INVERCLYDE ALLIANCE BOARD

MONDAY 19 MARCH 2018 – 1PM

BOARD ROOM 1, MUNICIPAL BUILDINGS, GREENOCK

Present: Councillors S McCabe (Chair), G Brooks, L Quinn and E Robertson (Inverclyde Council), Ms K Wallace (Scottish Natural Heritage), Ms S Kelly (Skills Development Scotland), Ms S Rae (West College Scotland), Area Manager G Binning (Scottish Fire and Rescue Service), Ms A MacPherson (NHS Greater Glasgow & Clyde), Mr S Frew (Scottish Enterprise), Ms L Campbell (DWP), Divisional Commander G Crossan (Police Scotland), Mr A Comrie (Strathclyde Partnership for Transport), Mr W Clements and Mr I Bruce (CVS Inverclyde).

In attendance: Mr A Fawcett, Mr S Allan, Mr G McGovern, Ms K McCready and Ms S Lang (Inverclyde Council), and Ms L Long, Ms S McAlees and Ms A Hunter (Inverclyde HSCP).

Apologies for absence: Apologies for absence were intimated on behalf of Ms S Kearns, Scottish Government and Mr S McMillan, MSP.

WORKSHOP SESSION – CHILD POVERTY

Attached as appendix 1 are a note of the workshop session on Child Poverty and the presentation made.

MINUTE OF MEETING OF 11 DECEMBER 2017

The minute of the meeting of the Alliance Board of 11 December 2017 was submitted and approved.

MINUTE OF MEETING OF 22 JANUARY 2018

The minute of the meeting of the Alliance Board of 22 January 2018 was submitted and approved.

MATTERS ARISING

It was noted that in accordance with the decisions of the Board on 11 December, Partners had been contacted in relation to both participatory budgeting and locality planning and that the responses received would be reported to the Board in June.

PRESENTATION – MENTAL HEALTH INEQUALITY STRATEGY

The Board heard a presentation by Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow & Clyde which provided information about mental health issues in Greater Glasgow & Clyde, focusing particularly on the "Healthy Minds" Initiative which aims to promote public mental health and address inequalities in the Health Board area. (A copy of the presentation is attached as appendix 2).
(Mr Bruce joined the meeting and Mr Clements left the meeting during the presentation).

Following the presentation, Dr de Caestecker answered a number of questions from Board members relating particularly to childhood and adolescent mental health issues, early years prevention and comparisons with other countries.

Decided:
(1) that the presentation be noted; and
(2) that the report be referred to the Programme Board to ensure that it is embedded in the planning structure.

PRESENTATION ON THE ANNUAL REGIONAL SKILLS ASSESSMENT FOR INVERCLYDE

It was noted that due to staff availability, it had not been possible for Skills Development Scotland to make the presentation to this meeting of the Board and it was agreed that that this should be made to a future meeting.

INVERCLYDE LOCAL OUTCOME IMPROVEMENT PLAN QUARTERLY PROGRESS REPORT

There was submitted a report by the Chair of the LOIP Programme Board providing an update on the progress which has been made in implementing the Local Outcome Improvement Plan (LOIP) 2017 – 2022.
Decided: that the Alliance Board note the progress which has been made in implementing the LOIP 2017 – 2022.

LOIP GOVERNANCE AND DELIVERY STRUCTURE

There was submitted a report by the Chair of the LOIP Programme Board setting out a revised governance and reporting structure for the delivery of community planning and the Local Outcome Improvement Plan (LOIP).
Decided: that the Alliance Board agree the governance and delivery arrangements for community planning and the LOIP, as set out in the report.

CORPORATE PARENTING PLAN PROGRESS REPORT

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership informing the Alliance Board of the progress of the multi-agency Inverclyde Corporate Parenting Plan 2016 – 2018.
Decided: that the Alliance Board note the Corporate Parenting Plan progress report which requires to be submitted to the Scottish Government by 31 March 2018.

UPDATE ON DOMESTIC ABUSE

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on domestic abuse, from both a national and local perspective and (2) highlighting work underway by the Inverclyde Community Justice Partnership focusing on perpetrators of domestic abuse, as requested by the Alliance Board at its meeting on 19 June 2017.
Decided:
(1) that the Alliance Board note the updated information set out in the report; and
(2) that the Alliance Board agree the developments being made by the Inverclyde Community Justice Partnership.

ACTION ON SMOKING AND HEALTH (ASH) CHARTER

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the Inverclyde Alliance to become a signatory of the Action on Smoking and Health (ASH) Charter.

Decided:
(1) that the Alliance Board note the contents of the report and agree to become a signatory of the ASH Charter; and
(2) that the Alliance Board agree to attendance at a formal signing ceremony of the Charter with ASH Scotland to be arranged by the end of June 2018.

LOCALITY PLANNING UPDATE

There was submitted a report by the Chair of the LOIP Programme Board providing an update on progress which has been made in taking forward locality planning.
Decided:
(1) that the Alliance Board note the progress which has been made in taking forward locality planning; and
(2) that the Alliance Board note the key issues in the three community planning localities, as set out in the report.

DATE OF NEXT MEETING

It was noted that the next meeting of the Board would take place at 3.30pm on Monday 18 June 2018.

A workshop on Child Poverty was held with the Alliance Board. The workshop was introduced by Grant McGovern, Head of Inclusive Education, Culture and Corporate Policy, Inverclyde Council.

As part of the workshop a joint presentation on Child Poverty was delivered by Ms Sonya Scott, NHS Greater Glasgow and Clyde and Mr Grant McGovern. The presentation covered the Child Poverty (Scotland) Act 2017: Local duties and the child poverty in an Inverclyde context.

Under the new Child Poverty (Scotland) Act 2017 there is a requirement for all local authorities and relevant Health Boards across Scotland to reduce child poverty. The Act sets out four national statutory income based targets to be achieved by 2030. The four targets are:

- Less than 10% of children are in relative poverty
- Less than 5% of children are in absolute poverty
- Less than 5% of children are in combined low income and material deprivation
- Less than 5% of children are in persistent poverty

In Inverclyde, child poverty is a major issue in Inverclyde with 25.73% of children estimated to be living in poverty after housing costs.

Following the presentation the Alliance Board moved into small discussion groups to consider the following questions. Feedback from each group was gathered.

1. Share with your group the steps being taken by your own organisation to address issues around child poverty.
2. Discuss in your groups how the organisations represented in the Alliance Board can work collaboratively to meet the requirements of our Socio-Economic Duty

Feedback from each group was gathered. This feedback and the next steps will be considered at the next meeting of the LOIP Programme Board.

APPENDIX 1

Inverclyde Alliance Board Workshop on Child Poverty

19 March 2018

Inverclyde Alliance

Workshop: Child Poverty

Introduction: G McGovern

Child Poverty Scotland (Act) 2017: Local Duties
Sonya Scott

Inverclyde Context: G McGovern

Workshop

Inverclyde Alliance

Inverclyde Alliance Board

Child Poverty

The Institute for Fiscal Studies (IFS) forecasts that relative child poverty in Scotland will increase to 29% by 2019-2021.
Absolute child poverty will increase to 25%.

Child Poverty (Scotland) Act 2017 (Act)

National statutory income based targets
to be achieved by 2030

- Less than 10% of children are in relative poverty
- Less than 5% of children are in absolute poverty
- Less than 5% of children are in combined low income and material deprivation
- Less than 5% of children are in persistent povert

Inverclyde Alliance

1st April 2018
Scottish Government will publish
Child Poverty Delivery Plans

Thereafter at four yearly intervals
2022 and 2026

The Act sets interim income targets which require to be met from 1st April 2023

Inverclyde Alliance

Inverclyde Alliance Board

Child Poverty

The creation of a Poverty and Inequality Commission to be established from 1 July 2019 with functions related to the child poverty national reduction targets.

COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015: Community Planning Partnerships (CPPs) must prepare and publish a Local Outcomes Improvement Plan, which sets out the local outcomes the CPP has prioritised for improvement.

Local Authorities and each relevant Health Board will jointly prepare a **Local Action Report (LAR),** as soon as practicable following the end of each financial reporting year.

The commencement of the LAR requirement will come into force from 1st April 2019 and will reflect activities undertaken in 2018/19.

Child Poverty Scotland (Act) 2017: Local Duties

Sonya Scott

Inverclyde Alliance

The Child Poverty (Scotland) Act 2017

New statutory responsibilities for health services.

Outline

- The Act and new local duty
- Child Poverty in GGC
- Why it matters to health services
- Causes of poverty
- Process for responding

The Child Poverty (Scotland) Act 2017

- Sets four statutory targets for reduction of child poverty by 2030

- Places a duty on Scottish ministers to publish child poverty action plans in 2018, 2022, and 2026, and to report on those plans annually.

- New local reporting duty

The Targets by 2030 after housing costs:

- Less than 5% of children in absolute poverty (currently 24%)
- Less than 10% of children living in relative poverty (currently 26%)
- Less than 5% of children in combined low income and materially deprived families (currently 20%)
- Less than 5% of children in persistent poverty.

The Child Poverty (Scotland) Act 2017

- Sets four statutory targets for reduction of child poverty by 2030

- Places a duty on Scottish ministers to publish child poverty action plans in 2018, 2022, and 2026, and to report on those plans annually.

- New local reporting duty

Each local authority must jointly prepare and publish with health an annual child poverty action report describing measures taken in the previous year, and planned for upcoming year, which contribute to reducing child poverty.

Local actions must

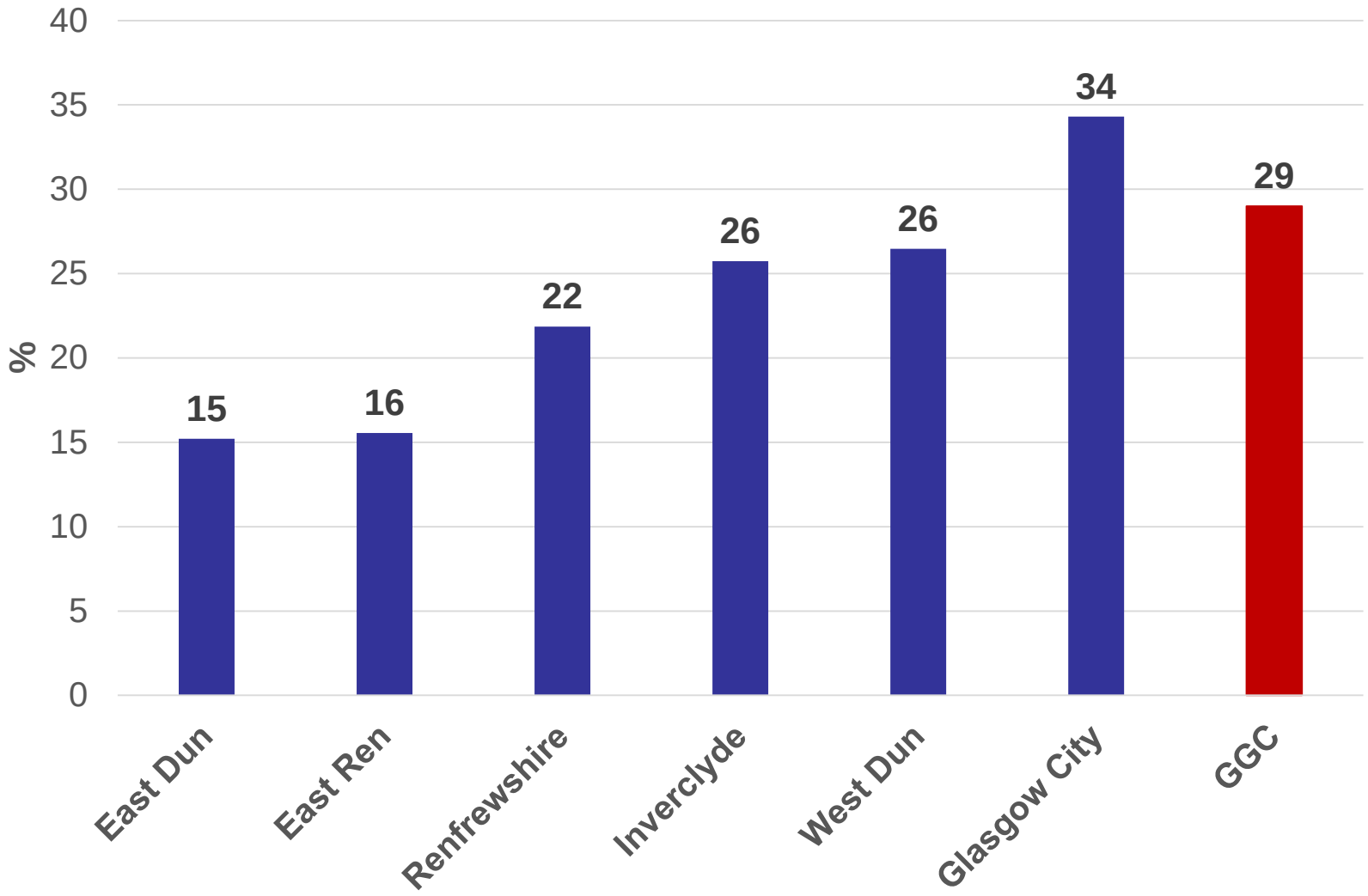
- Include income maximisation
- Include support for families at increased risk of poverty.
- Involve partners

Financial Memorandum

- £4, 750 per year for each local authority
- £2, 641 per year for each health board

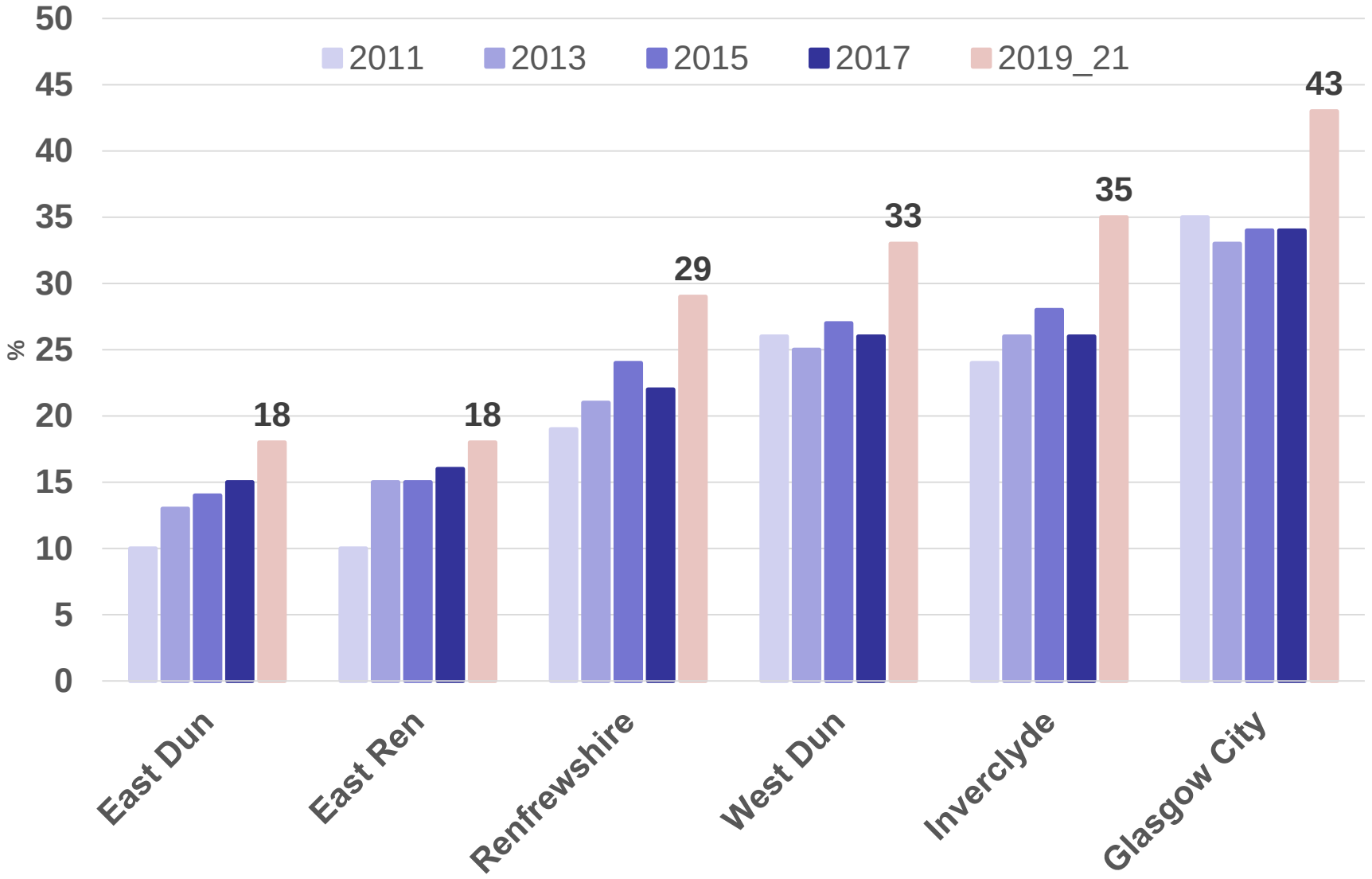
Additional £50million Tackling Child Poverty Fund.

Relative Child Poverty AHC 2017



Source: End Child Poverty

Trends in Relative Child Poverty AHC



Source: End Child Poverty

We now have

“strong evidence that money is a causal factor in children’s cognitive development, physical health and social and behaviour development.

Professor Kitty Stewart, London School of Economics.

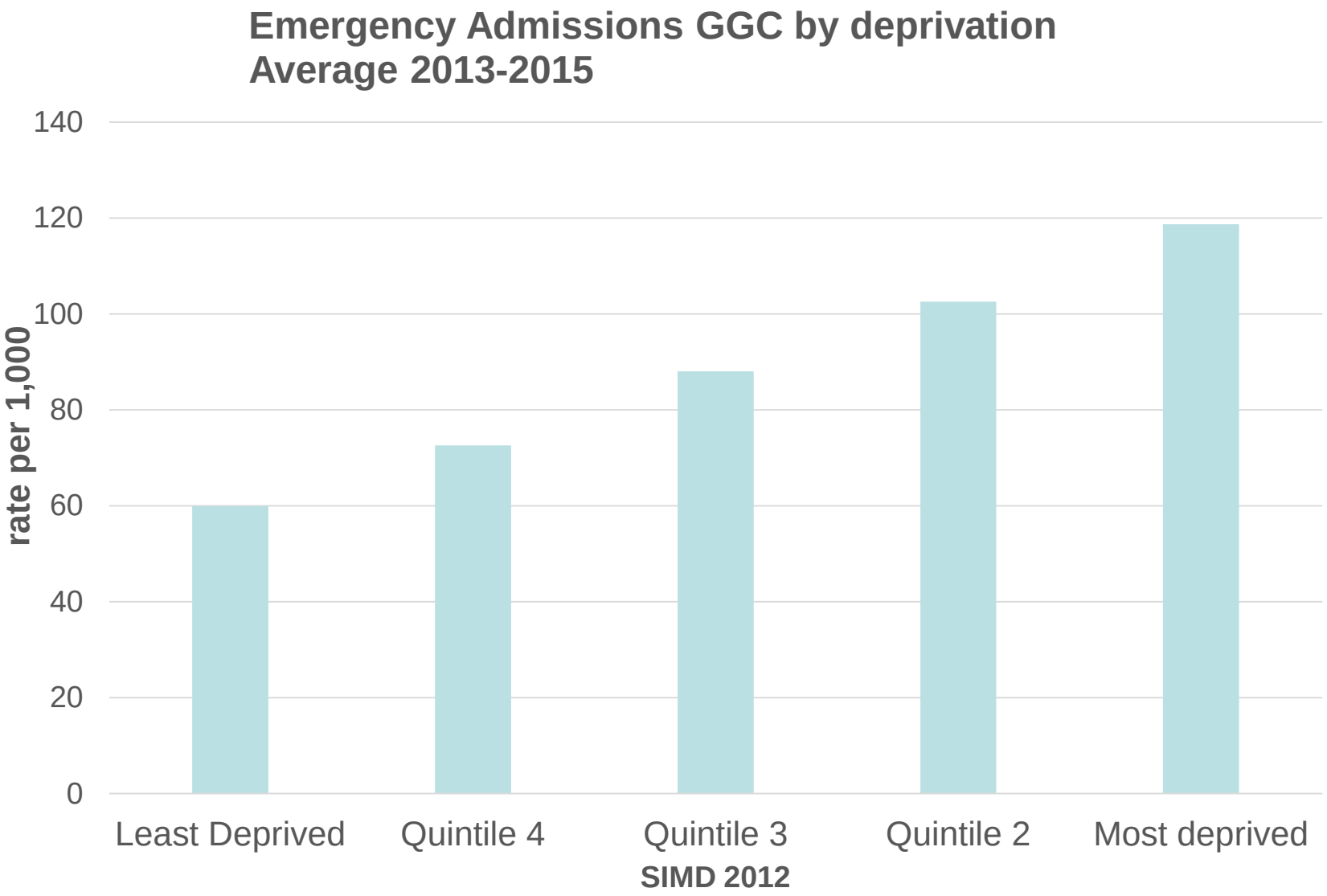
Child Poverty and Health

- Cognitive Development
- Dental Caries
- Childhood obesity
- Mental Health
- Healthy Life Expectancy
- Premature mortality
- Economic Cost

“Our public services are now facing their most serious challenges since the inception of the welfare state. The demand for public services is set to increase dramatically over the medium term - because of our failure up to now to tackle the causes of disadvantage and vulnerability, with the result that huge sums have to be expended dealing with their consequences.”

The Christie Commission report 2011

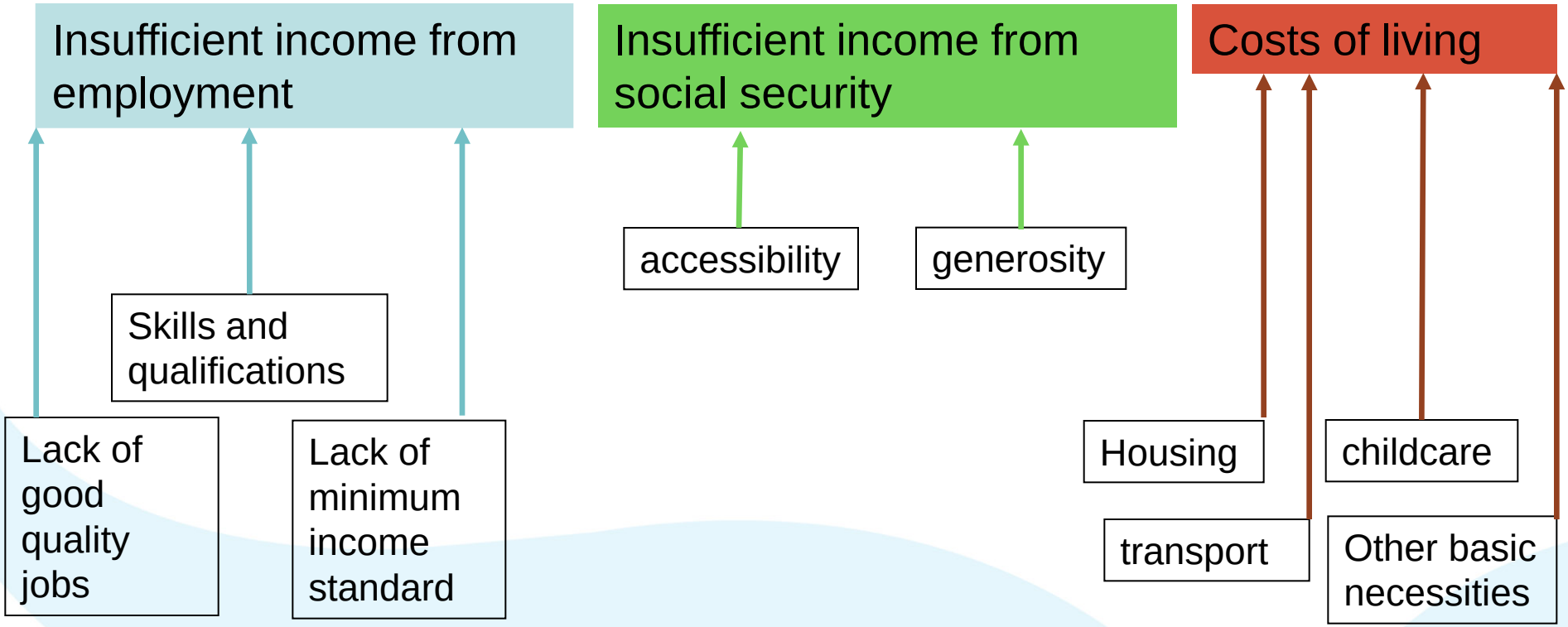
Impact on use of health services



“The causes of child poverty are often confused with its consequences. Child poverty is not caused by individual behaviours but by a complex blend of structural issues relating to the macro-economic and political factors governing the labour market, employment and social security.”

Treanor M. Actions to prevent and mitigate child poverty at a local level.

Causes of child poverty



As Employers	As Service Providers	As Partners/Advocates
EXAMPLES OF INCOME MAXIMISING ACTIONS		
Identify and protect staff from the impact of in-work conditionality.	Ensure clear referral pathways to income maximisation services.	Advocate for well-resourced money advice services.
EXAMPLES OF COST REDUCING ACTIONS		
Flexible working.	Travel expenses.	Advocate the provision of good quality affordable, accessible and flexible childcare..
EXAMPLES OF MITIGATION ACTIONS		
Staff education bursaries	Monitor for and redress inverse care.	Advocate proportionate universalism.

How can we assess and monitor?

- Identify leads for health in key directorates and within our HSCPs.
- Establish network of LA/Community Health strategic leads for child poverty action.
- Coordinate with existing strategy of board Financial Inclusion and Employment and Health groups.

In summary

- Poverty and social inequality result in a range of costly adverse outcomes.
- Tackling social inequality is essential to the sustainability of health services.
- Poverty results from the cost of living outstripping income.
- Local action to increase income, reduce costs and mitigate the impact of social inequality is possible and now statutory.

It is easier to build strong children than to repair broken adults

--Frederick Douglass

Child Poverty

Inverclyde Context

Inverclyde Alliance

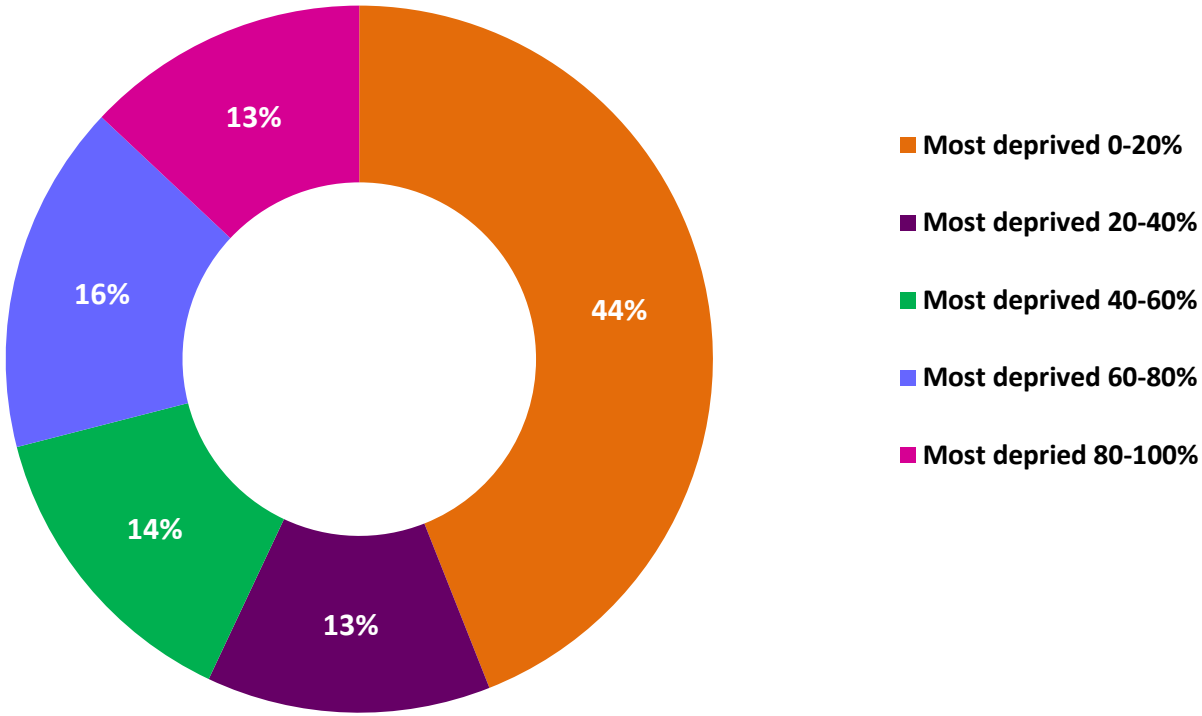
Inverclyde Alliance Board

Child Poverty

Child Poverty in Inverclyde

Strategic Needs Assessment

% of Inverclyde's datazones in each quintile

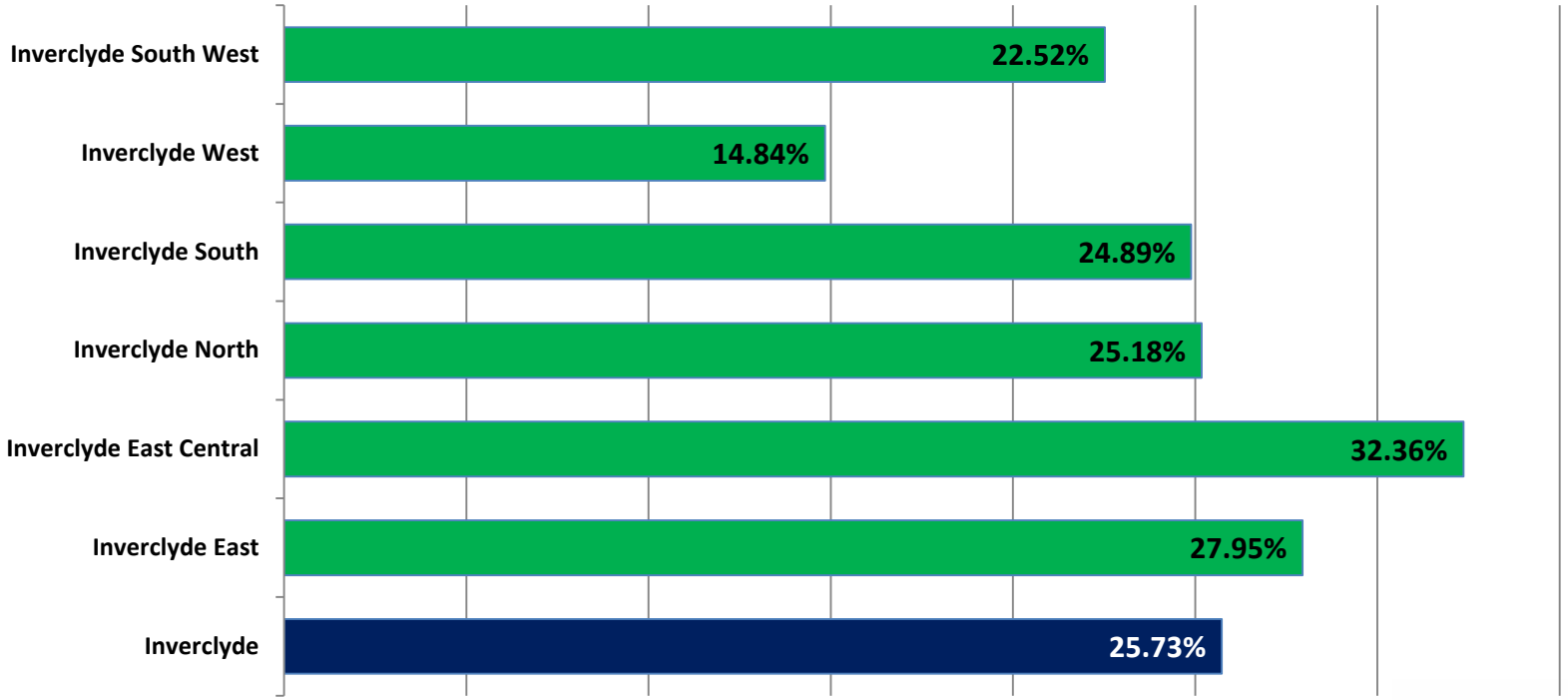


Inverclyde Alliance

Inverclyde Alliance Board

Child Poverty

Child Poverty in Inverclyde



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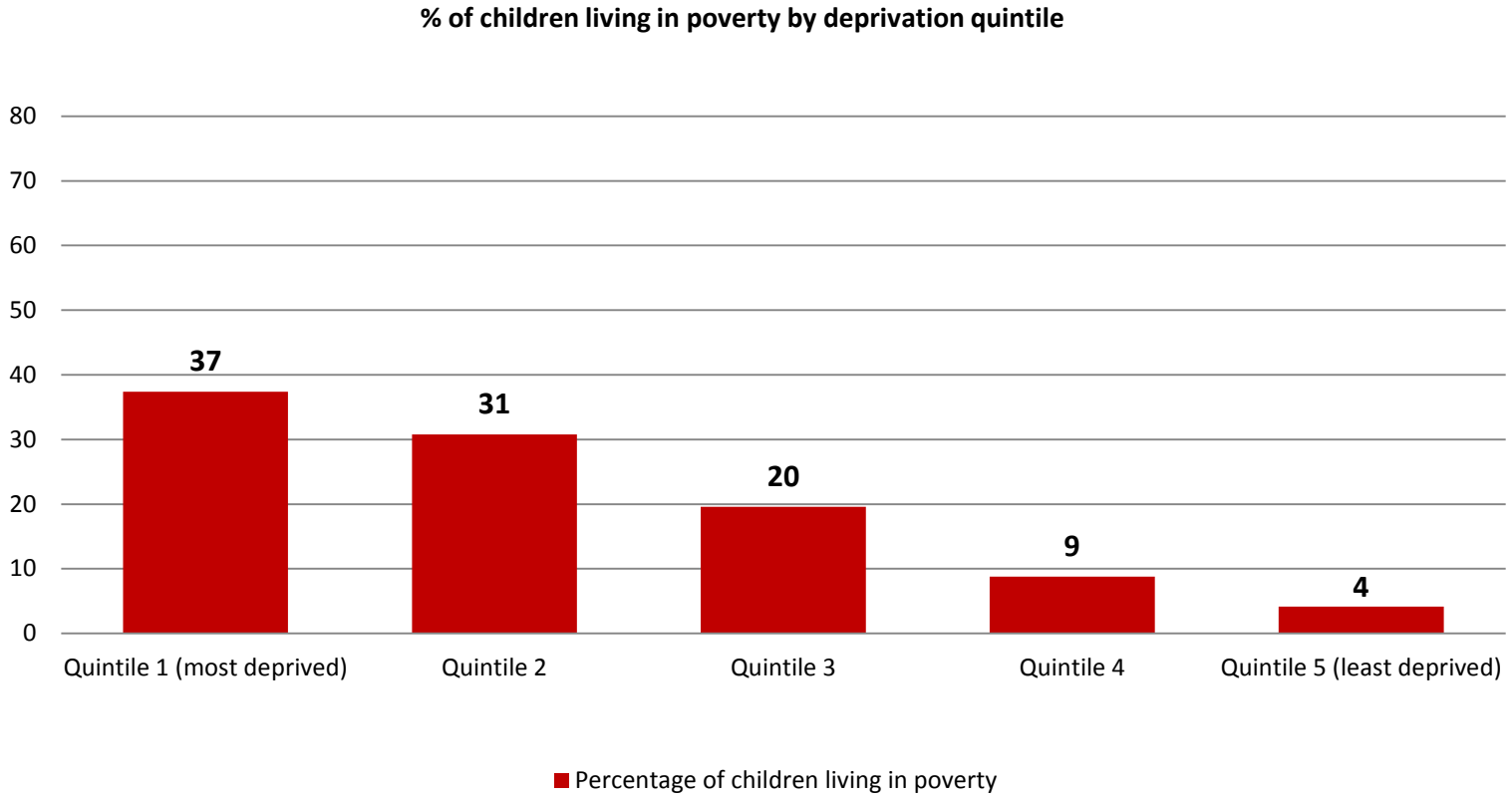
Child Poverty

Child Poverty in Inverclyde



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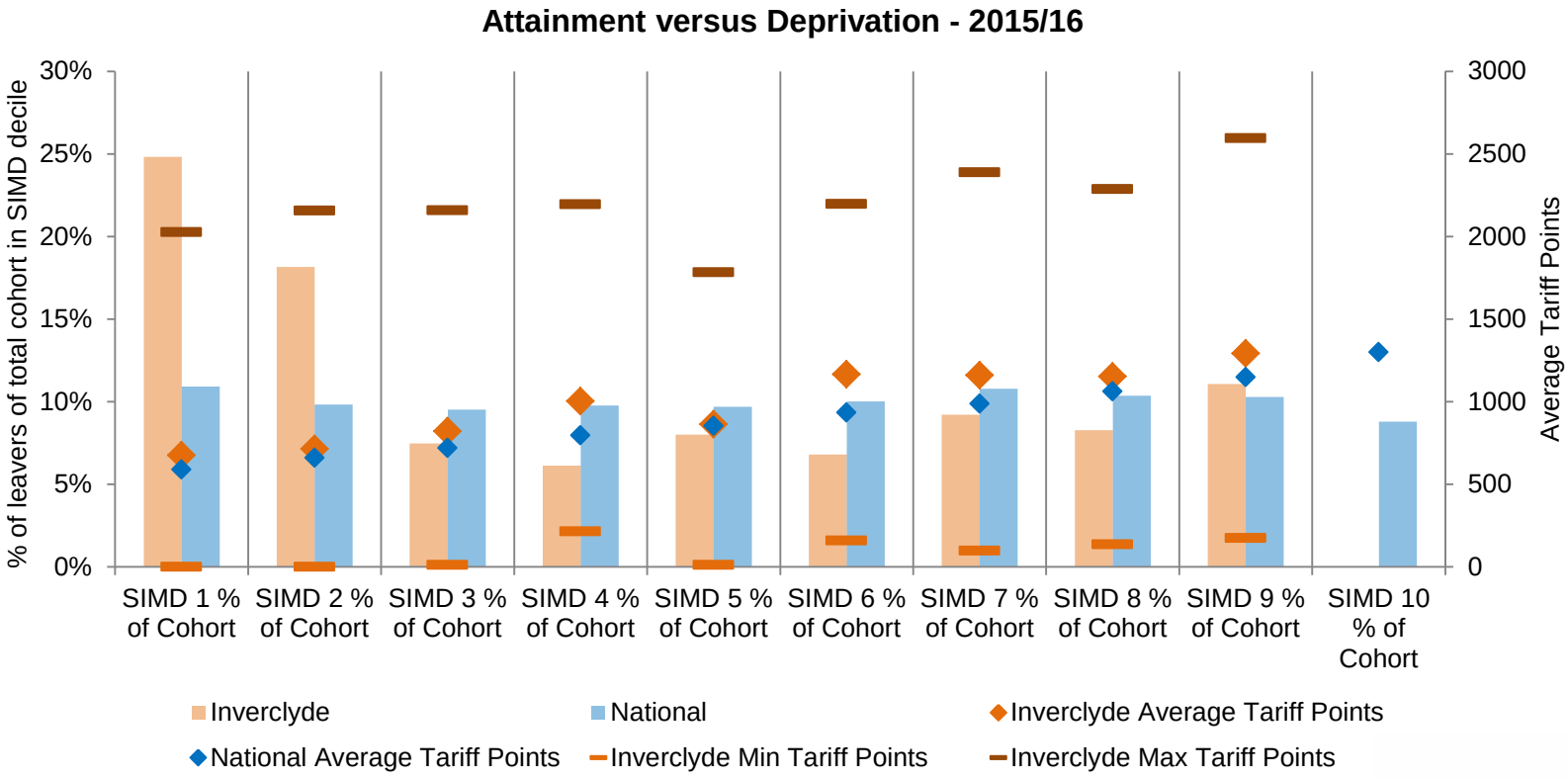
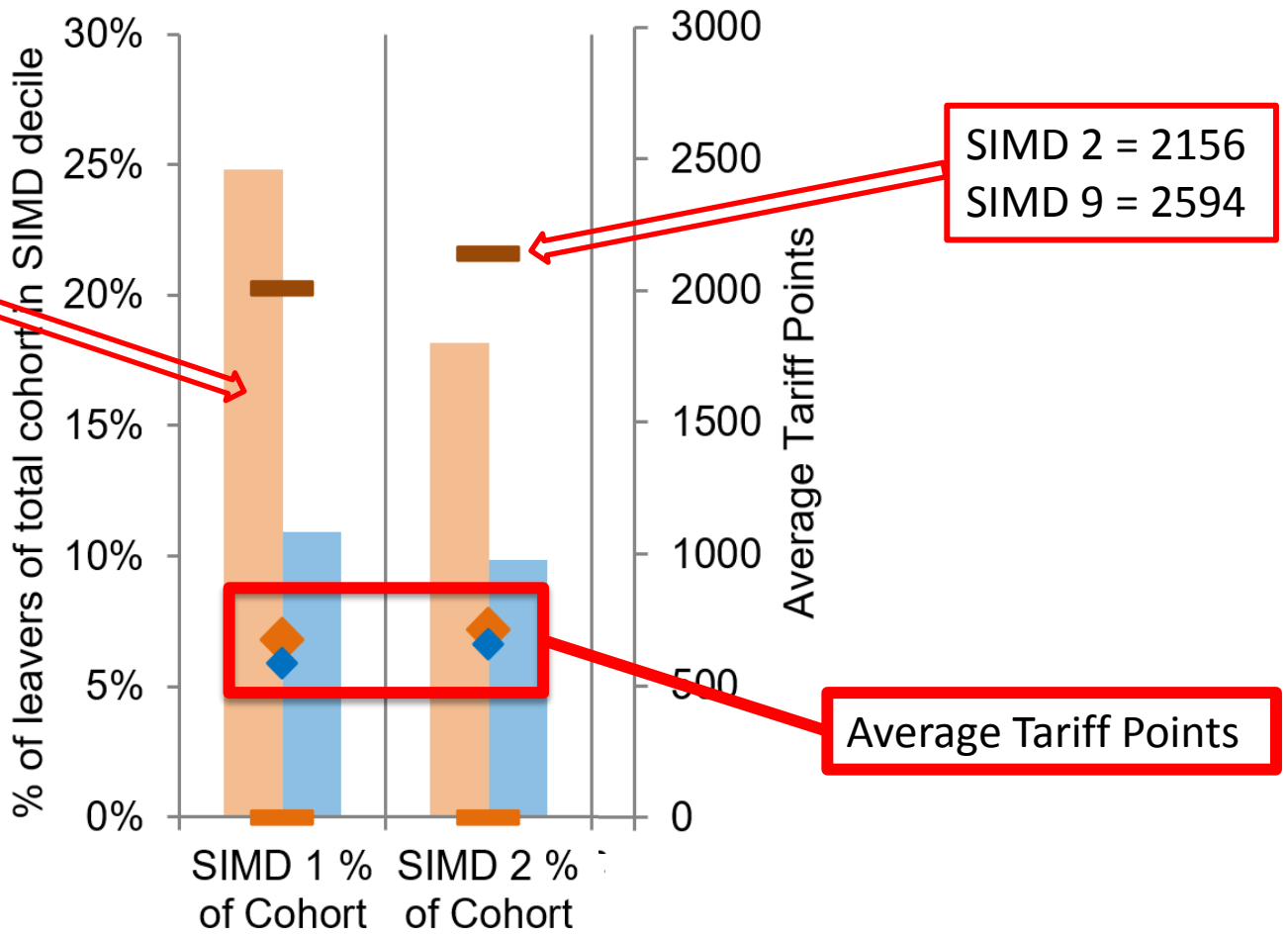
Child Poverty

Child Poverty in Inverclyde



Inverclyde Alliance

Child Poverty in Inverclyde



Inverclyde Alliance Board

Child Poverty

Inverclyde Outcomes Improvement Plan

- Informed by a Strategic Needs Assessment and Our Place Our Future
- Vision 'Nurturing Inverclyde'
- 3 partnership priorities:
  - ❑ Population
  - ❑ Inequalities
  - ❑ Environment, Culture & Heritage

Inverclyde Alliance

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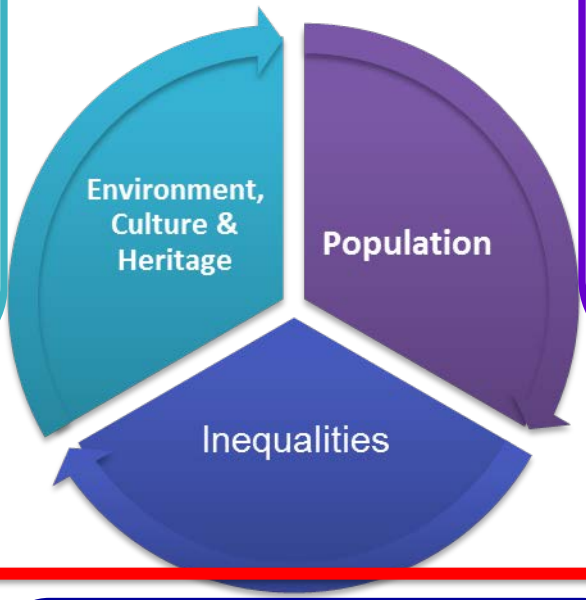
Child Poverty

Partnership Priorities

Inverclyde's environment and cultural heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit



Inverclyde's population will be stable and sustainable with an appropriate balance of socio-economic groups that is conducive to local economic prosperity and longer term population growth

There will be low levels of poverty and deprivation and the gap between the richest and poorest members of our communities will be reduced

Inverclyde Alliance

The LOIP - Child Poverty

- **Currently drafting locality plans for areas suffering greatest inequality.**
- **Port Glasgow, Greenock East and Central and Greenock South and South West**
- **Establishing Locality Planning Partnerships**

Inverclyde Alliance

Inverclyde Alliance Board

Child Poverty

Workshop

Statutory Socio-Economic Duty From 1st April 2018

The Duty requires that:

"*When making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.*"

Inverclyde Alliance Board

Child Poverty

Workshop

Task 1

Share with your group the steps being taken by your own organisation to address issues around child poverty

Task 2

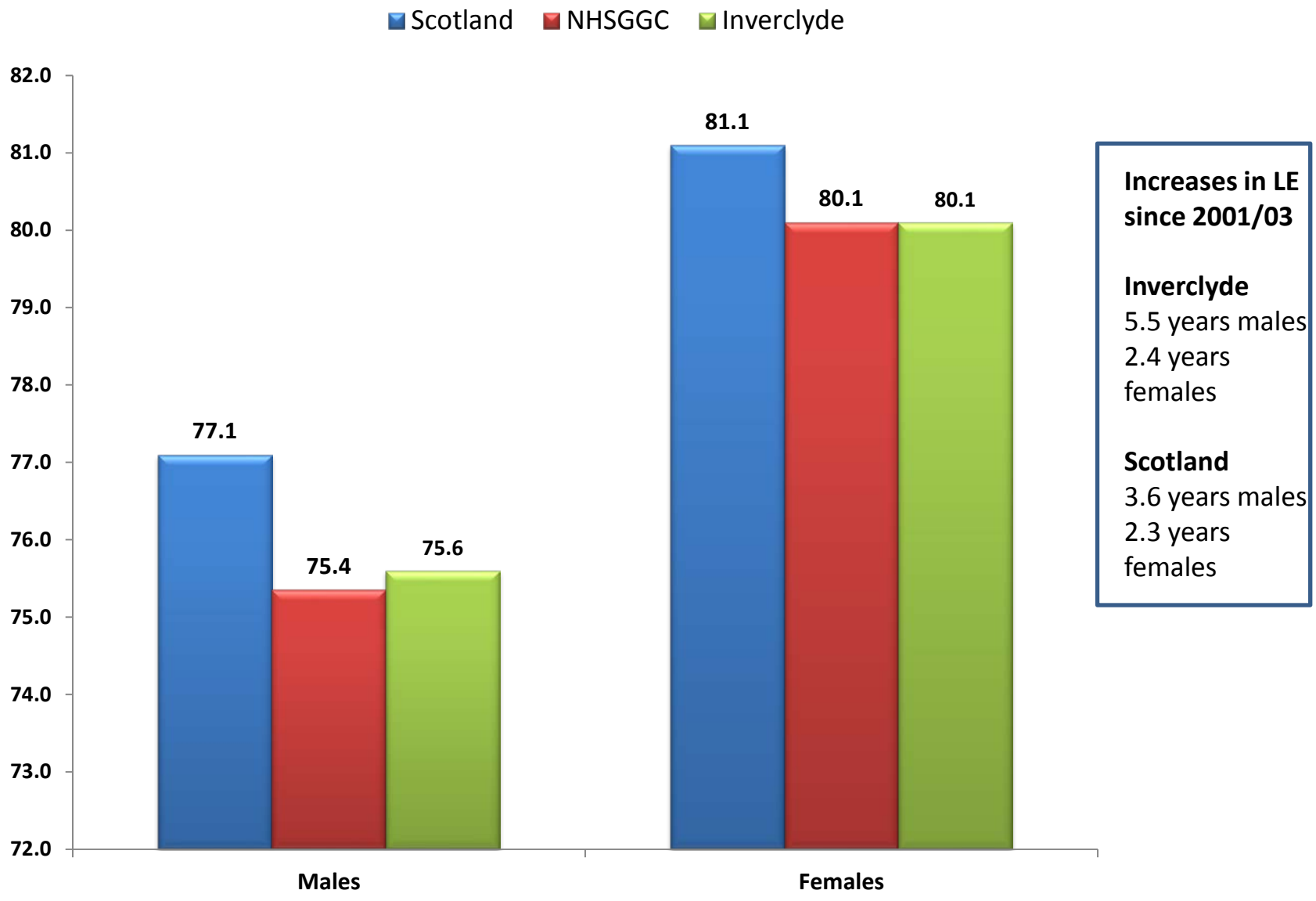
Discuss in your groups how the organisations represented in the Alliance Board can work collaboratively to meet the requirements of our Socio-Economic Duty

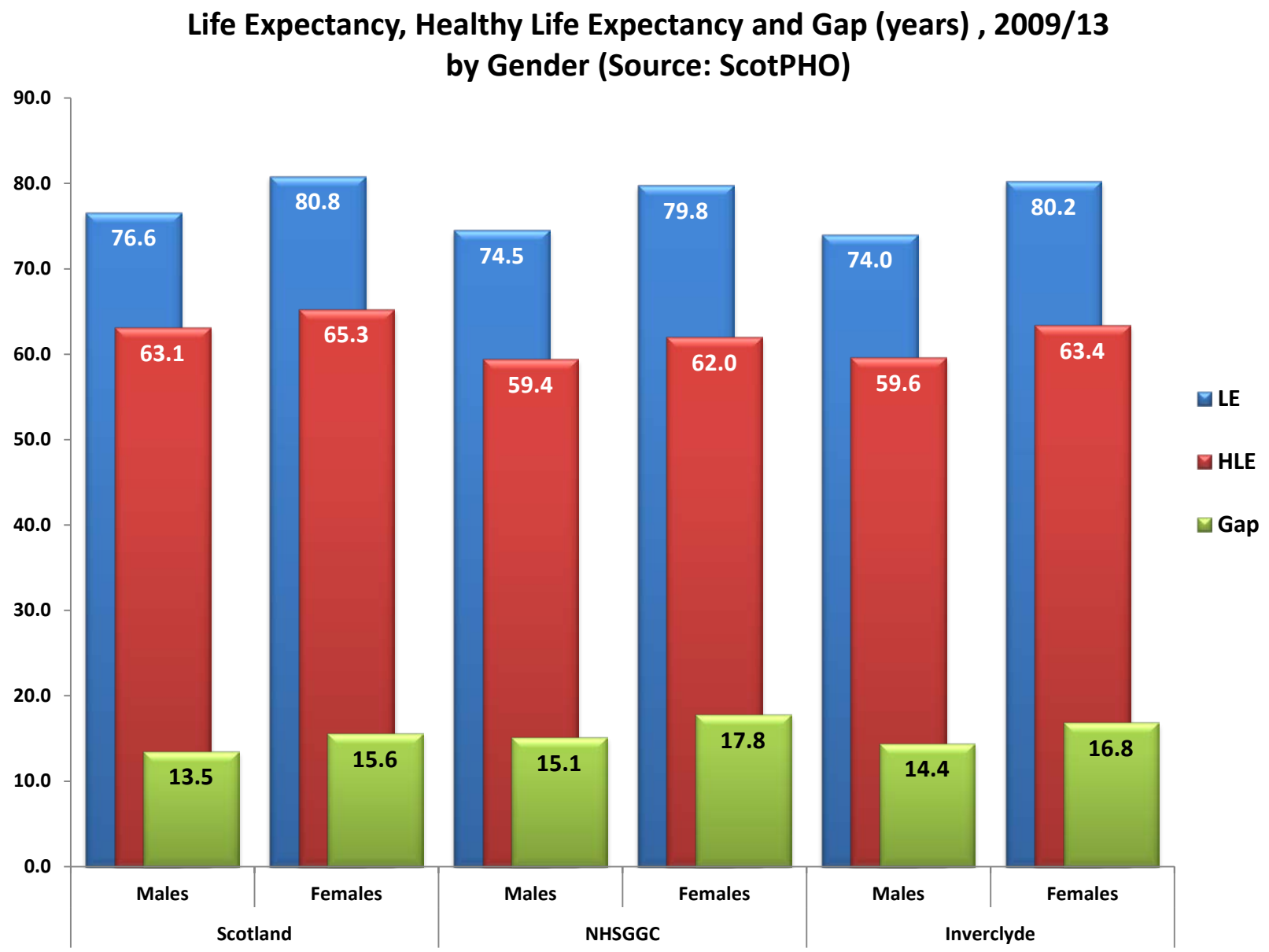
APPENDIX 2

Healthy Minds: Promoting public mental health and addressing inequalities in Greater Glasgow and Clyde

Linda de Caestecker
Director of Public Health

Life Expectancy at Birth, 2014/16 by Gender (Source: NRS)




Life Expectancy, Healthy Life Expectancy and Gap (years) , 2009/13
by Gender (Source: ScotPHO)
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
76.6
63.1
13.5
80.8
65.3
15.6
74.5
59.4
15.1
79.8
62.0
17.8
74.0
59.6
14.4
80.2
63.4
16.8
LE
HLE
Gap
Males
Females
Males
Females
Males
Females
Scotland
NHSGGC
Inverclyde

Mental Health (WHO)

State of well-being in which the individual:

- Realises his own abilities
- Can cope with the usual stresses of life
- Can work productively and fruitfully
- Is able to make a contribution to his / her community.

Emphasises the importance of housing, education, environment, relationships

Mental Health

Two aspects of Mental Health

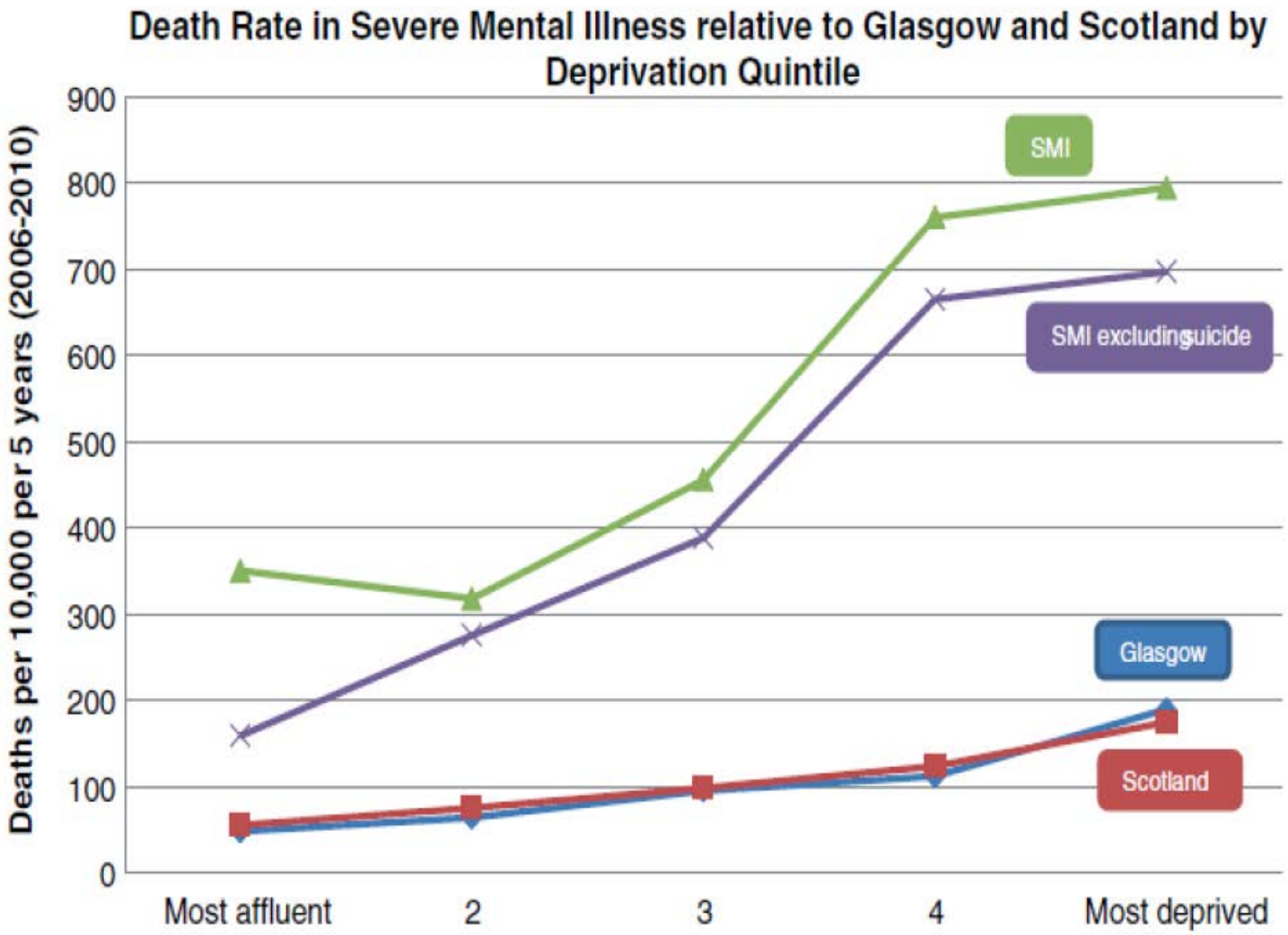
- Mental well-being
- Mental ill-health

“Bringing Together Physical and Mental Health” (King’s Fund)

Two fundamental principles:

- mental health issues should be more prominent in overall assessments of population health

- need for greater integration of responses to poor mental and physical health


Death Rate in Severe Mental Illness relative to Glasgow and Scotland by Deprivation Quintile
Deaths per 10,000 per 5 years (2006-2010)
900
800
700
600
500
400
300
200
100
0
Most affluent
2
3
4
Most deprived
SMI
SMI excluding suicide
Glasgow
Scotland

Mental Well-being Measurement for Community Planning

- Improve local planning by establishing and monitoring local mental health profiles

- prioritise interventions that are most effective in improving mental wellbeing

- support the case for investing resources in mental health improvement

- evaluate the impact of a project or service on people's lives.

Prevalence of Mental Well-being

- Self-reported measure
- Positive measure of mental health
- Data collected in Health and Well-being Survey
- Overall proportion of respondents reporting positive mental well-being = 86%

Proportion (%) of respondents reporting Positive Mental Health

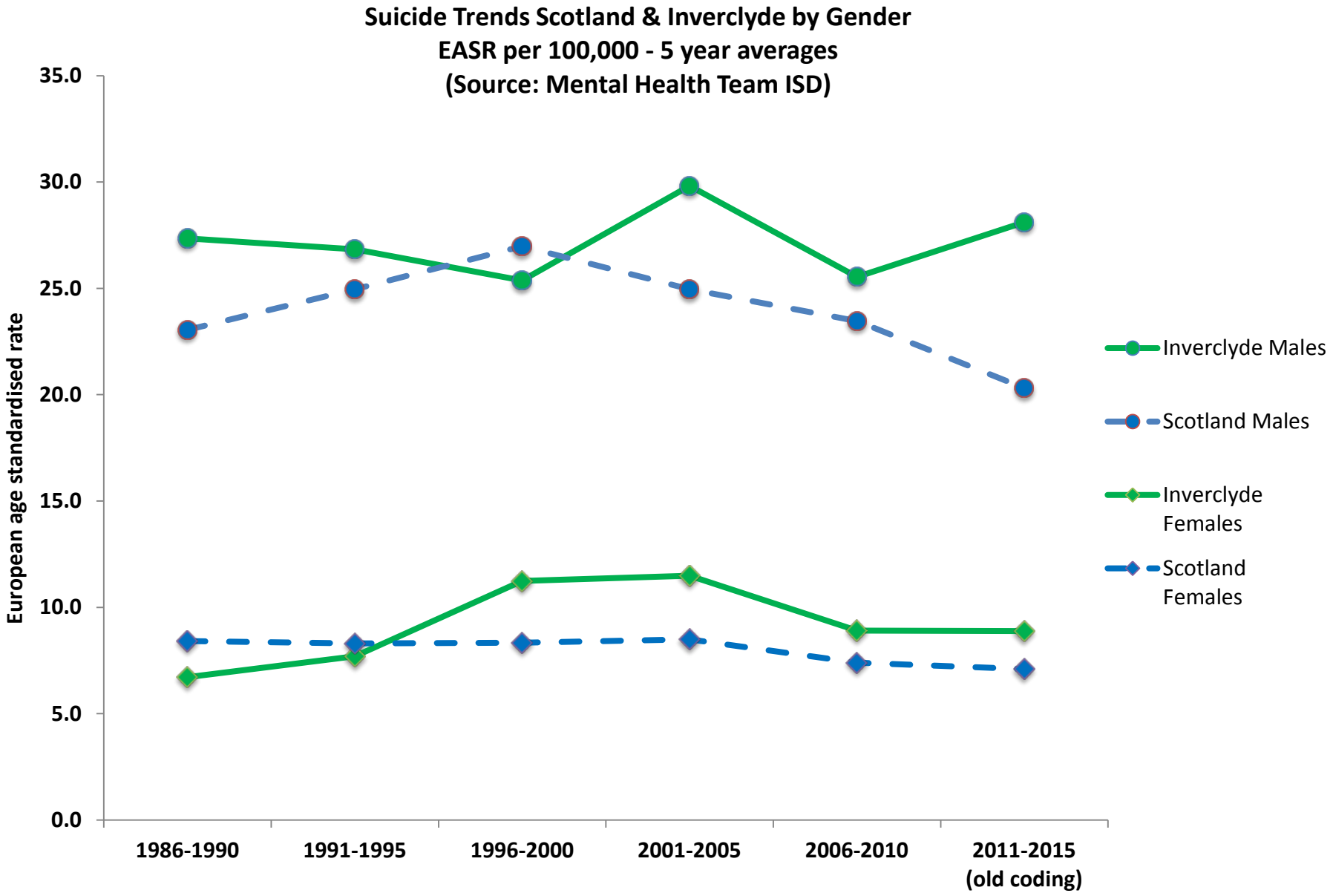
HSCP	**Proportion (%)**
East Dunbartonshire	90.1
East Renfrewshire	90.9
Glasgow City	83.5
Inverclyde	**86.5**
Renfrewshire	89.6
West Dunbartonshire	89.7

Prevalence of emotional / psychological problem by sexual orientation (Lesbian, Homosexual and Bisexual Youth)

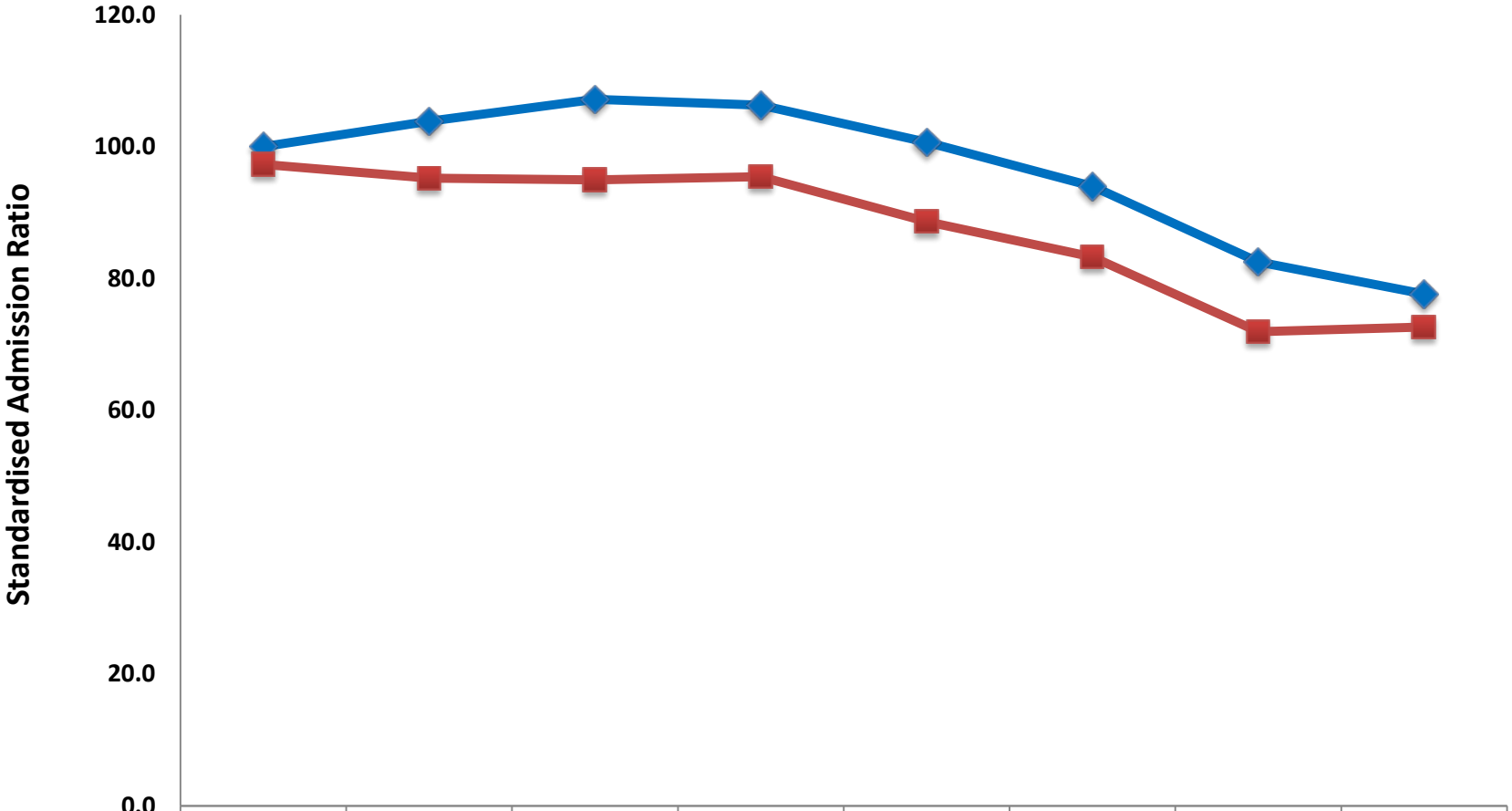
Sexual orientation	Dyslexia	ADHD	ASD/Aspergers	Mental/ Emotional	Other	At least one
Heterosexual	6%	2%	1%	4%	3%	**14%**
LGB	10%	5%	5%	22%	6%	**37%**

Crude rates of suicide (per 100,000)
(five year average for years 2011-2015)

HSCP	Rate		
	Male	Female	Total
East Dunbartonshire	17.5	4.7	10.9
East Renfrewshire	16.9	2.9	9.6
Glasgow City	21.4	8.5	14.7
Inverclyde	**28.6**	**8.6**	**18.2**
Renfrewshire	20.3	8.8	14.3
West Dunbartonshire	21.5	9.7	15.3
NHS GGC	21.0	7.8	14.2

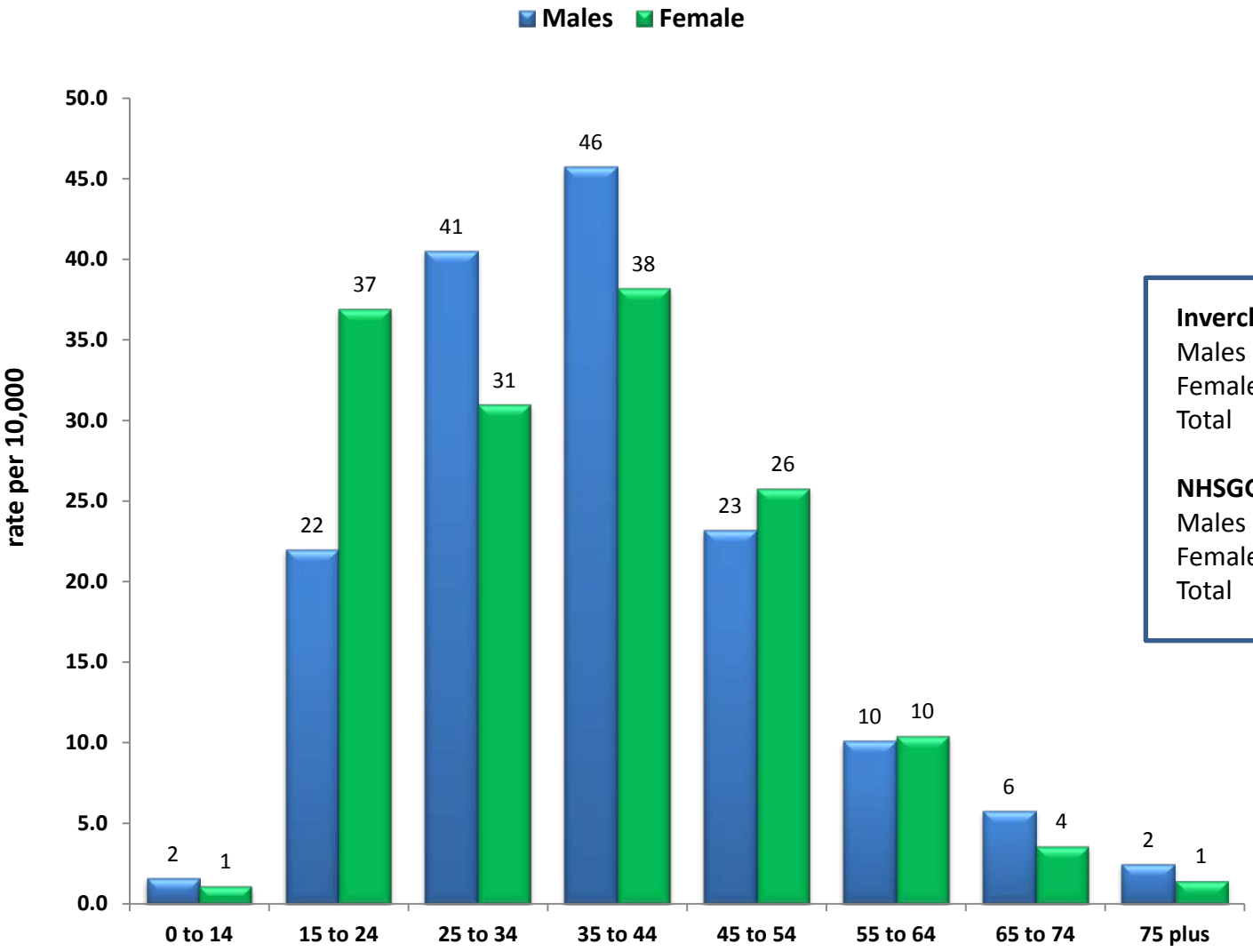

Suicide Trends Scotland & Inverclyde by Gender
EASR per 100,000 - 5 year averages
(Source: Mental Health Team ISD)
European age standardised rate
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
1986-1990
1991-1995
1996-2000
2001-2005
2006-2010
2011-2015 (old coding)
Inverclyde Males
Scotland Males
Inverclyde Females
Scotland Females

Attempted Suicide/Self Harm Hospital Admissions (SMR01)
Age/Sex Standardised Ratio Trends 2006/09 to 2013/16
NHSGGC & Inverclyde
(NHSGGC in 2006/07=100)



	06 to 09	07 to 10	08 to 11	09 to 12	10 to 13	11 to 14	12 to 15	13 to 16
NHSGGC	100.0	103.9	107.2	106.3	100.7	94.0	82.5	77.6
Inverclyde	97.3	95.2	94.9	95.4	88.6	83.3	71.9	72.6

Attempted Suicide/Self Harm Hospital Admissions (SMR01)
Inverclyde 2013/14 to 2015/16 3 Year Average rates per 10,000

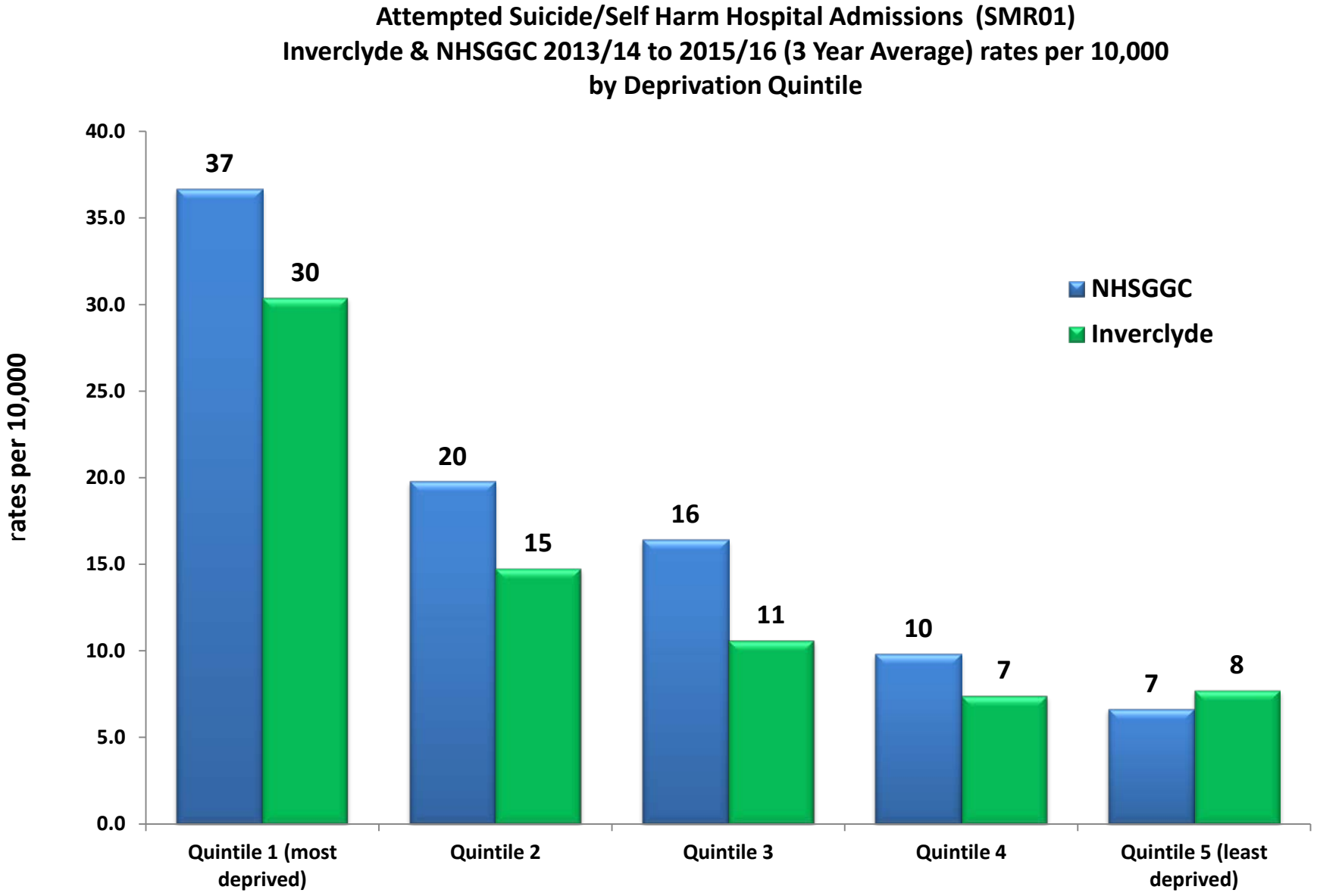


Inverclyde overall rates

Males	19 per 10,000
Females	18
Total	19

NHSGGC overall rates

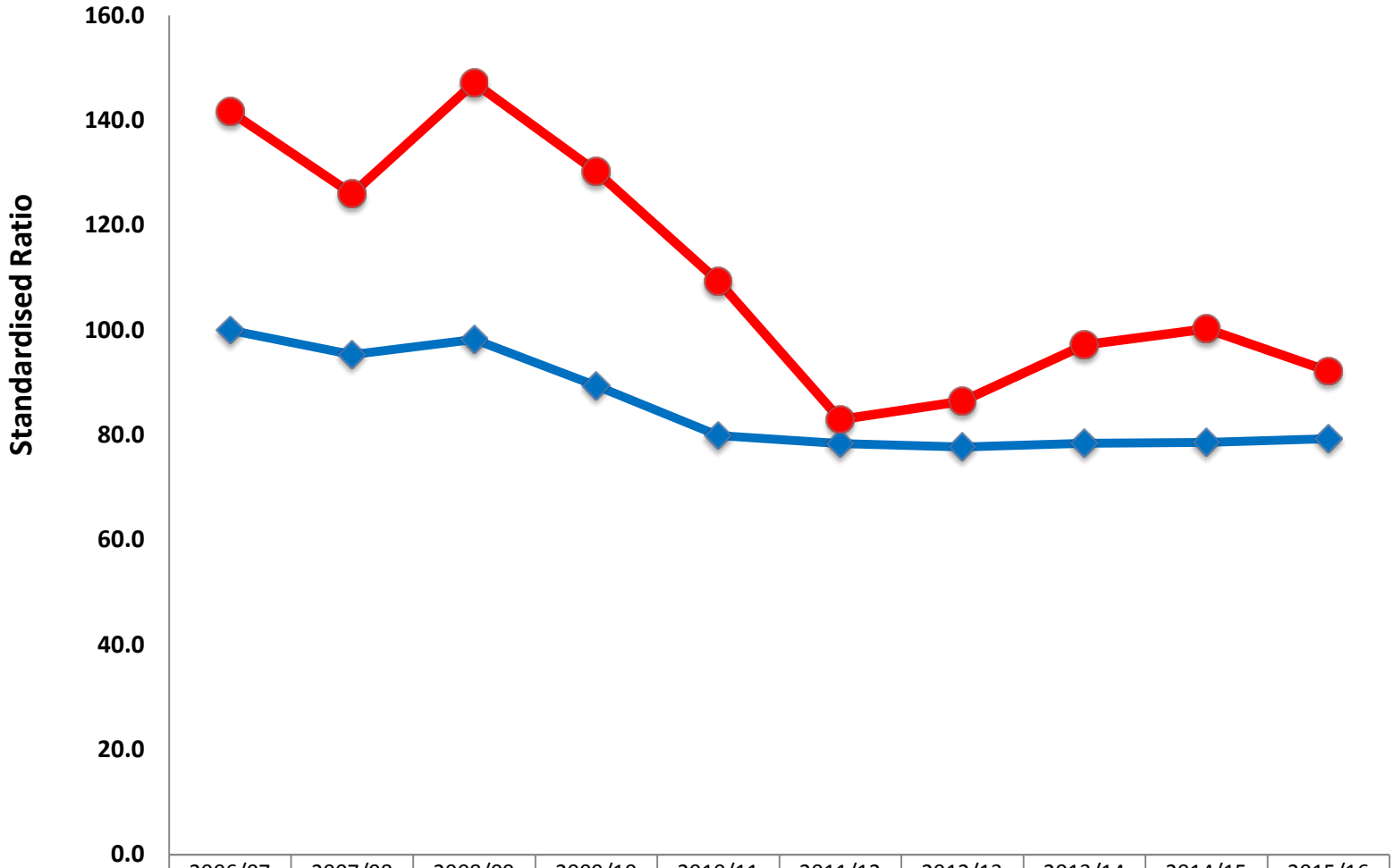
Males	18.5 per 10,000
Females	24
Total	21.5


Attempted Suicide/Self Harm Hospital Admissions (SMR01)
Inverclyde & NHSGGC 2013/14 to 2015/16 (3 Year Average) rates per 10,000
by Deprivation Quintile
rates per 10,000
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
37
30
20
15
16
11
10
7
7
8
NHSGGC
Inverclyde
Quintile 1 (most deprived)
Quintile 2
Quintile 3
Quintile 4
Quintile 5 (least deprived)

Crude rates of discharge from psychiatric hospitals (per 10,000)

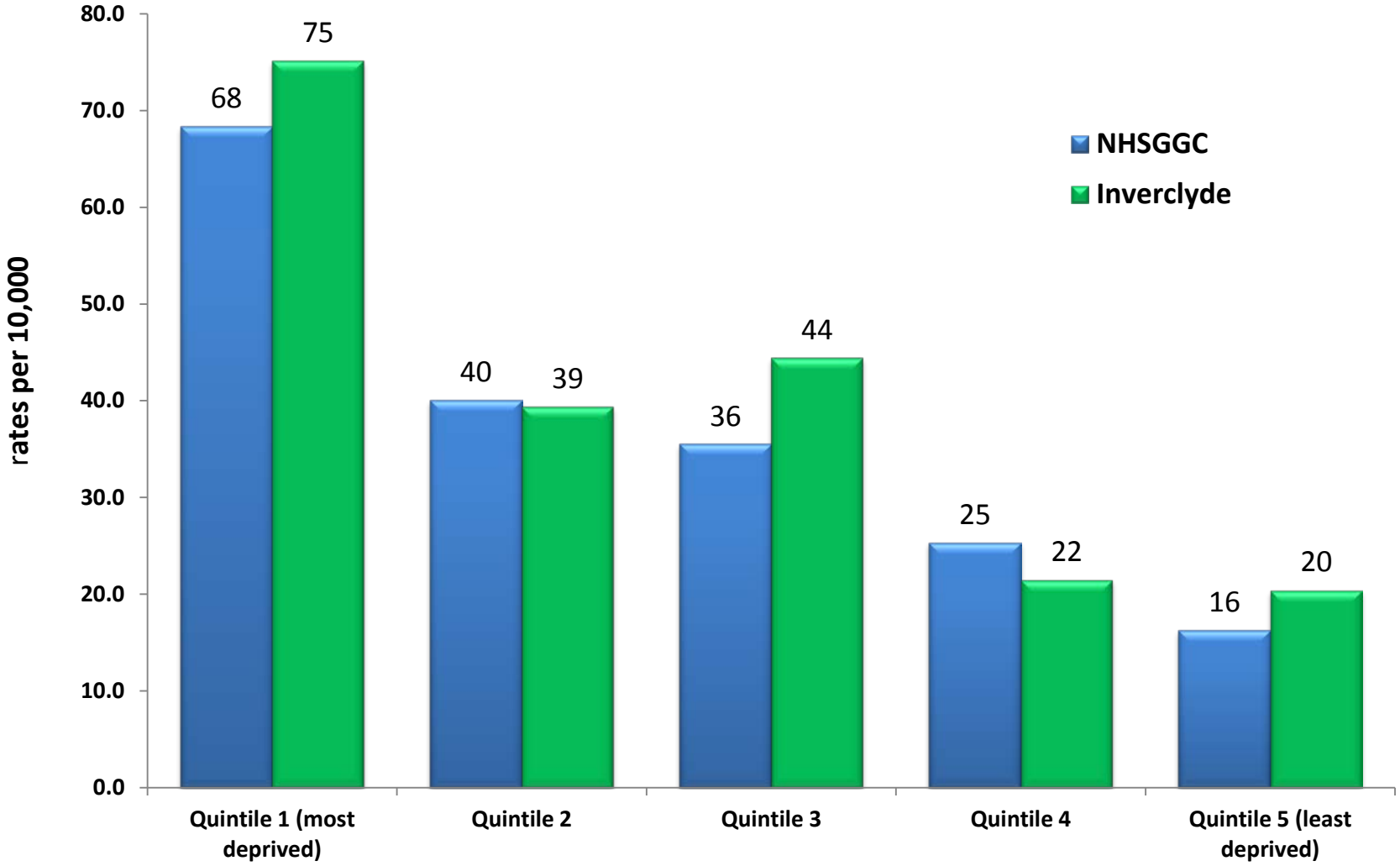
HSCP	Rate		
	Male	Female	Total
East Dunbartonshire	26.1	25.9	26.0
East Renfrewshire	30.1	24.9	27.3
Glasgow City	55.5	0.0	47.6
Inverclyde	**52.6**	**47.3**	**49.8**
Renfrewshire	44.3	39.9	42.0
West Dunbartonshire	48.3	38.5	43.2
NHS GGC	48.3	37.9	42.9

Mental Health Discharges (SMR04)
Age/Sex Standardised Ratio Trends 2006/07 to 2015/16
NHSGGC & Inverclyde
(NHSGGC in 2006/07=100)

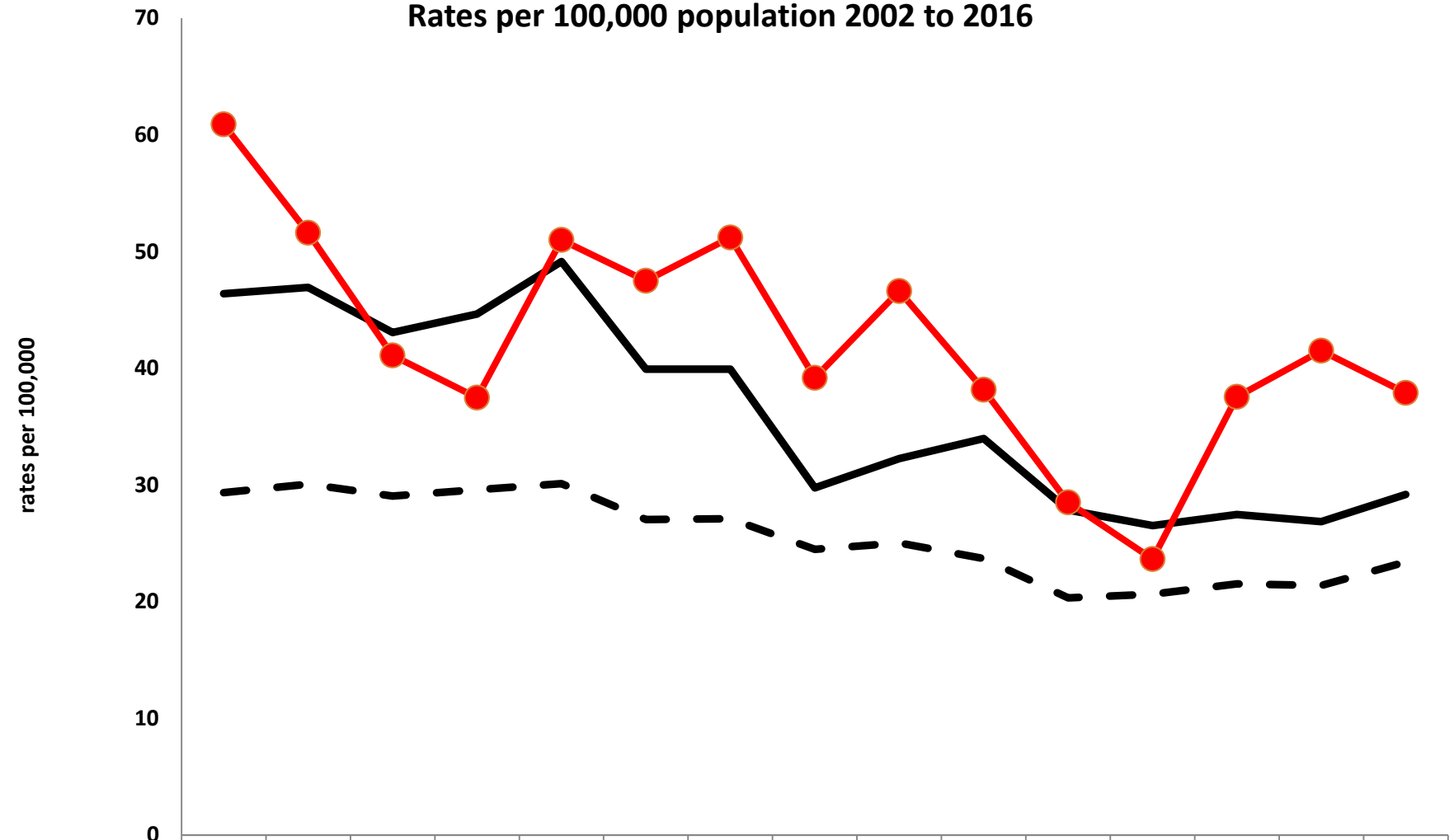


	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
NHSGGC	100.0	95.3	98.3	89.4	79.9	78.4	77.8	78.4	78.6	79.3
Inverclyde	141.6	126.0	147.2	130.2	109.3	83.0	86.5	97.2	100.3	92.2

Mental Health Discharges (SMR04) by SIMD Quintile, 2015/16
Inverclyde & GGC - Rates per 10,000

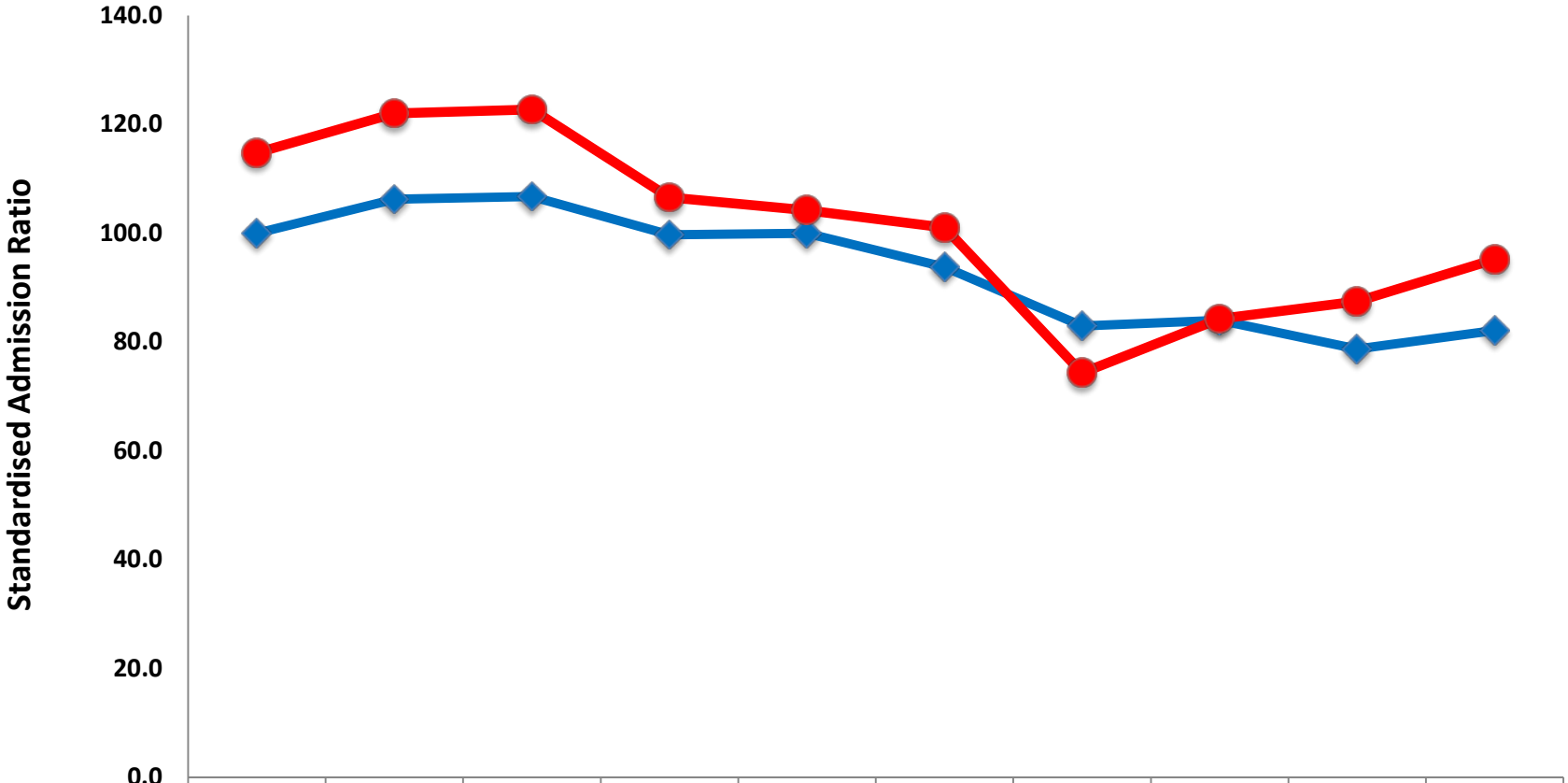


Alcohol Related Deaths (NRS)
Rates per 100,000 population 2002 to 2016



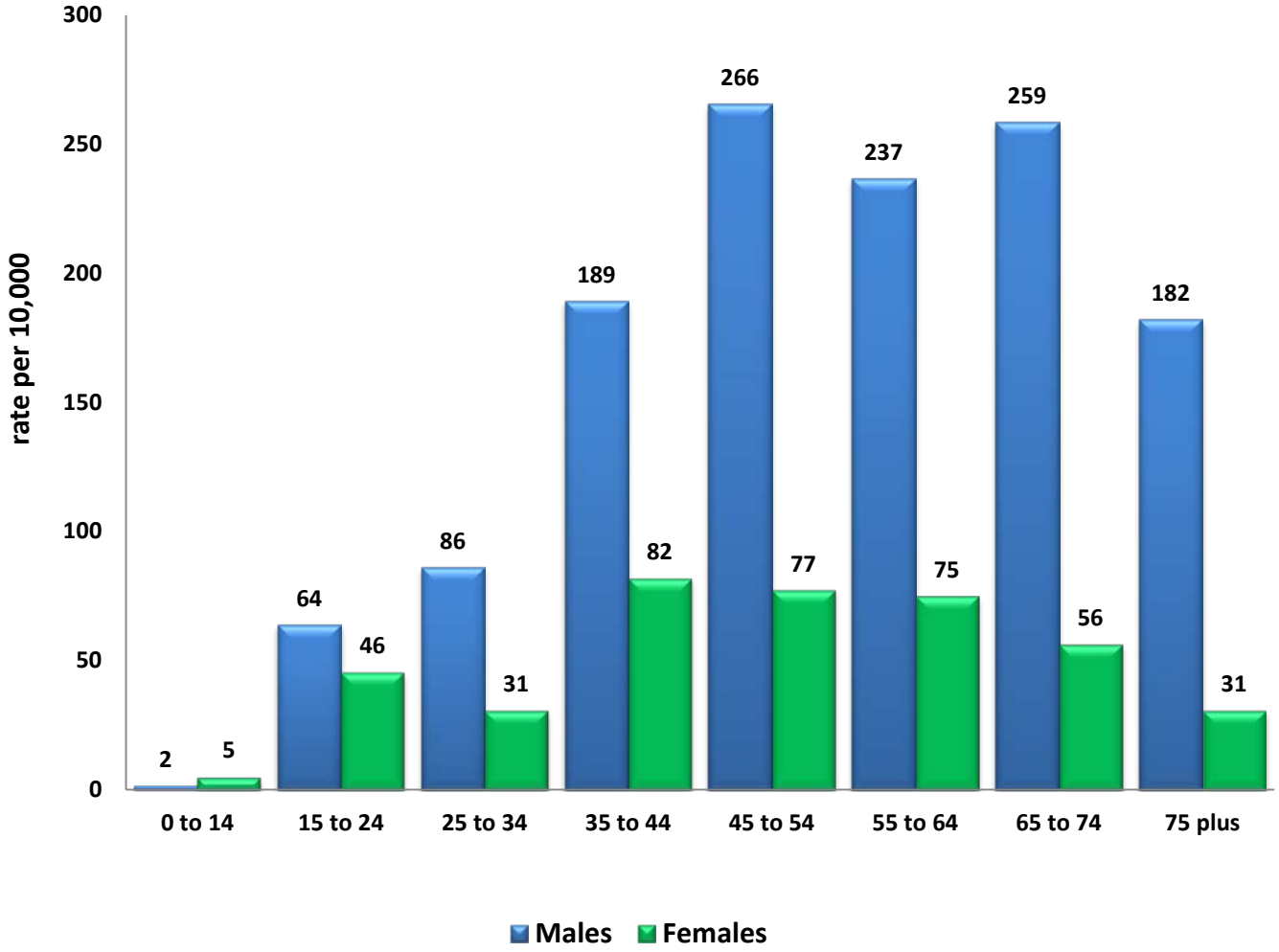
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Scotland	29	30	29	30	30	27	27	25	25	24	20	21	22	21	23
GGC	46	47	43	45	49	40	40	30	32	34	28	27	27	27	29
Inverclyde	61	52	41	37	51	47	51	39	47	38	29	24	38	42	38

Alcohol Related Emergency Hospital Admissions (SMR01)
Age/Sex Standardised Ratio Trends 2006/07 to 2015/16
NHSGGC & Inverclyde
(NHSGGC in 2006/07=100)



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
NHSGGC	100.0	106.3	106.7	99.7	100.0	93.8	82.9	84.0	78.7	82.2
Inverclyde	114.8	122.0	122.7	106.6	104.2	101.0	74.3	84.3	87.4	95.2

Alcohol Related Emergency Hospital Admissions (SMR01) 2015/16
Age & Gender rates per10,000
Inverclyde

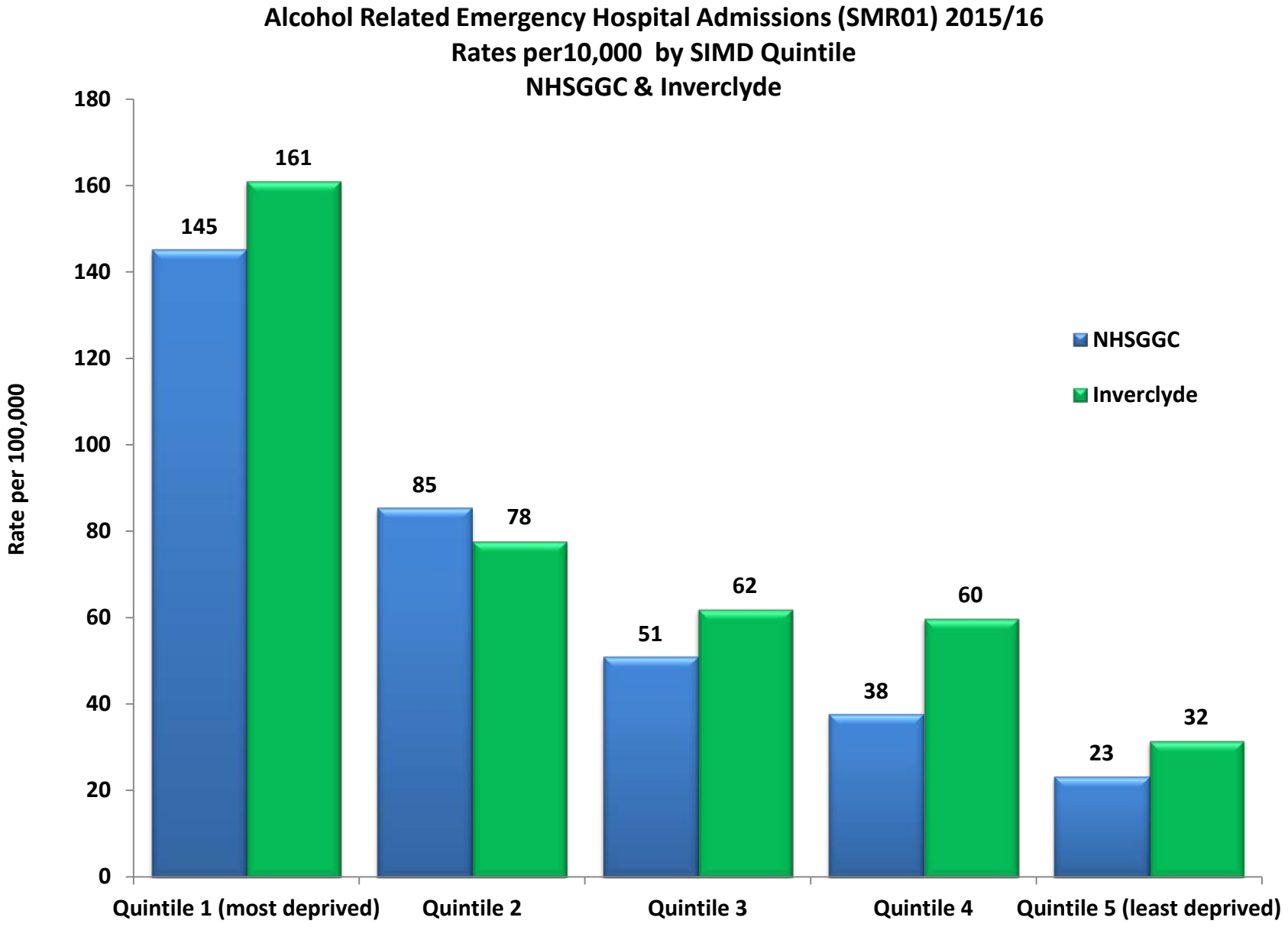


Inverclyde overall rates

Males	156 per 10,000
Females	51
Total	101.5

NHSGGC overall rates

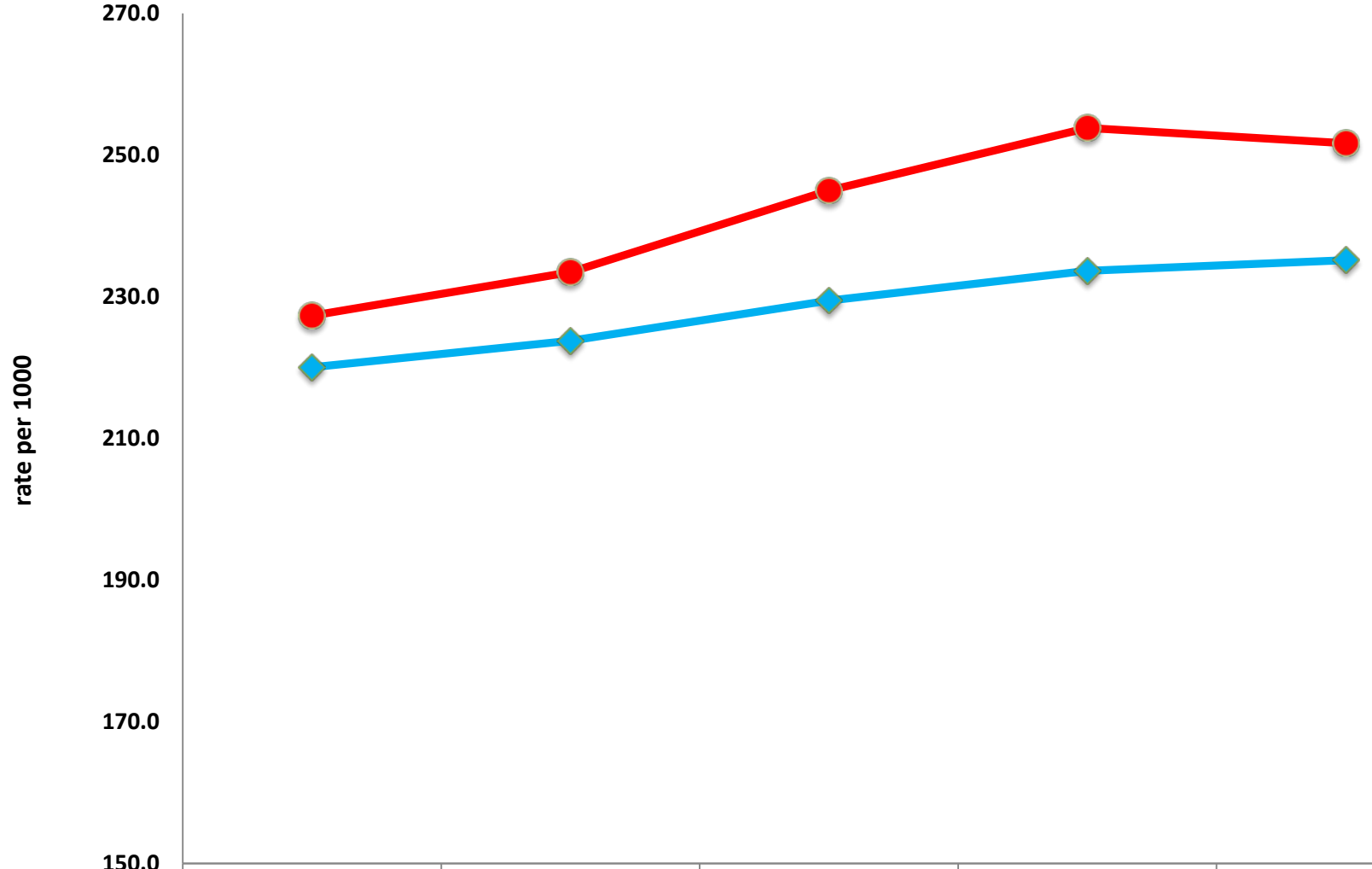
Males	126 per 10,000
Females	44
Total	83


Alcohol Related Emergency Hospital Admissions (SMR01) 2015/16
Rates per10,000 by SIMD Quintile
NHSGGC & Inverclyde
Rate per 100,000
180
160
140
120
100
80
60
40
20
0
145
161
85
78
51
62
38
60
23
32
NHSGGC
Inverclyde
Quintile 1 (most deprived)
Quintile 2
Quintile 3
Quintile 4
Quintile 5 (least deprived)

Antidepressant Prescribing Rates (per 1000) Population Aged over 15 years by Local Authority and Deprivation Quintile

Deprivation Quintile	East Dun'shire	East Ren'shire	Glasgow City	Inverclyde	Ren'shire	West Dun'shire	GGC
Q1	339.7	288.9	305.3	**319.1**	296.0	300.3	305.2
Q2	243.3	246.9	227.6	**256.1**	261.0	253.9	243.3
Q3	206.2	241.4	186.1	**225.4**	235.2	220.1	206.2
Q4	178.3	201.6	161.2	**171.1**	194.1	189.0	178.3
Q5	163.3	178.8	142.1	**167.8**	161.6	169.2	163.3
All	206.3	201.7	240.1	**251.7**	235.4	254.4	235.2

Anti-depressant Prescriptions Issued & Filled
Rates per 1000 population, Age 15 plus
Inverclyde & NHSGGC



	2012	2013	2014	2015	2016
NHSGGC	220.1	223.8	229.5	233.7	235.2
Inverclyde	227.3	233.5	245.0	253.8	251.7

The case for action on children and young people's mental health – "a moral obligation"

Three in four mental illnesses start in childhood

75% of mental illnesses start before a child reaches their 18th birthday, while 50% of mental health problems in adult life (excluding dementia) take root before the age of 15.

Invest early to prevent or reduce the risk of mental health issues emerging during childhood and adolescence, for example though earlier & better recognition of maternal mental illness; anti-bullying efforts; better services for young people not in employment, education or training

Mental Health Improvement & Early Intervention Framework for Children and Young People

One Good Adult
Importance of dependable adult to supporting and protecting mental health of children and young people – e.g. strengthen parenting, mentoring, guidance, befriending initiatives

Resilience Development in Schools
Whole school approach to mental health and wellbeing – ethos, curriculum, positive behaviour, anti-bullying, pastoral care…

Resilience Development in Communities
Strong network of youth services, voluntary and community organisations, confident and skilled to support and intervene

Guiding Thru the Service Maze
Children, families & young people have range of support options for early intervention and can be helped to find their way to appropriate help quickly

Responding to Distress
Frontline staff in many agencies are confident and supported to intervene and help children and young people in situations of distress, including self harm and risk of suicide

Peer Help & Social Media
Those who share their problems enjoy better mental health - build opportunities for young people to provide peer support, and to use social media for wellbeing

This strategy is underpinned by tackling poverty, disadvantage & inequalities as well as having GIRFEC core values and principles at the heart of it

Promoting Child and Youth Mental Health – partnership approach

- Many partnership initiatives underway across the HSCP / CPP areas, to improve child and youth mental health, as a complement to clinical services
- Children, young people and their families need wide range of support and service options as well as prevention and education work
- “One Good Adult” approach – e.g. training youth workers, sports coaches, advice workers, peer supporters
- Range of support services linking to school and youth settings, curriculum-based inputs on wellbeing, school ethos and anti-bullying initiatives

Self Harm Curricular Resource Pack for Teachers and Professionals: "On Edge"

On Edge:

Development of a support resource for schools on self harm – launched in March 2014

Collaborative programme involving Choose Life Programmes, Health Improvement, Schools and wider colleagues

Builds on successful drama, to include DVD resource with acted scenarios, and full lesson plans and support resources

Available for free download via See Me website

EU-funded partnership programme

- Exploring digital resources for youth mental health – outputs include:
- **Digital resource platform** for young people to help them promote their mental health and wellbeing – new content and guiding to quality pre-existing content

- **Workers' toolkit** to provide guidance to workers and agencies on how to better utilise the "digital world" for wellbeing

@ayemind99

www.ayemind.com

Healthy Minds – Adult Mental Health Improvement Framework, Greater Glasgow and Clyde

Respond Better to Distress

❖ Improve responses to people in distress, both from services and wider community, including action to prevent suicide and better support for people who self harm

Promote Wellbeing for People with Long Term Conditions

❖ Promote holistic health for people with long term conditions – "healthy body, healthy mind", promote recovery approaches and social inclusion

Promote Wellbeing and Resilience with People & Communities

❖ Develop social connection, tackle isolation, build resilience, strengthen use of community assets - including social prescribing, strengthen self care and peer support

Promote Wellbeing and Resilience thru Work

❖ Promote mental health, wellbeing and resilience at work; address employability issues, including those affected by mental ill health

Promote Positive Attitudes, Challenge Stigma and Discrimination

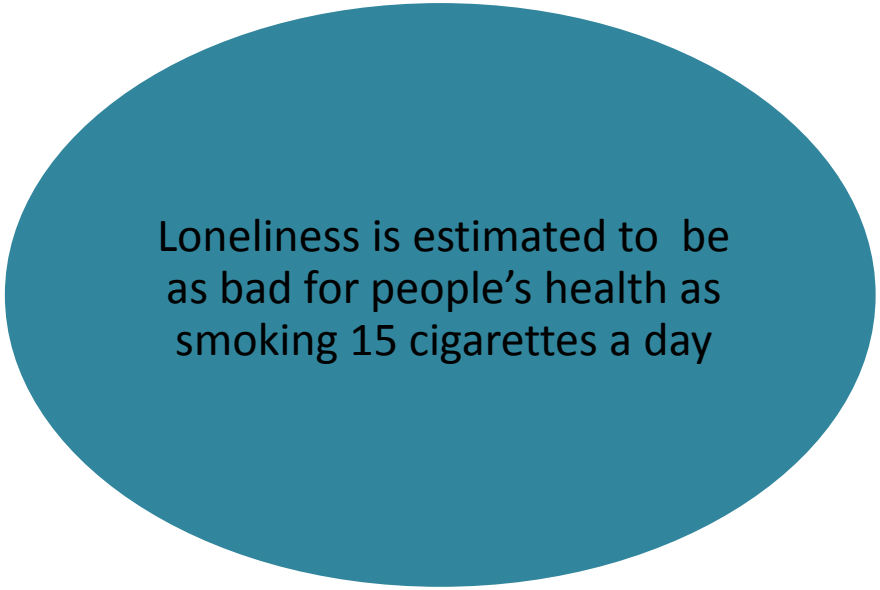
❖ Promote positive attitudes to mental health and to people with mental illness, raise awareness of mental health issues, reduce stigma and discrimination and promote inclusion, including better access to mainstream services

Tackle Underlying Determinants and Promote Equity

❖ Address underlying determinants of good mental health, including financial inclusion, nurturing early years, healthy environments, active citizenship and participation, and ensure focus on promoting wellbeing of diverse communities

Social Relationships and Mortality

2010 review of 148 studies with 308,849 participants, 50% increased likelihood of survival for participants with stronger social relationships – **social isolation is an independent variable for life expectancy**



Money, employment, workplace and mental health

- Local Healthy Working Lives team assisted over 200 employers with a suite of mental health related interventions, including managers' training and stress policies;
- Employers increasingly engaging on suicide prevention training (e.g. transport, housing, Fire and Rescue)
- Range of employability programmes in place connecting to mental health and allied services
- Financial inclusion support services in place across mental health and allied services in Greater Glasgow and Clyde, often linking with community-based financial support services, such as money advice projects, debt counselling and citizen's advice bureaux.

14 years plus of multi-agency action

ChooseLife
Suicide prevention in Scotland

- Multi-agency Choose Life programmes across all 6 Community Planning Partnership areas in GGC
- Range of clinical developments from in-patient to community services, including within Acute, Mental Health, Addictions and interfaces (e.g. A&E triage approach)
- Wide range of community based responses – including ‘celebration of life’ events, community prevention forums
- Major training effort, over 20,000 people trained in GGC since start of Choose Life

Multi-agency action on suicide and wider mental health issues

Reaching into private sector (e.g. construction companies, shopping centres), housing organisations, voluntary organisations (like money advice projects)

Address stigma and discrimination around mental and emotional health

9 out of 10 people with a mental health problem report experiencing stigma and discrimination

(*Time to Change*)

See Me

End mental health discrimination

SCOTTISH MENTAL HEALTH ARTS & FILM FESTIVAL

Started by GGCNHS in 2007, largest social issues arts festival in the world www.mhfestival.com

More than 300 events in 2017, many free to attend

Glasgow City Council – Health and Inequalities Commission focus on adult mental health, wellbeing and resilience

- Cross-party Commission, with inputs from range of local and national professionals, community representatives and national bodies, plus visits to local projects
- Recommendations include strengthening investment in community capacity and infrastructure to build responses to loneliness, isolation and mental health problems
- Produced a suite of **brief films** to illustrate both individual experiences and community responses to mental wellbeing

The Healthier Inverclyde Project has provided awareness raising input to Barnado's programme for expectant young mothers. Two sessions, one at ante-natal and the other post-natal, provide alcohol education, information and advice

Inverclyde Alcohol Service contributes to the Special Needs in Pregnancy group. This multidisciplinary forum ensures that women are offered referral onto alcohol services and that robust communication is maintained and appropriate information is shared between agencies

The Young Person's Alcohol Team in Inverclyde tackles alcohol problems amongst young people up to the age of 26 years. The service provides prevention and education programmes in both primary and secondary schools, counselling services and engages with organisations that provide a service to young people

Inverclyde has a strong tradition of commissioning and delivering recovery based practice. The Recovery Inclusion Group (RIG) acts as a network of organisations seeking to collaborate around recovery pathways for people experiencing mental ill health

Action areas for consideration

1. Provide sustained leadership on mental health

2. Fully adopt the Children and young people's and Adult mental health improvement frameworks to guide comprehensive multi-partner action

3. Embed mental health promotion in all services. This will include staff training on mental health improvement

4. Progress workforce development for multiple partners, increasing awareness, knowledge and skills to intervene on mental health themes

Action areas for consideration

5. Strengthen access to parenting programmes – protect the resource already available of staff trained in parenting programmes and plan for growth over time
6. Boost support for families in peri-natal period, including social support approaches coupled with effective access to clinical care where needed
7. Make effective use of community resources to promote mental wellbeing and recovery, including social prescribing and link workers, creative arts and greenspace

Action areas for consideration

9. Focus on supporting mental health and wellbeing of the workforce and supporting wider employability initiatives and mental health at work programmes
10. Explore and utilise innovative methods and approaches, including the use of digital technologies, to promote and support mental health, building on *Aye Mind* and allied work
11. Continue the multi-agency work on suicide prevention and self-harm support, including further development of the six Choose Life programmes
12. Maintain focus on tackling poverty, inequality, equality, citizenship and human rights dimensions within the public mental health and service delivery