustainability. JHIP actions integrated into Children's Services plan	
	Roll out of Health Promoting Schools to all schools by 2007
H&W theme group member ensures that Healthy Promoting School is a regular agenda item at ISAG meetings	
<b>A 1:2</b> Agreed and understood aims and objectives	
This objective was seen as a follow-on from the first Action Point.	
<b>Priority 2 To Reduce the Negative Impact of Alcohol Misuse</b>	
<b>A 2:1</b> To promote the positive use of alcohol	Link in with national campaigns and strategies to promote positive messages
See report for Action Point 2:2	
<b>A 2:2</b> To work with national agencies to reduce the effects of binge drinking	Hold Public Health Conference to review action plan and identify funding streams
The H&W Group worked with ADAT and the Argyll & Bute Substance Misuse Forum in holding a workshop on 18 November to review the Alcohol Action Plan for Argyll & Bute	
<b>A 2:3</b> To encourage links between ADAT at strategic level and with public health	Hold joint meetings, improve communication, share information
The Chairs of the H&W Group and ADAT met to agree that this should be pursued, although more formal actions could still be taken. Links were established in planning for the November Conference	
<b>Priority 3 To Reduce the Incidence of Coronary Heart Disease, Stroke and Cancer</b>	
<b>A 3:1</b> Improve diet in all ages under Challenge Plans Headings Early Years Teenage Transition Workplace/Communities	Actions from Eating for Health Plan for Argyll & Bute 2004-06

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The H&W Group approved the Food Health Plan for Argyll & Bute in 2004. The Plan has now been reviewed and updated, and circulated to theme group members.	
<b>A 3:2</b> 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 to identify actions from Physical Activity Open Space
The H&W Group received a presentation from Argyll & Bute Council during the drafting of the strategy. Implementation of the strategy is progressing, and a further update will be provided to the theme group.	
<b>A 3:3</b> Reduce the prevalence of smoking in all age groups	Each local plan to identify at least one action in relation to smoking and health
All Local Plans included smoking cessation activity	
	Review Tobacco Policies in all partnership establishments
The Chair of the H&W Group wrote to all partners asking for their plans to review. He received replies from Argyll & Bute Council, NHS Argyll & Clyde, Strathclyde Police and Strathclyde Fire Brigade. This action is being overtaken by the impact of legislation.	
<b>Priority 4 To Improve Mental Health &amp; Well Being</b>	
<b>A 4:1</b> Prevent suicide, raising awareness, reducing stigma and aiding recovery	Implement Choose Life Action Plan
Choose life action plan implemented through Choose Life Sub Group of H&W group. Key achievements in awareness raising and training	
<b>4:2</b> Promotion of positive mental health and well-being	All partners to adopt, implement and monitor a mental health in the workplace
The Group felt that the benefits of this needed further consideration. The Group has yet to discuss it further.	
	Implement actions in the report on the Poverty and Mental Health Conference
The Report was re-circulated to the Group with a summary paper. The Group has yet to return to discussion of what this Action Point really means.	
<b>Priority 5 To Help Communities Feel Safer</b>	
<b>A 5:1</b> To improve road safety and reduce accidents	All Community Planning Partners and Private Sector to implement DRIVESafe
The DRIVESafe initiative needs to be given fresh publicity but it also needs some medium-term stability. A 3 year action plan for developing DRIVESafe will be considered by the CPP Management Committee in February 2006.	
<b>A 5:2</b> To reduce anti-social behaviour, crime and fear of crime	All Community Planning Partners to adopt the Community Safety Strategy
This Strategy was being reviewed so the Action Point was put on hold.	
<b>A 5:3</b> Adoption of zero tolerance of domestic abuse	Implement the Argyll & Bute Domestic Abuse Strategy
This Strategy was being reviewed so the Action Point was put on hold.	
<b>Priority 6 To Reduce Inequalities Through the Development of Social Care and Health Care Services</b>	
<b>A 6:1</b> Reduction in the number of homeless people	Adopt the Argyll & Bute Homelessness Strategy
This Strategy was being reviewed so the Action Point was put on hold.	

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**DRAFT**

<b>A 6:2</b> Improving information education and access to facilities for elderly people	Each local network to identify at least one action to improve quality of life for older people living in poverty
This action has been progressed by some public health networks, but not all of them	
<b>A 6:3</b> Increasing opportunities for consultation and involvement of young people in health promotion and well-being	Online consultation on health & well-being issues
This has now been launched but needs greater publicity among partner agencies.	
<b>A 6:4</b> 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
This is related to Action Points 1:1 and 1:2.	

### Argyll & Bute JHIP Strategic Action Plan

Priority: 1 <b>IMPROVED PARTNERSHIP WORKING ON HEALTH &amp; WELLBEING</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<b>A1.1</b> Health improvement part of all partners core functions	<ul style="list-style-type: none"> <li>• Report produced</li> <li>• Audit of health improvement activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health and Wellbeing theme group submit and annual review in October to CPP Management Group highlighting HIF funded/JHIP outcomes and achievements to inform the development of forthcoming JHIP</li> <li>▪ CPPs to audit their health improvement activities with a view to the information being shared in order to increase opportunities for joined up working</li> <li>▪ All PH networks to develop an action under priority 1 identifying local actions to develop and strengthen local PH networks</li> </ul>	Improvement in core health indicators
<b>A1.2</b> Public health networks strengthened and enabled to develop and implement local action plans	<ul style="list-style-type: none"> <li>• Local public health networks develop and implement network development plans and report outcomes</li> </ul>		

### Argyll & Bute JHIP Strategic Action Plan

<b>Priority: 2</b>			
<b>TO REDUCE THE NEGATIVE IMPACT OF ALCOHOL MISUSE</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<b>A2.1</b> To develop and maintain links with ADAT at strategic level and through local PH networks	Targets/objectives as per ADAT action plan	<ul style="list-style-type: none"> <li>▪ Implement relevant partnership actions from ADAT action plan through local PH networks and H&amp;W theme group</li> <li>▪ ADAT representation on H&amp;W theme group</li> <li>▪ H&amp;W theme group representation at ADAT Steering group</li> </ul>	Local PH networks developing actions in line with strategic objectives of ADAT action plan

## Argyll & Bute JHIP Strategic Action Plan

<b>Priority: 2</b>			
<b>TO REDUCE THE NEGATIVE IMPACT OF ALCOHOL MISUSE</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<p><b>A2.2</b> Target prevention and education actions from ADAT action plan towards young people and vulnerable groups</p>	<p>Number of events Numbers of participants from target groups HIF spending on diversionary activities and projects</p>	<ul style="list-style-type: none"> <li>▪ Ensure safe drinking information is accessible to young people and vulnerable groups</li> <li>▪ Prioritise HIF allocations towards diversionary schemes and projects for young people and vulnerable groups</li> <li>▪ Encourage partners to tackle some of the barriers for diversionary activities as reported by locality groups</li> <li>▪ Roll out of school peer support project across A&amp;B</li> </ul>	<p>Reduced hospital admissions of young people attributable to alcohol</p>

## Argyll & Bute JHIP Strategic Action Plan

<b>TO REDUCE THE INCIDENCE OF CORONARY HEART DISEASE, STROKE &amp; CANCER</b>			
<b>Priority: 3</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
	<p><b>A3:1</b>                      Improve diet in all ages under Challenge Plan headings etc</p> <ul style="list-style-type: none"> <li>• Early Years,</li> <li>• Teenage Transition,</li> <li>• Workplace</li> <li>• Communities</li> </ul>	<p>National target-2005 to increase to 5 or more portions of fruit or veg a day:                      A&amp;B 41% S1/S3/S5 pupils ate 5 or more portions per day 2002.</p> <p>National target 50% babies breast feeding at 6 weeks by 2005: A&amp;B 41.4% 2002-03.</p> <p>A&amp;B SMR cancer 93, CHD 98 &amp; stroke 92, 2000-02.</p> <p>National target for 60% of 5 year olds to be free from dental disease by 2010: A&amp;C 40% 1999</p>	<p>Improvement in Argyll and Bute figures in relation to national targets</p> <ul style="list-style-type: none"> <li>▪ Young Scot to map provision of facilities in relation to healthy eating and information</li> <li>▪ Actions from Eating For Health Plan for Argyll and Bute 2005-08</li> </ul>



## Argyll & Bute JHIP Strategic Action Plan

<b>TO REDUCE THE INCIDENCE OF CORONARY HEART DISEASE, STROKE &amp; CANCER</b>			
<b>Priority: 3</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
<p><b>A3:2</b>                      Achieve a sustained increase in the activity levels of the whole population under Challenge Plan headings</p> <ul style="list-style-type: none"> <li>• Early years/teenage transition Workplace Communities -Paths to Health</li> <li>• -Argyll Active</li> <li>• -Elderly</li> </ul>	<p>National target 80% of children aged 0-16 years should accumulate at least one hour of moderate activity on 5+ days of the week:</p> <p>A&amp;B 52 %S1/S3/S5 pupils took vigorous exercise 4 or more times a week in their own time in 2002.</p> <p>National target 50% of all people aged 17+ years should accumulate at least 30 minutes of moderate activity on 5+ days of the week</p>	<ul style="list-style-type: none"> <li>▪ Continue to roll out Argyll Active across A&amp;B</li> <li>▪ Implementation of Sport and Physical Activity Strategy linking with PH networks</li> </ul>	<p>Improvement in Argyll and Bute figures in relation to national targets</p>

### Argyll & Bute JHIP Strategic Action Plan

Priority: 3			
TO REDUCE THE INCIDENCE OF CORONARY HEART DISEASE, STROKE & CANCER			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
A3: 3 Reduce the prevalence of smoking in all age groups	<p>National target 12- 15 year olds 11% by 2010; A&amp; C 11% S1/ S3/ S5 pupils in 2002.</p> <p>National target 16- 64 year olds 31% by 2010; A% B 16- 74 year olds 31% smokers in 2001.</p> <p>A&amp; B smoking attributable deaths 617 per 100,000 in 2001.</p> <p>National target smoking during pregnancy 20% 2010; A&amp; B 24% 2000- 02.</p>	<ul style="list-style-type: none"> <li>Collate previous tobacco actions from local PH networks and disseminate good practice</li> <li>Roll out Smoke Free Me pilot</li> </ul>	<p>Improvement in Argyll and Bute figures in relation to national targets</p>

**Argyll & Bute JHIP Strategic Action Plan**

<b>Priority: 4</b>			
<b>TO IMPROVE MENTAL HEALTH &amp; WELL BEING</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<b>A4: 1</b> Preventing suicides, raising awareness, reducing stigma and aiding recovery	National target reduction of 20% in suicides by 2013: A& B 176 suicides and self harm admissions in 2001	Implementation of the Choose Life Action Plan	Improvement in Argyll and Bute data

## Argyll & Bute JHIP Strategic Action Plan

<b>TO IMPROVE MENTAL HEALTH &amp; WELL BEING</b>			
<b>Priority: 4</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
	<p><b>A4: 2</b> To reduce social isolation, increase opportunities for social contacts</p>	<p>Amount of HIF allocated towards addressing isolation issues Information/guidance distribution</p>	<ul style="list-style-type: none"> <li>• Highlight isolation issues to partners and ensure that these issues are taken into consideration when developing action plans by developing and circulating information-guidance</li> <li>• Focus on reducing social isolation as H&amp;W event</li> </ul>
			<p><b>How will we know we have made a difference</b></p> <p>Isolation issues addressed in more plans</p>

## Argyll & Bute JHIP Strategic Action Plan

<b>TO HELP COMMUNITIES FEEL SAFER</b>			
<b>Priority: 5</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
	<p><b>A5: 1</b> To improve road safety and reduce road traffic accidents</p>	<p>National target- reduction in fatal, serious and slight casualties by 2010: A&amp; B accident rate 3. 2 per 1000, casualty rate 5.0 per 1000, accidents involving a fatality 0.09 per 1000 in 2002.</p>	<ul style="list-style-type: none"> <li>▪ Develop and promote DRIVESafe</li> <li>▪ Publicise DRIVESafe activities to raise profile</li> <li>▪ Roll out Young Persons Driving Project</li> </ul>
			<p><b>How will we know we have made a difference</b></p> <p>Improvement in Argyll and Bute figures in relation to national targets. Links to overarching road safety strategies.</p>

## Argyll & Bute JHIP Strategic Action Plan

<b>TO HELP COMMUNITIES FEEL SAFER</b>			
<b>Priority: 5</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
	<p><b>A5: 2</b> To Reduce anti-social behaviour, crime and fear of crime</p>	<p>Evaluation in relation to instances of crime (vandalism, littering, house breaking); instances of anti social behaviour; number of empty properties and % of residents afraid of going out at night: reduction in first year of 10% from baseline, reduction in second year of 15% from baseline</p>	<p>Implement the approved Building Strong, Safe and Attractive Communities Plan</p>
			<p><b>How will we know we have made a difference</b> Improvement in Argyll and Bute figures in relation to national targets.</p>

## Argyll & Bute JHIP Strategic Action Plan

<b>TO HELP COMMUNITIES FEEL SAFER</b>			
<b>Priority: 5</b>	<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>
	<b>A5: 3</b> Adoption of zero tolerance of domestic abuse	A & B domestic abuse incident rate recorded by the police 545 per 100,000 of pop in 2002	<p>Feedback from A&amp;B Against Domestic Abuse group to H&amp;W theme group to strengthen and facilitate implementation of ADA Action Plan through CPP</p>
			<p><b>How will we know we have made a difference</b> Improvement in Argyll and Bute figures in relation to national targets.</p>

**Argyll & Bute JHIP Strategic Action Plan**

<b>Priority: 5</b>			
<b>TO HELP COMMUNITIES FEEL SAFER</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<b>A5.4</b> Challenge perceptions of rural living	Questions asked through Citizens Panel	<ul style="list-style-type: none"> <li>Suggest to Citizens panel- questions to explore safety issues to provide direction for future activities</li> </ul>	Repeat questions in 3 years



### Argyll & Bute JHIP Strategic Action Plan

<b>Priority: 6 TO REDUCE HEALTH INEQUALITIES THROUGH THE DEVELOPMENT OF SOCIAL CARE SERVICES</b>			
<b>What needs to change</b>	<b>How change will be measured</b>	<b>What will be done</b>	<b>How will we know we have made a difference</b>
<p><b>A6.1</b> Activities more targeted towards reducing inequalities</p>	<p>Increase in activities in data zones</p>	<ul style="list-style-type: none"> <li>▪ Gather and use data sources to identify areas of greatest need</li> <li>▪ Highlight links between strategies/plans where there are opportunities for more joint working</li> </ul>	<p>Improvement in inequalities data</p>

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**Report on the December 2005 Meeting of the Argyll & Islands**  
**Local Economic Forum to the Argyll & Bute Community**  
**Planning Partnership.**

**Under Matters Arising:** It was reported that 65 fte were now employed by the Campbeltown Call Centre. There was a discussion on the proposed Marine National Park and its economic impact on the area. The Council Transport Strategy workshops have been held covering five themes:

- Economy
- Environments
- Integration
- Safety
- Access

The group preparing the strategy are open to representations and can be contacted on Blair Fletcher [blair.fletcher@argyll-bute.gov.uk](mailto:blair.fletcher@argyll-bute.gov.uk)

Ken McTaggart, Economic Consultant, joined the meeting via video conference to discuss the **Strategy Progress Measures**. He explained that there was a difference between policy and measurement, the first was general, but the second, being about numbers is very precise. Also the measures available to mark progress did not cover the exact area, but would be changed over time would provide an indication of progress. The draft report, that had been circulated, covered all 17 measures and in some case there were two indicators. The report would be completed for the 4<sup>th</sup> quarter 05.

Comparisons would be made with other areas, and with Scotland as a whole. There would be a commentary to put the measures into context. There were a number of places where additional input from Members would be welcomed. There were discussions on a number of the measures that illustrated not only that there was some refining to be done, but also the shortcomings of the data sets.

Agricultural measurements had been added as a response to the A&B Agricultural Forum's presentation to the CCP Management Committee, and the possibility of measuring primary, secondary and tertiary production was highlighted.

The in-migration from Eastern EU countries to Argyll to work in the Hospitality trade was discussed. Many wished to settle, to be encouraged per national and local strategies, but the problems with available, affordable

housing were highlighted. It was subsequently agreed that a housing measure should be included. However it was noted that it was important to be able to measure movements and compare with national figures.

Patrick Flynn from Communities Scotland reported that the communities Minister was asking for a finalised **strategy for social enterprise** by June 06. As the local partnership, based on Argyll and Bute had a smaller sector the national strategy needed to reflect the needs of the social economy sector that was outside the control belt. The local group were meeting in early January 06 to meet with the consultant who had been carrying out a survey of the local sector. Stephen Whiston highlighted the work being done to establish a Social Economic model within the health care sector on Islay.

Jane Fowler, from Argyll & Bute Council explained how changes to the CAP and the **Rural Development Regulation** would affect agricultural businesses in particular, but also the wider rural economy. Changes to the farming landscape could impact on tourism in particular. It therefore presents an opportunity for wider integration strategy:

- Supporting Businesses ( eg niche markets)
- Making best use of the environment.
- Rural infrastructure ( including A&B Agriculture Forum Strategy priorities – eg Rural Business Ring)

The Rural Development Regulation was out for consultation by SEERAD at present – due by Feb/March 2006, and after a report prepared to be with European Commission by May 06. The new funding programme is due to commence in January 2007. The cross-cutting agenda of the Rural Development Regulation would affect the wide range of business in Argyll and the Islands.

Topics agreed for future meetings:

- National Tourism Strategy.
- Strategy for modernising Health Service in Argyll.

**Dates for 2006:**

Wednesday 15 February

Wednesday 07 June

Wednesday 20 September.

**SUSTAINING AND DEVELOPING OUR COMMUNITY'S CULTURE  
AND ENVIRONMENT**

**Progress Update on Third Theme Group**

Over the last couple of meetings the Third Theme Group has been reviewing its Action Plan priorities and the most recent meeting took place on 26th January 2006. The outcomes specified for priority one with regard to provision of adequate and affordable housing are being achieved and it has been agreed that Alastair MacGregor, Chief Executive of ACHA will give a presentation on the progress of his association at the next meeting on the 30<sup>th</sup> March.

Members of the group have been involved in a consultation exercise for the Transport Strategy for Argyll and Bute and the development worker for transport coordination is making satisfactory progress in achieving the goals set out in the action plan.

The implementation of the Regeneration Outcome Agreement is also moving forward in accordance with the target outcomes and monitoring mechanisms are in place to satisfy the requirements of Communities Scotland. The degree of community participation and engagement which has been developed as part of this process is very much in line with the requirements of the Scottish Executive and this was reaffirmed by a Ministerial Address from Malcolm Chisholm at a Community Learning and Development Seminar in Glasgow on 24<sup>th</sup> January, attended by the theme group chair. The Executive are very positive about promoting community engagement at the centre of an effective community planning process and the work being developed in the targeted data zones fits well with the national requirements.

The October meeting had highlighted the number of items to take forward in the priority four regarding the protection of environmental assets. However, due to changing workloads within Scottish Natural Heritage, they were unable to attend the most recent meeting of the group and this work will be progressed over the next couple of months.

Steven Watson from ALLenergy gave a very interesting and informative presentation on the work of his organisation at the meeting of the 26th. He highlighted development taking place across a wide range of renewable energy installations and this links in with the housing and development priorities of this theme group. The presentation focused on examples of energy installations in Argyll and Bute and these included Windfarms; Hydro; Biomass; Solar Thermal; Ground Source Heat Pump; Shoreline Wave Device; Photovoltaic; Sun Space; Solar Ventilation; Wind to Light; Domestic Wind; Anaerobic Digestion and Hydrogen. This information provided a fascinating insight into the range of developments taking place which can assist in trying to sustain the natural environment of our area and was welcomed by all group members.

Donald MacVicar  
Head of Community Regeneration  
Chair, Third Theme Group  
30.1.06

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## CPP Management Committee 8 February 2006

### ***ISDGMP session notes – 7 December 2005***

The workshop took place on the 7<sup>th</sup> December. There were 11 attendees and these were divided into 2 groups. The outputs from each group are given in the appendix to this report. The following sections provide a summary of the collated outputs from both groups.

There was a strong sense that the specific rural nature of Argyll and Bute has a significant effect on integrated service delivery from both groups. In some aspects this rurality creates the necessity for close integration, such as delivering multiple services through a single point in a remote community. Another aspect of this rural context is the existence of close relationships between service delivery organisations. Many are physically close in terms of their primary office locations, and personnel in each tend to know one another. This removes some of the identified barriers to integration at the outset. When considering integrated service delivery it is essential to realise that a different model may be applicable to a rural context than an urban context.

### ***What are the key drivers for Integrated Service Delivery?***

The capacity to form a partnership to deliver the service in question is a key driver. This includes the pre-existence of staff with the required skills and the ability to draw on the expertise of others. A clear overlap in the service being delivered is essential as are shared accountabilities and existing mutual interactions between the partner organisations.

There may be natural partners who already have a synergy between them. This existing contact between partners is common in Argyll and Bute due to the rural nature of the area. Innovation, a mix of people bringing a range of ideas to a certain service delivery arena also drives integration.

The existence of a clear goal or purpose and clear benefits for all stakeholders is a pre-requisite for integration. Another driver is the change in staff roles that is facilitated by integration. This can make better use of skills and develop more interesting job roles.

Not simply relying on the assumption that integration is best, but pro-actively working to provide service improvement through integration is essential. There is a current national, political context which favours partnership working and service integration, but it was felt that there was no need to force this within Argyll and Bute. This is because of the existing close interaction between service delivering bodies due to the rural nature of Argyll and Bute. This relationship was seen as a driver of integration within the area.

Political drive from Scottish Executive has generated a local political response and brought others to table which in turn creates the climate and opportunity that should drive greater service integration.

The financial climate surrounding public service organisations creates a drive for increased efficiency and a need to cut costs. There are limited resources available to deliver the service effectively and increased demand for services, leading to a strong desire to examine integrated service delivery as a cost saving option. This factor is tied to the need to demonstrate successful outcomes.

A change in the culture of public service organisations has resulted in more partnership working. This has lowered barriers to successful service integration.

### ***Who are the main beneficiaries?***

#### *People/Citizens*

Improved service delivery should be the outcome of service integration. This could be in terms of delivery time or a reduction in effort required by the service recipient.

#### *Staff*

Staff benefit through the increased variety of opportunities available through service integration. The potential for extended roles can be attractive in terms of career development.

#### *Organisation*

The organisations involved benefit through better chances for recruitment /retention. Integration will extend the outlook of the organisation and allow it to go beyond traditional boundaries. There should be tangible time and cost savings and other efficiencies.

#### *Business*

Local business may benefit from integrated service delivery either directly as partners or indirectly through other outcomes.

#### *The environment/biodiversity*

Some service integration may be of benefit to the environment or local biodiversity.

### ***What helps and what hinders integrated service delivery?***

Both groups identified a similar range of factors that help and hinder service integration. Sometimes the same factor can help and hinder, e.g. the absence of something that helps can be a hindrance.

#### **Things that help**

Factors which mitigate toward good governance figure highly in the list. The ability to maintain democratic accountability and transparency within the integrated service delivery context would help to keep such service delivery models viable. Measuring success in integrated service delivery is essential as partners working in an outcome driven context will require measurable outcomes.

Commonality between partner organisations was regarded as key including; core competencies and skills, organisational culture and service overlap. Organisations need to be flexible and open to change. Here the nature of the organisational culture and the leadership of both the individual organisations and the partnership will have a pivotal effect on success.

Willingness to engage in integrated service delivery on the part of individuals and organisations would be beneficial and the presence of strong, committed leadership was seen as an advantage.

A clear identity or brand linked to an obvious service need was identified as a contributor to the success of the service.



There has to be a clear benefit for the organisations involved. Some sort of mutual gain will help to foster a strong partnership and contribute to the success of the integrated service. In the rural context there is a high level of familiarity between individuals in different organisations and this can be an advantage or a disadvantage. The degree of empowerment at different levels in different organisations can help or hinder especially where these differ significantly between organisations.

A sense of camaraderie and a common problem were identified as being helpful. A stable team with continuity and people who've been working together for a significant time would have a positive bearing on the success of the integrated service.

The rural nature of the area was viewed as having an impact on the success of the integrated service. Rural areas have established networks between service providers including personal contact, familiarity, friendships and informal connections. Such contact and networking should help to produce successful integrated service delivery. In such a situation there may be a greater degree of trust and this too was seen as a key success criterion.

Research prior to embarking on an integrated service delivery project was also regarded as essential. Knowledge sharing and co-terminosity of partner organisations were regarded as being helpful.

Imposition of integrated working from above can work both ways. There will be less motivation/energy among the organisations but a push from outside may help get things moving.

### **Things that hinder**

In terms of the organisations, differences in management systems and structure could prove to be a barrier to integration as could differences at a more technical level in IT systems.

Maintaining accountability is essential but may prove difficult within a partnership. There may be legislative hindrances, such as data protection legislation, which could constrain the freedom of organisations to work effectively together. Similarly the legislative framework surrounding funding from the Executive could become a barrier.

Political issues were identified as potentially hindering. These would include local politics and national level political issues.

Timescales and the timing of the project could work against achieving integrated service delivery. As an example, for certain projects aspects need to coincide with the Council committee cycles which may clash with the required response times of other bodies. Any time lag between the initial phases of building, planning and development, and services going in could cause problems in terms of missed opportunity and falling levels of motivation or enthusiasm.

Poor communication presents a barrier to service integration, both between partners or potential partners and between the Scottish Executive and local organisations. There was some concern as to how the Executive will respond and will they want to control. Uncertainty on these aspects would not be helpful.

Population density in a rural area can be a barrier. It can be difficult to reach the ideal size of population without covering a large and impractical geographic area. There is a need to compromise between population and geographic area.

### ***What are the good examples that should be taken forward to the next stage?***

Below is a list of the current integrated service delivery projects that were identified as being good examples to take forward to the next workshop. Further information on each of these is available on request.

- Mull and Iona Progressive Care Centre (also Jura)
- Mid-Argyll Hospital – GP, Dentist, Social Work, A&E, Ambulance, Community Hospital
  - >6 years planning
  - shared admin system across all partners
- Joint Futures
- 3 Islands Partnership
- Construction training centre (Argyll and Bute Council, Argyll and the Islands Enterprise and Argyll College).
- Fusions
- Integrated Coastal Zone Management of Loch Etive and Loch Fyne
- Other examples include; Community Transport Project, DriveSafe, Argyll Active, SLAM – management training with the NHS and Digital communities

### ***Any other issues?***

- There is a need for sound evaluation and monitoring of integrated service delivery projects.
- There is a need for evidence that integration is better
  - separate bodies may be better/easier for public to understand
  - Citizens Panel survey results could be used to get an idea of the public view.
- There is a need to identify how to pick up when things are wrong
- Lack of priorities was identified as an issue.
- Better coordination of this topic within the executive would be helpful.

### ***Who takes part in the next stage?***

- Andrew Campbell
- James McLellan
- Brian Barker
- Ron Arbuckle – (or Josephine/Erik?)
- Wilma Campbell
- Ken Abernethy (or HIE rep)

### ***Contact***

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CPP Management Committee – 8 February 2006 – Agenda Item No. 8

### **Briefing Note: Review of Citizen's Panel surveys and themes for the 10<sup>th</sup> survey**

**FAO:** CPP management committee

#### **Key Points**

- A review of past surveys
- Report on the 9<sup>th</sup> Citizen's Panel survey.
- We are looking to develop themes for the 10<sup>th</sup> Citizen's Panel. Some themes have been suggested.
- Feedback from the 9<sup>th</sup> survey suggests that we limit the number and complexity of questions and themes to improve response rates.
- Current suggestions for themes

#### **A review of the Citizen's Panel: 2001 to 2005.**

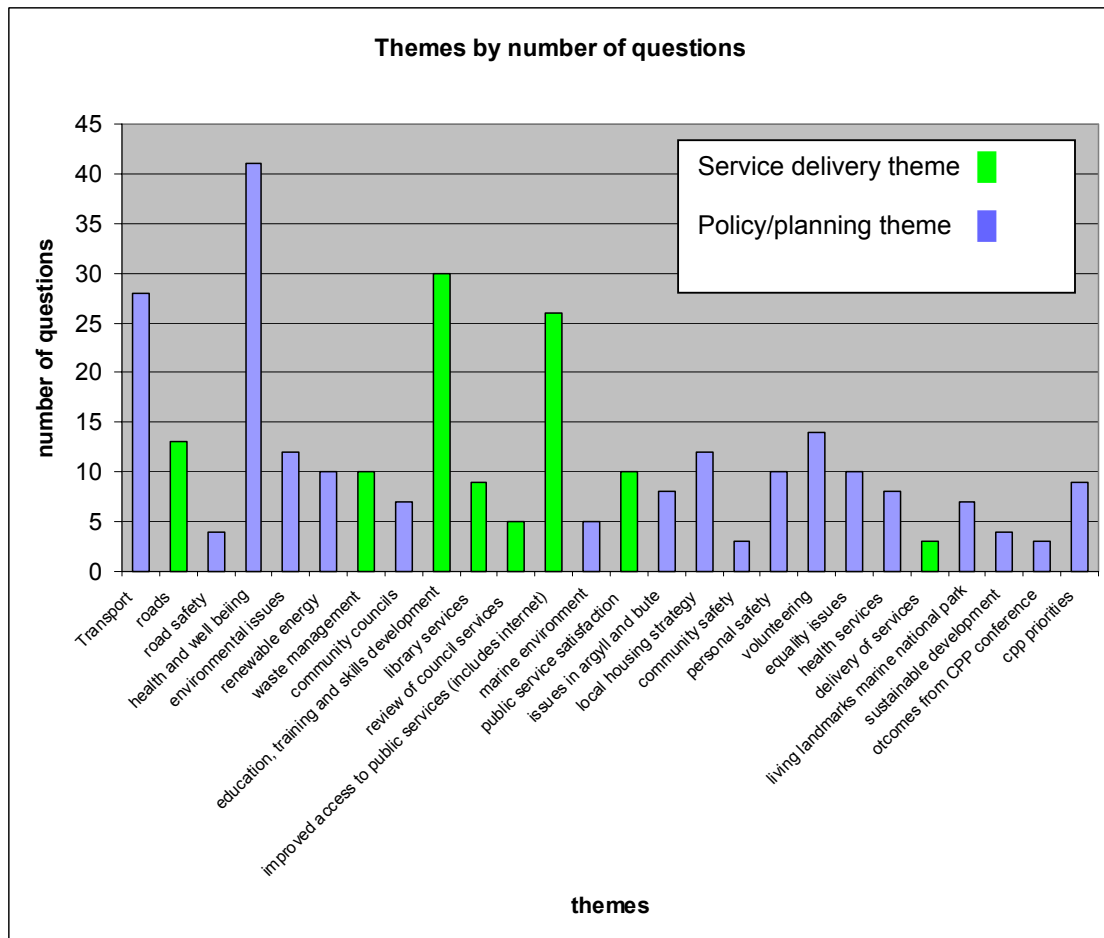
There have been 9 completed surveys since 2001. They have covered a broad range of themes with some re-visiting of certain themes to track changes over time. This section highlights this range of themes and the range of input from the CPP partners. There is also an examination of the nature of the themes, whether these are focused on questions of service delivery or on testing corporate strategies.

#### **Key points**

- There have been 9 surveys covering 26 distinct themes.
- Across all surveys there is a bias toward policy/planning style themes rather than service delivery themes.
- There have been lower numbers of questions that are attributed to specific, non Council partners.

#### **The range of themes.**

There have been 26 distinct themes explored over the nine surveys. These have been mainly policy or planning in nature. The graph below shows the distribution of these themes by the number of questions asked around them. These figures are amalgamated over several surveys where the same theme has been explored more than once. In terms of volume of questions asked, *health and well being* has been the largest single theme, with *transport, access to public services* and *education, training and skills development* being similarly high. The *transport* theme has been explored in two surveys as a tracking exercise asking broadly similar questions.



There is a bias toward policy/planning related themes rather than service delivery themes. There is a higher level of input from the Council than from other CPP partners.

#### **Policy/planning style questions from community planning partners.**

There have been a limited number of policy/planning related questions that can be attributed to specific community planning partners excluding the council. These are:

- SNH have asked questions around the environment theme in survey 3, including questions beaver re-introduction and general biodiversity.
- NHS Argyll and Clyde, in survey 6 asked questions around health services in remote and rural areas.
- Strathclyde Police asked questions concerning community safety issues for Argyll and Bute in survey 7.

There have, however, been a number of themes of a corporate nature which have originated from the CPP in general with significant input from all partners.

## **Report on 9<sup>th</sup> survey results**

The results of the 9<sup>th</sup> citizen's panel are now available. These expand upon the presentation given at the CPP meeting on the 11<sup>th</sup> of November 2005 by IBP.

The response rate for the 9<sup>th</sup> Citizen's Panel survey was 52%. This is lower than the previous surveys where response rates have been over 60%. Some feedback from panellists has suggested that the length and complexity of the questionnaire was an issue and may have contributed to the lower response rate.

IBP have analysed the responses and compiled a full report. This report is available on the Community Planning Partnership website.

The raw data gathered from the 9<sup>th</sup> survey is available and some analysis is being undertaken by Argyll and Bute Council Research and Information team. Due to the size of the Citizen's Panel and the number of responses there are limits to the level and type of statistical analysis that can be performed.

The *transport and roads* questions have allowed useful comparisons to be made between the results from this survey and those from the 2<sup>nd</sup> survey, carried out in October 2001.

The Newsletter which summarises the findings of the 9<sup>th</sup> survey has been finalised and sent out to the panellists.

## **Themes for 10<sup>th</sup> survey.**

The 10<sup>th</sup> Citizen's Panel survey will go to the panellists at the beginning of March. The questionnaire will be developed during February from the themes that are agreed by the CPP. To address the issue of low response rates, the size and complexity of the next questionnaire should be kept to a minimum. A total of no more than 30 questions examining 3 main themes would be ideal. To enable the gathering of more useful data we will endeavour to present questions with fewer options to choose from.

The following themes have been suggested:

### **1 Council tax levels.**

1 or 2 questions around council tax increases against service cuts.

### **2 Community safety issues.**

Some questions around ASBO and community safety/crime. Strathclyde Police have provided 4 questions around community safety in general. Argyll and Bute Council have provided 13 questions specifically on the issue of ASBO. Strathclyde Fire and Rescue have also provided 4

CPP Management Committee – 8 February 2006 – Agenda Item No. 8

questions around public understanding of their role. These would sit well within this theme.

**3 Service delivery/ access and community engagement.**

Some questions around public access to services, including contact centres and internet/online service provision. This theme could also ask questions around local community engagement.

**Contact:** Andy McKay-Hubbard, Research and Information Officer.  
01546 604472  
E-mail [andy.mckay-hubbard@argyll-bute.gov.uk](mailto:andy.mckay-hubbard@argyll-bute.gov.uk)

**Report to Community Planning Partnership Management Committee by Health and Well Being Theme Group  
Wednesday 8<sup>th</sup> February 2006**

**CHOOSE LIFE- Proposed Action Plan 2006-08**

Community Planning Partnerships (CPP) have responsibility for implementation and delivery of Choose Life action plans.

As in the initial phase (2003-06), local Choose Life support funds for 2006-08 will be allocated to local authorities for use by CPPs. **Argyll and Bute is to receive £83,000 in 2006-07 and £83,000 for 2007-08.**

**Sustainability plans should be targeting 2008 as their commencement date.**

**Key considerations for revised Argyll and Bute Choose Life action plan- 2006-08**

- Less money 2006-08
- Choose Life now has a profile nationally and across Argyll and Bute
- Need for shared ownership in order to build in sustainability
- Current staffing expenditure 2/3 future available budget leaving insufficient for capacity building and training
- Focus on local delivery, coordination and capacity building
- Mainstreaming and sustainability of suicide prevention activity should remain a major priority for all concerned.
- Choose Life activities should remain cross cutting at policy and local organisational level, firmly embedded within Joint Health Improvement and related local policies and plans.
- More work needs to be done at strategic levels to develop activities across partnerships.

**Key action points in proposed draft**

- Role and remit of the Sub group is redefined, placing more onus on Sub group members to pursue and take forward the Choose Life agenda through relevant strategic plans and processes.
- Focus on developing networks in localities and building capacity by employing an additional part time project worker to replace full time coordinator
- Action plan to be reviewed and updated in 2007 with activities focused on exit strategies and sustainability

**Budget 2006-07**

<b>Income</b>		<b>Expenditure</b>	
Scottish Executive	£83,000	Salaries	£33,000
Underspend 05-06	£16,000	Operational costs	£13,000
Inkind A&B Council	£1,000	Capacity building	£54,000
<b>Total income</b>	<b>£100,000</b>	<b>Total expenditure</b>	<b>£100,000</b>

**Indicative budget 2007-08**

<b>Income</b>		<b>Expenditure</b>	
Scottish Executive	£83,000	Salaries	£33,000
Inkind A&B Council	£1,000	Operational costs	£13,000
		Capacity building	£38,000
<b>Total income</b>	<b>£84,000</b>	<b>Total expenditure</b>	<b>£84,000</b>

**Recommendation.**

That the CPP Management Committee continue to support Choose Life, and agree to the attached Plan being submitted for approval to the full Community Planning Partnership at it's meeting in March 2006.

Josephine Stojak, Acting Chair of Health and Well Being Theme Group.

For further information contact:

Ann Campbell, Public Health Practitioner, Argyll and Bute LHCC,  
Tel. 01631 570082



**CHOOSE LIFE  
Draft Action Plan 2006-08**

Choose Life is one strand of the Scottish Executive's National Programme for Improving Mental Health and Wellbeing, which was launched in 2001.

Choose Life is a 10 year strategy, and a target has been set to reduce the suicide rate in Scotland by 20% by 2013.

Community Planning Partnerships (CPP) have responsibility for implementation and delivery of Choose Life action plans. As in the initial phase (2003-06), local Choose Life support funds for 2006-08 will be allocated to local authorities for use by CPPs. **Argyll and Bute is to receive £83,000 in 2006-07 and £83,000 for 2007-08.**

Local Choose Life support funds are to be used solely for the use of supporting local suicide prevention. Any local support funds carried forward from the first phase of Choose Life must be allocated to suicide prevention activity.

Community Planning Partnerships should be making every effort to secure additional and long term sustainable resources which will contribute to mainstreaming suicide prevention activity in their local areas. CPPs should now be identifying activities and resources to ensure sustainability within and beyond the second phase of Choose Life (2006-08) and from 2008-2013.

**Sustainability plans should be targeting 2008 as their commencement date.**

Community Planning Partnerships should ensure that all local Choose Life activities remain cross cutting at policy and local organisational level, firmly embedded within Joint Health Improvement and related local policies and plans. **Mainstreaming and sustainability of suicide prevention activity should remain a major priority for all concerned.**

**Main Aims for 2006-2008**

The Scottish Executive has identified the following main aims for the next phase of suicide prevention work:

- Keeping focused on objectives and priority groups
- Improved coordination and achieving wider ownership to and awareness of suicide prevention
- Planning and delivery of training and education at a local level
- Supporting local community based development and action

- Actions in mental health care and treatment services (health and social care)
- Substance misuse as a key suicide risk
- Support to the (local) media in the reporting of suicide

## **Argyll and Bute Choose Life Action Plan 2006-08**

Choose Life activity is a collective responsibility of all Community Planning Partners.

The Choose Life sub group of the Health and Wellbeing theme group has had responsibility to date for progressing Choose Life in Argyll and Bute. In order to achieve sustainability and to mainstream Choose Life activities, more work needs to be done at strategic levels to develop activities across partnerships. It is therefore proposed that the role and remit of the Sub group is redefined, placing more onus on Sub group members to pursue and take forward the Choose Life agenda through relevant strategic plans and processes. This will help to achieve more collective ownership and activity, and long term sustainability.

In terms of national aims and objectives, it is proposed to focus on the areas where Choose Life locally can have maximum impact. Taking into account Choose Life work in Argyll and Bute to date, these areas would be the following priorities from national Choose Life objectives:

- 1 Promoting Greater Public Awareness and Encouraging People to seek help early**
  - Publicity- eg quarterly newsletter, leaflets, library carriers
  - Media articles- advertising/promoting local services
  - Presentations/talks to existing local groups, employees, schools eg Safe Kids roadshow and events utilising ASSIST trained staff
  - Preparation of information/resources pack for distribution to groups
- 2 Supporting the Improved coordination of efforts by local agencies to develop and implement local suicide prevention action plans**
  - Sub Group members to integrate Choose Life actions into existing planning processes
  - Develop local networks through locality events to identify gaps, improve coordination, local pathways
  - Identify local champions to link into local public health networks/multi agency groups to generate Choose Life actions for inclusion in JHIP local action plans which will enable access to HIF funding
  - Produce local leaflets- distribute widely

**3 Early Prevention and Intervention**

- Target training towards frontline workers eg GPs, A&E staff, Home Helps, community support workers
- Develop focused, targeted, brief training programmes for delivery to identified groups, key elements to be recognition, response and signposting. From these brief training events, identify individuals keen to go through and implement further training eg ASSIST
- Develop and circulate database of locally trained staff and resources
- Support trained staff to utilise their training
- Evaluate effectiveness/impact of training already conducted as part of a needs assessment to inform future training programme
- Link future Choose Life training with psychological therapies tiered approach eg CD roms in Primary care, night classes, Living Life to Full website
- Explore potential for rolling out peer support for young people and other specific groups eg elderly- links with healthy Communities Collaborative

**4 Encouraging and supporting (more) innovative local voluntary services, community based and self help initiatives**

- Evaluate existing Choose Life funded projects, identifying good practices to be rolled out
- Identify existing voluntary and community groups that could be supported and expanded, exploring options with them in relation to their role and contribution to mental health and wellbeing/Choose Life agenda

Proposal that the action plan be reviewed and updated in 2007, with activities focused on exit strategies and sustainability.

**Budget**

In order to achieve these actions the following budget is proposed

**2006-07**

<b>Income</b>	
Scottish Executive	£83,000
Underspend 05-06	£16,000
Inkind A&B Council	£1,000
<b>Total income</b>	<b>£100,000</b>

Any additional income generated through training will be added into capacity building expenditure

<b>Expenditure</b>	
Salaries*	£33,000
Operational costs	£13,000
Capacity building	£54,000
<b>Total expenditure</b>	<b>£100,000</b>

**\* 2 Project Workers at 20 hours per week- A&C 6, based Helensburgh and Lochgilphead**  
**1 Administrator at 10 hours per week A&C 3- to be reviewed after 12 months**

#### **Indicative budget 2007-08**

<b>Income</b>	
Scottish Executive	£83,000
Inkind A&B Council	£1,000
<b>Total income</b>	<b>£84,000</b>

<b>Expenditure</b>	
Salaries	£33,000
Operational costs	£13,000
Capacity building	£38,000
<b>Total expenditure</b>	<b>£84,000</b>

Any additional income generated through training will be added into capacity building expenditure

**Report to Community Planning Partnership Management Committee by  
Health and Well Being Theme Group  
Wednesday 8<sup>th</sup> February 2006  
DRIVESafe in Argyll and Bute 2006-2009.**

**1. BACKGROUND.**

**1.1** Since the production of the first Joint Health Improvement plan for Argyll and Bute in 2002, the Community Planning Partnership has recognised the need for partnership work to be undertaken to address the area's statistically high incidence of serious and fatal road crashes. This issue has been highlighted in the Annual Reports of the Director of Public Health for Argyll and Clyde, in Police statistics, and in the Community Health and Well Being profiles produced by NHS Health Scotland.

**1.2** In 2002, a very successful road safety conference, held in Dunoon, identified the need for the development of a Road Safety Charter for employers in Argyll and Bute. It was hoped that this would put road safety at the heart of the operation of all businesses who committed to the Charter. A working group, comprising members of Community Planning Partnership organisations and the private sector have been engaged in the development of DRIVESafe in Argyll and Bute since that time. Group members have been drawn from Argyll and Bute Council, Strathclyde Police, Strathclyde Fire Brigade, NHS Argyll and Clyde, the Safe and Healthy Working Lives initiative and various private sector companies. This initiative has been supported by the Community Planning Partnership at all stages.

**2. PROGRESS TO DATE.**

**2.1** On 13<sup>th</sup> April 2004, 'DRIVESafe in Argyll and Bute' was launched in Lochgilphead. Twenty four organisations signed up to the initiative and in so doing each agreed to:

- Provide a named contact within the organisation that will monitor employee crash data
- Arrange the distribution of Road Safety materials which will be provided free of charge
- Encourage all employees to be more aware of Road Safety measures by promoting and publicising a series of themed campaigns

Since the launch of the campaign publicity material incorporating the DRIVESafe logo has been distributed to Charter organisations and is now regularly seen on vehicles across Argyll and Bute. Road safety information in relation to safe driving practices and safe driving at work has been distributed, and monitoring of employee crash data is being undertaken, with individual organisations implementing measures to address issues which these processes raise. In some instances these measures include re-training of drivers.

'DRIVESafe in Argyll and Bute' was awarded £5000 from the Community Planning Partnership for the year 2004-05, to develop and launch the Charter, and begin the implementation of the scheme. This budget was utilised in provision of the launch event, and the development and distribution of DRIVESafe materials to those organisations who 'signed up'. A further £9000 awarded from the Partnership for financial year 2005-06 has been utilised in continuing to build the DRIVESafe message, including the development and use of promotional material displayed on an adtrailer which was sited at prominent road locations throughout the area.

The steering group now wishes to consolidate the DRIVESafe work undertaken to date, support partner organisations in full implementation of the scheme, and begin to recruit new Partners into the initiative. Partner organisations have completed their first year of DRIVESafe, collating crash statistics and information, allowing early identification of trends in driving practises and procedures. Analysis of police crash data shows that the issues identified by partners as causative in driving incidents among the workforce are similar to those identified by the Police. These issues are failure to maintain an appropriate speed (linked to road and weather conditions) and failing to maintain a safe distance, again linked to road and weather conditions. The steering group has therefore decided to concentrate on these particular issues in the next phase of the DRIVESafe campaign.

This 3 year action plan will therefore attempt to pull together and address national issues, issues highlighted in emergency service statistics, and the information submitted as linked factors in crashes and near misses by existing DRIVESafe partners.

### 3. ACTION PLAN.

There are 3 distinct strands to the work which the DRIVESafe steering group would like to undertake in the next 3 years, which are as follows:

#### 3.1 Continuation of Awareness Raising.

Radio campaign on Your Radio, Argyll FM and Oban FM (4 themes per year)	2500
4 x 30 second radio advert production	500
Pull up banner display	500
Vehicle decals	2200
Promotional items, pens, tax disc holders, etc	1300
DRIVESafe leaflet targeted at car hire companies, airport information desks etc	500
	£7500

#### 3.2 Driver Assessment and Training.

There is a need for all DRIVESafe partners to begin to progress the message within their own organisations, and to embed safer driving practices across all of their driving workforce. The steering group has information which will be distributed to all partners about a simulated driver assessment pilot project currently in place in Scotland for HGV drivers, and it is hoped that partners will make use of the scheme for this category of driver. For all other drivers, there is a need for partners to consider how they manage occupational road risk within their own organisations. The steering group proposes to hold seminars for DRIVESafe partners to look at ways of progressing driver assessment and training. It is intended to highlight the Risk Assessment policy and package in place within NHS Highland; this is a good model for DRIVESafe partners to follow, and the seminar would offer the opportunity for giving information and guidance on designing and implementing such practices. It is proposed that NHS Highland will be invited to lead inputs to the seminars, and to share their experiences with partners who are progressing with implementing such schemes as part of their DRIVESafe commitment. The seminar would also provide information about driver training programmes and opportunities in the Argyll and Bute area, since it is essential that once assessment has been

carried out a programme of training can be provided where a need has been identified. It is intended that DRIVESafe would absorb partners costs of attending this seminar.

£1000

### 3.4 DRIVESafe Co-ordination.

As the work of the steering group develops, and especially as new DRIVESafe partners are brought on board, there is an increasing need for extended co-ordination and development of the work. For the campaign to continue to maintain its effectiveness it is proposed that a co-ordinator be found to carry out this role. It is expected that the co-ordination could be carried out in a total of 5 hours each week, and it is hoped that this could be done on a flexible basis. It is likely that someone with a natural interest in road safety issues could be found in Argyll and Bute to carry out this function. It is proposed that the co-ordinator would:

- a) Be responsible for updating and issuing DRIVESafe signage and promotional material to existing partners;
- b) Co-ordinate steering group meetings;
- c) Work proactively with partners in terms of collation of statistics and information, and driver assessment and training programmes;
- d) Actively recruit new DRIVESafe partners.**

The likely cost for introduction of this co-ordination role would be £2600 per annum (5 hours @£8, X 52 weeks, plus 25% oncosts for travel and subsistence).



**Predicted Budget for DRIVESafe**

<b>2006/07</b>	<b>Action</b>	<b>Cost</b>	<b>Total</b>
	1.Awareness Raising	7500	
	2.Assessment and Training Seminar ( X1)	1000	
	3.DRIVESafe co-ordination	2600	11,100
<b>2007/08</b>	1.Awareness Raising	7500	
	2.Assessment and Training Seminar ( X2)	2000	
	3.DRIVESafe co-ordination	2600	12,100
<b>2008/09</b>	1.Awareness Raising	7500	
	2.Assessment and Training Seminar ( X2)	2000	
	3.DRIVESafe co-ordination	2600	12,100
<b>3 year total</b>			<b>35,300</b>

**4. RECOMMENDATIONS.**

**4.1** DRIVESafe continues to be supported by the CPP Management Committee, and the full Community Planning Partnership.

**4.2** Link/support person within partner organisations continues to co-ordinate implementation of DRIVESafe on a proactive basis.

**4.3** The DRIVESafe steering group continues to develop and implement the Charter, building on the strong foundations set down to date. The steering group will continue to meet approximately four times per year.

**4.4** The Health and Well Being Theme Group make agreement to part fund DRIVESafe, to the extent of £6,000 per annum from the Health Improvement Fund which is disbursed at the discretion of that group. In addition, an annual allocation of £6,000 is made by Community Planning Partners to match fund the costs identified in the action plan noted above.

Josephine Stojak, Acting Chair of Health and Well Being Theme Group.

For further information contact:

Carl Olivarius, Road Safety Officer, Argyll and Bute Council

Tel 01 546 604 114



Community Planning Partnership Management Committee – 8 February 2006 – Agenda Item No. 11

(a)

**Children and Families**

**Kilmory, Lochgilphead, Argyll, PA31 8RT**

**Telephone:** (01546) 604256

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**Our Ref:** DD/MJ

**Your Ref:**

**If phoning or calling please ask for: Douglas Dunlop**

**e-mail:** @argyll-bute.gov.uk

**Council Website:** www.argyll-bute.gov.uk

16th January 2006

Ms K Chisholm  
Scottish Executive  
Education Dept.  
Young People and Social Care Group  
Victoria Quay  
Edinburgh  
EH6 6QQ

Dear Ms Chisholm

**CHANGING CHILDREN'S SERVICE FUND 2006-08**

Further to your correspondence of November 2005 please find attached the submission from Argyll and Bute Council in respect of the CCSF for 2006-08.

As you will see we are continuing with our FUSIONS initiative as the main driving force behind the creation of better integrated children's services within Argyll and Bute. This approach was outlined in detail on our initial submission to The Change Fund in 2002. As before our approach for 2006-08 emphasises an area based strategy in developing better integration building on and enhancing existing good practice between the agencies, voluntary sector and service users. I have enclosed three documents outlining the progress we have made regards this over the past four years:

- The FUSIONS strategic plan 2005/06 which confirms our overall approach to Integrated Children's Services with Argyll and Bute.
- "Informing the Future" a review of progress of the FUSIONS initiative in developing integrated children's services in Argyll and Bute. The appendix to this document details examples of our monitoring and evaluation processes with examples of the impact the FUSIONS approach has had on the lives of children in Argyll and Bute.
- The Argyll and Bute Integrated Children's Service Plan which provides the overarching strategic framework.

Community Planning Partnership Management Committee – 8 February 2006 –  
Agenda Item No. 11 (a)

For the period 2006-08 we wish to build on the progress we have made so far maintaining our general approach to the development of better integrated working, with some adjustments to key area of activity reflecting emerging priorities and our experience so far.

The overarching philosophy of FUSIONS however remains the same. We wish to see integrated working becoming part of mainstream agency activity and not seen as a specialist activity undertaken by a few project staff. Our area based approach underpins this philosophy whereby we invest in local agencies, voluntary groups and service user involvement at a local level, improving these services by devolving resources to be utilised within our framework for the development of integrated working.

As in previous years we intend to continue using the Changing Children's Service's Fund, and the National Priorities Action Fund aligned to Integrated Community Schools to underwrite the FUSIONS initiative.

The bringing together of the two initiatives allows us to address the seven national visions for children:

- Safe
- Nurtured
- Health
- Achieving
- Active
- Respected & Responsible
- Included

within a coherent integrated strategy. This is contained within the Integrated Children's Service Plan and the FUSIONS strategic plan. This latter document combines the seven vision statements with the original aims of For Scotland's Children/Integrated Community Schools.

These were that:

- An ICS will promote healthy lifestyle.
- An ICS will encourage parental involvement in supporting children's learning and well being.
- That planning for children's services will be locally based utilising staff directly involved in providing services.
- That a joint assessment and information framework will be established.
- That a joint action planning framework for individual families will be developed.

These targets are addressed in more detail within our ICSP, our FUSIONS strategic plan and monitoring reports.

Community Planning Partnership Management Committee – 8 February 2006 –  
Agenda Item No. 11 (a)

Among some of the adjustments we are making for 2006-08 to the FUSIONS initiative is the re-designation of Area Integration Managers to become Area Children's Service Managers. We believe that this properly reflects the core nature of integrated working, placing it at the heart of agency activity and giving the posts responsibility for the full range of family support services alongside the responsibility to further develop integrated working practices.

We have also specifically earmarked funding for services to children affected by disability and the work of the Child Protection Committee as key priority areas for us in Argyll and Bute. In addition we are also looking to establish a specific policy development post which will have responsibilities for the development of an Integrated Assessment Framework, a data exchange protocol and system, and a joint action planning framework reflecting national priorities and building on the work already undertaken within Argyll and Bute.

Given our decision to unify funding streams to create a coherent approach to the development of better integration we have not separated out the direct grant and GAE elements of the change fund. This can be done if required but as with previous submissions this would be nominal and counter to our intention to create a more closely joined up integrated children's service system.

Yours sincerely

**Douglas Dunlop**  
**Head of Service – Children and Families**

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**CHANGING CHILDREN'S SERVICES FUND  
PROPOSALS FOR 2006-08 TO BE SUPPORTED FROM SPECIFIC GRANT.**

This form should be completed and signed by the lead officer with the council and the Chief Finance Officer.

Local Authority Area: ARGYLL AND BUTE

Main CCSF Contact: \_\_\_\_\_

Name: Douglas Dunlop

Job Title: Head of Service, Children and Families

Contact Address: Council Headquarters  
Kilmory  
Lochgilphead  
Argyll PA31 8RT

Telephone: 01546 604256

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**SECTION A. SUMMARY**

Please list below the title of each of the main elements of your CCSF proposals for 2006-08 and budget allocations from the CCSF.

<b>Element</b>	<b>2006-08 CCSF Budget Allocation (£)</b>
<b><u>1. Area Based Integrated Services</u></b>	
<u>Area Children's Service Team Staffing</u>	<u>800,000</u>
<u>Commissioning Fund</u>	<u>167,692</u>
<b><u>2. Authority Wide Developments</u></b>	
<u>Support to Health Promoting and Integrated Community Schools Development</u>	<u>84,274</u>
<u>Support to Child Protection Reform Programme</u>	<u>138,622</u>
<u>Integrated Assessment and Data Sharing Development</u>	<u>55,000</u>
<u>Support to Children Affected by Disability</u>	<u>195,000</u>
<u>Development of Child and Adolescent Mental Health Service (CAMHS)</u>	<u>25,000</u>
<u>Family Mediation</u>	<u>5,000</u>
<u>Drugs Strand</u>	<u>97,231</u>
<u>Emerging Priorities</u>	<u>48,501</u>
<b>Total:</b>	<b><u>1,616,320</u></b>
<b><u>Income from National Priorities Action Fund</u></b>	<b><u>(404,320)</u></b>
<b><u>Changing Children's Services Fund Element</u></b>	<b><u>1,212,000</u></b>

Please ensure that Section B for each of the elements listed above is completed and attached.

We certify that the information given in this return and attachments is a true and accurate representation of our CCSF proposals and budgeted spend for 2006-08.

Signed \_\_\_\_\_  
Lead Council Officer Date

Signed \_\_\_\_\_  
Chief Finance Officer Date



**Section A (cont.) Summary Overview**

Please confirm the involvement of relevant local authority, health and voluntary sector partners in the decision making process for the CCSF proposals for 2006-08

•

The proposals submitted are based on extensive consultation with all relevant parties over the period of the FUSIONS initiative. The continuation into 2006-2008 has been explicitly discussed and agreed by partners.

**CHANGING CHILDREN'S SERVICES FUND 2006-08: SECTION B.  
ELEMENT SUMMARY**

(Please complete one Section B form for each of the elements of the CCSF proposal listed in Section A.)

**Element Title:** Area Based Integrated Children's Service Development

**Brief Description of Element:**  
(including whether this is a new or already approved initiative)

This is an already approved initiative. The details of this approach are laid out under our original CCSF submission and in previous annual proposals. The key elements of this are the development of the concept of "area children's service teams", whereby all those working with children in a local area, whether statutory agency or voluntary organisation, would be part of a children's service team or network. This team concept will be overseen by the Area Children's Service Manager who would have responsibility for ensuring that there are integrated responses to all children in need. This will involve integrated assessments and joint action plans as well systemic developments such as joint training, joint service planning and opportunities for good practice exchange. These developments are supported by investment in mainstream staffing and by the establishment of a commissioning fund through which enhanced support packages for children and families can be developed alongside voluntary sector and service user groups.

**List of Main Partners involved with this Element:**

Social Work  
Health  
Education  
Voluntary Sector

Element Budget	2006-07	2007-08
Projected spend from CCSF allocation:	£161,912	£161,912
Other Sources of Funding (Funding Body)		
<u>National Priorities Action Fund</u>	£80,011	£80,011
<b><u>Total expenditure per area</u></b>	<b>£241,923</b>	<b>£241,923</b>
	£	£
<b>Total Budgeted Spend for the 4 areas:</b>	<b>£967,692</b>	<b>£967,692</b>

**Performance Targets for the element. Continue on separate sheet if necessary.**

**Specific Objective(s) within Integrated Children's Services Plan to which proposals will contribute**

Area based integration is designed to deliver on the key objectives associated with For Scotland's Children and the Integrated Community Schools initiative as identified within the FUSIONS strategic plan.

These include schools having access to services associated with being an integrated community school (support for learning within and outwith the school; promotion of healthy lifestyles; parental involvement in supporting children's learning and well being) and attaining Health Promoting Schools status by 2007.

It also includes the establishment of a local children's service planning function, and the development of joint training assessment and action planning processes.

There are 44 actions within the ICSP that specifically relate to area based FUSIONS developments.

There have been highlighted within the attached ICSP. A key number of these have been identified below as specific performance measures that will give a high level indicator of progress. These are also used as targets along with the original FUSIONS aims in the following section.

**(a) Vision - Safe**

Outcome - Reduce the neglect and abuse of children and young people.

Page no.  
(within ICSP)

P50                                      Establish multi-agency 3-tier training plan.

P51                                      Contribute [FUSIONS resources] to multi-agency support packages for children at risk.

P51                                      Contribute [FUSIONS resources] to local child protection forums

Outcome: Support for children affected by parental substance misuse.

P53                                      Commission additional support for children and young people.

**(b) Vision - Nurtured**

Outcome: Increase support for children with or affected by disabilities.

P62                                      Provision of support to children, young people and families –

working with partners and voluntary sector groups.

P63

Development of an integrated strategy for supporting disabled children and their families including – Information, resources, staffing, training, respite, assessment, access to services, transition and being healthy.

(c) Vision - Health

Outcome: Health Improvements

P70

Support schools to meet Health Promoting Schools target for 2007.

P71

Work in partnership to develop and support a range of health promoting activities.

Outcome: Improving Mental Health.

P73

Work in partnership to promote a range of programmes and services promoting positive mental health for children and young people, e.g. counselling in schools, stress management, nurture groups, peer support.

Outcome: Improving Sexual Health.

P76 Work with partners to provide support and awareness raising in relation to young peoples sexual health.

**(d) Vision - Achieving**

Outcome: Raise standards of education for all especially in care skills of numeracy and literacy.  
(NP in E 1.1)

P81 Provide additional support for children and young people with social, emotional and behavioural difficulties, e.g. additional staffing, alternative curricula.

P81 Provide additional opportunities to support children and young peoples learning in and out of school, e.g. homework clubs, volunteer tutors, enhanced transition programs.

P81 Support parent involvement in their child's learning.

**(e) Vision - Active**

Outcome: Health Improvement

P91 Distribute and promote play @ home physical activity program to all levels of children aged less than 5.

P92 Support the development of additional physical activities after school and in the wider community in partnership with Active schools "Stramash" and other planning partners.

**(f) Vision – Respected and Responsible**

Outcome: Reducing the number of persistent young offenders.

P103 Contribute to the development of local youth justice strategies.

**(g) Vision - Included**

Outcome: Every pupil benefits from Education.

P106 Support schools to become integrated community schools.

## Section B (Contd)

Target	Estimated position at 31 March 2006	Projected position at 31 March 2007/2008
<u>All schools to be Health Promoting Schools by 2007.</u>	<u>Health Promoting Schools accreditation process established.</u>  <u>Support programme to all schools established and school visits started.</u>	<u>2007 - All schools undertaking accreditation process, with a view to completion by end of 2007.</u>  <u>2008 - All schools Health Promoting Schools.</u>
<u>All schools to have access to services associated with being an Integrated Community School.</u>	<u>All schools have access to support for learning outwith and within the school, and services designed to assist parental involvement in supporting children's learning and well being.</u>	<u>Range and level of services further developed and consolidated within integrated working systems.</u>
<u>Establish local integrated children's service planning processes.</u>	<u>Each of the authority's four local areas to have local planning groups to oversee the development of integrated working at a local level.</u>	<u>Services within each of the authority's areas to be overseen by integrated planning and service delivery processes.</u>
<u>Implement Integrated Assessment and action planning framework.</u>	<u>IAF and action planning frameworks being developed.</u>	<u>Services to families undertaken through integrated assessment and action planning processes.</u>
<u>FUSIONS services impacting on better outcomes for children in line with the Scottish Executive seven visions.</u>	<u>Wide range of services in place to assist children and families in achieving the vision for children. (See monitoring report "Informing the Future")</u>	<u>Services embedded within area based integrated approach to the delivery of children's services.</u>

Scottish Executive Education Department (Contact: 0131 244 0271)

**CHANGING CHILDREN'S SERVICES FUND 2006-08: SECTION B.**  
**ELEMENT SUMMARY**

**(Please complete one Section B form for each of the elements of the CCSF proposal listed in Section A.)**

**Element Title:** Authority Wide Developments

**Brief Description of Element:**

**(including whether this is a new or already approved initiative)**

This is an already approved initiative. This element contains the specific areas of activity that are designed to support the development of better integrated working at a strategic or authority wide level.

It includes support to front line staff through policy and procedural developments, training and specialist advice and guidance, as well as specific authority wide initiatives.

This includes:

- Support to schools to achieve Health Promoting Schools accreditation through: establishment of accreditation process; multi-agency involvement with all schools to assist in completion of accreditation; development of programme to support schools in achieving the highest level of accreditation. Estimated Cost £84,274
- Support to the child protection reform program. This includes: funding of the Child Protection Committee Lead Officer post; establishment of inter-agency child protection training strategy in line with the Scottish Executives training strategy; implementation of the Child Protection Committees business plan; funding of partnership arrangement with Children 1<sup>st</sup>; funding of a child protection specialist nurse; support to Hall IV implementation. Estimated Cost £138,622
- Development of Integrated assessment and data sharing processes. This will include an Integrated Assessment Framework and Integrated Action Planning procedure. Estimated Cost £55,000
- Development of services to supported children affected by disability and their families in partnership with voluntary sector organisations and local parent led groups. Estimated Cost £195,000
- Development of CAMHS services. This includes funding of services targeting looked after children and children at risk of abuse and neglect. Estimated Cost £25,000
- Support to Family Mediation in developing contact and conflict resolution service. Estimated Cost £5,000
- Continued funding of our drug outreach worker initiative, through which children and young people affected by substance misuse are offered advice, guidance and assistance. Estimated Cost £97,231
- Emerging priorities. Experience has shown that it is very important to reserve a small element of the funding to enable services to be able to respond to priorities for action which emerge throughout the year. This may include a specific training program or work strand associated with a particular need. Estimated Cost £48,501

**List of Main Partners involved with this Element:**

Social Work  
Health  
Education  
Voluntary Sector

<b><u>Element Budget</u></b>	<b><u>2006-07</u></b>	<b><u>2007-08</u></b>
<u>Projected spend from CCSF allocation:</u>	<u>£564,352</u>	<u>£550,352</u>
<u>Other Sources of Funding (Funding Body)</u>		
<u>National Priorities Action Fund</u>	<u>£84,276</u>	<u>£84,276</u>
<b><u>Total Budgeted Spend:</u></b>	<b><u>£648,628</u></b>	<b><u>£634,628</u></b>

**Performance Targets for the element. Continue on separate sheet if necessary.****Specific Objective(s) within Integrated Children's Services Plan to which proposals will contribute**

This element of the fund relates to 21 specific objectives within the Argyll and Bute ICSP. A number of these have been identified and highlighted below as being good high level indicators of progress.

**(a) Vision - Safe**

Outcome: Reduce the neglect and abuse of children and young people.

Page no.  
(within ICSP)

<u>P50</u>	<u>Named Child Protection Nurse Specialist post for Argyll and Bute CHP established.</u>
<u>P50</u>	<u>Multi-agency 3 tier child protection training plan established.</u>
<u>P51</u>	<u>Develop a Single Shared Assessment (IAF)</u>
<u>P51</u>	<u>Contribute to local child protection forums.</u>

**(b) Nurtured**

Outcome: Ensure integrated packages of education, health and care for looked after children.

<u>P58</u>	<u>Contribute to support packages for looked after children.</u>
<u>P62</u>	<u>Working with partner agencies to provide support to children, young people and families.</u>
<u>P63</u>	<u>Development of an integrated strategy for supporting disabled children and their families, including – Information,</u>



resources, staffing, framing, respite, assessment, access to services, transition and being healthy.

(c) **Vision – Health**

Outcome: Health Improvement

P70 Support schools to attain Health Promoting Schools status by 2007.

P73 Work with parties to promote a range of programs and services promoting positive mental health in children and young people.

(d) **Vision - Achieving**

Outcome: Continued professional development for teachers. (NP in E 2.1)

P84 Provide specific training on a variety of issues where needs are identified, e.g. child protection, health, esteem building.

(e) **Vision - Active**

Outcome: Health Improvement

P91 Promote a range of physical activity programs.

(f) **Vision – Respected and Responsible**

Outcome: increased self discipline of pupils. (NP in E 2.2)

P97 Encourage the participation of children and young people in peer support and other similar programs.

(g) **Vision – Included**

Outcome: Every pupil benefits from education.

P106 Promote an integrated approach to supporting children and young people.

Section B (Contd)

<u>Target</u>	<u>Estimated position at 31 March 2006</u>	<u>Projected position at 31 March 2007/2008</u>
<u>All schools to be Health Promoting Schools by 2007.</u>	<u>Health Promoting Schools Accreditation process established.</u>  <u>Support program to all schools established and school visits started.</u>	<u>2007 All schools undertaking accreditation process, with a view to completion by end of 2007.</u>  <u>2008 All schools Health Promoting Schools.</u>
<u>All schools to have access to services associated with being an Integrated Community School.</u>	<u>All schools have access to support for learning outwith and within the school, and services designed to assist parental involvement in supporting children's learning and well being.</u>	<u>Range and level of services further developed and consolidated within integrated working systems.</u>
<u>Implement child protection reform program.</u>	<u>CPC Lead Officer post established,</u> <u>CPC business plan in place,</u> <u>Multi-agency training strategy issued for consultation, Lead Nurse post established, Partnership arrangement with Children 1<sup>st</sup> in place.</u>	<u>CPC business plan reviewed and re-issued.</u>  <u>Training strategy operational.</u>  <u>Child Protection quality assurance program implemented.</u>
<u>Develop Integrated Strategy to support children affected by disability and their families.</u>	<u>A number of partnership arrangements in place with voluntary sector and service user groups aimed at developing services for children affected by disability and their families.</u>	<u>Integrated Strategy developed range of support services in place in each of the authority's four areas.</u>
<u>Develop and implement Integrated Assessment and action planning process.</u>	<u>Argyll and Bute Common Assessment Framework agreed. Common referral form and chronology in draft for consultation.</u>	<u>Argyll and Bute IAF established – including common referral form, chronology and action planning format.</u>
<u>Improve services to emotionally vulnerable children.</u>	<u>Specialist CAMHS post in place – targeting looked after children and children at risk.</u>	<u>CAMHS service part of area based integrated provision.</u>
<u>Provide services to children and young people affected by substance misuse.</u>	<u>Direct services available to children and young people in each of the four areas.</u>	<u>Drugs services provided as part of area based integrated children service provision.</u>

*Scottish Executive Education Department (Contact: 0131 244 0271)*

**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, 3 MARCH 2006 at 11:00 am.

Coffee will be available from 10.45 am

**A G E N D A****D R A F T**

1. WELCOME AND APOLOGIES
2. MINUTES OF THE MEETING HELD ON 11 NOVEMBER 2005
3. MATTERS ARISING
4. MANAGEMENT COMMITTEE UPDATE: VERBAL REPORT BY ANDREW CAMPBELL
5. SEERAD RESEARCH REPORT ON ACCESS TO SERVICES – SPENDING PROPOSALS
6. COMMUNITY PLANNING ISSUES
  - (a) UPDATE ON CPP PRIORITIES
    - Health and Wellbeing Group
    - Argyll and the Islands Enterprise (Alan Milstead )
    - Dunbartonshire Economic Forum (Aileen Edwards)
    - Sustaining & Developing our Communities, Culture & Environment (Donald MacVicar)
  - (b) UPDATE ON BUTE AND COWAL AREA PARTNERSHIP (GEORGE MCKENZIE)
11. AOCB
12. DATE OF NEXT MEETING: 7 JULY 2006

A buffet lunch will be provided after the meeting

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