

LOCHABER DISTRICT PARTNERSHIP

AGENDA

FOR THE MEETING TO BE HELD ON

TUESDAY 2 FEBRUARY 2016

IN THE COUNCIL CHAMBERS, LOCHABER HOUSE, FORT WILLIAM

THE MEETING COMMENCES AT 1.15 PM

1.15pm - 1.45pm Welcome & Apologies

Setting of 2016 meeting dates

Previous action note of 27 October 2015 (attached)

-accuracy

-update on actions not otherwise on the agenda:

- (i) HTSI Community Fund – Lochaber update
- (ii) CLD plan update
- (iii) Drug and alcohol funds
- (iv) Lochaber 'road safety awareness week' and Safefighlander 2016

General Business

- 1.45pm - 2.45pm
1. Lochaber District partnership plan update – attached (standing item)
 2. Community Safety Action team disbanding - actions
 3. Substantive projects updates:
 - new Hospital facility
 - Family centre
 - Women's centre/Robertson's Trust
 4. Comments invited from the public on the above general business

Plan Spotlight – Housing and associated support services (plan section 6)

- 2.45pm - 4.15pm
5. Housing planning investment and development
 6. Housing management services and housing support services
 7. Housing contribution to integrated health and social care
 8. Be@home update partnership demonstration project update
 9. Home Energy Scotland – fuel poverty
 10. Comments invited from the public on the above 'spot light' business

Meeting close approx. 4.30pm - Please note all timings are approximate and a comfort break will be made available at some point during the meeting as the agenda allows.

**LOCHABER DISTRICT PARTNERSHIP
(LDP)**

ACTION NOTE FROM THE MEETING HELD ON: TUESDAY 27 OCTOBER 2015 AT 1.15PM IN THE COUNCIL CHAMBER, LOCHABER HOUSE, FORT WILLIAM

PRESENT: Joint Chair - Bren Gormley (HC), Michael Foxley (NHSH); Emma Taylor, Gerard Storey, Kath McAvoy (HC); Christine Hutchison (FWACCP), Flora McKee (VAL); James Douglas (NHSH); Mark Richardson (HLH); Pat McElhinney (SFRS); Kathy Currie (LCA); Ellen Morrison (HC – note). Part of meeting only – Andy Bilton (PS);

APOLOGIES: Cllr Allan Henderson, John MacDonald, Marie Law, Patricia Jordan, Shirley Paterson.

IN ATTENDANCE: Debbie Stewart, Sharon Holloway (HADP); Ian Donald (HTSI); Thomas MacLennan. Attendace for part of meeting only: Brian Murphy, Robert More, Michael Dorrans (HC); Julie Wileman (CL); Grahame Cooper (AFC)

ITEM	SUBJECT	ACTION AGREED	LEAD
	Previous Action Note of 30 June 2015	Agreed.	
	Update on actions otherwise not on the agenda		
	(i) Use of mobile resources	Mark Richardson updated the Partnership on the use of the mobile skatepark equipment. It is housed in Mallaig and has been used in Fort William and Kinlochleven. Although used out of the area it has not been to the detriment of the young people in Lochaber.	
	(ii) Plantation	Emma Taylor advised that the District Partnership had requested that support agencies and organisations meet to discuss the range of services being provided to the Plantation area. Two papers “Plantation – partner work” and “Organisation/agency resources – available or allocated to the Plantation area” were tabled which gave detail on what resources are already going into the Plantation; what organisations are doing and what their intentions are.	
		Next stage would be to share the information with the Plantation Community Association.	

		<p>Emma Tayler to facilitate one further meeting following which it was hoped that a steering group would be formed to take work forward thereon. A community action plan could be produced as a result.</p> <p>Bren Gormley advised that there had been no further progress on this matter. The District Partnership was keen to receive an update. Bren Gormley to speak again with the Director of Care and Learning. Thomas MacLennan, Lochaber Area Leader was also asked to pursue.</p>	HC
	(iii) Booking of community facilities – new schools	<p>Mark Richardson advised that the Highland Community Learning Development plan was now in place. This can be viewed on the Education Scotland website.</p> <p>It was agreed to use the current Lochaber Community Plan and “tag” parts of this that are contributing to the CLD plan objectives. The District Partnership offered any assistance required to Mark.</p>	HLH/HC
1	TEC Digital health report (Report 1 – for information)	<p>The District Partnership was asked to note the contents of the previously circulated report by “Living it Up” Highland on the Technology Enabled Care Team.</p> <p>1.1 Dr Jim Douglas also spoke to the item to give an overview from his perspective. He shared some difficulties that can also be experienced through this type of care ie. capacity to look at scans; potential for harm if a monitor falls off and, is the technology reliable.</p> <p>1.2 He emphasised spend should be based on need ie. provide better broadband, wi-fi in health centres, make better use of what is available to us.</p> <p>1.3 Once known the date of the upcoming Learning Event to be held in Fort William would be circulated.</p>	HC
2	HTSI community fund presentation (Report 2)	<p>Ian Donald spoke to the previously circulated report as well as a presentation. The District Partnership was asked if they were agreeable in establishing a separate working group to process applications to the fund.</p> <p>Noted from discussion:</p> <p>2.1 The maximum funding award is £5k. However, could be used alongside match-funding</p> <p>2.2 Application forms are available via the HTSI website</p> <p>2.3 HTSI would service the work of applications.</p> <p>2.4 It was agreed that the Health Inequalities Group would be best placed to consider applications on behalf of the District Partnership. Emma Tayler to contact Hugh Wright (NHS) to arrange.</p>	HC

		2.5 A Children's Services representative be involved in the process for assessing applications.	HC
3	Lochaber District Partnership plan update(standing item)	<p>The "Healthier, Safer and Stronger" section of the Community Development Plan had previously been circulated for information. Emma Tayler asked Partners to provide her with any status updates prior to the refreshed document being published on websites.</p> <p>Noted from discussion:</p> <p>3.1 Addition of a line into the Plan to highlight the multi-agency work in the Plantation area.</p> <p>3.2 Addition of a line into the Plan in relation to the Community Learning Development Plan work</p> <p>3.3 Addition of a line into the Plan for the Highland Third Sector Interface (HTSI) project monies.</p> <p>3.4 The Belford Hospital. This should now be a standing agenda item. Michael Foxley paid tribute to the group involved in gaining the land for the new Belford Hospital. A community case now needs to be put together for the new hospital.</p> <p>3.5 Spotlight items for future District Partnership agendas. It was agreed that the next meeting of the District Partnership will focus on Housing and associated support services.</p>	<p>HC</p> <p>HC</p> <p>HC</p> <p>HC</p> <p>HC</p>
4	Inequalities – areas in most need (Report 4)	<p>Emma Tayler spoke to her previously circulated report. The District Partnership was asked to note the content of the report; consider whether it wished to look in more detail at the "Health domain" indicators within the SMID index to help with future planning; and take note of the SEP index and Lochaber's "worst performing" areas.</p> <p>Noted from discussion:</p> <p>4.1 Report was produced to raise discussion on areas shown as under-performing.</p> <p>4.2 Useful information in terms of the statistics listed. However, dubiety was raised over some of the statistics. How are the inaccuracies of data challenged?</p> <p>4.3 How do we legitimately put resources into areas if they are not highlighted within the statistics?</p> <p>4.4 Michael Foxley to bring results of UHI work on this back to the Partnership. UHI has commissioned work to look at rural deprivation.</p> <p>4.5 We need to become smarter with statistics and funding - noting that work in the Claggan and Caol areas had also been identified as a priority in addition to the Plantation area which receives ongoing support.</p>	<p>MF</p>
	Comments invited from the public on	None.	

	the above general business	
5	Lochaber Safe Highlander feedback (Report 5)	<p>Emma Tayler spoke to the previously circulated report. The District Partnership were asked to consider whether they see value in the Safe Highlander event being repeated and if so; agree how it will be resourced and who will co-ordinate it.</p> <p>From discussion it was noted:</p> <p>5.1 The District Partnership was in full agreement that this was a worthwhile event and should be held annually.</p> <p>5.2 Mark Richardson to speak with line management to ascertain whether HLH would take on the duty of co-ordination. He will advise Emma Tayler of outcome.</p> <p>Debbie Stewart and Sharon Holloway from the Highland Alcohol and Drugs Partnership were in attendance. Debbie Stewart spoke to her presentation which covered the work of HADP; partnership working; prevention work; children and families; recovery; community safety; "rock challenge 2015" and their priorities for 2015.</p> <p>From discussion it was noted:</p> <p>6.1 Separate entrances for alcohol and food in retail establishments. The Partnership was supportive of minimising pricing and of till receipts listing units of alcohol purchased separately. Joint letter to be sent to the Highland Licencing Committee.</p> <p>6.2 Use of steroids in HLH facilities – could there be a strategic policy on this ie. a poster warning of the dangers.</p> <p>6.3 Fire deaths – Pat McElhinney happy to work with HADP to see if information can be obtained and then visits by fire service could be arranged</p> <p>6.4 Legal highs seem to be on the increase. ½ day training on this subject matter is available from HADP. It is hoped to offer this in Lochaber once a venue is secured.</p> <p>6.5 Although numbers of persons presenting with issues has increased resources have not to be able to deal with matters.</p> <p>6.6 "Highland Substance Misuse Toolkit" is available on-line.</p> <p>6.7 Safe Highlander. HADP could only assist with funding if it was associated directly dealing with drugs and alcohol.</p>
6	Highland Alcohol & Drugs Partnership (HADP) presentation	<p>HLH</p> <p>HC</p> <p>HLH</p> <p>HADP/S</p> <p>FRS</p> <p>HADP</p>
7	Use/Allocation of existing Drug & Alcohol funds (Report 6)	<p>Emma Tayler spoke to the previously circulated report. Members of the Partnership were asked to consider the allocation of the remaining HADP monies to the Lochaber District based groups/schools wishing to participate in the 2016 Rock Challenge.</p>

8	<p>Scottish Fire & Rescue Service – Autumn thematic action plan (Report 7)</p>	<p>Noted from discussion: 7.1 The Partnership agreed that the remaining £1,800 be used for this purpose as required.</p> <p>Pat McElhinney spoke to his report referring to the two papers “Autumn Season 2015 Thematic Action Plan” and “Prevention and Protection Directorate Local Partnership Working Guidance and Good Practice” that had previously been circulated. Partnership members were asked to note the contents of the documents.</p> <p>From discussion it was noted.</p> <p>8.1 Unwanted signals can cost upwards of £2000 per call.</p> <p>8.2 “Restart a Heart” initiative – it is hoped to roll this out.</p> <p>8.3 Fire Service now looking ahead to Spring 2016, working in conjunction with the Ranger Service.</p> <p>8.4 Young drivers. It was agreed that a working group be tasked to look at the development of a Lochaber young driver initiative. Pat McElhinney to lead. Include Police Scotland; Scottish Ambulance Service, High Life Highland; Care and Learning Service, NHS Highland, Highland Council.</p>	<p>SFRS</p>
	<p>Comments invited from the public on the above “spot light” business</p>	<p>None</p>	
		<p>Meeting dates for 2016:</p> <ul style="list-style-type: none"> • Tuesday 2 February • Tuesday 19 April • Tuesday 21 June • Tuesday 25 October 	

Performance Status indicator key: Priority Sections

RED	R	No progress
GREEN	G	Achieved/complete
AMBER	A	In progress, developing well
Blue	B	Progress stalled
White	W	Identified no longer a priority – to be removed

Agenda Item 1

‘HEALTHIER, SAFER & STRONGER’ Lead Forum: LOCHABER DISTRICT PARTNERSHIP

Health, Well-being and community safety priorities. Note this plan also incorporates ‘Greener’ priorities that promote healthier lifestyles and well-being

High Level statement	Aim	Action detail	Who	Status	
1 Support safe, responsible use of the natural environment for health promoting activity	d. Partners will encourage developments that promote the growing of local healthy foods for own or retail consumption ie creation of allotments, encouragement of local produce markets, social enterprises (food production & retail) & key promotional events	1. Partners will encourage developments that promote the growing of local healthy foods for own or retail consumption ie creation of allotments, encouragement of local produce markets, social enterprises (food production & retail) & key promotional events	SLUG/ FCS/ HC	A	
		2. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment	VAL	B	
		3. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club	HC	G	
	e. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment	1. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment	Further develop opportunities that encourage more use of the canal and surrounding area	Scottish Canals	A
		2. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club	Further develop opportunities that encourage more use of our forests	FCS	
	f. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club	1. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club	Map the current number of community members involved as trainers/assessors/coaches/tutors around each Associated school grouping.	VAL/ HLH/ LSA	R
2. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club		Provide enhanced training opportunities for new and existing volunteer trainers and assessors to develop and grow.	HLH/ VAL/ LSA	A	

			9.	Support the enhancement of Ardgour play park	Ardgour CC/HC	B
			10.	Support the development of new play facilities – Arisaig project	Arisaig Com Trust	A
3	Support development of innovative and sustainable family support services which meet the changing needs of our communities	<p>b. Partners will support the development and delivery of parenting courses to ensure those in most need receive the support</p> <p>c. Partners will ensure that family support services are accessible to families across the Lochaber area including those in most need and residing in our rural communities</p>	1.	The Psychology of Parenting Project (PoPP) is in the process of being rolled out in Highland. This project is aimed at improving the availability of high-quality evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems. There is a commitment from the Family team in Lochaber to provide staff to deliver these programme locally.	Lochaber Family Team.	A
			1.	A Public Sector Partnership comprising Action for Children and the Care and Learning Alliance and is piloting a programme, in partnership with each other to deliver family support services. This service will provide a flexible community support service with a focus on supporting families at the time of need including weekends, school holidays and in the evenings; helping parents to build on their parenting capacity; enabling them to find their own solutions; while keeping the child at the centre.	AforC / CALA	B
			2.	The support service will be offered to parents on a voluntary basis. CALA and Action for Children will link with the families with volunteers helping the family to access community based services in their area.	AforC / CALA	B
			3.	Action for Children and CALA will provide an early intervention, universal service for children 0-8 covering the period Monday to Friday.	AforC/ CALA	B
			4.	Action for Children will provide a complimenting service to these children delivered in the evenings, weekends and during holiday periods.	AforC/ CALA	B
			5.	Families will be offered activities or supported to access community resources including leisure services.	AforC/ CALA	B
			6.	CALA and Action for Children will provide a network of volunteers to help parents access services and appointments required.	AforC / CALA	B

			7.	Maintain and develop Childcare services in Lochaber with specific attention to retention and recruitment of additional Childminders to increase capacity within several areas of Lochaber, mainly Acharacle, Mallaig and Roy Bridge.	HC C&L	R
			8.	Maintain the viability of Inverlochty Out of School Club holiday service by increasing the attendance figures. Advertise the service throughout all local primary schools using schoolbag drop and place advertising posters in all public service offices.	HC C&L	R
			9.	Investigate and develop as appropriate a family centre	HC C&L	A
			1.	Maintain effective regular monthly multi-agency meetings		A
		d. Progress the implementation of the new Violence against Women Strategy, with particular reference to joint provision of support to vulnerable families	1.	Maintain provision for drug and alcohol services within local community health services	NHSH	A
		c. Partners will explore structures which consider local priorities for alcohol interventions	2.	Link proactively with Highland wide drug and alcohol partnership network	NHSH	A
		d. Partners will promote the development of community capacity to support self-management of initiatives e.g intergenerational projects and support for older people	1.	Further support work of Community Networkers through Reshaping Care for Older People initiatives.	NHSH/ HC	W
		f. Partners will work together to sustain and develop the Lochaber Streetwork project & other initiatives which promotes healthier lifestyle choices	2.	Maintain links with third sector through informal and contracting arrangements to support local projects	NHSH	A
			1.	Review the Streetwork project.	HLH/ HC	B
			2.	Establish additional activity programmes for young people to engage with outdoor learning in holiday time.	HLH/ HC	A
			3.	Youth work staff to support integrated Children staff working with vulnerable young people.	HLH/ HC	A
			4.	Establish Fusion-multi-activity nights - one per month 3 times per year in the Oct-March period.	HLH	G
4	Encourage the adoption of healthier life choices by providing enhanced, locally based projects and initiatives					

	<p>g.Partners will work together to sustain and improve services/ interventions which make communities feel safer through the reduction of alcohol and illegal drug consumption</p>	<ol style="list-style-type: none"> 1. Encourage Pubwatch to continue engaging with secondary school pupils 2. Continue education and promotion around alcohol and substance misuse including legal highs 3. The development of a 'place of safety', with linked training for staff to have appropriate training to deal with situations such as 'sharps' etc. 4. Seek more detailed analysis of alcohol-related admissions to the Belford including geographic area/age range etc. 5. Promote delivery of diversionary activities as and when required, via short-term working as necessary 	LDP	
<p>5 Develop and sustain resources that support personal and community well-being</p>	<p>h. Partners will support provision of Men's Shed type activities</p> <p>b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site</p> <p>c. Partners will be actively engaged in supporting the development of 21st century care home provision in line with local need</p> <p>d. Partners will support the creation of action plans for medical evacuations from remote areas of Lochaber</p> <p>e. Partners will support the provision of local community medical facilities e.g. defibrillators, with related training</p>	<ol style="list-style-type: none"> 1. Provision of support for activities for men which reduce isolation 1. Continue to support/progress plans for future hospital provision as opportunity arises and seek early establishment of Steering Group 2. Belford Hospital replacement is on NHS Highland Capital Plan 1. Maintain appropriate levels of care home provision locally in line with community needs 2. Ongoing review of local provision in order to ensure balance of residential and nursing care beds provided is appropriate 1. Ongoing medical support for evacuation plans through partnership between NHS Highland and SAS. 2. Robust contingency plans in place to support delivery of remote health care particularly in adverse conditions e.g. severe weather 1. Link with SAS to support delivery of local First/Emergency Responder groups particularly in remote/rural areas 2. Develop use of technology e.g. telehealth to support local communities to increase self-management of health conditions 	<p>Vol Org (?)</p> <p>NHSH / HC</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH/ SAS/ SFRS</p> <p>NHSH/ SAS</p> <p>NHSH/ SAS</p> <p>NHSH/ SAS</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A/R</p> <p>A</p> <p>A</p> <p>A</p>

			SAS / SFRS	G/ R
		3. Continue programme of purchase of defibs and raise public awareness of availability / location / ease of use of defibs	CSAT	A
		4. Raise awareness / action on community resilience	HLH	A
	f. Partners will support the sustaining and further development of quality facilities & services which encourage the uptake of regular exercise ie sporting facilities, active lifestyle classes etc	1. Develop and promote the quality and range of activities being delivered by High Life Highland.	HLH/H C/LSA	A
		2. Investigate the opportunity to develop the old tennis courts at Lochaber Leisure Centre.	HLH/N	A
		3. Work with partners to increase awareness and encourage use of Lochaber Hydrotherapy Pool.	HLH/H C/LSA	A
		4. Develop a long term plan for the provision of leisure facilities.	HLH/H C/LSA	A
		5. Invest in training for existing and potential paid coaches/instructors to improve service delivery.	HLH/N HSH	A
		6. Continue to develop the "You Time" initiative through leisure facilities, libraries and archive centres. Including outreach work to care facilities e.g. Invernevis House.	HLH	A
		7. Examine ways to open facilities at key times when young people need them. Eg Multi-activity events (Fusion Nights).	SIUH	A
		8. Support the development of schemes that encourage people to become more active such as 'Step it up Highland' health walks.	NHSH/ SAS	A/ G
	g. Partners will support the sustaining and further development of transport initiatives/services which assist those less able/vulnerable in accessing facilities and services which encourage health and well-being eg. Lochaber transport pilot			
	h. Ensure adequate provision is in place for rescue/medical helicopter landings and refuelling systems	1. Continue to support partnership between NHS Highland and SAS to deliver appropriate facilities and medical support for air ambulance responses locally.	NHSH	A

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6	Jointly promote opportunities which support active healthy lifestyles in older adults					
		i. support initiatives which incorporates green ‘infrastructure’ and active travel opportunities in new development	1. Through the planning process, ensure adequate provision is made for ‘green space’, and active travel (ref: planning supplementary guidance) – if developer contributions are paid in lieu, ensure proactive community engagement in regards to enhancement of existing facilities where appropriate. 2. Promote the use of and development of local paths and nature trails to support healthier lifestyles and social inclusion.	HC (D&I)		A
		f. Partners supporting the effective planning of resources and activity to meet the needs of communities	1. To support the development and implementation of a Lochaber District Community learning and development (CLD) plan 2. District Partnership to keep an overview of grant funding streams available to the District and how these are being spent. To be reported annually to the Partnership. (April)	HC		R
		a. Develop and ensure appropriate housing is available for older people b. Develop and support initiatives aimed at combatting fuel poverty	1. To strengthen the connection of housing to the District Partnership to improve communication in relation to the Local Housing Strategy at locality level 2. Support the work of LEG - wood fuel project which improves access to and encourages the use of alternative fuels, free thermal surveys, energy advice & guidance and advice on renewable technologies	LEG		A
		c. Ensure appropriate mechanism are in place to give the timely availability of aids and adaptations	3. Delivery of the Housing capital energy efficiency works 4. Deliver of HEEPs (private sector insulation works programme)	HC		A
		d. Continue to develop and support preventative services	1. Continue to support equipment store and care & repair provision 2. Explore opportunities to improve provision of equipment, aids and adaptations through development of joint working initiatives with Lochaber care & Repair	HC		A
		e. Partners to work collaboratively to ensure	1. Joint working through Scottish ‘Living it Up’ programme to develop enhanced access to a range of services and	NHSH		A
			long as possible	NHSH		B
				NHSH/ ALISS/		A

	appropriate information and advice are widely accessible and available on services and support to older adults.	information bringing together local volunteer groups; third sector and statutory bodies	LGOWI T	
<p>7</p> <p>Jointly explore approaches to increase social capital and strengthen community empowerment to reduce health inequalities and increase health equity in Fort William</p>	<p>a. Partners will support the use of community development approaches to strengthen the capacity of health, community service and education agencies to address the social conditions that develop inequalities in health within Fort William and its environments</p>	<p>1. Develop formal and informal partnerships between Council, NHS, community services, local agencies and education providers</p> <p>2. Broker and encourage stronger networks between health inequalities and community development practitioners to facilitate more exchange, sharing and coordination</p> <p>3. Map community strengths and assets</p>	<p>HC/ NHSH/ VAL</p> <p>HC/ NHSH/ VAL</p> <p>HC/ NHSH/ VAL</p>	
	<p>b. Partners will support the use of community development approaches to address community identified issues related to health and wellbeing</p>	<p>1. Develop and implement a health equity seeding grant program</p> <p>2. Develop a monitoring and evaluation framework that identifies the key components of a health equity place-based model for replication in other areas of high health inequalities</p> <p>3. Development of health indicators which can be used by projects and agencies to measure the extent to which they are improving health and reducing health inequalities</p>	<p>HC/ NHSH/ VAL</p> <p>HC/ NHSH/ VAL</p> <p>HC/ NHSH/ VAL</p> <p>HC/ NHSH/ VAL</p>	<p>A</p> <p>A</p> <p>B</p> <p>G</p> <p>G</p> <p>G</p>
	<p>c. Partners will support the development of individual skills to strengthen the capacity of community members and other stakeholders to plan and</p>	<p>4. Make local recommendations for spend against appropriate funds ie HTSI fund for those with long term illness, D&A interventions funding etc.</p> <p>5. District Partnership to keep an overview of grant funding streams available to the District and how these are being spent. To be reported annually to the Partnership. (April)</p> <p>1. Participatory action research capacity building training and support</p> <p>2. Support for photo-voice and other community cultural development projects</p>	<p>NHS/ partners</p> <p>DP Partners</p> <p>NHS/ UHI/ VAL</p> <p>NHSH/UHI and Partners (TBD)</p>	<p></p> <p></p> <p>G</p> <p>A</p>

					HC/ NHS/ VAL	B
			3.	Establishment of a citizen health and wellbeing forum		
		monitor health inequalities and community development efforts in Fort William	4.	Partners to support the Plantation Community to develop a 'local action' plan	NHS/HC/ HLH and Partners	A

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

Description of work: it's importance; its intended outcomes; background and context		Action															
<p>1. Populating Healthier Section of Lochaber Community Development Plan (LCDP)</p> <p>Strategic goal: <i>Engage Fort William community services and put the Community Health Coordinator initiative on the Lochaber District Partnership and Community Planning Partnership agenda</i></p> <p>The importance of populating this plan is that it sets agreed community development partnership strategic priorities and actions in Lochaber and links into Scottish Government Objectives Single Outcome Agreement and local outcomes and, Leader funding; which is an EU fund designed to support small to medium economic and community development projects within rural areas. It also provides a useful reference point and justification for developing and progressing CHC aims, objectives, strategies and intended outcomes and, also, when applying for funding in terms of evidencing partnership support and collaborative activity and, ensuring that the CHC is not perceived to be working in isolation.</p> <p>Intended outcomes: increased awareness of the CHC initiative and involvement of key stakeholders and, promoting a social view of health</p> <p>Since mid 2014 the CHC and VAL Director and Community Anchor Team Manager began meeting to discuss and plan jointly populating the Healthier Section of the Lochaber Community Development Plan.</p> <p style="text-align: center;">Lochaber District Partnership: Community plan 'Healthier Section' – Objective 2 – High Level statement 7 Further detail regarding plan aims</p> <p>(April 2015 status/update: Highland Council/NHS Fort William Community Health Coordinator initiative: Hugh Wright)</p> <table border="1" style="width: 100%;"> <tr> <td>RED</td> <td>R</td> <td>No progress</td> </tr> <tr> <td>GREEN</td> <td>G</td> <td>Achieved/complete</td> </tr> <tr> <td>AMBER</td> <td>A</td> <td>In progress, developing well</td> </tr> <tr> <td>BLUE</td> <td>B</td> <td>Progress stalled</td> </tr> <tr> <td>WHITE</td> <td>W</td> <td>Identified as no longer a priority – to be removed</td> </tr> </table>		RED	R	No progress	GREEN	G	Achieved/complete	AMBER	A	In progress, developing well	BLUE	B	Progress stalled	WHITE	W	Identified as no longer a priority – to be removed	<p>Drafting CHC input to plan through email exchanges with Public Health professional support person.</p> <p>Attended 3 x community development joint planning workshop with VAL Director and Community Anchor Team manager to plan/agree jointly populating plan.</p> <p>CHC attended 4 x LDP meetings to provide background and context to CHC initiative and updates on actions to tackle health inequalities.</p> <p>CHC/VAL joint input to the DRAFT plan, and attended 1 x Lochaber Community Planning Partnership (LCPP) meeting to agree and finalise partnership input.</p> <p>Status/update provided by CHC as requested by LDP April 2015</p>
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WHITE	W	Identified as no longer a priority – to be removed															
<table border="1" style="width: 100%;"> <thead> <tr> <th>High Level statement</th> <th>Aim</th> <th>Action detail</th> <th>Who</th> </tr> </thead> <tbody> <tr> <td>7 Jointly explore approaches to increase social capital and development approaches to</td> <td>a. Partners will support the use of community development approaches to</td> <td>1 Develop formal and informal partnerships between Council, NHS, community services, local agencies and education providers</td> <td>Council/NHS/VAL (A)</td> </tr> </tbody> </table>		High Level statement	Aim	Action detail	Who	7 Jointly explore approaches to increase social capital and development approaches to	a. Partners will support the use of community development approaches to	1 Develop formal and informal partnerships between Council, NHS, community services, local agencies and education providers	Council/NHS/VAL (A)	<p>Please see section 2, 3, and a, b, c, d, & e</p>							
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Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>strengthen community empowerment to health and reduce inequalities and increase health equity in Fort William</p>	<p>strengthen the capacity of health, community service and education agencies to address the social conditions that develop inequalities in health within Fort William and its environments</p>	<p>2 Broker and encourage stronger networks between health inequalities and community development practitioners to facilitate more exchange, sharing and coordination</p> <p>3 Map community strengths and assets</p>	<p>Council/NHS/VAL (A)</p> <p>Council/NHS/VAL (B)</p>	<p>Please see section 3, 4, & 5 and food, health and wellbeing knowledge exchange and networking event programme booklet</p> <p>Status changed to A</p>
	<p>b. Partners will support the use of community development approaches to address community identified issues related to health and wellbeing</p>	<p>1 Develop and implement a health equity seeding grant program</p> <p>2 Develop a monitoring and evaluation framework that identifies the key components of a health equity place-based model for replication in other areas of high health inequities</p> <p>3 Development of social indicators which can be used by projects and agencies to measure the extent to which they are improving health and reducing health inequalities</p>	<p>Council/NHS/VAL (A)</p> <p>Council/NHS/VAL (G)</p> <p>Council/NHS/VAL (G)</p>	<p>Please see section 6 and a, b, c, d, & e</p> <p>Completed/presented to health inequalities reference group and submitted as part of NHS Lochaber CHC initiative initiation impact evaluation</p> <p>Completed/presented to health inequalities reference group - piloted through seeding grant programme</p>
	<p>c. Partners will support the development of individual skills to strengthen the capacity of community members and other stakeholders to plan and monitor health inequalities and development efforts in Fort William</p>	<p>1 Participatory action research capacity building training and support</p> <p>2 Support for photo-voice and other community cultural development projects</p> <p>3 Establishment of a citizens health and wellbeing forum</p>	<p>NHS/UHI/VAL (A)</p> <p>NHS/UHI and Partners (TBD) (A)</p> <p>Council/NHS/VAL (B)</p>	<p>Please see section 5</p> <p>Please see section 5 & c & e</p> <p>Status changed to A. Fort William Fact Sheet and Citizens' health and wellbeing forum proposal paper produced. Community Development and Health Inequalities 2-day Social Enterprise event developed and being delivered spring 2016 e.g. Understanding Social Enterprise; the opportunities for addressing health inequalities</p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>2. Fort William Health Inequalities Reference Group</p> <p>Strategic goal: <i>Develop Fort William CHC initiative community & service management, monitoring and accountability infrastructure</i></p> <p>A Health Inequalities Reference Group was established in October 2014 to facilitate the development of the Fort William CHC initiative with the following roles and remit:</p> <ul style="list-style-type: none"> • Oversee the general progress (monitoring and evaluation) of the Fort William Health Coordinator initiative. • Advice on matters relating to the social determinants of health that have contributed to health inequalities in Fort William. • Support partnership building. • Coordination of local health inequalities and community development training/events. • Ensure that there is a transparent and equitable procedure in place for resource allocation (both human and financial). • Ensure Equitable Communities Seeding Grant projects have partnership managerial and practitioner support. • The reference group will not be responsible for methodological issues (theoretical underpinnings which determine the research methods, principles, goal) which may arise but may be called upon to provide advice on such issues. <p>The relationship with the Health Inequalities Reference Group has been very important for the CHC initiative. The Reference Group is co-chaired by the Lochaber District Manager and VAL Community Anchor Team Manager with representatives from Lochaber Integrated Health and Social Care Senior Management Team, NHS Health Improvement Team, Age Scotland, Council, and also a community member and elected member. The reference group has been supportive in the sense that its members have taken an interest in CHC priorities and actions. Having <i>local horizontal</i> strategic support and advice from this cross-sector group is an instrumental factor for creating a supportive environment for the inequalities and community participation themed based work of the CHC to take place.</p> <p>Intended outcomes: establishment of a local reference group for the CHC to report to and be supported by</p> <p>Lochaber District Partnership, October 2013</p> <table border="1" data-bbox="1310 1025 1417 2145"> <tr> <td data-bbox="1310 1899 1382 2145">Report Title</td> <td data-bbox="1310 1025 1382 1899">Action to Reduce Health Inequalities/ Community Health Coordinators</td> </tr> <tr> <td data-bbox="1382 1899 1417 2145">Report by</td> <td data-bbox="1382 1025 1417 1899">Dr Margaret Sommerville/Jane Groves</td> </tr> </table>	Report Title	Action to Reduce Health Inequalities/ Community Health Coordinators	Report by	Dr Margaret Sommerville/Jane Groves	<p>LDP support formally requested to establish a reference group</p> <p>Telephone calls and one-to-one meetings with representatives from public and voluntary sector agencies/organisations, community members and elected member re membership</p> <p>Recruiting reference group members, convening reference group meetings (x 5), developing terms of reference, providing secretariat support and keeping records of the development of the CHC initiative</p> <p>Micro-project and budget verbal and written update reports and discussion papers e.g. background to CHC initiative, aims and objectives/strategies, monitoring and evaluation approach and methods, and social indicators</p> <p>Development of Fort William CHC initiative visual governance structure, Fort William Fact Sheet, summary of external funding applications, seeding grant working group minutes, and, partnership building - introducing new partners to the reference group</p> <p>Ranking/approving Highland Third Sector Interface (HTSI) long term health conditions funding applications</p> <p>Date for annual review of reference group (and process for review) to be agreed by</p>
Report Title	Action to Reduce Health Inequalities/ Community Health Coordinators				
Report by	Dr Margaret Sommerville/Jane Groves				

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>Organisation</p>	<p>& Janis McDonald NHS Highland/Highland Community Planning Partnership</p>	<p>partners on 25th January 2016 meeting</p>
<p>Situation Summary: This initiative has been set up to support a community development, co-production, and asset-based approach to reducing health inequalities in 4 targeted areas of deprivation in Highland, one of which is Fort William. Funding for this comes from the Preventative Spend (deprivation strand). Funding will be provided for a full time Community Health Coordinator in Fort William to work with existing organisations such as Voluntary Action Lochaber in order to identify and complement existing health and wellbeing related initiatives; collaboratively develop new inequalities targeted work based on local assets and needs, and support the capacity of local communities to lead community wellbeing initiatives. It is expected that the work of this post will be reported to and supported by a local stakeholder group (<i>possibly a local health and well-being forum, still to be developed and the District Partnership</i>), and also to the Community Planning Partnership Health Inequalities Theme Group.</p> <p>Background: Highland Community Planning Partnership has set up a Health Inequalities Thematic Working Group with representatives across the public and third sector. A consequence of the early discussions within the group is the development of Community Health Coordinators in specifically targeted geographical areas.</p> <p>Recommendation: Action being sought from the Lochaber District Partnership – Support this post. Suggestions for a local reference point for the work of the post.</p>	<p>3. Memorandum of Understanding (MOU) between NHS and Voluntary Action Lochaber</p> <p>Strategic goal: <i>Develop a partnership agreement with Voluntary Action Lochaber for physical location of the CHC post, joint working/planning and information sharing</i></p> <p>Voluntary Action Lochaber (VAL) is a delivery partner within the Highland Third Sector Interface. VAL provides support and development services for community groups and volunteers throughout the Lochaber area and is a leading partner in the CHC initiative. The MOU forms the basis of a Co-location Partnership between NHS and VAL established to demonstrate the parties' commitment to collaboration and innovation in the delivery of community development services and community capacity building. Signed by NHS Lochaber District Manager and VAL Community Anchor Team manager in January 2015, the MOU defines and formalises the relationship between the parties and sets out their roles and responsibilities within the partnership. In detail, the partnership consist of:</p> <ul style="list-style-type: none"> • Provision of office space and internet access • Information sharing about health and wellbeing needs and assets in Fort William • Jointly considering response strategies • Involve the partner in relevant initiatives 	<p>3 x meetings with VAL Community Anchor Team manager and email communications</p> <p>2 x meetings with public health professional support person and CHC line manager</p> <p>3 draft MOU's prepared by public health professional support person</p> <p>Production of final MOU signed by CHC line manger and VAL Community Anchor Team manager.</p> <p>Date/process for annual review of MOU to be agreed by partners</p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<ul style="list-style-type: none"> • Work in partnership where relevant to encourage community-led approaches related to the determinants of health and wellbeing • Work in partnership where relevant to build community capacity for involvement in community-led initiatives <p>Intended outcomes: joint approach to reducing health inequalities in Fort William and support for building the capacity of communities to lead community wellbeing initiatives</p> <p>The MOU has assisted the CHC to develop working relationships with VAL managers and staff and to engage in ongoing dialogue concerning the promotion of health equity community capacity building work within Fort William. In addition, working out of VAL base has placed the CHC within close proximity to key local voluntary organisations, in particular VAL Lifestyles Project, Lochaber Environmental Group, Care Lochaber (and through this organisation the Buzz project and Fort William Men's Shed), and, more recently, Nevis Partnership, Lochaber Credit Union and Action for Children. Also, it has enabled the CHC initiative to engage in joint planning and working to develop and deliver PAR community capacity building training and support, jointly populating the 2015 Lochaber Community Plan, piloting of the Plantation Community Hub seeding grant proposal, a joint funding application to Community Food & Health Scotland and, more recently, a food, health and wellbeing knowledge exchange/networking 2-day event. There is interest and have been discussions to strengthen this partnership particularly around integrating the work of VAL <i>Active Citizens Program</i> with CHC <i>Equitable Communities Seeding Grant Program</i>. This would involve establishing a community development/health inequalities practitioner network and creating a new partnership organisation (citizen's health & wellbeing Forum/social enterprise) managed by a consortium of government and non-government agencies.</p>	
<p>4. Fort William Fact Sheet</p> <p>Strategic Goal: Develop a Fort William health and socio-economic demographic 'Fact Sheet' accessible to a lay audience to support the work of the Community Health Coordinator</p> <p>The CHC approached health intelligence staff based at Assent House for support to develop a Fort William health and equity profile. Through discussion/planning sessions this led to the commissioning of a bulletin 'style' (2 sides) sheet containing salient and relevant facts about the town of Fort William. In detail, the specific support requested by the CHC from health intelligence staff was as follows:</p> <ol style="list-style-type: none"> 1. Describe the demography of Fort William, including the urban/rural classification. 2. Use the Intelligent District profile as a starting point but convert the statistical analysis into plain English. 3. Develop the Fact Sheet towards a credible and useable resource. 	<p><i>Fact Sheet produced collaboratively with health intelligence staff through an iterative process which involved;</i></p> <p><i>2 x face-to-face meetings, telephone calls</i></p> <p><i>Review, analysis and discussion of different styles accessible to lay audience of international place-based health and equity profiles</i></p> <p><i>Email exchanges of draft Fact Sheets, presentations and conversations with and feedback from NHS health improvement staff, partner organisations and</i></p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>Intended outcomes: Fact Sheet accessible to a lay audience commissioned and produced that supports the following NHS Highland corporate objectives:</p> <ul style="list-style-type: none"> • Supporting third sector partners to support people and communities to maximise their own health, and ensure that every pound spent delivers maximum health gain. • Promoting good health, self care and independence. • Supporting community-based care. <p>The Fact Sheet was commissioned following a request to the Community Health Coordinator by Lochaber District Partnership in January 2015 for more detailed percentages/numbers of communities affected by health inequalities. It has subsequently been used to inform and generate discussions during Fort William Health Inequalities Reference Group meetings, PAR capacity building training/support course, engage in ongoing dialogue with partners concerning community development and health inequalities and the promotion of health equity within Fort William and, also, to inform the development of seeding grant applications, external funding applications, research proposals and targeting of CHC resources.</p>	<p>community members.</p>
<p>5. Participatory action research community capacity building training and support (£1,801)</p> <p>Program goal: <i>Provide local Workforce Learning and Development for health, community services and education agencies in order to increase skills and capacity to address the social conditions that develop inequalities in health within Fort William</i></p> <p>The Community Health Coordinator (CHC) recruited and worked with Dr Sarah Anne Munoz, UHI Senior Research Fellow in Rural Health based at the Centre for Health Science to plan and deliver a series of three workshops in February/March 2015 about participatory action research for people involved in either paid or voluntary work in Fort William. Participatory action research provides an alternative to traditional approaches of consulting people in communities and identifying their needs. Participatory action research supports people to research and develop possible solutions to their own issues. Underpinning this proposal is an equitable perspective that acknowledges peoples wisdom and capacity to be more active in improving health and strengthening communities.</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> • Increased connections between local organisations/services • Increased understanding of determinants of health and health inequity by partner organisation/services • Increased knowledge and skills for local services/organisations around health inequalities and relevant actions to 	<p>CHC instigated the partnership and signed the agreement (contract) between NHS and UHI to jointly fund and develop the course and engage partner organisations as facilitators.</p> <p>Developing course programme content material and course flyer in collaboration with Senior Research Fellow in Rural Health i.e. 4 x meetings, telephone calls and email exchanges.</p> <p>Recruitment of one UHI teaching assistant, engagement of three facilitators, and one evaluator.</p> <p>Recruitment of 16 participants through one to one contact, telephone calls, email exchanges and circulation of course flyer.</p> <p>Venues booking including IT and catering</p>

<p>reduce these</p> <p>The CHC approached Dr. Sara-Anne Munoz in early 2014 about the potential to design and deliver a three-day PAR training course in Fort William. It was agreed that NHS Highland and UHI would work collaboratively together to develop and deliver the course and, to encourage the involvement of other facilitators. The Fort William course adopted the following structure:</p> <ul style="list-style-type: none"> • Introduction to the social determinants of health and principles of PAR and case studies of its use to build community capacity to strengthen health and social wellbeing. • Support for planning a PAR process. • How to put PAR into practice. • How to ensure that PAR projects are making a difference. • Opportunities to socialise. <p>Delivered through a mixture of presentations and interactive group exercises the course was organised around providing participants with the tools and practical skills to allow their ideas to strengthen the health and wellbeing of their client group or community to be there in practice from: <i>initial planning; accessing funding; to making it a reality and evaluating effectiveness.</i></p>	<p>organisation.</p> <p>Teaching assistant, facilitators and organiser course pre-planning (2 x meetings and program course content and workshops material email exchanges), and pre-workshop planning and debrief (3 x meetings).</p> <p>Development of course evaluation framework and compiling of evaluation report in collaboration with evaluator (3 x meetings, several telephone call, 5 DRAFTS and final report).</p> <p>7 x PAR projects planned</p>
<p>6. Equitable Communities Seeding Grant Program</p> <p>Program goal: <i>Develop systems to ensure and sustain 'ultimate stakeholder' engagement and participation</i></p> <p>The CHC used its 2014/15 annual budget to develop and fund an <i>Equitable Communities Seeding Grant Program</i>. In May 2015 following the delivery of the PAR course described above this program provided partners with the opportunity to apply for seeding grants of up to £2000. The intention of these grants is to <i>build the capacity of the means of community capacity building</i> by assisting partners to support the use of community development, co-production, and asset-based approaches to address community identified issues related to health and wellbeing. This includes providing educational opportunities for partners and assisting in the provision of ongoing support so skills learnt can be confidently put into practice. The seeding grant funds are operationally managed by Voluntary Action Lochar in accordance with VAL protocols and financial accountability and, strategically managed and monitored by the Community Health Co-ordinator and, administered by a local Seeding Grant Working Group.</p> <p>Intended outcomes: Increased numbers of community-led health and wellbeing programmes and social inclusion activities</p>	<p>Developing seeding grant proposal background document and presentation of seeding grant programme to fellow CHCs and NHS Health Improvement Group (HIG) in November 2014.</p> <p>Abstract and seeding grant program poster presentation to NHS Research & Development annual conference in 2014.</p> <p>Developing terms and conditions of and transferring seeding grant funding from NHS to Voluntary Action Lochar (£18k).</p> <p>Recruiting public and voluntary sector staff and establishing seeding grant</p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>which, encourages and supports the articulation of the <i>narrative</i> practices that, in turn, form an articulation of <i>community-driven standards</i> of health and social wellbeing work.</p> <p>The overall purpose of the Fort William CHC initiative is to reduce health inequalities through addressing the wider determinants of health; encouraging community engagement; developing community capacity to address the determinants of health and health inequalities, developing social connectedness and, supporting the participation of local people in leading health and social wellbeing initiatives in Fort William. This requires not only working with service providers to facilitate changes in practice and agency/voluntary organisation capacity for health improvement and community development (as described above), but also working together with community members to build <i>their</i> capacity to take action that contributes to reducing health inequalities (as described below).</p>	<p><i>working group (6 x meetings), developing terms of reference and providing secretariat support, developing seeding grant application form, guidelines and funding criteria, terms and conditions of funding and, interim and final reporting forms.</i></p> <p><i>Promoting seeding grant to potential participants through emails, telephone calls and face-to-face contacts and network meetings, supporting applicants to complete application forms, reviewing and ranking applications with seeding grant working group members and, deciding on which are to be funded.</i></p> <p><i>Supporting (resourcing) the planning, implementation and evaluation of 5 x funded seeding grant projects (as described below).</i></p>
<p>a. Plantation Community Services Hub – pilot Equitable Communities Seeding Grant (£5k)</p> <p>Program goal: <i>Allow local people to build community capacity by working collaboratively, with the support of funded agencies and organisations, to establish a Community Services Hub and develop opportunities including access to services and health & wellbeing and, social inclusion activities by Spring 2016.</i></p> <p>The Plantation is a community that lacks local services and facilities and is physically separated from the main services and town centre of Fort William. It has a population of 700 with a significant number of young families (census 2014), no pre-school, playgroup, school, church, shops and is situated at the top of a steep hill. Households without cars must rely on a very infrequent bus services or walking fair to long distances to the main part of Fort William. The comparatively lower rents for social housing in the Plantation make residency attractive for lower income earners. Anecdotally, (according to people who work in the area), problems correlated with socio-economic disadvantage are relevant, such as child abuse and neglect, drug and alcohol abuse, domestic violence and mental illness. Although the Plantation data-zone is no longer classed in the 15% deprived nationally - levels of education, skills and training remain low (Fort William Profile May 2014 www.hie.co.uk) and it</p>	<p><i>Identifying community needs, issues and interests through attending Plantation Community Association (PCA) committee meetings and junior youth club since May 2014. One-to-one meetings with PCA committee members and professionals working with PCA and identifying actual and potential assets in the community.</i></p> <p><i>Providing support for the PCA, VAL community development worker and Tenants Participation Officer to complete draft seeding grant application.</i></p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>currently sits within the 'worst' 20% of data-zones deprived nationally and, is ranked '1' on the Lochaber Intelligent District 2014 Health Profile, showing that it has some serious health issues with high rates for most conditions (Fort William Fact Sheet, May 2015).</p> <p>The Plantation Community Services Hub project will model closer working relationships and new collaborative partnerships by adding value to core services and health and wellbeing activities being delivered from the Plantation Community Room and by other service providers by providing opportunities for community members to access additional services/activities other than those currently on offer. This proposed project will create opportunities for different agencies and organisations to share information and resources and engage one another in a strategic, co-ordinated and effective way, as well as increasing the projects overall capacity to better meet the needs of the community. Programmes and activities developed and delivered by the project will strengthen connections between parents and school and community relationships across differing age and social groups. This will allow for innovative ways of establishing contact, dialogue and engagement with community members, encourage leadership within the community and enhance and enrich social capital and community empowerment by improving community capacity as well as increase resilience and resourcefulness of local people by developing a viable social enterprise infrastructure.</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> • Establishment of a Community Services Hub accessible for a variety of functions e.g. pre-school education, playgroups, home work clubs, youth and older people services/activities, community food and health, mental health and wellbeing, parent information meetings, community festivals/events, and, engagement with employment, training and education agencies/organisations. • Increased capacity will enable new public and voluntary professional service drawing services that previously could not be accessed due to lack of facilities. • Improved communication strategies tools trialled and implemented. • Individuals, families and groups have an improved sense of support • Early intervention for children in a variety of context to support further educational attainment, health, employment and social participation. • Landscaped outdoor space that can be used for a range of activities that will contribute to developing a positive community perception and encourage use of facilities. • Build both social/human capacity in the local community to enhance engagement in social enterprise involvement and development. This will encourage local leadership and peer education/mentoring. <p>For the past 15+ years, Highland Council's Tenant Participation Service has supported the development of community</p>	<p>Attended 2 x meetings with VAL Director and community development team manager to discuss/agree VAL community development worker (grant holder and applicant) 5hr per week in-kind hours capacity building contribution.</p> <p>Supporting PCA to attend meeting in January 2015 convened by the Lochaber Wards Manager to explore current and future use of the property, interests in the property from other parties and community aspirations and wishes.</p> <p>Working with the PCA, VAL community development worker and Tenants Participation Officer to organise and deliver a Plantation community development workshop in February 2015 to inform the planning and development of the Community Services Hub proposal.</p> <p>Encouraged VAL community development worker and Council Tenants Participation Officer to attend 3-day PAR course.</p> <p>Worked with PCA, VAL community development worker and Tenants Participation Officer to develop a discretionary housing grant application for a 12-month 'rental waiver' for the upstairs building. Submitted 'rental waiver' application in April 2015 to Council on behalf of the PCA.</p>
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Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>capacity building amongst residents on the Plantation Estate. In 2014 the Plantation Community Association won the TPAS Scotland Tenant Group of the Year. The PCA also were awarded approx. £249k in Big Lottery funding to develop the Pine Grove amenity area in the Plantation. The secretary of the PCA also won UHI Further Education Student of the year in 2104. These "big wins" have served to increase the confidence of the PCA and reflect the great strides in increasing community capacity which has been achieved over the past few years. However, the Plantation area still remains stigmatised in some eyes, and the PCA continue to work to increase the confidence, skills and housing and environmental quality of the area as well as the quality of education and work which all enhance that community's health and wellbeing.</p> <p>The Plantation Community Services Hub will establish ongoing involvement from a range of funded organisations/agencies and participating individuals that will be sustained through 1) independent funding arrangements, and, 2) the generation of an annual income for the PCA from sub-leasing of office and services/activities space. Extension to services and health and social wellbeing activities will be encouraged as part of ongoing funding applications (e.g. employment of a local person as p/t caretaker/coordinator). The project is not about creating new programs/services but about enabling more equitable access and locating existing programs into the community. It will allow for organisations and agencies to be coordinated and interlinked enabling the community to make enormous leaps forward in integrated service provision. This reorientation of resources, both human and financial, are planned to provide a focal point for the wider community that currently does not exist. The Lochaber Community Health Coordinator will drive the community capacity building within this project and will be actively involved in the project and operations of the Community Services Hub in an ongoing capacity. Benchmarking of service provision and health and wellbeing activities will be undertaken so that existing services are mapped to identify gaps and future activities can be better focused and targeted to maximize opportunities. A Steering Group will manage and progress this project in the long term – equipping more community members to engage and take responsibility for future health and social wellbeing activities – a primary outcome of this project.</p>	<p><i>Application submitted to give the PCA time to do more research and to ascertain community support for the proposed Community Services Hub, and, also, to clarify any liabilities that they may incur if they decided at a later stage to put in a formal request to take on the lease of the hall and upstairs building.</i></p> <p><i>Planning/delivery of a second Plantation community development workshop in May 2015. PCA Community Plan produced.</i></p> <p><i>Supported PCA to attend meeting in June 2015 convened by Lochaber Assistant Wards Manager to clarify who had a lease on the community hall and upstairs building, explore current and future use of the property and different options open to the PCA to lease the property or apply for a community asset-transfer.</i></p> <p><i>In July 2015 on advice of Lochaber Assistant Wards Manager the PCA withdrew its Highland Council (Discretionary Housing Grant fund) application as they were informed that they would incur liabilities (but given no specifics) and to alternatively put in a request to council that the upstairs building remains empty for a period of 12-months.</i></p>
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Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

	<p>In September 2015 a meeting was convened by the Lochaber Assistant Wards Manager to identify organisational/agency resources – available or allocated to the Plantation area.</p> <p>A Plantation Steering Group is being established (1st meeting on 10th February 2016) by the Assistant Wards Manager with the following aims:</p> <ol style="list-style-type: none"> 1) Plantation data zone health and socio-economic profiling, 2) mapping actual and potential assets, service-delivery, resources and local funding for the Plantation community, 3) produce a Plantation Action Plan, and, 4) support the PCA to develop a business plan for a potential community asset-transfer of the Plantation 'community hall'.
<p>b. Lundavra Primary School Parent Council: The School, the Community and Innovation (£2k)</p> <p>Program goal: Allow for innovative ways of building community capacity through supporting the Parent Council to strengthen connections between the school, parents and pupils and, community relationships across differing ages and social and cultural groups, by Spring 2016.</p> <p>The catchment areas of the new Lundavra Primary School includes the Plantation and Upper Achintore areas of Fort William as well as the town centre; which have all been identified through health and equity profiling as containing areas of significant disadvantage. The new school will amalgamate the existing Fort William and Upper Achintore Primary Schools as well as taking significant numbers of children from Fort William RC Primary which will also close in August 2015. The new school will provide both Nursery and primary education and will offer significant resources for use by the community; including a purpose built community room with small kitchen area, a wireless-free network throughout the school that will</p>	<p>Attending Fort William School Parent Council meetings. Conversation with other parents about their experience and/or perceptions of Parent Councils.</p> <p>Review and analysis of national and international literature on 'Community School' models, reviewing Highland Council Education Services Parent Council governance structures e.g. model constitutions.</p> <p>Review and analysis of local education data including Lochaber High School</p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>allow guest access for anytime/anywhere learning, hall and indoor sports facilities and outdoor Multi-Use Games Area.</p> <p>The new school will have the largest pupil roll in Fort William (approx. 240) and a significant number of children identified as presenting with additional support need's (33%), this is significantly higher than the local, regional and national averages. This includes 21% of pupils who have English as an additional language; again this is much higher than the average. The Parent Councils of the existing schools have met to form an Interim Parent Council for Lundavra Primary that will act to represent the views of the new Parent Forum. A key priority for the school and the new Parent Council is how to involve parents in supporting their child's learning in new and creative ways and to take an active, participatory role in the life of the school. This is a particular challenge given the much larger catchment area of the new school, issues around EAL and potential social exclusion issues (Head teacher seeding grant statement).</p> <p>The seed funding allocated will be used to pilot a Parent Council seeding grant program. This will provide parents with the opportunity to apply for seeding grants of up to £500 dependent on project need for backing to implement their ideas for health and wellbeing and social inclusion activities. These grants are intended to provide an incentive to promote and increase contact, involvement and partnership working between the school, parents and pupils and local community. This may include (but will not be excluded to) the development of after-school sport activities, home-work clubs, breakfast club, food and nutrition workshops, informal educational opportunities for parents, transition to school-type programs, actively engaging families/parents in their children's early learning and development process, personal and social learning and development opportunities for parents, health inequalities and community development workshops, ESOL classes and IT workshops, web-based interactive communication, and community/school events/festivals.</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> • Increased partnerships created between the school, parents, pupil and local community • Increased involvement of and connections between parents, pupils and community members participating in various project activities • Increased numbers of parents participating on Parent Council who previously have not been involved <p>The CHC began meeting with the Head Teacher in March 2015 to explore ideas to strengthen partnerships between the school, parents, pupils and local community that would promote health, education, and social-economic inclusion. Through various methods including health and equity profiling and anecdotal evidence from teachers, professional workers and parents, it had been identified that the catchment areas of the new Lundavra Primary School would include a high proportion of families and children from socio-economic disadvantaged backgrounds. Following a meeting with the Lundavra Primary School interim Parent Council it was agreed that the CHC would work with the Head Teacher to develop and submit a seeding</p>	<p><i>Demographic Profile 2013/14 (background data), and Lochaber High Integrated Learning Communities Adult Learning Provision 2014/15 (types of learning provided) and Council reports e.g. 'Closing the Educational Attainment Gap'.</i></p> <p><i>Provided Head Teacher with health intelligence e.g. Fort William 'Fact Sheet' and an evaluation report of a 'School as Community' Partnership.</i></p> <p><i>Head Teacher worked collaboratively with CHC to submit a successful application for seed funding. Attended two project planning meetings with Head Teacher, Deputy Head Teacher and 1 x Teaching staff.</i></p> <p><i>CHC currently working with the new Lundavra School Parent Council and teaching staff to explore ways to engage and encourage parents to become involved in the project.</i></p>
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Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>grant application to support initiatives around two settings and one theme, namely, the school, the community and innovation.</p> <p>c. Highland User Group, Lochaber Mental Health, Local Implementation Group: Mapping & Strengthening Mental Wellbeing: a guide to mental health services/support in Fort William (£2k)</p> <p>Program goal: Map mental well being services/support in Fort William (stage 1) and; utilise a health literacy framework to engage and develop strategies with 'service users' for both visual/graphical print and web based resources for mental well being (stage 2), by Spring 2016.</p> <p>The Lochaber Mental Health LIG was established under the requirement of <i>Scotland Mental Health Care and Treatment Act (2003)</i>. This required that areas/localities communicate with NHS how they are implementing the act and in particular what services they are providing.</p> <p>This project is framed as a health literacy and thus learning issue for quite specific purposes. The relationship between health literacy and long-term physical illness is well known but what is less well known is the relationship between health literacy and mental health, also known as mental health literacy (Jorm 2012). A recent health literacy programme (part of wider Dundee 'Equally Well' test site activity) evaluated by Friedi et al., (2012) found that the programme was effective in: "building upon and extending the mental health improvement role of local organisations, building the capacity of workers to address mental health issues in their day to day roles, and in creating more organisations able to deliver mental health awareness training". Those who participated in the programme increased their knowledge and understanding of mental health literacy. However, the programme was less successful in attracting local communities to take part. Therefore: "the evaluators concluded that further work is needed to identify how best to promote mental health literacy with local communities, taking into account the challenge of overcoming the stigma surrounding mental health issues, which may have contributed to reduced participation" (<i>Health Literacy – A Scoping Study Final Report</i>; The Scottish Government, March 2014:7).</p> <p>The project has initially built on the existing Lochaber Mental Health LIG with a significant part of the June 2015 meetings set aside to discuss/plan the program. The importance of this work is that it aims to produce an indicative map, photos and other materials of mental wellbeing provision/support within the community in Fort William. These would be widely available, and a public launch/exhibition of the final resource in spring 2016 to make them more visible within the community.</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> • Indicative map of mental wellbeing services/support in Fort William produced 	<p>Attended LIG meetings which members and service users identified a lack of accessible information on mental wellbeing services/support in Fort William. Review and analysis of Scottish health literacy policy, reports and action plans.</p> <p>Supported LIG volunteer organiser to attend PAR course and plan and submit a successful application for seed funding and attend a health literacy event at Glasgow Caledonian University in September 2015.</p> <p>Project outline presented at LIG meeting and, also, an initial mapping exercise was undertaken of current mental health services/support in Fort William. 2 x planning meeting with LIG volunteer organiser.</p> <p>A LIG Working Group has been formed to take this project forward and to engage 'service users' in the mapping exercise and, to use their input to develop end health literacy 'products' and the dissemination of these.</p>
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Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<ul style="list-style-type: none"> • Distribution of map through mental wellbeing agencies/services and also web based mediums • Increased capacity of service users to participate in developing mental wellbeing information materials • Improved knowledge of health and mental wellbeing services/support • The capacity of service users is built to act independently, improving motivation & self-confidence to act on information received • Increased capacity of community to participate in mental wellbeing services and initiatives/programs/projects • Development of a conceptual framework for mental wellbeing health literacy <p>Poor mental well being can cause psycho-social stress. Ultimately this can be a significant causal factor for mental illness, including depression. Lack of health and social services to timely address difficulties escalates issues. Negative results include unemployment, inability to access and maintain appropriate housing, problems with benefits and low self esteem. In other words poverty. Other consequences are social isolation, loss of confidence and social skills, which lead to difficulty accessing transport and every-day living skills such as cooking, healthy eating and taking exercise. These increased health inequalities reflect social inequalities which need to be addressed and one way to do this is to ensure there is accessible information for all in widely used public locations. Lack of hope is a significant factor when assessing suicide risk. Public awareness of services/support available should reduce stigma attached to accessing help. This could result in greater use of sustainable self management techniques and, the above personal and community outcomes.</p>	
<p>d. Lochaber Environmental Group: Feeding Claggan: action on food poverty in Fort William (£1330)</p> <p>Program Goal: <i>To create a detailed and structured understanding of food poverty among Claggan residents, reflecting the extent to which it may be experienced across the life course. This will be used to design longer term interventions to tackle food poverty and, in the longer term, to help create a more sustainable and local food system (stage 1). To use participatory methods to build local community capacity for improving health and wellbeing (stage 2).</i></p> <p>Lochaber Environmental Group (LEG) current and previous work on reducing food waste, suggests that food poverty is a growing challenge. In the context of this project food poverty is defined as: “the inability of a household to afford or to have access to food to meet the energy and nutrient needs of all its members”. Currently food waste is costing the average household £39 a month (based on household of 2 people, this figure is from our current project researching food waste) and with UK food prices having increased by 43.5% from 2005-2013, food expenditure as a proportion of total household expenditure has risen sharply during this eight year period which results in householders paying and losing large amounts of money in terms of household income to purchase food that sometimes is not even eaten.</p> <p>The causal pathways between economic poverty, poor nutrition and health inequalities are long established; inadequate</p>	<p>Still in planning stage</p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<p>nutrition accounts for around 30% of potential years of healthy life lost due to disability or early death and is a major risk factor for two of Scotland's major premature killers (cancer and cardiovascular disease), both of which disproportionately affect disadvantaged communities. However, effective action on food poverty requires a clear understanding of its specific drivers in a given community. Access to healthy affordable food is a problem faced by some of Fort William's most disadvantaged residents. Local people on a low income can expect to pay a significant percentage of their income in order to purchase 'healthy food'. Groups particularly at risk of food security issues include sole parents, single and older people living alone, unemployed people, homeless people, boarding house resident, people experiencing rental stress and mentally ill people. In Fort William the problem of food access is compounded by the relatively expensive prices at local supermarkets located in the High Street (e.g Morrisons and a Mini Tesco) and the physical location of some of the residents particular those that live in Claggan, Plantation and Upper Achintore).</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> • Understanding and addressing the issue of food poverty in Claggan residents across the life-course • Production of a community food assets map • Building local community capacity for improving health and wellbeing <p>The project hopes to engage with Claggan and also encourage the residents to take initiative with spreading some of the ideas and solutions they may already have with their neighbours and community and create some community advocates as a result of this.</p>	
<p>e. Green Fingers Project: Community Garden (£2k)</p> <p>Program Goal: <i>Develop food, health and wellbeing programmes and activities in dialogue with individuals and communities through community-based learning and community-action.</i></p> <p>A small group of service users/volunteers have been meeting to discuss/plan for ways in which to revitalise the work of the Green Fingers Project. They would like to develop a community garden but there is a need to form a planning group to plan ahead for how to promote this further. The group are still at the early stages of this but the initial plan is to develop a communication strategy to promote the ideas of the group to public/voluntary sector service providers and an engagement and participation strategy to include groups of people who are less likely to become involved in community projects.</p> <p>Intended outcomes:</p>	<p><i>Supporting the establishment and work of an interim management committee as an advisor since October 2015. 5k funding bid developed and submitted to Community Food & Health Scotland in collaboration with committee and partners (bid unsuccessful).</i></p> <p><i>P/T Volunteer Coordinator (non-paid) recruited to support the work of the Community Garden Project. Equitable communities seeding grant successfully applied for.</i></p>

Hugh Wright, NHS Highland North & West Operational Unit, Lochaber Community Health Coordinator, Lochaber Community Development Plan, 'Healthier Section' – Object 2 – High Level statement 7, LDP detailed progress/update January 2016

<ul style="list-style-type: none"> • Increase in mental well-being and self-esteem • Building on the skills and assets the community already has • Increase in physical activity and outside access • Improved capacity for participants to engage and connect with one another and their community, building social capital and leadership capacity within communities <p>Beneficiaries of the Green Fingers Community Garden work would include people with physical disabilities, learning disabilities, mental health issues, learning support needs, substance misuse, general volunteers, and young adults and older people. The group is currently managed by meetings (interim management committee) of service users and volunteer committee members supported by NHS Highland and Voluntary Action Lochaber advisors.</p>	<p><i>Photo-voice project undertaken in collaboration with volunteer coordinator and service users. Visual map of project site and also 13 posters of project assets produced.</i></p> <p><i>Site clean-up day 18th December and community 'winter magic festival' engagement event held on 21st of December. Joint planning with partners to co-ordinate and deliver a Claggan community consultation event at Voluntary Action Lochaber, on 30th January 2016.</i></p> <p><i>Photo-voice Road-show utilised as an engagement strategy to communicate the ideas of the group and gain feedback about the project from different groups/agencies/organisations and AGM is being planned for early spring 2016.</i></p> <p><i>Public launch/exhibition (at council chambers subject to council agreement) of the Photo-voice project to make the project more visible within the community.</i></p>
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