



Inverclyde Alliance

## INVERCLYDE ALLIANCE BOARD

MONDAY 10 DECEMBER 2018 – 1PM

BOARD ROOM 1, MUNICIPAL BUILDINGS, GREENOCK

### BUSINESS

1. **Apologies for Absence**
2. **Minute of Meeting of 1 October 2018** (copy attached)
3. **Matters Arising**
4. **Five Year Mental Health Strategy**  
Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (copy attached)  
**NB There will also be a presentation on this item**
5. **Inverclyde Local Outcome Improvement Plan – Quarterly Progress Report**  
Report by Chair of Programme Board (copy attached)
6. **Locality Planning Update**  
Report by Chair of Programme Board (copy attached)
7. **Inverclyde Every Child, Every Chance Poverty Event**  
Report by Corporate Policy, Performance and Partnership Manager, Inverclyde Council (copy attached)
8. **Inverclyde Cultural Partnership Update - November 2018**  
Report by Head of Inclusive Education, Culture & Communities, Inverclyde Council (copy attached)
9. **Inverclyde Transport Outcomes Report 2018/19**  
Report by Head of Policy & Planning, Strathclyde Partnership for Transport (copy attached)
10. **Public Health Strategy**  
Report by Director of Public Health, NHS Greater Glasgow & Clyde (copy attached)
11. **Date of Next Meeting – Monday 18 March 2019 at 1pm**

Enquiries to - **Sharon Lang** - 01475 712112

**INVERCLYDE ALLIANCE BOARD****MONDAY 1 OCTOBER 2018 – 1PM****BOARD ROOM 1, MUNICIPAL BUILDINGS, GREENOCK**

**Present:** Councillors S McCabe (Chair), D Wilson (for G Brooks), L Quinn and E Robertson (Inverclyde Council), Ms K Wallace (Scottish Natural Heritage), Chief Superintendent G Crossan (Police Scotland), Mr I Bruce (CVS/I3SF), Mr A Comrie (Strathclyde Partnership for Transport), Mr S McMillan, MSP, Mr R Cowan, MP, Ms L Campbell (DWP), Group Manager D McCarrey (Scottish Fire and Rescue Service), Mr G Wilson (River Clyde Homes), Mr M Newlands (Scottish Enterprise), Ms S Rae (West College Scotland) and Ms S Kelly (Skills Development Scotland).

**In attendance:** Mr A Fawcett, Ms R Binks, Mr S Allen, Mr G McGovern, Mr S McNab, Mr H Scott, Ms L McVey, Ms S Lang and Mr I Hanley (Inverclyde Council), Ms L Long, Ms S McAlees, Ms A Howard, Ms A Hunter and Ms A Wardlaw (Inverclyde HSCP) and Ms M McKenna.

**Apologies for absence:** Councillor G Brooks, Ms A McPherson (NHS Greater Glasgow & Clyde), Ms S Kearns (Scottish Government), Mr K Scarlett (River Clyde Homes) and Area Manager G Binning (Scottish Fire and Rescue Service).

**WORKSHOP SESSION – ‘THE RESILIENCE DOUGHNUT’**

The research around the field of resilience is dominant at the moment with the emergence of individual resilience skills (emotional regulation, social skills, empathy, and optimistic thinking) and the ecological and protective factors that influence community, family, parents, schools and peers development. The research consistently shows, that being engaged with positive, intentional relationships and connections builds resilience skills in children and young people and continues to sustain adults through inevitable difficulties.

John Sheppard Associates facilitated a two hour discussion with members of the Alliance Board to enable them to use the framework with groups in the community, or as part of one to one discussions with people accessing their services. The framework could also be used as part of team building sessions with employees and staff within their services

Partners within Inverclyde Alliance will continue to be encouraged to use this framework as a method of improving resilience within our communities.

**MINUTE OF MEETING OF 18 JUNE 2018**

The minute of the meeting of 18 June 2018 was submitted and approved.

**MATTERS ARISING**

There were no separate matters arising.

**INVERCLYDE COMMUNITY JUSTICE PARTNERSHIP ANNUAL REPORT 2017/2018**

There was submitted a report by Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the first Inverclyde Community

Justice Partnership Annual Report 2017/2018, which was developed collaboratively as a partnership.

The report was presented by Sharon McAlees, Head of Children's Services and Criminal Justice, Inverclyde HSCP together with Audrey Howard and Anne Wardlaw, Inverclyde HSCP.

(Councillor Wilson, who had left the meeting after the workshop session, returned during this item).

**Decided:**

(1) that the Inverclyde Community Justice Partnership Annual Report 2017/2018 appended to the report be endorsed; and

(2) that the submission of the Annual Report to Community Justice Scotland be approved, pending the addressing of any amendments necessary following comment from Partners.

## **INVERCLYDE LOCAL OUTCOME IMPROVEMENT PLAN QUARTERLY PROGRESS REPORT**

There was submitted a report by Aubrey Fawcett, Chair of the Programme Board providing an update on the progress which has been made in implementing the Inverclyde Outcome Improvement Plan (IOIP) 2017-2022.

**Decided:** that the progress which has been made in implementing the new IOIP be noted.

## **INVERCLYDE REGENERATION AND EMPLOYABILITY PARTNERSHIP UPDATE**

There was submitted a report by Lynn Campbell, Chair of the Inverclyde Regeneration and Employability Partnership (IREP) advising the Alliance Board of progress being made to review and develop the IREP.

**Decided:** that the progress made in reviewing the work of the Inverclyde Regeneration and Employability Partnership be noted.

## **LOCALITY PLANNING UPDATE**

There was submitted a report by Louise McVey, Corporate Policy, Performance and Partnership Manager, Inverclyde Council (1) providing an update on locality planning in Inverclyde and (2) asking Partners to map activity being delivered in the localities which addresses the key issues raised in the 'Our Place, Our Future' community engagement. (Mr McMillan left the meeting during consideration of this item of business).

**Decided:**

- (1) that the progress being made in developing the locality plans be noted;
- (2) that the structure and content of the locality plans be endorsed;
- (3) that it be agreed that all Partners complete the template at Appendix 2 to highlight what activity is taking place in localities which addresses key issues;
- (4) that it be agreed that all Partners ensure that the assets outlined in the locality plans are correct; and
- (5) that a further report be submitted to the Alliance Board in December 2018.

## **COMMUNITY PLANNING: AN UPDATE IMPACT REPORT BY AUDIT SCOTLAND**

There was submitted a report by Ruth Binks, Corporate Director Education, Communities & Organisational Development, Inverclyde Council advising of a report by Audit Scotland which outlines the impact of its report on community planning published in March 2016.

**Decided:**

- (1) that the publication of the Audit Scotland impact report relative to 'Community Planning – An Update' be noted; and
- (2) that it be agreed that any improvement areas identified be included in the new Alliance Board Improvement Plan.

## **DEVELOPING PARTICIPATORY BUDGETING IN INVERCLYDE**

There was submitted a report by Grant McGovern, Head of Inclusive Education, Culture & Communities, Inverclyde Council (1) providing an overview of Participatory Budgeting in Inverclyde and (2) requesting the Alliance Board to agree to further developing this approach to support decentralisation of budgets and enhance community empowerment.

**Decided:**

- (1) that the contents of the report be noted and the intended actions be approved;
- (2) that it be agreed to note the consultation, communications and engagement objectives, audiences and key mechanisms outlined in the report, the timetable for consultation and the potential release of funding to the community through the Participatory Budgeting process;
- (3) that the establishment of a Steering Group to develop a long-term sustainable Participatory Budgeting model for Inverclyde be noted;
- (4) that Partners be encouraged to consider representation on the Steering Group and to advise the Head of Inclusive Education, Culture & Communities accordingly; and
- (5) that it be agreed to note the release of Community Initiatives Funding through the above process to support initiatives to alleviate poverty within the designated community planning locality areas.

**NATIONAL PUBLIC HEALTH PRIORITIES AND NHS GREATER GLASGOW & CLYDE (GG&C) PUBLIC HEALTH STRATEGY**

There was submitted a replacement report by Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership informing the Alliance Board of the National Public Health Reform agenda, the National Public Health Priorities published in June 2018 and the new NHS GG&C Public Health Strategy 'Turning the Tide Through Prevention'.

**Decided:**

- (1) that the National Public Health Priorities published in June 2018 and agreed by CoSLA's Health and Social Care Board and Scottish Ministers be noted;
- (2) that it be noted that the NHS GG&C Public Health Strategy sets the strategic direction for Public Health across the Health Board area and that this was endorsed by the NHS GG&C Board on 21 August 2018; and
- (3) that it be agreed to note the Inverclyde strategic direction and focus of approaches and that Partners consider how the Board can better contribute to the improvement of Public Health in Inverclyde.

**THREE YEAR PLAN FOR CO-ORDINATING COMMUNITY LEARNING AND DEVELOPMENT IN INVERCLYDE – 2018/2021**

There was submitted a report by Scott Allan, Corporate Director Education, Communities & Organisational Development, Inverclyde Council seeking approval for the publication of the 3 Year Plan 2018/2021 for the co-ordination of Community Learning and Development (CLD) in Inverclyde.

**Decided:**

- (1) that the 3 Year Plan 2018/2021 for the co-ordination of Community Learning and Development in Inverclyde be approved;
- (2) that the publication of the 3 Year Plan, in line with the guidance issued by Education Scotland be approved; and
- (3) that, otherwise, the contents of the report be noted.

**REFRESHING THE INVERCLYDE ALLIANCE TOBACCO CONTROL STRATEGY AND ACTION PLAN**

There was submitted a report by Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) seeking the Alliance Board's approval on the proposed process for the refreshing of its Tobacco Control Strategy and Action Plan and (2) advising of the recent publication of the Scottish Government's 'Raising Scotland's Tobacco-Free Generation: Our Tobacco Control Action Plan 2018' which

required a local response.

**Decided:**

- (1) that the contents of the report be noted and that the process for the refreshing of the Tobacco Control Strategy and Action Plan as set out in the report be approved;
- (2) that it be agreed to engage with the consultation proposals set out in the report; and
- (3) that further update reports on the processes with a view to agreeing a refreshed Tobacco Control Strategy and Action Plan be submitted to the Board.

**DRAFT VOLUNTEERING STRATEGY**

There was submitted a report by Ian Bruce, CVS Inverclyde (1) advising the Alliance Board of the draft Volunteering Strategy for Inverclyde produced following discussions and learning over the last year and (2) seeking Partners' comments on the strategy, together with their commitment on how they can contribute to achieving the aims of the strategy.

**Decided:**

- (1) that the draft report be noted;
- (2) that the value of volunteering be recognised by the Alliance Board;
- (3) that it be remitted to individual Partners to provide feedback on the strategy; and
- (4) that it be remitted to individual Partners to engage with CVS Inverclyde with regard to individual commitments for the action plan.

**INVERCLYDE CULTURAL PARTNERSHIP – DELIVERY PLAN 2018/2021**

There was submitted a report by Grant McGovern, Head of Inclusive Education, Culture & Communities, Inverclyde Council appending the new Delivery Plan for the Inverclyde Cultural Partnership.

**Decided:** that approval be given to the new Delivery Plan for the Inverclyde Cultural Partnership.

**INVERCLYDE PARTICIPATION MEASURE**

There was submitted a report by Sharon Kelly, Head of Operations, SDS West Region on the publication of the Annual Participation Measure for 16-19 year olds in Scotland in 2018.

**Decided:** that the changes to the Participation Measure for Inverclyde be noted and that it be agreed to continue to support the mechanisms to encourage young people to participate and reduce the number of unconfirmed destinations.

**NATIONAL MISSING PERSONS FRAMEWORK FOR SCOTLAND**

There was submitted a report by Louise McVey, Corporate Policy, Performance & Partnership Manager, Inverclyde Council advising the Alliance Board of a letter received from the Minister for Community Safety seeking the support of Community Planning Partnerships for the implementation of the National Missing Persons Framework for Scotland in their particular areas through the adoption of a multi-agency approach.

**Decided:**

- (1) that the letter from the Minister for Community Safety be noted; and
- (2) that the implementation of the framework be remitted to the Inverclyde Community Safety Partnership.

## **TACKLING TRANSPORT-RELATED BARRIERS TO EMPLOYMENT IN LOW-INCOME NEIGHBOURHOODS**

There was submitted a report by Louise McVey, Corporate Policy, Performance & Partnership Manager, Inverclyde Council advising the Alliance Board of the Joseph Rowntree Foundation report 'Tackling Transport-Related Barriers to Employment in Low-Income Neighbourhoods', with Port Glasgow being one of the case study areas. During the course of discussion on this item, Partners recognised the importance of the involvement of Strathclyde Partnership for Transport in the process.

### **Decided:**

- (1) that the Joseph Rowntree Foundation report 'Tackling Transport-Related Barriers to Employment in Low-Income Neighbourhoods' be noted; and
- (2) that it be remitted to the Inverclyde Regeneration Employability Partnership to take forward discussions and consider outcomes from the Joseph Rowntree Foundation report as part of its action plan.

## **'OUR WORKFORCE, OUR FUTURE': WEST OF SCOTLAND SKILLS SURVEY 2018**

There was submitted a report by Sara Rae, Director of Business Enterprise and Innovation, West College Scotland informing the Alliance Board of the publication on 10 October 2018 of 'Our Workforce, Our Future', the West of Scotland Skills Survey 2018.

### **Decided:**

- (1) that the publication of West College Scotland's Skills Survey 2018 be noted; and
- (2) that it be remitted to Partners to provide any feedback in relation to the survey to West College Scotland.

## **DATE OF NEXT MEETING**

It was noted that the next meeting of the Board would take place at 1pm on Monday 10 December 2018.



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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer) Inverclyde HSCP</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Deborah Gillespie, Head of Service Mental Health, Addictions &amp; Homelessness</b>	<b>Contact No:</b>	<b>715284</b>
<b>Subject:</b>	<b>5 YEAR MENTAL HEALTH STRATEGY</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Alliance Board of the development of a whole system five year strategy for mental health services.
- 1.2 The report also advises of the new Mental Health monies available, and the plan for the use of these monies.

## **2.0 SUMMARY**

- 2.1 Within Inverclyde, the 2006 Clyde Modernising Mental Health Strategy established the framework for development of comprehensive local community services and the reconfiguration of inpatient beds as part of the whole system of mental health care. The recent opening of Orchard View concluded implementation of the Clyde Strategy.
- 2.2 Work to develop a new five year strategy was undertaken in 2017 in partnership with NHSGG&C and the six Health & Social Care Partnerships. It is based on a whole system approach and was initiated as a result of the need to address the consistent pressure of demand on inpatient beds, the need to continue to implement the recommendations from the clinical services review, the continuing increasing demand on mental health services including in the context of prevailing financial challenges for HSCPs.
- 2.3 Work continues to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which include representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.4 The 5 year strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2027 is informed by the Scottish Government's Mental Health Strategy 2017-2027. In December 2017, the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).
- 2.5 In May 2018, the Scottish Government wrote to Chief Officers of Integration Authorities to advise of the funding being made available to each Integration Authority over a four year period, and the



process by which this would be released. This required a local plan to be developed by July 2018 that outlined the goals for improving capacity within the settings outlined in Action 15. A further detailed plan is required to be submitted to the Scottish Government in September 2018.

2.6 The initial plan for Inverclyde has been developed in partnership with all services within Inverclyde HSCP, and has taken account of the outcome of consultation with service users with events focusing on recovery held in April 2018.

### **3.0 RECOMMENDATIONS**

It is recommended that the Alliance Board notes the report and the proposals outlined in the accompanying Action 15 Plan for Inverclyde.

**Louise Long**  
**Corporate Director/ Chief Officer**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

4.1 The 5 year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy 2017-2027 and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health. The proposals within the Mental Health Strategy are consistent with the Health Board's vision for Moving Forward Together and are aligned to the national strategic direction and deliver a whole system programme across Mental Health.

4.2 The strategy identifies priorities for mental health services which include:

Medium to long term planning for the prevention of and early intervention with mental health problems; this includes wellbeing oriented care including working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start;

Recovery oriented care: supporting people to develop the capacity to manage their own health, and developing a range of community based supports and services to underpin this, including within inpatient services;

Productivity initiatives in community services to enhance capacity while maintaining quality of care;

Unscheduled care across the health system including responses to distress (linked to prevention), crisis, home treatment and acute hospital liaison;

Shifting the balance of care identifying the plan for a review and reduction in inpatient capacity.

4.3 The strategy requires system wide engagement by all HSCPs, and of the NHS GG&C Board. The following principles underpin the 5 year strategy:

### Key Principles

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision.
- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate.
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of "easy in, easy out".
- Identification and delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.
- Attention to trauma and adversity where that influences the presentation and response to treatment.
- Prevention and early intervention.
- Recognition of the importance of recovery-based approaches, including peer support.
- Meaningful service user and carer engagement and involvement to help guide the implementation process.
- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future.

- A robust risk management process to inform and guide the implementation process.
- 4.4 The “care needed” means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a “stepped” or “matched” care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified within the Clinical Services Review:
- public health interventions
  - open access services that did not require referral and supported self-care
  - early responses and brief interventions
  - longer-term multi-disciplinary ongoing care
  - intensive treatment and support.

An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and setting.

4.5 Mental Health services benefit from a single system approach within GGC, which has strengthened service planning, management and governance across HSCPs. Cross system interdependencies are strong and complex and need to be coordinated in a GGC context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCPs and NHS GGC.

4.6 The work to take forward the implementation of the 5 year Mental Health Strategy is being developed through the Programme Board. The governance has been agreed. There are work streams now established, tasked with taking forward the detailed work required for implementation as follows:

1. Prevention, Early Intervention and Health Improvement
2. Effective and Efficient Community Services
3. Primary Care, PCMHT, and Physical Health (including prescribing)
4. Unscheduled Care
5. Adult Acute beds and site issues
6. Rehabilitation
7. Recovery Oriented and aware services
8. Users and Carers
9. Workforce
10. Finance
11. Communications and Engagement
12. Older People’s Strategy

4.7 The development of the implementation plan is continuing in respect of priority actions required which will enable the shifts anticipated within the strategy.

4.8 In December 2017, the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).

4.9 In May 2018, the Chief Officer (of the Integrated Joint Board) received a letter in relation to Action 15 planning and funding. Nationally the funding to support additional mental health workers will increase over four years to £32 million by 2021-22, with an initial £11 million being made available to support the first phase of this commitment in 2018/19. Inverclyde’s allocation of this funding is £181,485 in 2018/19, rising to £527,957 in 2021/22. The phased approach is to allow local and national service providers to coordinate service developments to provide effective models of care and efficient use of resources. The letter outlines the timescales for

funding release and the requirement to submit an initial plan by the end of July 2018 about our approach and initial use of funds released in year 1, to be followed by a further plan of how spend will be profiled over the four years, to the Scottish Government by mid-September 2018.

4.10 Financial allocations are as follows for Inverclyde:

	NHS GG&C 22.33%	Inverclyde HSCP 1.65%
2018 – 2019 share of £11 million total	£2,457,118	£181,485
2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

- 4.11 A further £5 million has been identified for Children’s mental health services across the country. The details of this funding are awaited.
- 4.12 The Scottish Government expects that the Action 15 stream of funding and the additional funding for primary care are coordinated to ensure there are effective and coordinated pathways for service users.
- 4.13 In response to the funding allocation, Inverclyde has developed an initial plan which outlines our intended approach going forward. The initial plan was submitted to the Scottish Government at the end of July and is attached at appendix 1.
- 4.14 This has been developed further to support key priorities of the mental health strategy with the aim of ensuring Board wide coherence in the development of new services in the context of the mental health system across the Board, whilst meeting the needs of Inverclyde. The final plan includes some developments that will require support financially on a proportionate basis by HSCPs within the Board area from their individual allocation of Action 15 funds.
- 4.15 Locally the intention is to develop a steering group for Mental Health Strategy implementation work of which Action 15 will form a part. This will include HSCP and partners in taking forward the focus on mental health and wellbeing within Inverclyde.

**5.0 IMPLICATIONS**

- 5.1 Legal: There are no legal consequences arising from this report.  
 Finance: The funding allocation for Action 15 is contained, as identified above. A further detailed plan for spend will be developed for submission in September.  
 Human Resources: There are no specific human resources implications arising from this report.  
 Equality and Diversity: An EQIA will be undertaken as part of the implementation work.  
 Repopulation: There are no repopulation implications arising from this report.  
 Inequalities: The 5 year Mental Health Strategy and implementation of Action 15 will seek to increase access to appropriate services for people experiencing mental ill health and distress and support and enable people with significant mental ill health to recovery and inclusion with local communities, including employment.

**6.0 CONSULTATIONS**

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

**7.0 LIST OF BACKGROUND PAPERS**

- 7.1 None.

# **Inverclyde Health & Social Care Partnership**

## **Inverclyde Mental Health Action 15 Implementation Plan 2018/19**

## **Mental Health Action 15 Implementation Plan 2018 – 2019**

### **Our Vision:**

Inverclyde's Health and Social Care Partnership's Strategic Plan for 2016 – 2019 presents the partnership's vision "Improving Lives", underpinned by our values:

- We put people first
- We work better together
- We strive to do better
- We are accountable

The partnership is focussed on delivering outcomes for everyone in Inverclyde based on five strategic commissioning themes, which enables the partnership to work across the services that will contribute to:

- Early Intervention, prevention and reablement
- Employability and meaningful activity
- Recovery and support to live independently
- Support for families
- Inclusion and empowerment.

In delivering on these Inverclyde Health and Social Care Partnership aims to make a positive contribution to the national health and wellbeing outcomes as defined by the Scottish Government<sup>1</sup>. The national Health and Wellbeing outcomes are as follows:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5 - Health and social care services contribute to reducing health inequalities.

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7 - People using health and social care services are safe from harm.

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<sup>1</sup> <http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

### **Our Approach to Mental Health:**

Our approach to improving mental health within Inverclyde is based on developing a population wide approach, with the development of partnerships across agencies and sectors in our community to enable better awareness of actions and approaches that support mental wellbeing as well as responding to people with mental health needs. Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda.

Our Mental Health Services are an important part of delivering on our outcomes. Mental Health services benefit from a single system approach within NHS Greater Glasgow and Clyde, which has strengthened service planning, management and governance across Health and Social Care Partnerships. Cross system interdependencies are strong and complex and need to be coordinated in an NHS GG&C context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCP's and NHS GG&C.

NHS Greater Glasgow and Clyde in partnership with the six HSCP's has developed a five year mental health strategy. The strategy takes a whole system approach, linking the planning of services across the whole Health Board area, incorporating the priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027.

The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

Currently Inverclyde is developing a wider Mental Health Strategy Implementation plan in collaboration with NHS GG&C and the other HSCP's.

### **National Mental Health Strategy - Action 15**

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal is to 'Increase the workforce to give

access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.’

Funding to support the delivery of this commitment is being provided to each Integration Authority and this requires the development of this local plan that sets out the goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

This plan is required to demonstrate how it contributes to the broad local improvement principles in the key areas for action 15, and requires to show the application of additional resources resulting in additional services commensurate with the commitment to provide additional mental workers by 2021-22. The additional capacity can be broad ranging including roles such as peer and support workers, and may include the provision of services through digital platforms or telephone support. It may also include development of staff who are not currently working within the field of mental health. The initial plan is identified below, and this will be supplemented by a detailed Action 15 plan by the end of September 2018.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. This is equivalent to 13.2 additional workers within Inverclyde. Whilst this will be the basis for the full Inverclyde plan it remains essential that Inverclyde work with the Health Board and other HSCPs across boundaries in a collaborative approach due to the way that mental health services are delivered, and this will enable us to optimise use of resources in support of delivery of the GG&C wide Mental Health Strategy. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agreed pan-GG&C investments based on NRAC shares. The priority areas for investment are currently being identified, and this Action 15 plan will form part of our wider local mental health strategy implementation plan.

### **Interface with Primary Care Improvement Plan:**

Within the National Mental Health Strategy 2017-27 there are a number of commitments that are linked to the transformation programme for primary care. These include

- Action 23 – Scottish Government will "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".
- Action 15 - to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and prisons. Over 5 years the Government has committed to additional investment to recruit 800 additional mental health workers in these key settings.

This plan will have a focus on the interface between primary care and specialist Mental Health services and the resources required to enable primary care responses to low level mental health need, and ensure effective pathways for those patients coming into and going out of specialist Mental Health services.

### **Interface with Children’s Services**

A significant part of NHSGG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly



correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma.

Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda and specifically focussing on children's services. These will in part be directed towards the specific funding identified by the Scottish Government to improve mental health for children and will also be included within Action 15 considerations.

### **Interface with Community Justice:**

Action 15 specifically identifies the need to improve access to mental health support within prisons and police custody suites. Inverclyde has HMP Greenock, and an extensive Police Custody suite in Greenock Police Station. Whilst the responsibility for provision of mental health care in these settings rests with NHS GG&C Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP, proposed developments for these settings in context of Action 15 will require further discussion including in respect of local contributions. This will be addressed in the full plan in September 2018. We also recognise the opportunity to develop further approaches to mental health improvement for people within criminal justice services, including throughcare from prison and specifically within our women offenders development work.

### **Interface with Alcohol and Drugs Partnership**

Inverclyde will continue to develop connectivity between the work of the Mental Health Implementation Programme and the Alcohol and Drugs Partnership. It will particularly focus on and tailor services to those adults with complex needs who access both services and require significant support from accident and emergency, criminal justice services and primary care. We will develop a more generic recovery pathway across the whole system to facilitate better signposting and use of services, including the development of a Recovery Hub.

### **Engagement and Consultation:**

This initial plan has been developed in partnership with all the service areas within Inverclyde HSCP which includes our Children's services, Criminal Justice Partnership representation, and representation from the local Primary Care Improvement Implementation Group. The plan has also taken into account the outcome of consultation with service users with events focussing on recovery held earlier in 2018.

We anticipate developing a Programme Board for the Mental Health Strategy Implementation work, of which Action 15 will form a part, and which will also include local NHS GG&C acute sector representatives. The initiatives in respect of A&E within this initial plan are based on existing work with our acute colleagues as reflected in the 5 year Mental Health Strategy for Greater Glasgow and Clyde. This will also include representatives from our local community and service users and carers.

Financial allocations are as follows for Inverclyde:

	NHS GG&C 22.33%	Inverclyde HSCP 1.65%
2018 – 2019 share of £11 million total	£2,457,118	£181,485
2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

### **Other linked plans/planning processes**

This plan will link through the three locality planning partnerships who have responsibility for the Inequalities outcome within Inverclyde's Community Planning Partnership; Inverclyde Alliance, Local Outcome Improvement Plan (LOIP). Other relevant plans include:

- IJB Strategic Plan
- Children's Service Plan
- Corporate Parenting Plan
- Community Justice Plan
- ADP Development Plan
- Locality Planning/Local Improvement Plans

**Areas identified for investment of Action 15 money - Year 1 2018/19**

Proposal	Strategic Links
Investment in Primary Care Mental Health Pathways - developing and extending provision of brief psychological interventions for older people	Action 15; Primary Care Improvement Plan; Action 23
Development of age appropriate MH promotion literature. Working to destigmatise MH issues across older people service user group	Action 15; 5 year Mental Health Strategy
Extend access to Psychiatric Liaison service within A&E and acute hospital care	Action 15; 5 year Mental Health Strategy
Responses to Stress and Distress to extend training to additional groups and individuals eg carers; develop distress response for primary care and direct access	Action 15; Primary Care Improvement Plan
Young people with parental mental ill health and substance misuse - widen the current approach for children affected by parental substance misuse to mental health	Action 15; 5 year mental health strategy
Prevention and Recovery Practice development to build resilience through primary care prevention and supporting sustained recovery. This will include capacity building, peer support, additional training and digital access pathways	Action 15; 5 year Mental Health Strategy
Young Onset Dementia GG&C wide project to increase access to post diagnostic support and psychological interventions	Action 15



Inverclyde Alliance

**AGENDA ITEM NO: 5**

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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Aubrey Fawcett Chair of Programme Board</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Louise McVey</b>	<b>Contact No:</b>	<b>01475 712042</b>
<b>Subject:</b>	<b>Inverclyde Local Outcome Improvement Plan Quarterly Progress Report</b>		

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## **1.0 PURPOSE**

1.1 The purpose of this report is to provide the Alliance Board with an update on the progress that has been made in implementing the Local Outcome Improvement Plan (LOIP) 2017-2022.

## **2.0 SUMMARY**

- 2.1 The Community Planning element of the Community Empowerment (Scotland) Act 2015 placed responsibility on Inverclyde Alliance to develop a Local Outcome Improvement Plan (LOIP) which replaced the Single Outcome Agreement 2012-17.
- 2.2 Inverclyde's LOIP was formally approved by the Alliance Board at its meeting on 11 December 2017 and a new governance structure for the delivery of the LOIP was approved at the meeting of the Alliance Board on 19 March 2018.
- 2.3 The LOIP priorities are Repopulation, Reducing Inequalities and Environment, Culture and Heritage. Updates from the Repopulation Partnership, the Environment Partnership and the Culture and Heritage Partnership are set out in paragraph 5.
- 2.4 The Reducing Inequalities priority is being developed and delivered through the Locality Planning process. There is a report on the agenda of this meeting providing an update on this work.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Alliance Board notes the progress that has been made in implementing the LOIP.

**Aubrey Fawcett**  
**Chair, Programme Board**  
**Chief Executive, Inverclyde Council**

## 4.0 BACKGROUND

- 4.1 Inverclyde's LOIP was formally approved by the Alliance Board at its meeting on 11 December 2017. The LOIP contains three strategic priorities; Repopulation: Reducing Inequalities and Environment, Culture and Heritage.
- 4.2 The governance and delivery structure has been developed to facilitate the delivery of the LOIP and Locality Plans which was formally approved by the Alliance Board at the meeting on 19 March 2018.
- 4.3 The strategic priorities within the LOIP will be delivered by the Population Partnership and the Environment and Cultural Partnerships.
- 4.4 The inequalities priority will be delivered through the Locality Planning process and a Strategic Implementation Group has been established to oversee this process. Further detail of the progress made with regard to locality planning is the subject of a separate report on the agenda of this meeting.

## 5.0 Partnership Updates

### 5.1 Population Partnership

The tender for the development of the **Inverclyde Wide Repopulation Strategy and Plan** has been approved and EKOS have been commissioned to identify the key drivers of repopulation in Inverclyde. The study will focus on the levers that the Inverclyde Partnership can apply to support repopulation, with a view to this setting out a medium to long term economic strategy for Inverclyde.

There is a desire to learn from previous approaches and ensure that the strategy has sustainable and deliverable objectives and EKOS will seek to provide an "independent" view in this regard.

### 5.2 Environment Partnership

The Environment Partnership last met on 15 October 2018 with the aim of developing and agreeing performance measures to be included in its delivery plan. At this meeting, the group discussed some of the challenges that need to be overcome in order to agree the performance framework and it was agreed that linkages will be made to various strategies when they are finalised in the next few months, e.g. the Greenspace Strategy and the Cycling Strategy.

The Environmental Partnership has the responsibility of developing a Community Food Growing Strategy and there will be group representation at a Scottish Government event in November to learn more about the aims and outcomes of this strategy. Once in place, the strategy will fulfill Inverclyde Council's statutory duty to produce a Food Growing Strategy by 2020. Emerging good practice that will help inform the strategy, such as the community facilities at Belville, Broomhill and Parklea, and the work around the pollinator corridor, has also been considered.

A workshop took place to identify key habitats which will support the action to identify a strategic habitat network for Inverclyde. A review of vacant and derelict land is planned in light of the Greenspace Strategy to identify opportunities to plug gaps in greenspace provision - this will link to the Greenspace Strategy expected to be completed by late 2019. It is anticipated that there will be green-based solutions for some of the sites which will contribute to greenspace provision in Inverclyde in order to greatly reduce the number of residents living within 500m of vacant and derelict land. The Vacant and Derelict Land National Taskforce aims to reduce the register by 50% by 2028 by getting the land into productive use (broadly defined).

There is ongoing discussion and development regarding the membership of the group and professionals within HSCP have now been invited to participate in the Partnership.

### 5.3 Cultural Partnership

The Cultural Partnership met on 22 August and 10 October 2018. The last meeting was hosted by Gourock Heritage and Arts and gave the Partnership the opportunity to see the excellent work being delivered by one of its members. The Partnership's Delivery Plan was approved by the Programme Board on 1 October. Current items of work and/or under consideration include:

- The Partnership submitted a response to the Scottish Government's recent Draft Culture Strategy consultation;
- Planning for the *Galoshans* festival to be held 27 October 2018;
- Planning for Armistice Day events on 11 November 2018;
- Early planning for a James Watt festival in 2019 to commemorate the bi-centenary of his death;
- The recruitment of an Arts Co-ordinator by CVS Inverclyde to be funded by remaining monies from the Place Partnership;
- Plans in place to further roll out the Great Place Scheme and Digital Storyteller projects in 2019, and continued heritage activity while library, museum and archive staff re-instate the Watt Complex, reading for re-opening in 2019;
- The selection of a consultant to work with the Partnership to deliver a Heritage Strategy and Action Plan for Inverclyde (funded by the Great Place Scheme);
- The Partnership will shortly carry out an EQIA on its work.

The next meeting of the partnership is scheduled for 5 December 2018.

### 6.0 IMPLICATIONS

- 6.1 Legal: none at present  
Finance: none at present  
Human Resources: none at present  
Equality and Diversity: none at present  
Repopulation: repopulation remains a key priority within the Inverclyde Outcomes Improvement Plan.  
Inequalities: the Locality Partnerships will be working specifically to tackle inequalities on a geographic basis.

### 7.0 CONSULTATIONS

- 7.1 n/a

### 8.0 LIST OF BACKGROUND PAPERS

- 8.1 n/a



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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Aubrey Fawcett Chair of Programme Board</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Ian Hanley Corporate Policy Officer</b>	<b>Contact No:</b>	<b>01475 712731</b>
<b>Subject:</b>	<b>Locality Planning Update</b>		

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**1.0 PURPOSE**

1.1 The purpose of this report is to update the Alliance Board on locality planning in Inverclyde.

**2.0 SUMMARY**

- 2.1 Three draft locality plans have been developed and are currently being populated with additional engagement from communities through the Aspiring Communities Fund projects. The focus is on how communities themselves can address any local challenges and issues, but there will be some issues which require the support of partners to address.
- 2.2 The draft plans were attached for the consideration of the Programme Board in August and contained information from a strategic needs analysis of each area and the main community feedback from the Our Place Our Future engagement. Assets in each area were also mapped into the plans and these will be checked with communities to ensure all appropriate assets, both people/groups and physical, are captured.
- 2.3 The sub group involving Your Voice, Branchton Community Centre, CVS Inverclyde, Community Learning and Development, the Health and Social Care Partnership and Community Planning met in early October where updates were provided in respect of the Aspiring Communities Fund areas and the engagement activities planned for the HSCP locality plans.
- 2.4 The sub group also met on the 26<sup>th</sup> October and it was suggested that the Community Engagement & Community Capacity Building Network (CECCBN) coordinates engagement from the locality areas to avoid duplication. The CECCBN has a number of partners from the Inverclyde Alliance.
- 2.5 Inverclyde HSCP is currently in the process of developing their second Strategic Plan and with support from Your Voice are engaging with communities in their three proposed localities. Whilst these engagements are primarily to ensure that the public's priorities are considered within the strategic planning process, there is an opportunity to ensure that this engagement exercise is considered within the locality plans.
- 2.6 Once the priority areas for development have been identified these will be brought back to the Programme Board for discussion and to work out where partners can provide support and input.
- 2.7 The Programme Board agreed for the template attached as **appendix two** to be circulated to Alliance Partners to highlight any work undertaken to ensure that a full picture of service delivery in localities is captured. This information can be shared with communities so that they are fully aware of work

being undertaken in their areas, and allow for focus on areas where no activity is taking place. A deadline date for returns was set for Thursday 1<sup>st</sup> November 2018.

### **3.0 RECOMMENDATIONS**

It is recommended that the Alliance Board:

- a. Notes the progress being made on developing the locality plans

**Aubrey Fawcett**  
**Chair of Programme Board**



## **4.0 BACKGROUND**

- 4.1 Inverclyde Community Planning Partnership is required by the Community Empowerment (Scotland) Act 2015 to produce Locality Plans for the areas of Inverclyde experiencing the greatest inequalities.
- 4.2 Inverclyde has committed to developing these plan with communities, co-producing them using asset based community development. Work with communities has been going on via Aspiring Communities funded activity and is being used to inform the Locality Plans for Port Glasgow, Greenock East and Central and Greenock South and South West. This is in addition to the large scale community engagement programme 'Our Place, Our Future' which informed the Inverclyde Outcome Improvement Plan, and the responses from that have been broken down into the localities.
- 4.3 The draft plans containing the data, the feedback from Our Place Our Future and mapping of assets for each local area are attached at appendix one. The plans for Greenock East and Central and Port Glasgow also include information from the Town Centre Charrette processes.
- 4.4 The locality planning subgroup met on the 9<sup>th</sup> and 26<sup>th</sup> October to develop the plans with communities and are currently progressing with additional community engagements through the aspiring communities fund and ensuring that all engagement activity is progressed via the Community Engagement and Community Capacity Building Network.
- 4.5 To inform discussions with communities about issues in their areas, it is important that the partnership gathers information on what activity partners are undertaking, which will address those issues and concerns. The Alliance Board is asked to agree to request that all CPP partners complete the template attached at appendix two, setting out what they are doing in the three localities to address the issues raised during the Our Place, Our Future engagement. The partners will be given the list of issues highlighted in the Draft Locality Plans as well as the template.
- 4.6 To manage the Community Planning Locality planning process three advisory groups will be set up covering the three localities. The draft terms of reference for these advisory groups is attached at appendix three.

## **5.0 PROPOSALS**

- 5.1 It is proposed that the Alliance Board support the development of the Locality Plans via the Aspiring Communities projects. The Alliance Board is also asked to agree that all Alliance Board and Programme Board partners be asked to map what activity they are delivering in the localities which seeks to tackle the issues raised by communities. Finally it is proposed that the Alliance Board support the creation of three advisory groups to oversee the Locality Plans for Port Glasgow, Greenock East and Central and Greenock South and South West.

## **6.0 IMPLICATIONS**

- 6.1 Legal: none at present  
Finance: none at present  
Human Resources: none at present  
Equality and Diversity: Engaging with people who have protected characteristics will be part of the engagement processes.  
Repopulation: Engaging local people in the development of the locality plans and developing plans that will help to make positive differences to areas in Inverclyde will encourage people to remain in the area and could help to attract people from other areas.  
Inequalities: The locality plans will focus on tackling inequalities in the areas experiencing the greatest inequality of outcome.

## **7.0 CONSULTATIONS**

- 7.1 The Locality Planning Sub Group were involved in the work outlined above.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 LOIP Programme Board 9 Feb 2018: Locality Planning Update
- LOIP Programme Board 11 May 2018: Taking Locality Planning Forward in Inverclyde
- LOIP Programme Board 17 August 2018: Locality Planning Update

## Template mapping service delivery in localities

Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?

**Where are we now?** Include in here key themes from community engagement and data analysis for each distinct issue. Include which area the work is focussed in.

**Where do we want to be?** What are the aspirations of the organisation in relation to the issues set out in column 1? It is important to focus on what might be achievable, either by the community or in partnership with organisations.

**How will we get there?** What is the plan for achieving what is set out in column 2? Try to be as practical as possible.

**How will we know we are getting there?** Are there any measures that will show how the actions in column 3 are being achieved? These can be based on data as set out in the strategic needs assessment or from engagement with communities.

**Who is responsible?** Is this something the organisation will do themselves, is this something that will be delivered in partnership or is this something that the community will need to deliver? Responsibility must be agreed with those who will deliver on the actions.



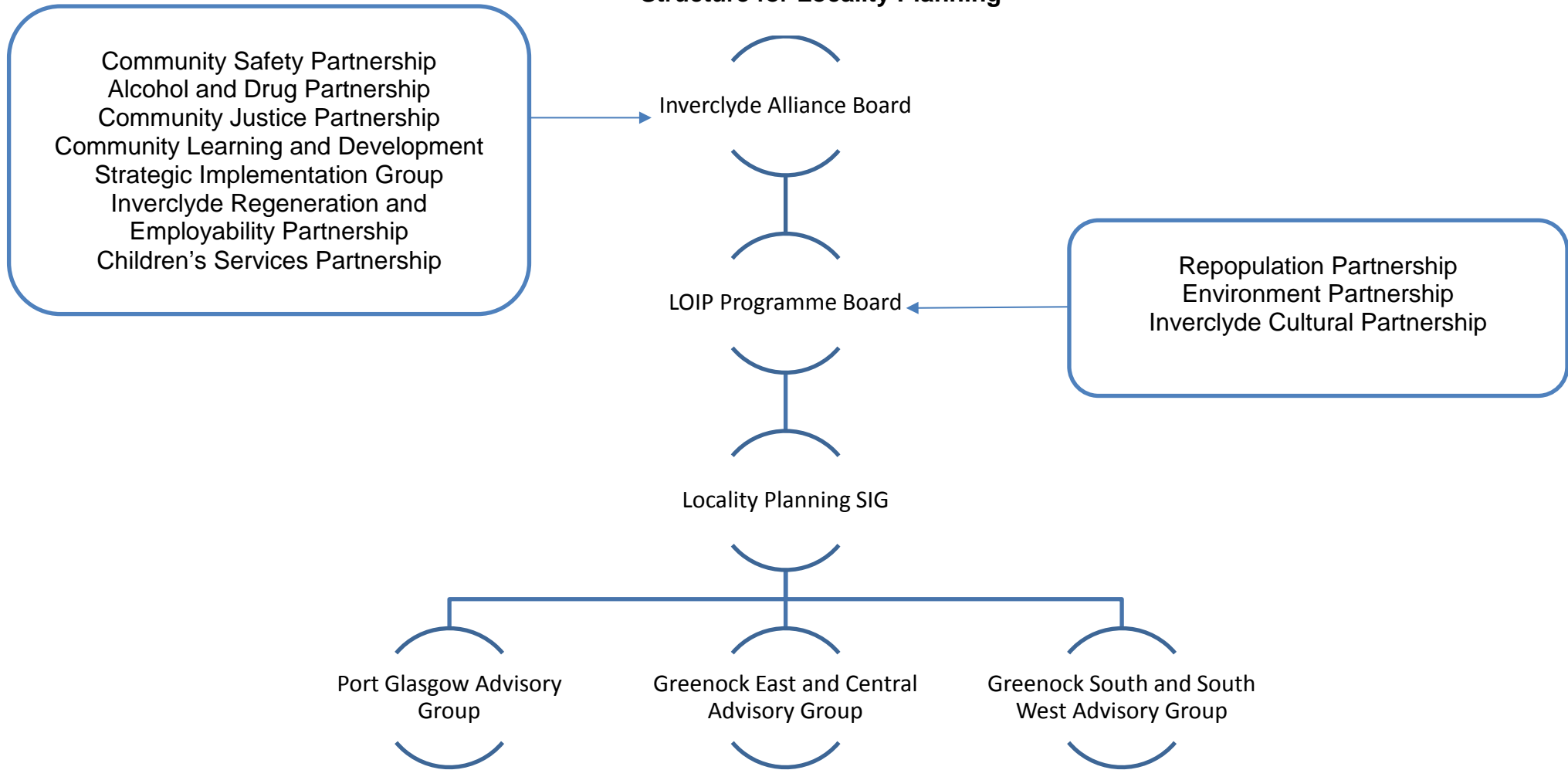
Inverclyde Alliance

<b>TERMS OF REFERENCE</b>	
<b>Name of Group</b>	Locality Planning Advisory Group (There are three groups - Port Glasgow, Greenock East and Central and Greenock South and South West)
<b>Purpose</b>	<p>To engage with communities to develop and progress Place Plans for the locality.</p> <p>To bring Community Planning public sector partners together with Communities to work together to tackle inequalities.</p> <p>To co-ordinate and pull together community engagement processes and feedback.</p> <p>To work with communities to develop solutions to the issues identified by them.</p> <p>To share information across communities and partners.</p> <p>To make best use of and share resources.</p> <p>To work in partnership to tackle inequalities in Inverclyde.</p> <p>To help to avoid duplication.</p> <p>To link with the HSCP locality planning structures and any other locality based approaches to service delivery.</p> <p>Support development of participatory budgeting.</p> <p>To meet any future demand from communities or requirements set out by national or local government.</p>
<b>Membership</b>	<p>Community representatives/local community organisations</p> <p>Chairs of relevant Community Councils?</p> <p>Your Voice</p> <p>Community Learning and Development, Inverclyde</p>

	<p>Council  Branchton Community Centre  CVS Inverclyde  Community Planning, Inverclyde Council  Police Scotland  Community Safety</p> <p>Other CPP partners will be co-opted onto advisory groups as necessary.</p>
<b>Frequency of Meetings</b>	8 weekly
<b>Reporting / monitoring arrangements</b>	The advisory groups will report to the Locality Planning Strategic Implementation Group and the LOIP programme board, which meets quarterly.
<b>Review Arrangements</b>	The groups will be reviewed after a year to ensure they are still fit for purpose and are delivering what is needed for Locality Planning.
<b>Links to Legislation</b>	<p>Community Empowerment (Scotland) Act 2015  Public Bodies (Joint Working) (Scotland) Act 2014</p>
<b>Links to National Strategies</b>	<p>Local Governance Review  Community Planning</p>
<b>Links to other initiatives</b>	<p>Our Place, Our Future  HSCP Locality Planning  Participatory Budgeting  Attainment Challenge  Child Poverty Local Action Plan</p>
<b>Funding</b>	<p>Aspiring Communities Fund Stage 1 – ended March 2018 Greenock East and Central (CVS Inverclyde and Your Voice).</p> <p>Aspiring Communities Fund Stage 2 – 18 month project, all three priority areas of Port Glasgow, Greenock East and Central and Greenock South and South West (Your Voice).</p>

	<p>Aspiring Communities Fund stage 2 - Began in June 2018. This project will work with communities in Greenock South and South West and will focus on identifying and utilising the assets available in the area (Branchton Community Centre).</p> <p>Each grant of funding has particular reporting requirements which the advisory group will help to fulfil.</p>
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## Structure for Locality Planning





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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Louise McVey Corporate Policy, Performance and Partnership Manager</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Gail Baxter Corporate Policy Officer (Poverty)</b>	<b>Contact No:</b>	<b>712746</b>
<b>Subject:</b>	<b>Inverclyde Every Child, Every Chance Poverty Event</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Alliance Board on the Every Child, Every Chance Poverty Event held within Inverclyde on 2 October 2018, to coincide with Challenge Poverty week.

## **2.0 SUMMARY**

- 2.1 The event was the first of its kind locally and was very successful with 103 people attending from various Services, Organisations and the 3<sup>rd</sup> Sector. Of those attending, 26% of participants were from Inverclyde Council (Education Services); 17% from other Services within Inverclyde Council and 15% of participants were from the HSCP. The remainder of participants, 42%, were from the 3<sup>rd</sup> Sector.
- 2.2 Presentations were delivered by Professor Stephen Sinclair, Co-Director of the Scottish Poverty & Inequality Research Unit, Sara Spencer, Cost of the School Day Project Manager and Dr Noreen Shields, NHS Greater Glasgow and Clyde.
- 2.3 Three workshop sessions were held in the morning session with a focus on 'good practice - what is working'. The focus of the afternoon workshop was the development of a Local Action Report for Inverclyde, which requires to be submitted to the Scottish Government in June 2019.
- 2.4 45 evaluations were completed with positive feedback received. Participants were also asked to pledge an action to implement before Christmas that will make a difference to Child Poverty in Inverclyde. The feedback from the evaluation and the pledges made is provided in Appendix 1 for the information of the Programme Board.
- 2.5 The event was a success for Inverclyde, providing participants with the opportunity to gain an insight into the requirements for the Local Action Report, providing networking opportunities with other Agencies/Services and increasing the knowledge and understanding of participants as to what services are available that can support families living in poverty. This work aligns closely with the work being carried out to tackle inequalities, which is one of the strategic priorities in the Inverclyde Outcomes Improvement Plan.
- 2.6 Appendix 2 shows the national income based targets to reduce child poverty by 2030. To inform the development of the Inverclyde Local Action Report, data at a local level will be required from all partners to help show progress towards the achievement of these targets locally.



### **3.0 RECOMMENDATIONS**

It is recommended that the Alliance Board:

- a. Notes the success of the first Every Child, Every Chance event in Inverclyde
- b. Considers the Analysis of Evaluation Report that is provided in Appendix 1.
- c. Notes that all partners will be required to contribute to the development of the Inverclyde Local Action Report.

**Louise McVey**  
**Corporate Policy, Performance and Partnership Manager**

## 4.0 BACKGROUND

- 4.1 The Fairer Scotland Strategy set out a vision to ensure that Scotland is the best place in the world to grow up. To realise this outcome, it is committed to eradicating child poverty. Evidence suggests that poverty can undermine the health, wellbeing and educational attainment of children who experience it. A 2013 study found that child poverty in the UK cost at least £29 billion a year.
- 4.2 The Child Poverty (Scotland) Act was given Royal Assent in December 2017. It sets out four ambitious headline targets for 2030. Scotland is now the only part of the UK with statutory targets to reduce child poverty.

### **The Child Poverty (Scotland) Act 2017**

This legislation sets out a clear agenda for measuring, reporting on and reducing child poverty levels across Scotland. There are a number of statutory requirements which are set out below:

- Four statutory national **income** targets, to be met in the financial year beginning 1 April 2030.
  - Places a duty on local authorities and health boards to report annually on activity taken, as well as, planned action to contribute to the reduction of child poverty by 2030.
  - Four **interim income** targets, to be met by Scottish ministers in the financial year beginning 1 April 2023 and 2026.
  - Places a duty on Scottish ministers to publish child poverty delivery plans in 2018, 2022, and 2026, and to report progress towards meeting the 2030 targets.
  - To report on delivery plans annually.
  - 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.
- 4.3 For ease of reference, Figure 1 at Appendix 2 sets out the following:
- The statutory requirements;
  - The definitions of the four income categories;
  - The Scottish percentage for each category; and
  - The 2030 targets.

## 5.0 INVERCLYDE EVERY CHILD, EVERY CHANCE POVERTY EVENT

- 5.1 As part of national Child Poverty Week, a local event was held with a particular focus on tackling child poverty. The event was very successful with 103 people from various Services, Organisations and the 3<sup>rd</sup> Sector attending. Of those attending, 26% of participants were from Inverclyde Council (Education Services); 17% from other Services within Inverclyde Council and 15% of participants were from the HSCP. The remainder of participants, 42%, were from the 3<sup>rd</sup> Sector.
- 5.2 Presentations were delivered by Professor Stephen Sinclair, Co-Director of the Scottish Poverty & Inequality Research Unit, Sara Spencer, Cost of the School Day Project Manager and Dr Noreen Shields, NHS Greater Glasgow and Clyde.
- 5.3 Participants were given the opportunity to attend 3 'good practice – what is working' workshops at the morning session. Seven workshop, each focussing on a different topic were available:-
- Corporate Parenting
  - Child Refugee Resettlement
  - Health Visiting – Universal Pathway
  - Kinship, Benefits and DLA
  - Holiday Hunger
  - Supporting Families
  - Attainment Challenge

- 5.4 In the afternoon, Professor Stephen Sinclair delivered a presentation on 'Developing Local Child Poverty Action Reports'. Participants were split into 3 groups to discuss how Inverclyde can develop a Local Action Report and what the focus of the report should be. The information from these sessions has been collated by Inverclyde Council's Corporate Policy Officer (Poverty) and will inform the development of the Inverclyde Local Action.
- 5.5 45 evaluations were completed with positive feedback received. Participants were also asked to pledge an action to implement before Christmas that will make a difference to Child Poverty in Inverclyde. The feedback from the evaluation and the pledges made is provided in Appendix 1 for the information of the Alliance Board.
- 5.6 The event was a success for Inverclyde, providing participants with the opportunity to gain an insight into the requirements for the Local Action Report, providing networking opportunities with other Agencies/Services and increasing the knowledge and understanding of participants as to what services are available that can support families living in poverty. This work aligns closely with the work being carried out to tackle inequalities, which is one of the strategic priorities in the Inverclyde Outcomes Improvement Plan.
- 5.7 Appendix 2 shows the national income based targets to reduce child poverty by 2030. It should be noted that there is no data for combined low income and material deprivation or persistent poverty at a local level. To inform the development of the Inverclyde Local Action Report however, work will be carried out with partners to identify what information is currently available to help demonstrate progress towards the achievement of these targets locally.

## **6.0 NATIONAL CHILD POVERTY FORECASTS**

- 6.1 The Alliance Board should be made aware that the Institute for Fiscal Studies (IFS) forecasts that relative child poverty in Scotland will increase to 29% by 2019-2021, and that absolute child poverty will increase to 25%. The Scottish Government guidance states that this projected increase is in part due to the impact of welfare reform.
- 6.2 The Scottish Government has commissioned Landman Economics to produce projections of the four target measures, to give an idea of how they would be likely to behave in the coming years if no further policy and practice changes were made. This is shown in Appendix 3.

## **7.0 IMPLICATIONS**

- 7.1 Legal: The Child Poverty (Scotland) Act places a legal requirement on Councils and NHS Health Boards to produce a Local Child Poverty Action Report.

Finance: There are no financial implications associated with this report at present.

Human Resources: There are no HR implications associated with this report at present.

Equality and Diversity: There are no Equality and Diversity implications associated with this report at present.

Repopulation: A reduction in poverty levels will improve the quality of life for many residents in Inverclyde. Improved satisfaction levels may encourage more young people to stay in the area and may make Inverclyde a more attractive place for those considering moving to the area.

Inequalities: Inequalities and poverty are inextricably linked therefore reducing poverty will have an impact of reducing inequalities in the area.

**8.0 CONSULTATIONS**

8.1 None

**9.0 LIST OF BACKGROUND PAPERS**

9.1 None

## APPENDIX 1

Every Child Every Chance

Poverty Event - 2<sup>nd</sup> October 2018

### **Analysis of Evaluations**

Produced by:  
Gail Baxter  
Policy Officer (Poverty)  
Tel: 01475 712746

[Gail.baxter@inverclyde.gov.uk](mailto:Gail.baxter@inverclyde.gov.uk)

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Expectations of Event	.....	page 4
Speakers clearly set the scene	.....	page 5
Information received met expectations	.....	page 5
Taking ideas back to Service	.....	page 6
Pledges	.....	page 7
What was good about the Event	.....	page 8
Conclusion	.....	page 9
Next Step	.....	page 9

Inverclyde hosted an event during Challenge Poverty week at the Beacon Arts Theatre “Every Child Every Chance”.

### **Overview of the Day**

103 people from various Services (Organisations and 3<sup>rd</sup> Sector) attended the event. Participants included 26% from Inverclyde Council (Education), with 17% from other Services within Inverclyde Council and 15% HSCP.

The event launched with an opening speech from Councillor Jim Clocherty. Professor Stephen Sinclair, Co-Director of the Scottish Poverty & Inequality Research Unit at Glasgow Caledonian University followed with a speech about Challenges and Opportunities.

Sara Spencer, Cost of the School Day Project Manager from Child Poverty Action Group presented a speech about The Cost of the School Day, and Dr Noreen Shields, NHS Greater Glasgow and Clyde, inequalities, gender and health issues delivered a speech around Healthier Wealthier Children.

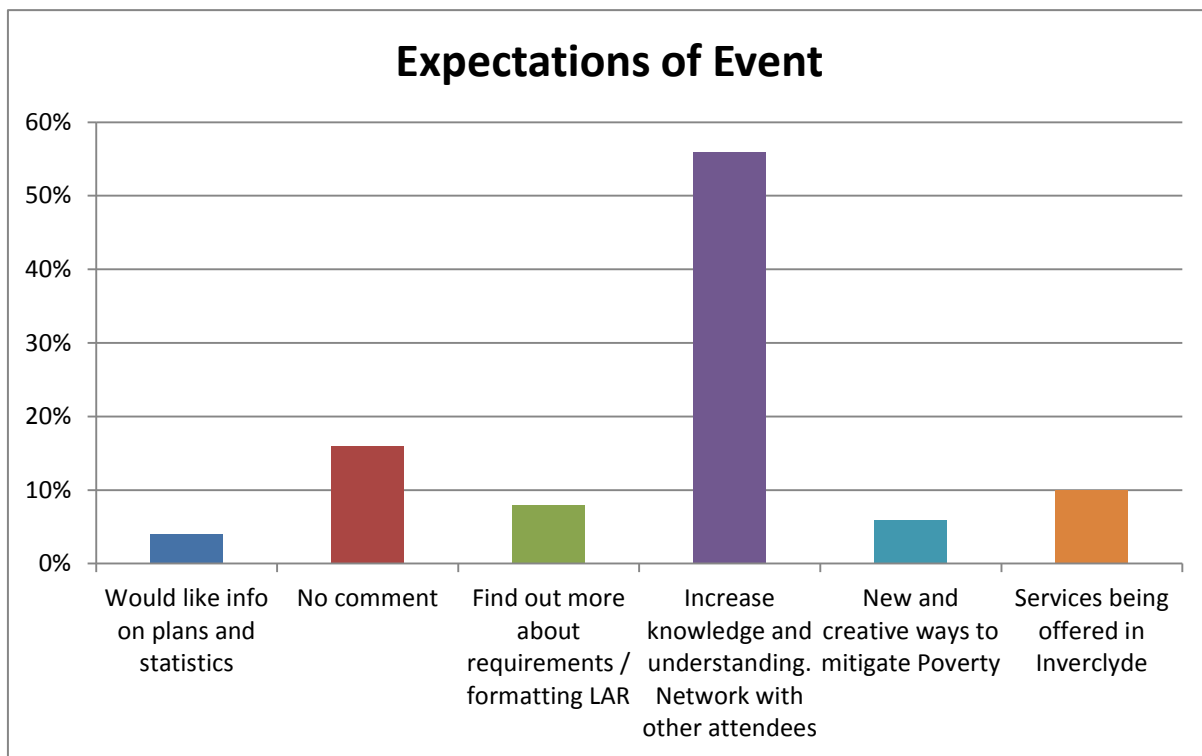
Following the speeches and a short tea break, the attendees split into seven different ‘good practice – what is working’ workshops, attending three each with the workshops lasting approximately 20 minutes:-

- Corporate Parenting
- Child Refugee Resettlement
- Health Visiting – Universal Pathway
- Kinship, Benefits and DLA
- Holiday Hunger
- Supporting Families
- Attainment Challenge

Ruth Binks, Corporate Director, Education, Communities and Organisational Development, welcomed everyone back to the afternoon session and passed over to Professor Stephen Sinclair to outline the requirements for “Developing Local Child Poverty Action Reports”, followed by discussion (in 3 separate groups) on how Inverclyde can develop a Local Action Report.

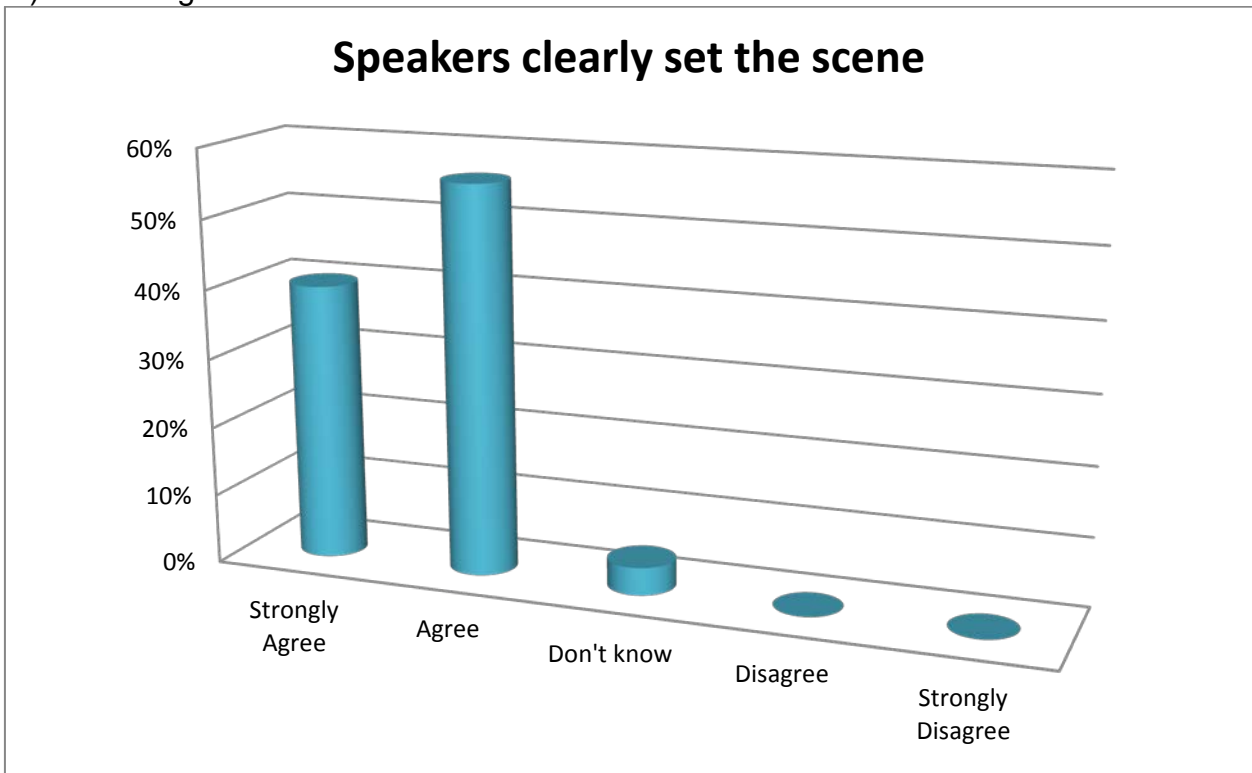
Towards the end of the Event, evaluations were given to the remaining attendees. Analysis from the questions asked are shown on the subsequent pages.

Consolidated results show over half of the respondents (56%) expected to increase their knowledge and understanding and network with other attendees, 10% wished to find out Services being offered within Inverclyde, 8% expected to find out more about requirements/formatting the Local Action Report, 6% hoped to find new and creative ways to mitigate Poverty and 4% wanted more information on plans and statistics.

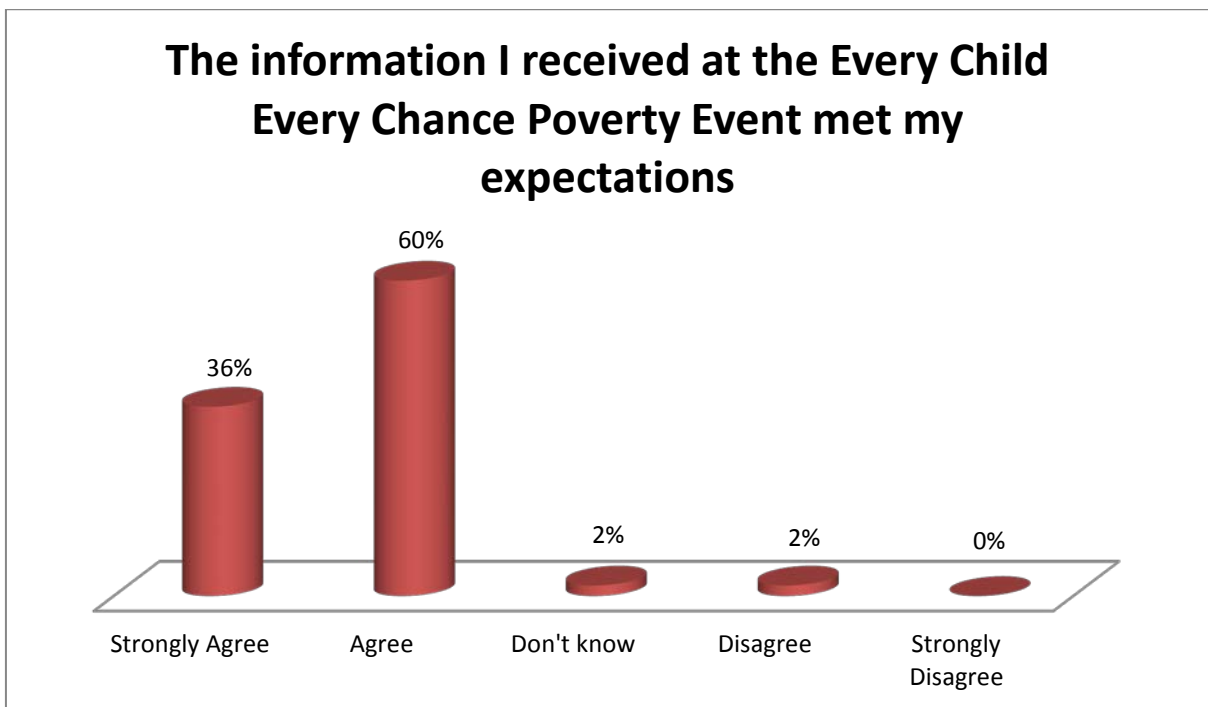




96% of the respondents agreed the speakers clearly set the scene for the Event with 4% (2 people) answering 'don't know'.

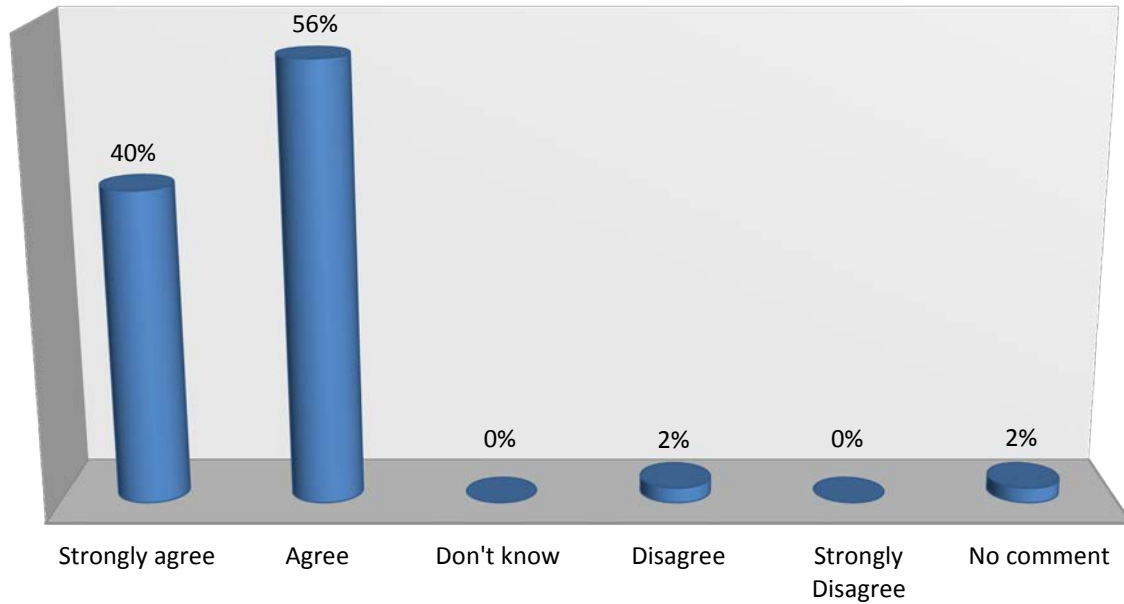


96% of the respondents agreed the information received met their expectations. 1 person didn't know if it met their expectation, and 1 person disagreed.



Encouragingly 96% of respondents will take ideas shared back to their Service to assist in tackling child poverty. 1 respondent disagreed and 1 didn't comment.

**I will take ideas shared at the 'What is working?' workshop back to my services to tackle child poverty and inequalities**



## Pledges by respondents

Align with Children's Rights Work

Contact MP for free travel for care experienced young people

Detail in report to be more than a statutory requirement

Ensure Child Poverty is considered in work going forward (Ch & YP sub group)

Prioritise early phasing - additional hours to families experiencing poverty

Find out more about Service and what it does to support Children

Pursue free Public Transport for Children experiencing poverty

Progress automation of Education Benefits process development

Establish family engagement programme

Remove Stigma

Suggest Poverty awareness training for staff

Volunteer for Foodbank

**All of the above were pledges from 1 respondent each**

Promote Service

Raise awareness and share knowledge

Closer multi agency working

**Pledged by 4 respondents**

**Pledged by 5 respondents**

**Pledged by 5 respondents**

Clearer referral routes and increase referring to Other Services

Discuss ways of reducing cost of school day. Use the toolkit

**Pledged by 7 respondents**

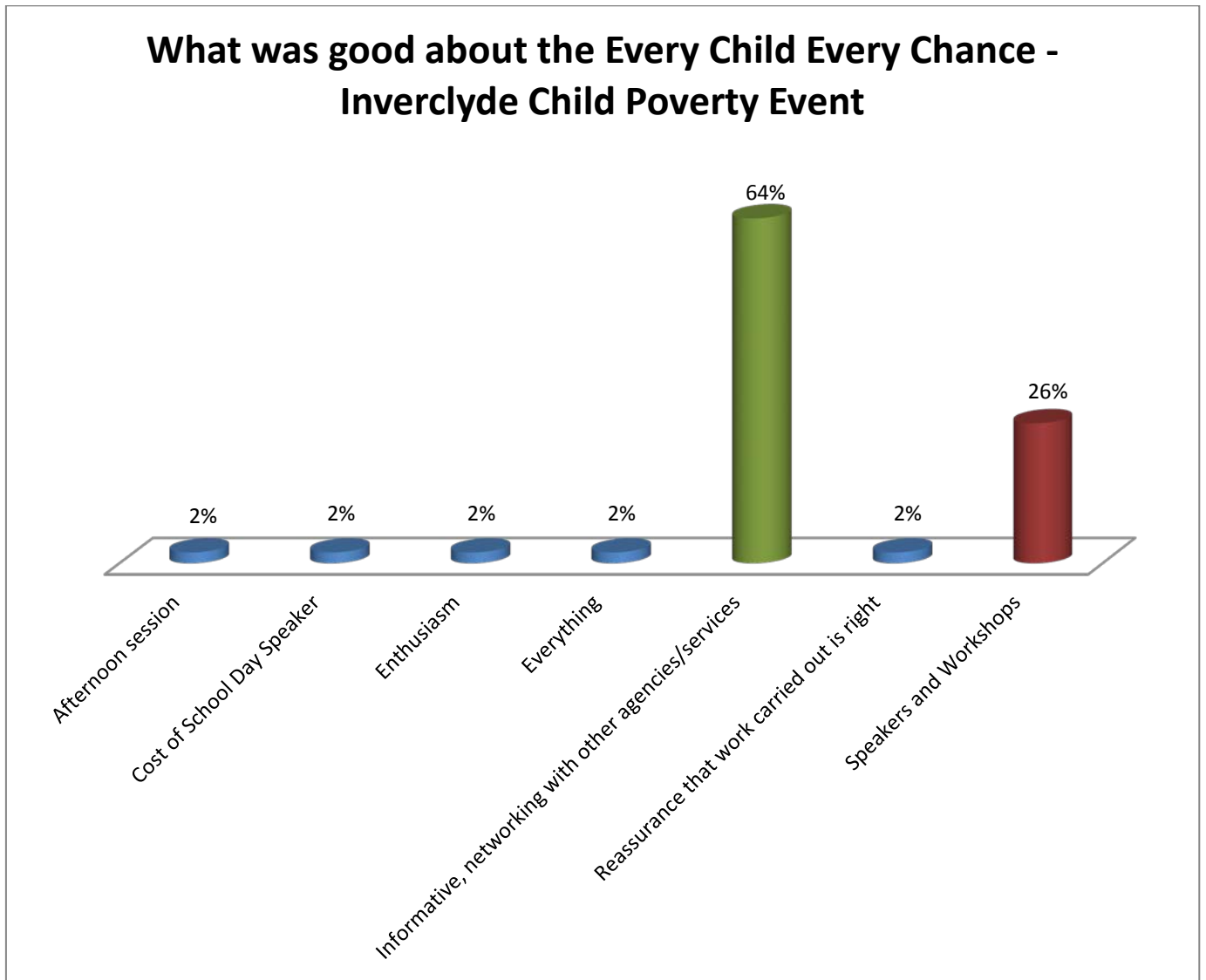
**Pledged by 8 respondents**

Positive comments against this question. Themed results show 64% found the Event informative and felt there was positive networking with other Agencies and Services. 26% specifically mentioned Speakers and Workshops were good.

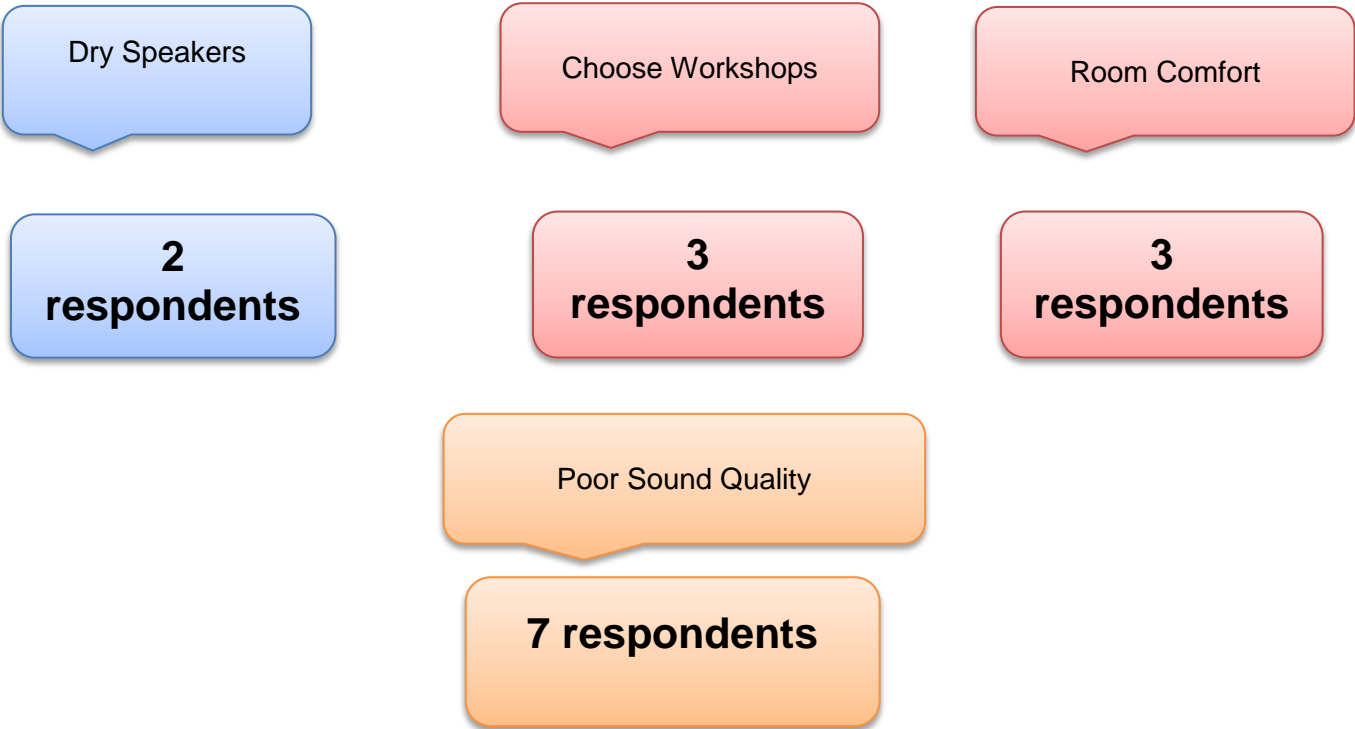
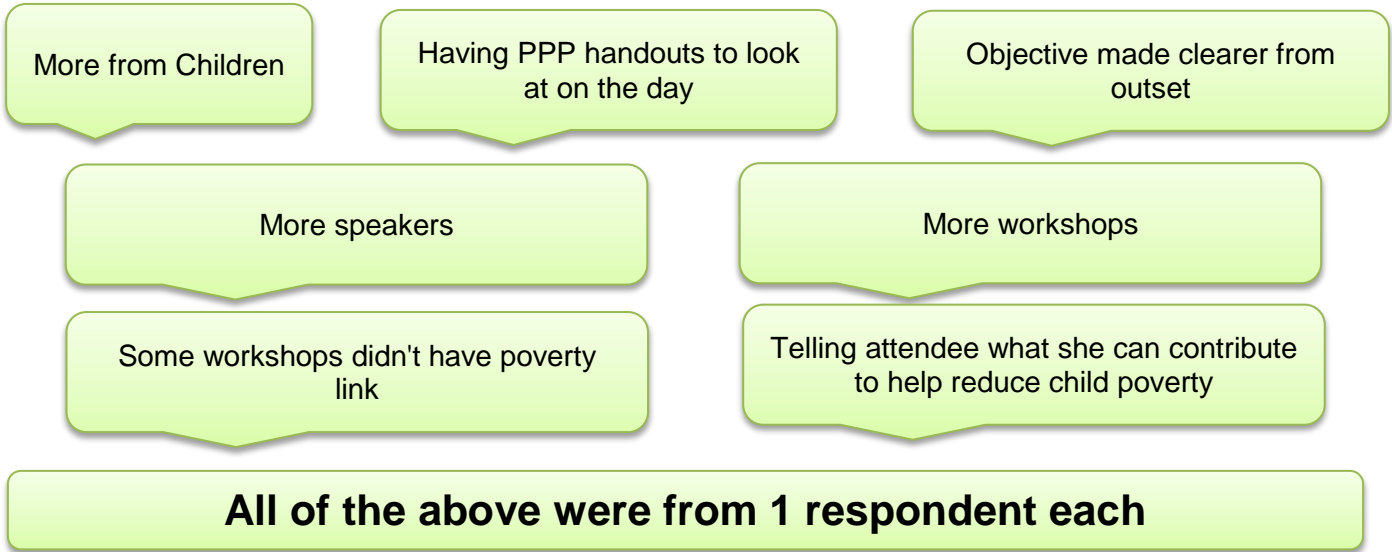
Other positives mentioned about the Event include:-

- Afternoon session
- Cost of School Day Speaker
- Enthusiasm
- Everything
- Reassurance that work carried out is right. \*

\* Whilst work is currently carried out, we know this is not enough to improve / meet the targets.



## What could have been better?



Reassuringly, 26 respondents (more than half) did not comment on what could have been better.

## **Conclusion**

The 'Every Child Every Chance' Event was a success for Inverclyde, with attendees gaining an insight into the requirements for the Local Action Report, gaining more information in relation to Poverty within Inverclyde, networking with other Agencies/Services and increasing their understanding of Services available.

## **Next Step**

Engage with the Services to ensure Pledges are progressed. Meet with Agencies / Services to establish (in relation to tackling Poverty in particular the 3 main drivers – Income from Employment, Costs of Living and Income from Social Security and Benefits in Kind):-

- Their level of awareness (ensure they are aware of the 3 key drivers)
- Identify and assess their existing action plan
- Evidence of continual performance – what is working and lessons learned.
- Action plan for improvements

# Child Poverty Act

# Appendix 2

Contains 4 ambitious income-based targets to reduce child poverty in Scotland by 2030. All are based on the income left to a household after they have paid their rent or mortgage – i.e. After Housing Costs.

## Relative poverty

**This measures poverty relative to the rest of society.**

It is the proportion of children living in households with equivalised incomes below 60% of the median (middle) UK income in the current year.

2030 target level: <10%  
Current level: 26% (260,000 children)



## Absolute poverty

**This measures changes in poverty relative to a point in time**

It is the number of children living in households with equivalised incomes below 60% of the median UK income in a base year – currently 2010/11 - adjusted for inflation.

2030 target level: <5%  
Current level: 24% (230,000 children)



## Combined low income and material deprivation

Measures whether households are able to afford basic necessities

The number of children living in households with equivalised incomes below 70% of the median UK income AND going without certain basic goods and services.

2030 target level: <5%  
Current level: 12% (110,000 children)



## Persistent poverty

**Measures whether people have been living in poverty for a number of years**

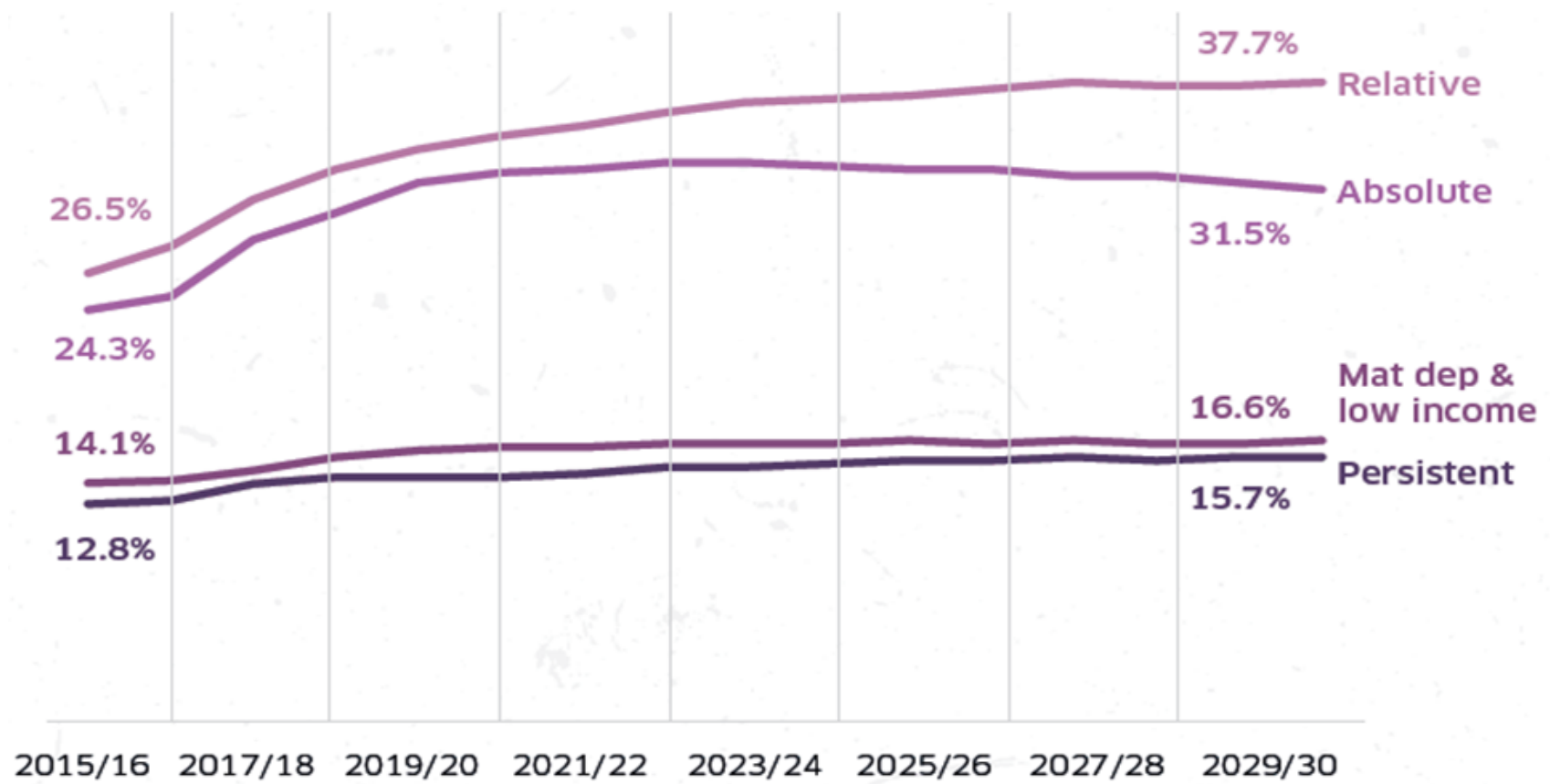
The number of children who have lived in relative poverty in 3 of the last 4 years.

2030 target level: <5%  
Current level: 12%



## Projected Poverty Rates

## Appendix 3



- **Forecasts based on existing UK government policies and no action taken in Scotland**





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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Grant McGovern Head of Inclusive Education, Culture and Communities</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Alana Ward, Service Manager – Culture</b>	<b>Contact No:</b>	<b>01475 712347</b>
<b>Subject:</b>	<b>Inverclyde Cultural Partnership Update November 2018</b>		

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## **1.0 PURPOSE**

1.1 The purpose of this report is to provide the Alliance Board with an update of the work of the Inverclyde Cultural Partnership.

## **2.0 SUMMARY**

2.1 The Community Planning element of the Community Empowerment (Scotland) Act 2015 placed responsibility on Inverclyde Alliance to develop a Local Outcome Improvement Plan (LOIP) which replaced the Single Outcome Agreement 2012-17. Inverclyde's LOIP was formally approved by the Alliance Board at its meeting on 11 December 2017.

2.2 The LOIP priorities are Population, Reducing Inequalities, and Environment, Culture and Heritage. The Inverclyde Cultural Partnership, established in March 2018 is the Delivery Group for the Culture and Heritage priority.

2.3 The Cultural Partnership membership consist of a wide range of partners from the arts, culture and heritage sectors across Inverclyde. Over May to August 2018, the Partnership identified tasks and priorities to take forward which were subsequently published as a detailed Delivery Action Plan that previously been presented to the Alliance Board for approval.

2.4 The work of the Cultural Partnership will take account of national and regional developments impacting on Arts, Culture and Heritage. The recently published Glasgow City Region Tourism Strategy and the forthcoming national Cultural Strategy will also inform the work of the Partnership.

2.5 The partnership will also seek to engage with community groups in the localities with an interest in Culture, Arts and Heritage. The September meeting of the Cultural Partnership was hosted by the Gourock Heritage Hub

2.6 The focus for the Cultural Partnership over the past few months has been the following workstreams:

- The Great Place Scheme: Inverclyde's Heritage Strategy;
- The Inverclyde Heritage Hub, Cathcart Street; and
- The Arts and Creativity Strategy.

As with the development of the Arts and Creativity Strategy, the development of the Heritage Strategy has been commissioned. Applications were received from two organisations with expertise in arts, culture and heritage development work. The outcome of that commissioning process is

attached as Appendix 3 to this report.

Partners have also focussed on current and planned events including:

- Galoshans Festival October 2018;
- World War 1 Commemorations;
- The James Watt Bicentennial; and
- Inverclyde's Heritage Hub: Closure Timeline.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Alliance Board:

- a. Notes the progress made towards the outcomes set out in Inverclyde's Cultural Partnership Delivery Plan;
- b. Notes the timeline for closure of Inverclyde's Heritage Hub, Cathcart Street and the reinstatement of the Watt Complex.

**Grant McGovern**  
**Head of Inclusive Education, Culture and Communities**

## 4.0 BACKGROUND

4.1 The Local Outcome Improvement Plan focusses on the Environment, Culture and Heritage as one of its priorities:

‘Inverclyde’s environment, culture and 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.’

There are two partnerships which support the delivery of this priority; the Environment Partnership and the Inverclyde Cultural Partnership.

4.2 The Inverclyde Cultural Partnership’s first meeting was late March 2018, but prior to this, the Inverclyde Arts and Creativity Strategy was launched on November 2017. The partnership focusses on the arts, culture and heritage element of the priority set out above. Membership of the group is drawn from:

- West College Scotland
- Inverclyde Leisure
- Inverclyde Tourist Group
- Beacon Arts Centre
- RIG Arts
- Riverside Inverclyde
- Inverclyde Community Development Trust
- Inverclyde Health and Social Care Partnership
- Seagull Gallery
- Inverclyde Council
  - Inclusive Education, Culture and Communities
  - Education
  - Corporate Communications

4.3 The group met over May to August 2018 to identify tasks and priorities that were subsequently presented as the Partnership’s Delivery Action Plan. The key areas of activity agreed for the delivery plan are:

- Implementation of the Cultural Partnership: governance, management & reporting
- ICP Communications Strategy
- Self-evaluation
- Equalities impact
- Community engagement
- Arts and Creativity Strategy Action Plan
- Great Place Scheme (including the development of a Heritage Strategy)
- Festivals and events
- Arts, culture and heritage tourism

4.4 A programme of meetings is in place for the partnership until March 2019 and it is planned to have meetings in the three CPP Localities of Inverclyde in buildings or locations that are part of Inverclyde’s heritage. The partnership will also seek to engage with local community groups in CPP localities with an interest in Culture, Arts and Heritage. The partnership will map its work against the ongoing development of locality plans.

4.5 As the Cultural Partnership continues to hold its meetings at venues across Inverclyde and continues to engage with local community groups in the localities with an interest in Culture, Arts and Heritage, this provides an opportunity for partners to discuss ongoing developments and events across Inverclyde including:

- Updates on the Great Place Scheme: including the Heritage Strategy (Appendix 1);

- Updates on the Arts & Creativity Strategy; and
- Dissemination of information on funding opportunities that may be advantageous to members.

The group will also monitor progress towards the identified priorities as outlined in the CP Delivery Plan. Recent priorities have included:

- Final arrangements for the forthcoming Galoshans Festival, October 2018;
- James Watt Bicentenary Celebrations (Appendix 2); and
- First World War Commemorations.

As noted in section 4.3 above, the development of the CP communication strategy is an important element of the delivery action plan and consequently Inverclyde's Corporate Communications team will be the nexus for ensuring that events, including those at locality level, are disseminated across the wider community. The further development of an effective communication strategy will be at the forefront of future discussions with social media and on-line access being significant aspects of that strategy. Advice and support will be sought from Inverclyde Council's IT services.

#### 4.6 **The Gourock Heritage Hub**

The Gourock Heritage Hub kindly hosted the CP meeting on 10 October 2018 and gave members an overview of the ongoing work of the Gourock Heritage and Arts Centre, their structure as a fully constituted registered charity with the aims to build capacity through community engagement, schools, volunteers and Arts and Heritage projects including the George Wylie Garden and work by local artist Alec Galloway (Stained Glass).

Other current projects include:

- Heritage Lottery funding for WW1 commemoration events, e.g. Armistice tea room, St John's Church drama, Cenotaph piper;
- Grants for All awards – digital participation, storytelling drama, Your Voice activities;
- St. Johns Church tower capital renovation bid HLF –accepted for a development phase 2<sup>nd</sup> round for 22<sup>nd</sup> November. GH&AC have developed activity plan with a year-long programme of activity commencing with a launch of Alex Galloway stained glass window;
- Currently working with West College Scotland on projects related to customer care and tourism including workshops on local tours. Working with families and schools stained glass-tying into oral histories and storytelling;
- Application pending for £450, 0000 Match fund Leader and HLF GHF – Digital Films/podcast (RI)

Gourock Heritage and Arts' vision is to expand into another building as need has been identified for a community heritage centre. They continue to look to funding applications for early 2019 while keeping current space for exhibitions and continue to build capacity.

#### 4.7 **Great Place Scheme**

Feedback from the Heritage Lottery Fund has indicated that it would be beneficial at this stage to build more partnership working into programme to deliver and evaluate GPS.

A comprehensive update on the progress the various strands of the Great Place Scheme are outlined in Appendix 1. Elements of note include:

- World Walking: Virtual Watt Walk – schools engagement pilot with Kilmacolm Primary School is now underway. Roll out across all schools in Inverclyde in 2019;
- The appointment of Paul Bristow as Inverclyde's Digital Storyteller;
- The appointment of Rebekkah Smillie as Heritage Modern Apprentice through Inverclyde's

- annual Recruit programme;
- Social media links for the Great Place Scheme are now available, see:  
@GreatPlaceInve2 (Twitter), and Great Place Inverclyde (Facebook).
- Oral History training delivery by University of Strathclyde to GPS volunteers/ Inverclyde Heritage Network (Friends group) and Staff

## Heritage Strategy

The successful bid to develop a Heritage Strategy for Inverclyde was awarded to a collaboration led by Jura Consultants working with Ice-cream Architecture; this has been allocated a fixed price of £20,000 plus £5,000 for printing and publication from the Great Place Scheme Funding.

Further details of the specification and timescales for the development of the strategy are attached as Appendix 3 of this report.

## Arts and Creativity Strategy

As noted previously, the Arts and Creativity Strategy was launched in November 2017. The development of that strategy was, at the time, being led by Inverclyde's Music And Creativity Development Officer. Unfortunately that post is currently vacant resulting in some slippage on the progress to the identified priorities.

To address this, the 0.6FTE post of Creativity Development Officer post has been agreed and will be funded through Creative Scotland. This post will be facilitated by CVS Inverclyde and, once appointed, will help re-focus the A&C Strategy Implementation Group with support from members of the Cultural Partnership

## Heritage Hub: Closure Timeline

While it is acknowledged that the temporary Heritage Hub in Cathcart Street has been very successful in filling the gap left by the closure of the Watt Complex during renovations, the Hub will close in December 2018 to allow the resources and artefacts to be relocated to the refurbished Watt Complex.

A report was submitted to the last meeting of the Education and Communities Committee (30 October) outlining the arrangements for reinstatement of the McLean Museum and Watt Library in the refurbished Watt Complex on Kelly Street (see EDUCOM/102/18/GM/AW). Section 4 of that report outlines in detail the rationale on the timescale required for reinstatement of the Museum.

Timescales for the reinstatement was an item for in-depth discussion at the last meeting of the Cultural partnership. However, members were reassured that access to archives and other resources will still be available to the public and heritage groups over the planned six month reinstatement.

Time Period	Event
21 December 2018	The Heritage Hub closes to the public. Limited library and archive services will be available from Greenock Central Library. Greenock Philosophical Society continue to use Central Library for their 2018-19 lecture schedule.
January 2019- Spring/Summer 2019	Library, archive and museum staff move, unpack, and prepare books, objects and artefacts for re-display or storage as appropriate.
Jan 2019 – ongoing	The <i>Stories Frae the Street</i> project (funded through the Heritage Lottery Fund Great Place

	Scheme) continues; the 2 funded posts of Heritage Outreach Officer and Heritage Apprentice will continue with community-based heritage activities.
Late spring/early summer 2019	The Watt Complex re-opens to the public with a gala launch event. The first major exhibition will be on the theme of James Watt as 2019 is the bicentenary of his death.

Library resources to move to Central Library from January 2019. Wednesday morning volunteers will move to Central Library. Archive resources will still be available by appointment. These are stored off-site and this arrangement has been available throughout Watt Complex closure. The Heritage Outreach Officer, Digital Storyteller and Heritage Apprentice will work with community groups across Inverclyde during closure. Library, archive & museum staff will move to the Watt Complex from January 2019 and begin re-instating. The original decant took six months and the re-instatement is likely to be similar with an expected opening of refurbished Watt Complex in May/June 2019. The re-opening exhibition/thematic will focus on the James Watt Bicentenary.

The following library resources will remain available throughout the Watt Complex reinstatement:

- Ancestry
- British Newspaper Archive
- Watt Complex Collections Online
- Local history books
- Microfilm readers & printer
- Census & parish records
- Post Office directories
- Census indexes
- Births, deaths & marriages index

Volunteers from local heritage groups will be supported by staff members to help raise capacity and identify projects. They can be accommodated through the central library.

## **5.0 PROPOSALS**

5.1 The Cultural Partnership will continue to look for opportunities for collaborative working to support the development of Culture, Arts and Heritage across Inverclyde.

## **6.0 IMPLICATIONS**

6.1 Legal: There are no legal implications from this report.  
 Finance: There are no finance implications from this report.  
 Human Resources: There are no human resources implications from this report.  
 Equality and Diversity: There are no equality and diversity implications from this report.  
 Repopulation: Culture and heritage are useful ways in which to raise the profile of Inverclyde, and can attract people to visit the area.  
 Inequalities: The Cultural Partnership will map its activity to the three Community Planning localities, and will engage with groups in these areas.

## **7.0 CONSULTATIONS**

7.1 No consultations were undertaken to create the report.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 Inverclyde Cultural Partnership Delivery Plan 2018-21

## Heritage Outreach - Great Place Scheme UPDATE

- @GreatPlaceInve2 (Twitter) Great Place Inverclyde (Facebook) up and running.
- Defined marketing materials with logo and all partner Logos will be used for all in-house/ outreach events connected to the project along with HLF materials.
- World Walking re: Virtual Watt Walk – schools engagement pilot with Kilmacolm PS - project underway .Roll out across all schools in Inverclyde in 2019.
- Paul Bristow is in place as Digital Storyteller employed through the Scottish Book Trust from 1<sup>st</sup> October 2018 – Storyboat.
- Heritage MA Rebekkah Smillie is in place has completed her induction and is working on a number of projects.
- Wikimedia Train the Trainer workshop took place on 24<sup>th</sup> September 2018 with SLIC Wikimedian in Residence Delphine Dallison; this will allow workshops/ Editathons to be delivered as part of the Great Place Scheme.
- AN has been in touch with Kay Clark re delivery for the Gourock Heritage Centre
- AN has organised for Oral History Training delivery by University of Strathclyde to GPS volunteers/ Inverclyde Heritage Network (Friends group) and Staff. Dates TBC.
- Heritage Strategy Tender Bid released on 27<sup>th</sup> September – closing date 22<sup>nd</sup> October.
- Outreach event in HH for Doors open day Saturday 8<sup>th</sup> September - What's your story – story café / NLS touring exhibition and Sugaropolis sugar tasting and workshop. Was very successful University of St Andrews to share research to add to our Stories Frae the street 346 people came through the Heritage Hub doors.
- The GPS will provide continued support for the “Sugaropolis” project and future activities and an in-kind contribution: providing the venue for workshop 1 (scheduled for June 2020) for the project *Living Histories of Sugar: Transnationalisms, Performance and Co-Creation*. Research will be shared across projects and this will also tie into the theme for 2020 – Year of Coasts and Waters.
- GPS will also tie in with the researchers on the creation and testing of new interpretive software to go in Heritage Handling boxes for continued outreach
- AN has been liaising with Surge on the community workshops and performance element of Galoshans 2018. Workshops scheduled 11<sup>th</sup> October SW Library – 17<sup>th</sup> October Kings Oak Family Hub.
- HH volunteers Hilary and Liz showcased their Matron, Medicine and Mayhem oral history project in the HH on Saturday 6<sup>th</sup> October - The great place scheme supported them in their project to date and will for future projects.
- AN attended the Great Place Evaluation session in HLF Headquarters in Edinburgh on the 9<sup>th</sup> Oct 2018. Emphasis was on partners being involved in process.

## James Watt 2018

### James Watt Steering Group

Thu 2<sup>nd</sup> Oct 3pm

Present; Alison Nolan, Val Boa, Susan Rose, Paul Bristow, Eleanor Robertson and Jane McAllister

Apologies; Karen Orr, Bill Clements and Sean Paul O'Hare

The group set out to create timeline of activity that will mark the James Watt Bicentenary, on 24<sup>th</sup> Aug.

#### Current Planned Activities:

- |         |   |
|---------|---|
| Jan     | 19 <sup>th</sup> Jan is his birthday and this could be marked with projection, images on to Cowan's Corner  |
| Feb/Mar | 'When art tells a tale' is a creative arts, steampunk project being rolled out through some schools. This is scheduled from 4 <sup>th</sup> Feb until 29 <sup>th</sup> April and will potentially create a showcase of work that can be shown at a later date, possibly Aug to tie in with other activities. A space for the work may need to be found. |
| Apr-Jun | Term time activities for a schools & McLean Museum collaboration using Lego. Building Watt's work shop etc., along with animation work with Paul Bristow. This is to appeal to younger children.  |
| Aug     | Official opening of the James Watt Institution has yet to be confirmed however activity is planned to celebrate James Watt at this time specifically with an exhibition of material, artefacts and displays. Workshops for children and possible showcase linked to earlier work in the schools.  |
| Sep     | It has been suggested that we bring Doors Open Days forward to 1 <sup>st</sup> weekend of Sept in order to add to the end of Aug commemorations. This would include Watt themed walks and tours from ITG. The tour has already been created however possible period costume etc. has been suggested.  |
| Nov     | James Watt themed fireworks??   |

#### Throughout the year:

World walking/Watt Walk is under way as a pilot in Kilmacolm Primary and all going to plan it can be rolled out across all schools for 2019. This can be used by the schools to be educational and introduce children to the story of James Watt.

Val Boa has contributed to a book that will be published, likely early 2019; there is no date as yet. The book launch will be in Birmingham so we have suggested a smaller local launch with a key speaker.

The group's thoughts are to have something more visual in Greenock, throughout the town. Possibly posters, billboards, artwork celebrating his birth place. This element would require additional funding and needs to be explored.

There is a company called the Steampunk Emporium who put on interactive shows etc. They were in Glasgow Comic Con earlier this year. 'They'll have some exhibition pieces to inspire you into making your own Steampunk art works. They will have some costume displays too. Their "STEAMWARS" pieces will also be on show. They will have the friendliest Steampunk Ambassadors to answer all your questions. What is Steampunk? How do I join in the fun? What should I wear? They'll have some steampunk goodies you can buy to start your Steampunk Outfits too. Steampunk is a multi-genre sub-culture which everyone can join



in with. Highlights include Tea, Cake, Gin, Music and Books; making things and Being Splendid.

Potential for a show like this would be an idea for August.

Other suggestions:

Tie in the new graphic for the Watt Institute with a graphic that can be used throughout the year, across all events, to tie them together. There is an appetite for merchandise at the museum etc. Possible bulb graphic.

Try to highlight locations and places named after him – James Watt dock, James Watt building, there is a location at the Cut that he is linked to etc

Possibly asking the Waverley to dock in Greenock for the day and provide tours of their steam engine.

Potential to include Inverclyde's model railway club to display their model steam engines.

I have also been asked to request that grounds keep the family grave clean throughout the year as there will be visitors. Possibly a short memorial service in the cemetery.

Jane McAllister has a cemetery walk with voice recordings of James Watt which can be played however this requires some funding to set up.

## Great Place Inverclyde

### Update on the allocation of funding to commission the Heritage Strategy

Jura Consultants is one of the UK's leading management consultancies specialising in the cultural heritage sector. Icecream Architecture is a team of community-led facilitators, environmental artists, graphic designers, architects, software developers and strategic thinkers. Both consultancies also bring specific experience working in Inverclyde. Their proposed methodology is informed by this experience and expertise with Jura Consultants adopting the role as study lead and coordinator, with input from Icecream Architecture across all study phases but particularly drawing from their understanding of the Inverclyde socio-economic context at the familiarisation stage and applying their creative expertise in 'action research' and the Research and Analysis stage.

#### Methodology Phase 1: Initiation

The inception meeting is scheduled for Thursday 29 November 2018 and this is an opportunity for the client team to meet the study team, to discuss the proposed methodology, agree key milestones and communication structures. A consultation strategy would be prepared and issued by the study team after the meeting.

#### Phase 2: Familiarisation

The familiarisation stage is where the study team will understand and assess Inverclyde's heritage assets (tangible and intangible) and related programmes/services. Research will be primarily desk-based at this stage, building on the study team's knowledge from previous commissions in the area. The methodology and findings from the familiarisation stage will be summarised in a progress report.

#### Phase 3: Research and Analysis

A comparator analysis will consider examples of the projects and initiatives delivered as a result of other area-based heritage strategies and/or examples where particular attractions function as the hub in a network of associated attractions/services.

Through the familiarisation stage the team will engage with Council committees and stakeholder groups and the public. Both tangible and intangible heritage will be explored. Results from the comparator analysis and consultation will help the team to refine the asset map and value matrix developed in phase 1. Key findings from both phases will be summarised in a progress report.

#### Phase 4: Consolidation

The consolidation phase is where they bring all findings together and consider the implications for Inverclyde on both a strategic level and an individual asset level. Results from phases 2, 3 and 4 would be presented as an **Interim Report** which will be designed for public consumption.

The results from phases 2, 3 and 4 will form the background and rationale for the Heritage Strategy. The recommendations will be determined in phase 5. This will set the framework for the implementation strategy, a ten year plan detailing specific actions grouped in to short, medium and long term deliverables working towards specified goals at each stage. The strategy will feature a description of the action, headline cost estimate, timetable for delivery, ownership with associated partner input and a summary of the impact. The draft report would be issued in advance of a workshop with the Inverclyde Cultural Partnership, with a particular focus on the phase 5 deliverables. Feedback from the workshop would inform the content as well as presentation of the final report. ***A final presentation to Inverclyde Council representatives would conclude the study, accepting that final tweaks may be necessitated through the feedback shared.***

## Timeframes

The proposed study timetable runs from w/c 12 November 2018 to the end of 12 May 2019. This six month duration is largely determined by the consultation strand, where timing is key to maximising participation, particularly amongst the general public. They have scheduled two progress reports, the first in advance of the Christmas break, and the second in February after the consultation is complete, feedback from both being reflected in the Interim Report, scheduled for the beginning of March. Full study timetable is presented at Appendix A.

Appendix A: Proposed Programme of Work

INVERCLYDE HERITAGE STRATEGY - STUDY TIMETABLE																									
	November				December					January				February				March				April			
	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c	w/c
	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	4	11	18	25	1	8	15	22
Initiation																									
Inception Meeting																									
<b>Familiarisation</b>																									
Asset Mapping																									
Strategic Context																									
Progress Report																									
<b>Research and Analysis</b>																									
Comparator Analysis																									
Consultation																									
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Implementation Strategy																									
Draft Report																									
Client Workshop																									
Final Report																									
Client Presentation																									



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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b>	<b>10 December 2018</b>
<b>Report By:</b>	<b>Bruce Kiloh, Head of Policy &amp; Planning, SPT</b>	<b>Report No:</b>	
<b>Contact Officer:</b>	<b>Allan Comrie, Senior Transport Planner, SPT</b>	<b>Contact No:</b>	
<b>Subject:</b>	<b>Inverclyde Transport Outcomes Report 2018/19</b>		

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## **1.0 PURPOSE**

1.1 This report will:

- Inform the Inverclyde Alliance Board of the preparation by SPT of the Inverclyde Transport Outcome Report (TOR);
- Highlight the connection between SPT activities and local outcomes from the Local Outcome Improvement Plan (LOIP); and
- Highlight the focus given within the TOR to the services and benefits that SPT has delivered in 2017/18 together with details of the SPT – Inverclyde joint work streams for 2018/19.

## **2.0 SUMMARY**

2.1 The TOR summarises the SPT activities and investments delivered in 2017/18 that benefitted Inverclyde residents.

2.2 The TOR provides detailed information on the agreed SPT – Inverclyde joint work streams for 2018/19.

2.3 The TOR highlights the role of transport in achieving positive outcomes at the local level by noting the supporting relationship between the joint work streams agreed between SPT and Inverclyde and the local outcomes set out in the LOIP.

## **3.0 RECOMMENDATIONS**

It is recommended that the Alliance Board:

- a. Notes the contents of the report.

**Bruce Kiloh**  
**Head of Policy & Planning, SPT**

## **4.0 BACKGROUND**

- 4.1 SPT has prepared a TOR for Inverclyde annually since 2008 as a means of demonstrating our commitment and contribution as a Community Planning partner through the delivery of key services, projects and initiatives.
- 4.2 The TOR is directly linked to the SPT Regional Transport Strategy (RTS) Delivery Plan 2018 – 2019 and is the local monitoring and planning element of SPT's suite of strategic plans.
- 4.3 SPT officers worked with Inverclyde Council colleagues to agree the key areas for Partnership working for 2018/19.
- 4.4 The TOR summarises our commitment and contribution as a Community Planning Partner by detailing the links between the joint work streams and Inverclyde's local outcomes from the LOIP.

## **5.0 PROPOSALS**

- 5.1 SPT is providing grant funding of £1.6 million to Inverclyde Council in 2018/19. This funding supports the following projects:
- Bus infrastructure at Regent Street and Lunderston Bay/A770;
  - Bridge widening at Lilybank Road to improve safer access to schools and active travel;
  - Road realignment at Baker's Brae to support the regeneration strategy for the area;
  - Junction improvements at Gibshill Road; and
  - Develop and deliver actions in support of the Port Glasgow Masterplan and Greenock town centre regeneration strategy.

## **6.0 LOCAL OUTCOMES FOR INVERCLYDE**

The TOR summarises the role of transport in achieving local outcomes with the following benefits highlighted:

- High quality public transport services and active travel can improve access to town centres, reduce car-dominated environments and promote centres as places in which to live, visit and invest.
- Reliable and accessible transport services and high quality travel information support residents getting to work, training or education.
- Good access to employment, training and learning and employment services supports improved learning and employability outcomes.
- Good access for children and families to education & learning, healthcare, shops with fresh foods, and a range of opportunities to socialise and be active supports improved health and learning.
- Good access to healthcare facilities and services, leisure and shopping opportunities, social networks and opportunities to interact with communities supports healthier and independent communities.
- Increasing walking and cycling can improve health outcomes for children and families and support mental health and well-being.
- Improving walking & cycling infrastructure can also improve opportunities to incorporate regular physical activity into everyday life.
- Improving strategic connectivity across Inverclyde and other areas can increase the range

of employment opportunities for residents and promote the area as an attractive place to visit, invest and grow.

- Improving road safety supports increased community interaction within more attractive, walkable environments.

## **7.0 IMPLICATIONS**

7.1 Legal: None

Finance: None

Human Resources: None

Equality and Diversity: Providing responsive, accessible and affordable public transport helps keep people across the range of protected characteristics connected to the people, jobs and services they rely on.

Repopulation: High quality public transport services and active travel can improve access to town centres, reduce car-dominated environments and promote centres as places to live, visit and invest.

Inequalities: Effective public transport and active travel solutions tackle inequalities by promoting improved health and providing opportunities for employment, training and learning

## **8.0 CONSULTATIONS**

8.1 N/A.

## **9.0 LIST OF BACKGROUND PAPERS**

9.1 Inverclyde Transport Outcomes Report 2018/19.



**Strathclyde Partnership for Transport**

## Transport Outcomes Report for Inverclyde

2018 update on our services and investment in your area

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## 1 Summary

This report provides a summary of transport services and projects provided or supported by SPT in Inverclyde in 2017/18 (section 2) and the current service and investment plans for 2018/19 (section 3). Section 2 is aligned to the relevant Regional Transport Strategy strategic outcomes - Attractive Seamless Reliable Travel, Access for All, Reduced Emission and Improved Connectivity - and includes the high level monitoring indicator for each strategic outcome.

### *Key figures*

- £450,000 capital investment in Inverclyde transport projects in 2017/18 including:
  - Improvements to bus access in Branchton
  - Feasibility and design for improvements at Lilybank Road & Gibshill Road
  - Design for new bus infrastructure at Lunderston Bay
  - Initial phase of works for the realignment of Baker's Brae
- £1.6 million planned capital investment in Inverclyde transport projects in 2018/19 including:
  - Bus infrastructure at Regent Street and Lunderston Bay/A770
  - Bridge widening at Lilybank Road to improve safer access to schools and active travel
  - Road realignment at Baker's Brae to support the regeneration strategy for the area
  - Junction improvements at Gibshill Road
  - Develop and deliver actions in support of the Port Glasgow Masterplan and Greenock town centre regeneration strategy
- 6 local bus services supported by SPT in Inverclyde including services to Inverclyde Royal and rural communities
- 22,000 MyBus journeys made by Inverclyde residents
- 2,300 Inverclyde pupils transported to school every school day on transport services arranged by SPT
- 1,800 National Entitlement Cards processed by SPT for Inverclyde residents who have a disability

## 2 Outputs and performance for 2017/18

### 2.1 Achieving Attractive Seamless Reliable Travel

SPT and Inverclyde Council (IC) work together to deliver improved bus infrastructure, bus priority and routes to public transport hubs for improved safety, quality, access, journey reliability and comfort for passengers. In 2017/18, SPT continued to maintain and improve bus stops, passenger shelters and information cases throughout Inverclyde and IC delivered improvements to bus infrastructure including at Branchton, Greenock and progressed the A770 / Lunderston Bay project which will provide bus lay-bys and shelters. The project will support tourism and access to employment at Cardwell Garden Centre.

SPT continued to administer the SPT ZoneCard in 2017/18 on behalf of participating rail, Subway and bus operators, enabling Inverclyde residents to save money when making multi-modal / multi-operator journeys. SPT continues to work with Transport Scotland and public transport operators to deliver further improvements to smart and integrated ticketing.

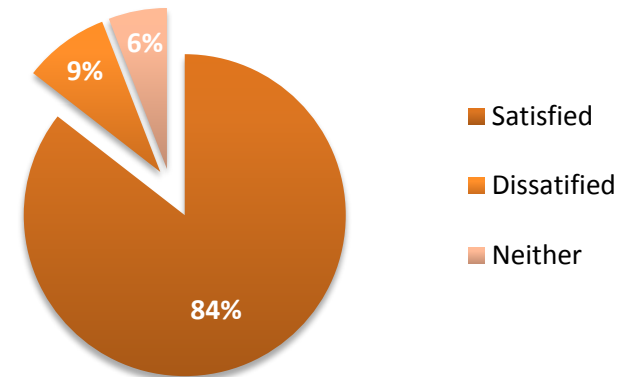
#### Bus stops & shelters maintenance

- 570 bus stops
- 200 bus shelters
- 800 information cases

#### Bus compliance

- 9 incidents/reports
- 788 vehicle checks
- 20 days of monitoring

**Inverclyde residents aged 16+:-  
Satisfaction with public transport**



Figures from Transport and Travel in Scotland - Local Area Analysis, 2016. Transport Scotland.

**Key Indicator:** The key indicator for this outcome is adult residents' level of satisfaction with local public transport services. More than eight in every 10 Inverclyde residents (84%) are satisfied with their local public transport services, with one-quarter (25%) very satisfied. About one in every 10 residents (9%) is dissatisfied and a small percentage (6%) of residents are neither satisfied nor dissatisfied. A higher proportion of Inverclyde residents are satisfied with local public transport compared to the SPT area as a whole (84% for Inverclyde compared to 74% for SPT area).

## 2.2 Achieving Access for All

SPT supports a range of transport services to improve access for Inverclyde residents and communities. In 2017/18, SPT supported socially necessary local bus services for Inverclyde communities with limited commercial bus services, helped older people and people with disabilities living in Inverclyde to make 22,000 journeys on MyBus services and arranged school day transport services for c. 2,300 children living in Inverclyde.

In 2017/18 SPT's Travel Card Unit helped ensure that 1,800 Inverclyde residents who have a disability benefited from the national concessionary fare scheme on local bus services. SPT also continued to administer the Strathclyde Concessionary Fare Scheme on behalf of Inverclyde City Council, which offers reduced fares on rail and Subway services to c. 22,000 eligible Inverclyde residents. Additionally, SPT provided capital funding to Inverclyde Council to develop options for improving access to Port Glasgow rail station.

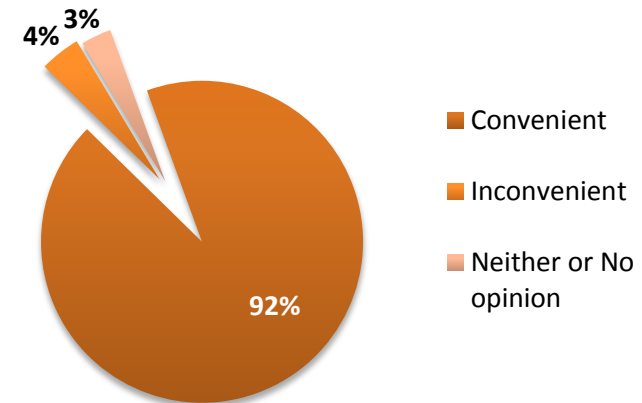
### School Transport monitoring:

- 56 schools visited by inspectors
- 138 schools contract checks
- 43 vehicle quality assurance audits

### 2 travel points

maintained at libraries in Port Glasgow and Gourock.

**Inverclyde residents aged 16+:  
Convenience of public transport**



Figures from Transport and Travel in Scotland - Local Area Analysis, 2016. Transport Scotland.

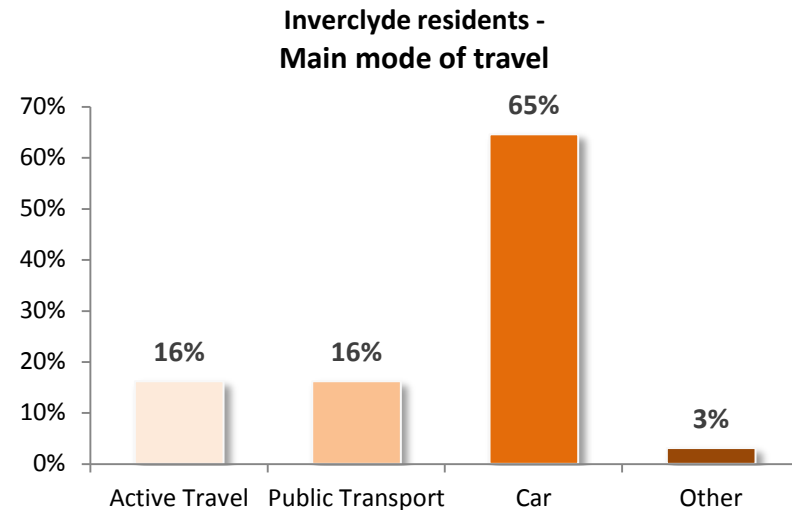
**Key Indicator:** The key indicator for this outcome is residents' opinions of the convenience of public transport in their local area. About nine in every 10 Inverclyde adult residents (92%) feel that local public transport is convenient, with more than half (55%) feeling that it is *very* convenient. The proportion of Inverclyde residents that feel public transport is inconvenient (4%) is smaller than the proportion for the whole of the SPT area (8%).

### 2.3 Achieving Reduced Emissions

Inverclyde Council and partners are progressing regeneration and place making projects in Greenock and Port Glasgow, with SPT providing funding to support the development of projects that improve traffic management and accessibility, especially for people walking and cycling, within the town centres and between transport hubs and key destinations. This will help to create high quality places that encourage sustainable travel behaviours and support the achievement of economic regeneration objectives including improving the attractiveness of the centres as areas for investment.

SPT continues to support the regional car sharing scheme, SPT JourneyShare, which had 6,200 active members in 2017/18 - a 3% increase on the previous year.

Inverclyde Council is developing a new Cycling Action Plan and SPT will support the delivery of the Strategy in future years through the capital programme as projects are brought forward.



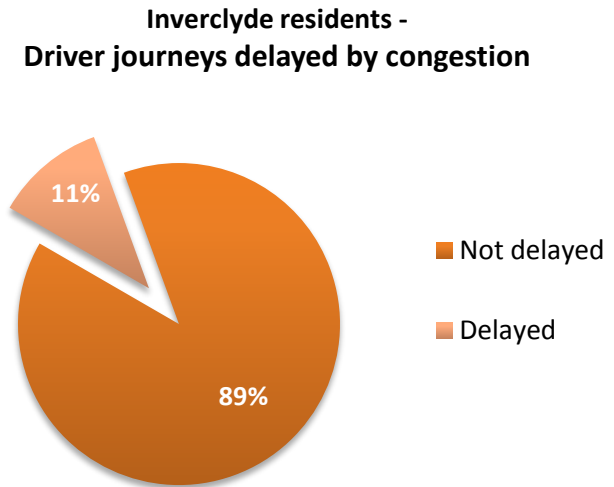
Figures from Transport and Travel in Scotland - Local Area Analysis, 2016. Transport Scotland.

**Key Indicator:** The key indicator for this outcome is the main mode of travel (by distance) used for all journeys. Around two in every three journeys made by Inverclyde residents (65%) used a car / van as the main mode either as a driver or passenger, whereas around one in every three journeys (32%) were made by walking or cycling or bus, rail, or Subway. For this indicator, Inverclyde is similar to the whole of the SPT area, although walking and cycling is slightly lower than the SPT area as a whole and car and public transport is slightly higher than SPT area as a whole.

## 2.4 Achieving Improved Connectivity

SPT provided project development funding for a number of roads projects being delivered by Inverclyde Council including bridge widening at Lilybank Road / Glen Avenue in Port Glasgow to improve safety for pedestrians including children walking to school in the area. Also re-alignment of Baker's Street / Drumfrochar Road to improve connectivity and support redevelopment of the Kelburn Business Park and housing developments on Drumfrochar Road, and junction improvements at Gibshill Road / Weir Street to improve access for larger vehicles including buses.

SPT supported the site selection process for the New Greenock health and care centre including providing outputs from an analysis of accessibility issues and highlighted potential measures that could improve transport accessibility for patients to the now consented centre on the former Wellington Academy site at Wellington Street. SPT will continue to work with IC, the NHS and local bus operators to consider options to enhance access to the site in advance of the new opening of the centre.



Figures from Transport and Travel in Scotland - Local Area Analysis, 2016. Transport Scotland.

**Key Indicator:** The key indicator for this outcome is the percentage of driver (car or van) journeys that were perceived [by the driver] to be delayed by congestion. Around one in every 9 driver journeys (11%) were delayed due to congestion. This is a slightly lower proportion than the whole of the SPT area with about one in every 7 driver journeys (14%) delayed due to congestion.

## 3 The Year Ahead

### 3.1 Policy and Strategy

#### **The new Regional Transport Strategy**

SPT and partners have begun development of a new RTS to be in place by 2021. The process to develop the new RTS will include engagement with Inverclyde residents, partners and stakeholders to ensure that the new Strategy has an up-to-date evidence base of transport-related issues and opportunities for Inverclyde and supports improved local outcomes. SPT will work with Inverclyde Council to integrate the local transport strategy and Glasgow City Region City Deal objectives into the new RTS.

#### **Accessibility Analysis**

In the year ahead, SPT will undertake accessibility analysis for Inverclyde. Accessibility analysis is used to help understand the relative journey times needed in order to enable people to access various trip attractors and opportunities e.g employment, education, healthcare, leisure, retail and town centres. Journey time analysis can be undertaken for individual mode including car, bus, rail, and walking and cycling. Pertinent issues and outcomes identified in the LOIP and Locality Plans will be incorporated into the analysis as far as practical. The initial reports from this exercise will support engagement with partners and communities on the transport issues and challenges they face when connecting to services and other opportunities. This will assist SPT and partners to develop actions for the new RTS, Locality Plans, Local Transport Strategies and/or other strategies as appropriate.

#### **National Transport Strategy**

SPT will continue to promote the needs and aspirations of west of Scotland communities throughout the development of the new National Transport Strategy and new legislation for planning and transport. For example, SPT represents Scotland's seven Regional Transport Partnerships at the NTS Greener and Healthier Working Group and has put forward policy proposals to improve travel information, local air quality and accessibility.

## **Planning**

SPT will continue to work with Inverclyde Council and developers to ensure that sustainable transport measures are embedded in the delivery of new development. We will also continue to work with all relevant organisations to reinforce the importance of the integration of transport and land use planning and the promotion of sustainable transport solutions for future development to support the delivery of successful places.

### **3.2 Capital Projects**

SPT is providing grant funding of £1,600,000 to Inverclyde Council in 2018/19 to improve bus infrastructure at Regent Street and Lunderston Bay/A770, deliver bridge widening at Lilybank Road to improve safer access to schools and active travel, deliver road realignment at Baker's Brae to support the regeneration strategy for the area, to deliver junction improvements at Gibshill Road and develop and deliver actions in support of the Port Glasgow Masterplan and Greenock town centre regeneration strategy.

### **3.3 Transport Services & Infrastructure**

SPT will continue to provide, support, administer, maintain and/or monitor a range of transport services and infrastructure for the Inverclyde area including bus stops, shelters and real time passenger information, bus service compliance monitoring, supported local bus services, MyBus services, schools transport, travel information, ZoneCard, JourneyShare, National Entitlement Card and Strathclyde Concessionary Travel Scheme.

## Appendix A Policy Context

SPT is a statutory Community Planning partner and works with Inverclyde Council and other partners to achieve improved outcomes for residents and communities in Inverclyde. The Community Empowerment Act (2015) requires CPPs to have a shared Local Outcome Improvement Plan (LOIP) that sets out how outcomes will be improved and inequalities reduced in the local area. This section describes the linkages between the Regional Transport Strategy (RTS) framework and the Inverclyde Alliance’s LOIP and the direct and indirect roles that transport can play in achieving a more equal and improved quality of life for all residents, vibrant and healthy communities, and a more inclusive and sustainable economy.

### The Regional Transport Strategy - Strategic Priorities and Outcomes

*A Catalyst for Change: The Regional Transport Strategy for the west of Scotland* was approved in 2008 with a vision of a world class sustainable transport system that supports an improved quality of life for all. The RTS has 8 strategic priorities for improvements to transport which seek to achieve the Strategy’s four key outcomes for residents, visitors and business in the SPT area - Attractive, Seamless Reliable Travel, Access for All, Reduced Emissions and Improved Connectivity.

**Table A-1: Regional Transport Strategy priorities and outcomes**

RTS Strategic Priority	RTS Outcome
Planning and providing a ‘step change’ for bus	<b>Attractive, Seamless Reliable Travel</b> - a modernised, integrated public transport network with high quality, fast and reliable services is essential to keeping and attracting new passengers and ensuring those dependent upon public transport have a range of good quality travel options, whilst also promoting the region as a desirable place to invest, live, work and visit.
Modernising the Subway	
Improving the customer experience	
Improving access to services and facilities	<b>Access for All</b> - a transport network that enables everyone to undertake the activities that form our everyday lives. Tackling accessibility barriers is essential to improving quality of life and furthering social inclusion objectives by helping people get to the places they want and need to travel.
Promoting equality of access to the transport network	



Encouraging more sustainable travel	<b>Reduced Emissions</b> - a healthier population and environment achieved through an improved range and choice of sustainable travel options to encourage individuals to make more trips by walking, cycling and public transport and through supporting cleaner technologies and fuels
Delivering an integrated, optimal strategic transport network	<b>Improved Connectivity</b> - an efficient transport network with reliable journey times and integrated effectively with land uses to connect markets more sustainably and efficiently and improve quality of life.
Promoting sustainable development	

### Inverclyde Local Outcomes Improvement Plan

*Moving Forward Together<sup>i</sup>*, the Inverclyde LOIP, sets out the local priorities and outcomes that the Inverclyde Alliance will seek to achieve in order to improve wellbeing and quality of life for Inverclyde residents including through reducing inequality and poverty. The LOIP is centred on 3 priorities for multi-agency action, as summarised in Table A-2 below. The priorities were developed following a Strategic Needs Assessment<sup>ii</sup> and on-going engagement activities with partners and communities.

**Table A-2: Inverclyde LOIP Priorities and key issues for each priority**

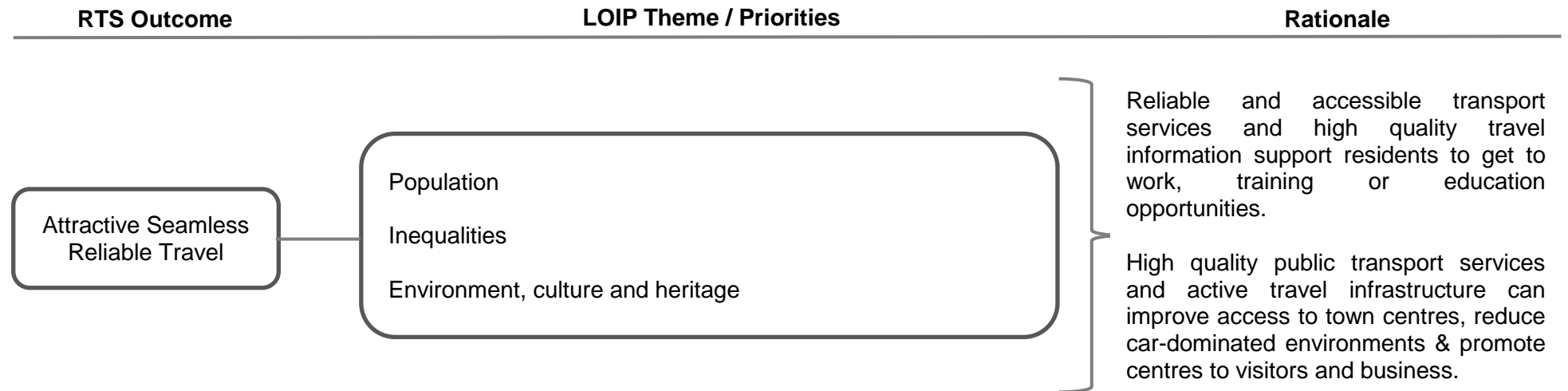
Theme	LOIP Priorities	Issues
Population	Inverclyde’s population will be stable and sustainable with an appropriate balance of socio - economic groups that is conducive to local economic prosperity and longer term population growth.	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Growing the Business Base</li> <li>• Regeneration</li> <li>• Housing</li> <li>• Infrastructure</li> <li>• Image</li> </ul>
Inequalities	There will be low levels of poverty and deprivation and the gap between the richest and poorest members of our communities will be reduced.	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Meeting the needs of older people</li> <li>• Children and Families</li> <li>• Reducing child poverty</li> <li>• Health Inequalities</li> <li>• Fuel Poverty</li> </ul>

Theme	LOIP Priorities	Issues	
Environment, culture and heritage	Inverclyde's environment, culture and 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.	<ul style="list-style-type: none"> <li>• Transport</li> <li>• Derelict Land</li> <li>• Healthy, active lifestyles</li> <li>• Culture and Heritage</li> </ul>	<ul style="list-style-type: none"> <li>• Green space</li> <li>• Biodiversity</li> <li>• Identify and Belonging</li> <li>• Arson</li> </ul>

### RTS and LOIP Linkages

Linking the RTS and LOIP is an initial step towards understanding the role of transport in supporting the achievement of the local priorities for Inverclyde. Figure A-1 shows the linkages including the rationale for the linkage and relevant statistics to provide additional context.

**Figure A-1: RTS and LOIP Linkages**



RTS Outcome	LOIP Theme / Priorities	Rationale
Access for All	Population Inequalities	<p>Good access for families and children to education &amp; learning, healthcare, shops with fresh foods, and a range of opportunities to socialise and be active supports improved health and learning outcomes.</p> <p>Good access to employment, training and learning opportunities, and other employment services such as Job Centres supports improved health and employability outcomes.</p> <p>Good access to healthcare facilities and services, personal social network and opportunities to be active supports improved physical and mental health outcomes.</p>
Reduced Emissions	Population Inequalities Environment, culture and heritage	<p>Increasing walking and cycling can improve health outcomes for children and all residents.</p> <p>Increasing activity levels can support improved mental health and well-being outcomes.</p> <p>Promoting more sustainable travel modes and behaviours supports improved air quality and supports place making initiatives for town centres and promotes Inverclyde as an attractive place to live and visit.</p>

RTS Outcome	LOIP Theme / Priorities	Rationale
Improved Connectivity	Population Inequalities Environment, culture and heritage	Improved connectivity across Inverclyde and between Inverclyde and other areas can increase the range of viable employment opportunities for Inverclyde residents, make the area more attractive for business investment and support business growth and tourism strategies

<sup>i</sup> <https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/inverclyde-outcome-improvement-plan>

<sup>ii</sup> <https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/inverclyde-outcome-improvement-plan>



Inverclyde Alliance

**AGENDA ITEM NO: 10**

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<b>Report To:</b>	<b>Inverclyde Alliance Board</b>	<b>Date:</b> 10 December 2018
<b>Report By:</b>	<b>Linda De Caestecker Director of Public Health</b>	<b>Report No:</b>
<b>Contact Officer:</b>	<b>Anne MacPherson Director of Human Resources</b>	<b>Contact No:</b> 0141 201 4903
<b>Subject:</b>	<b>Public Health Strategy</b>	

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## **1.0 PURPOSE**

1.1 The purpose of this report is to inform the Inverclyde Alliance of the Health Board's approved Public Health Strategy.

## **2.0 SUMMARY**

2.1 NHS Greater Glasgow and Clyde at its Board meeting on Tuesday, 21 August 2018 approved its Public Health Strategy.

2.2 The Strategy, Turning the Tide through Prevention, sets out the Board's Public Health ambitions.

2.3 The Strategy is expected to evolve as it is further developed in joint working with community planning partnerships and other stakeholders.

2.4 The Board is currently considering its key priorities for delivery in 2019/20.

## **3.0 RECOMMENDATIONS**

It is recommended that the Alliance Board:

- a. Notes the Public Health Strategy, and
- b. Considers how the Strategy can be used to inform the development of local public health priorities.

**Linda de Caestecker  
Director of Public Health**

## **4.0 BACKGROUND**

- 4.1 NHS Greater Glasgow and Clyde Public Health Committee commissioned the development of the Public Health Strategy through a process of engagement with stakeholders and taking cognisance of the recently published public health priorities for Scotland.
- 4.2 The Strategy has been approved by the NHSGGC Board and Board key priorities and an action plan is being developed with participation from all HSCPs.

## **5.0 PROPOSALS**

- 5.1 The Alliance Board is invited to consider the Strategy in the development of the local public health priorities.

## **6.0 IMPLICATIONS**

- 6.1 Legal: None at present.  
Finance: To be identified through the priorities and action plan development process.  
Human Resources: None at present.  
Equality and Diversity: None at present.  
Repopulation: None at present.  
Inequalities: Importance of recognising the needs of high risk population groups for poor health.

## **7.0 CONSULTATIONS**

- 7.1 The Public Health Strategy has been agreed following consultation.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 Public Health Strategy.

# Turning the tide through prevention

## Public Health Strategy

2018-2028



## Preface to the Public Health Strategy by the Director of Public Health

This strategy is a first for NHS Greater Glasgow and Clyde. We have many plans, many strategies but we have not previously had one dedicated to the whole of public health. It is also a strategy like no other as it concentrates on how we will work to improve public health as well as describing actions to be taken. The strategy represents the commitment of the NHS Board to prioritise public health by bringing prevention to the fore of its agenda.

We must ensure a great deal more attention is paid to prevention and that there is greater support for clinical leadership of health promoting health services, commitment from senior directors to community planning and shifts of resource to prevention, early intervention and self-care.

The determinants of health are well documented and many of them lie outside the direct influence of the NHS such as relieving poverty, improving housing or education. A crucial element of the strategy is the effectiveness of our influence on these factors through community planning partnerships and the way we work with Scottish and UK governments and the people who use our services. The NHS can also affect the social determinants of health through the design and delivery of services and has a role in directly delivering health improvement programmes.

The evidence for the cost-effectiveness of many lifestyle changes e.g. stopping smoking, losing weight or being more physically active is strong. They can all reduce use of the NHS and other public services as well as prolonging healthy life. However it can be challenging to encourage people to adopt healthy lifestyles without first improving the circumstances in which they live and work, changing environments to support healthy choices and supporting people in decisions about their health.

This strategy provides a spring board to discussions between the Board and Integration Joint Boards (IJBs), with local authorities and community planning partnerships and with Government on activities to improve health in a way that reduces health inequalities in Greater Glasgow & Clyde.

The strategy is expected to inform community plans and Health & Social Care Partnership's strategic plans and we look forward to working with partners to develop implementation plans. The strategy will evolve as we engage with our partners and communities going forward.

This strategy was developed at the same time as engagement on the new national Public Health Priorities as part of the national Public Health Reform Programme. These priorities have now been issued as:

- Place and Community
- Early years
- Mental Health and Wellbeing
- Harmful substances (including tobacco, alcohol and other drugs)
- Poverty & Inequality
- Diet and Physical Activity

In the strategy we show how our priorities meet the national priorities for public health reform. Our strategy also includes health protection and health and social care public health activities.

**Linda de Caestecker**

Director of Public Health



## Introduction

The NHS has a vital role in keeping people healthy and supporting them when they become ill. However, whilst early intervention and self-care can keep people healthier for longer, addressing the wider determinants of health will provide the greatest opportunity to improve health and wellbeing for our population. According to the King's Fund, the factors that impact most on people's health are beyond health services. They are associated with income, social class, education or deprivation. This is illustrated in the chart below from the Canadian Institute of Advanced Research (Figure 1). This means that collaborative working is essential to address the underlying causes of ill-health.

Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and increase healthy years lived. Through discussions at the Board's Standing Committee on Public Health, Health and Social Care Partnerships (HSCPs) and Community Planning Partners, collaboration, coordination and new ways of working have been emphasised as the most important elements of a public health strategy. This means developing common goals for public health programmes and defining how these goals will be measured and delivered.

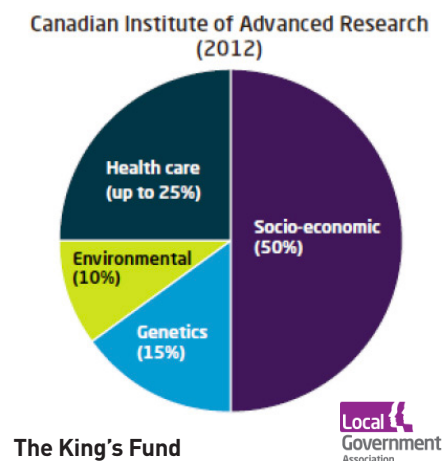
Improving health also means developing targeted approaches to tackle health inequalities and achieve health equity such as removing barriers to access and delivering services which take account of the social context of people's lives.

This strategy sets out NHS Greater Glasgow and Clyde's (NHSGGC) aspiration to deliver a coordinated approach to achieving our public health ambitions over the next 10 years.

It forms the basis for collaboration and partnership working in line with regional and national priorities by setting out 6 priority programmes and our approach to public health going forward.

**Figure 1: Estimated impact of detriments on health status of the population**

(Source: Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002)



## Context

Public Health is truly everyone's business. Every health professional has a role in improving the public's health, in early intervention and in promoting preventive approaches. Many agencies and organisations affect health through their influence on wider factors such as housing, transport, education, equality and social support. NHS Greater Glasgow and Clyde's Public Health Directorate acts to improve the health and well-being of populations through intelligence led preventative action on a range of population health determinants. Health Improvement Teams in HSCPs work with Community Planning partners, local communities and many different services and professionals to improve the health of the population of their area. The Glasgow Centre for Population Health (GCPH) works with a range of national and local stakeholders to undertake research, stimulate fresh approaches and support change processes to improve health and tackle inequalities.

The determinants of health mean that public health works across social, legislative, community and individual change programmes. There are 3 domains of public health with health intelligence being a common thread amongst them.

- **Health Protection;** investigating health problems and environmental health hazards, enabling health protection systems e.g. health management of hazard exposure through to effective immunisation systems for contagions and disease control
- **Health Improvement;** assessing and tracking the health status of populations and devising and applying strategies to improve the health circumstances in which populations live, with particular regard to reducing health inequalities
- **Improving Health Services;** ensuring evidence-based and best value through public health analysis, investigation and comparisons. This includes action to support earliest diagnosis to support the best treatment outcomes e.g. screening systems

Demand for services is a key mechanism that drives health care system behaviour. Public Health and prevention is not driven in this way but by a comprehensive assessment of population need and the ability to change risk.

**A World Health Organisation Europe (WHO, 2014)<sup>1</sup> report estimated that only 3% (range 0.6 – 8.2%) of national health sector budgets was spent on public health and that those countries that invested more experienced better health outcomes. Within NHSGGC the investment in 2016 was approximately £26m which equates to 1.15% of the NHS budget.<sup>2</sup>**

## Purpose of the strategy

This Public Health Strategy sets the strategic direction for public health in Greater Glasgow and Clyde, including accountability of HSCPs for their delegated public health functions and contextualising the challenge to wider partners to improve public health outcomes through collaboration and effective action.

The strategy emphasises the importance of the approach we will take to improve public health. We require to operate as an effective public health system, collaborating to address shared priorities for action. The strategy outlines a series of high level Public Health Programmes, recognising that detailed plans setting out responsibilities, outputs, impacts and timescales are required to support the strategy.

## Public Health challenges in Greater Glasgow and Clyde

The population of Greater Glasgow & Clyde currently stands at just over a million people, representing one fifth of the total Scottish population. Over the next 25 years, this population is predicted to increase by 4%, with the over 65 years of age population increasing by 16%.

Life expectancy varies across the Board from 73.4 years in Glasgow City to 80.5 years in East Dunbartonshire, a difference of 7.1 years. This is explained by life circumstances, chiefly socio-economic factors which impact across the life-course, starting in the antenatal period and influencing education, employment, health behaviours and patterns of healthcare use. Healthy life expectancy in NHSGGC i.e. years of life an individual lives without any life-limiting illness is also lower than the rest of Scotland, again with significant variations linked to gender and socio-economic deprivation. The pattern of conditions responsible for the greatest loss of life expectancy differ from the rest of Scotland, with mental health, substance use disorders and musculoskeletal disorders being the greater cause of disability within the local population.

Inequalities in income, health and quality of life persist and in some parts of Greater Glasgow & Clyde are widening. There are specific concerns regarding the health and wellbeing of particular population groups such as lone-parents, children and young people in low-income families and frail, isolated older people. There are also growing concerns about mental health and wellbeing across all age groups.

All of these factors contribute to increasing demands on our health and social care system. They highlight the need for a public health response that can work effectively across organisational boundaries to prioritise and provide accessible, preventive services and support for the right people at the right time and in the appropriate way.

Given our current economic context, it is crucial that cost-effectiveness is considered in all of our activities and interventions. The case for investing in public health has been well made in many reports. The priorities set out in this strategy draw heavily on robust evidence from a range of sources such as Frank et al which describes the seven key investments for health equity and Public Health England's 2014 report on the economics of investment in the social determinants of health. These reports show that investing in public health can generate cost-effective health outcomes and can contribute to wider sustainability with additional economic, social and environmental benefits. These benefits are often described as 'social return on investment' which transcend purely financial outcomes.

The recent WHO report on strengthening public health services and capacity describes how public health can be part of the solution to the challenge of increasing healthcare costs and outlines returns on investment in both the short and longer terms. The report highlights the cost-effectiveness of vaccination and screening programmes, the advantages of population level approaches rather than individual interventions and the best buy interventions for non-communicable disease prevention. These have informed the priority programmes and actions of this strategy.

NHSGGC has an impressive history of public health achievements. Even in some of the most intractable issues, we continue to see improvements, for example the decline in smoking rates and teenage pregnancy.

### **The aim of the strategy**

Our overarching aim is that by 2028, inequality in life expectancy within NHSGGC has narrowed and healthy life expectancy (HLE) in the Board area is closer to that of the rest of Scotland.

To achieve this, NHSGGC will become an exemplar public health system which means there will be a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities.

## Strategic Objectives

Within public health it is widely recognised that ‘it all matters’ and in order to improve public health, action is required on many fronts. However, within this 10 year strategy, the public health challenges set out the need for a dedicated focus to deliver the six key objectives:

- To reduce the burden of disease through health improvement programmes and a measurable shift to prevention
- To reduce health inequalities through advocacy and community planning
- To ensure the best start for children with a focus on early years to promote healthy development, good health, well-being and quality of life throughout the life-course
- To promote good mental health and wellbeing at all ages
- To use and translate data into meaningful information that can inform service planning and public health interventions
- To strengthen the Board, IJBs and the Scottish Government in their roles as Public Health leaders.

## Outcomes

Each public health programme will have a detailed delivery plan linked to the National Indicators (below and Appendix 1) as well as programme specific outcomes.

- Quality of health care experience
- Healthy life expectancy
- Mental wellbeing
- Healthy weight
- Physical activity
- Health risk behaviour
- Journeys by active travel
- Premature mortality

## Our Approach

How we approach public health is important, in terms of what we do, how we work as a whole system and who we involve in creating a culture focussed on improving and protecting population health.

### • What We Will Do

We will engage with our communities and our partners to refine and implement this strategy over the next 10 years.

We will work with partners and communities to identify the health challenges within our population and use the best evidence and available assets to address these challenges and mobilise change.

Prevention will be core business of NHSGGC and there will be a shift to prevention in all of our plans and strategies.

Our priorities will be relevant to and addressed in a local context but be of a size and scale to create a population impact.

Our priorities will also reflect the national Public Health priorities and contribute to the outcomes within the National Performance Framework.

We will ensure that all of our services are transparently fair, equitable and empowering and that we take specific action to meet the health needs of equality groups and marginalised communities. This will include supporting equality and human rights work in Integration Joint Boards and Community Planning Partnerships.

We will maximise what we do as an advocate and partner for public health, being clear about our role in preventing - and mitigating the impact of - inequalities in health.

- **How We Will Do It**

We will work as a whole system across Greater Glasgow and Clyde to improve public health, focussed on the priority programmes within this strategy while taking into account local needs and variations.

We will work collectively as co-producers of population health improvement and health equity with community planning partners.

We will demonstrate the values of human rights, respect, equality, dignity and kindness as a Board, as teams and as individuals.

We will support our staff to promote better health, prevent ill-health and reduce inequalities in their individual settings and workplaces.

We will support actions to enhance the health and wellbeing of our staff.

We will ensure the best use of current public health resources including collaboration and alignment of priorities with our partners and public health organisations such as Glasgow Centre for Population Health.

- **Who will be Involved**

We will listen to and work with our communities, citizens and patients to understand their needs, priorities and views about improvements.

We will build on our relationships with communities and community planning partners creating a multi agency public health workforce to address our shared priorities.

## **Our Role as a Public Health Organisation**

By working across Greater Glasgow and Clyde as a whole system we are committing to becoming an exemplar public health organisation.

Pivotal to this expanded focus for Public Health within NHSGCC is our ability to provide a strong and cohesive direction for all our constituent parts and the partners and communities we work with. Working in partnership, we can achieve more than the sum of our parts, and can influence not only the quality of services provided to our population but also the circumstances and opportunities available to people where they live, work, learn and play. By working as a Public Health system we will focus our activities where they will have the greatest impact on improving population health.

## Our roles as a public health system are:

### 01 - As a partner

- to meet the ambitions of Public Service Reform, for example by supporting the application of the Community Empowerment (Scotland) Act 2015 to improve mental and physical health,
- to routinely involve third sector partners alongside other public services in planning and delivering services,
- to play a full and effective role in Community Planning and the delivery of Local Outcome Improvement Plans,
- to influence public sector budgets and services to improve public health outcomes

### 02 - As a procurer of goods and services

- to support communities to use social benefits clauses,
- to advocate for the living wage in external contracts and ensure the NHS supply chain supports good work and fair employment practices,
- to ensure capital investments impact positively on communities.

### 03 - As an advocate for communities

- to advocate for the inclusion of a health perspective in all aspects of social policy and advocate for progressive taxation,
- to advocate for a reduction in poverty and socio-economic inequality by actively working to meet the requirements of the Child Poverty Act 2017 and the new socio-economic duty
- to work in partnership to mitigate the adverse impact of welfare reform and to advocate for a fair and dignified social security system which supports lone parents, people with disabilities and other vulnerable groups.
- to drive change through a strengthening of leadership for community experience and empowerment



## 04 - As a service provider

- to provide services which are fully patient centred, accessible and inequalities sensitive,
- to address the inverse care law and provide services which are proportionate to need, and at their best where they are needed most,
- to design and deliver services focussed on prevention and which support health and well-being and reduce health inequalities

## 05 - As an employer

- to deliver a staff health strategy which supports health and wellbeing, longer fulfilled working lives, fair work principles and creates a positive working environment for all staff
- to promote health and wellbeing through treating employees with dignity and respect
- to maintain a credible and competent dedicated public health workforce which is fit for purpose to lead the delivery of this strategy, as well as providing support and development to enable the wider workforce to contribute to public health

## 06 - As an enabler to empower communities

- to work alongside communities, in co-producing good physical and mental health across the life course,
- to involve and empower diverse communities, build social capital and develop good relations between groups,
- to operate in ways that share power and influence more widely, as one aspect of addressing the fundamental causes of health inequalities.

## 07 - As an active participant in creating a healthy environment

- to support investment in integrated transport and active travel,
- to develop sustainable environments that are designed to support health for current and future generations,
- to apply place-based approaches to reduce the inequalities in the quality of neighbourhood environments within Greater Glasgow and Clyde including access to good housing and a reduction in homelessness,
- create exemplar public health environments across the NHS estate.



## Shared Roles and Working across Boundaries

The dedicated public health workforce within the Board, HSCPs and GCPH is well placed to provide evidence and data on best practice as well as realistic application in local and specific contexts. However, improved health outcomes will be generated through the policies and practice of our wider staff groups, partner agencies and policy makers. Coherence between national, regional, local and community based approaches is important to maximise the impact of public health policies and practice in the following plans:

- Local Outcome Improvement Plans
- HSCP Strategic Plans
- NHSGGC Moving Forward Together programme
- Health Promoting Health Service framework
- NHSGGC Corporate Priorities and Operational Plan
- Regional Plans



## Programmes for Action

The Public Health Programmes outlined in this section reflect the Board's commitment to addressing the challenges outlined within this public health strategy. They also describe activities which will be expected to be included in HSCP delivery plans. These actions will be delivered through the approaches set out above – both in relation to the Board's role as a Public Health Organisation and the shared roles with others.

There are six core public health programmes underpinning this strategy all of which require cross sector collaboration:

- 1) Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time.
- 2) Tackling the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects.
- 3) Applying a life course approach, recognising the importance of a healthy start in life and the need to maximise opportunities for health and wellbeing at all life stages.
- 4) Intervening on the intermediate causes of poor health and health inequalities: these are the wider environmental influences on health, including access to services, equality and human rights and other aspects of society.
- 5) Improving health services by ensuring effectiveness, accessibility, equity and best value, and strengthening the health impact of other services across Greater Glasgow & Clyde.
- 6) Protecting the public's health from environmental, communicable and other potential risks.

The programme of actions have been matched across to the 6 national priorities as shown in Table 1.

- Place and Community
- Early years
- Mental Health and Wellbeing
- Harmful substances (including tobacco, alcohol and other drugs)
- Poverty & Inequality
- Diet and Physical Activity

Programme 4. Intervene on the intermediate causes of poor health and health inequalities

<b>Programme 1:</b> Understand the needs of the population	✓ Place and Community
<b>Programme 2:</b> Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects	✓ Poverty and Inequality
<b>Programme 3:</b> Apply a life-course approach, recognising the importance of early years and healthy ageing	✓ Early Years and Children ✓ Diet and Physical Activity
<b>Programme 4:</b> Intervene on the intermediate causes of poor health and health inequalities	✓ Mental Health and Wellbeing ✓ Poverty and Inequality
<b>Programme 5:</b> Improve the quality of services	✓ Place and Community
<b>Programme 6:</b> Protect the public's health	✓ Harmful Substances ✓ Poverty and Inequality

This strategy seeks to ensure that NHSGGC will adequately resource these activities in order to prevent avoidable ill-health, including intervening early in life and in the course of diseases. This will involve a shift in focus and resources from treatment to prevention.

## Programme 1. Understand the needs of the population

- Provide public health surveillance and evidence based intelligence to support decision-making for improving the population's health, health service effectiveness and addressing health inequalities. This will include the Board's transformational plan, reviews of unscheduled care, regional planning, development of realistic medicine; and community plans.
- In collaboration with communities, inform and create opportunities to improve health through the co-production of place based approaches
- Utilise the skills and resources of Glasgow Centre for Population Health, and others to inform NHSGGC's horizon scanning for future public health and service challenges
- Monitor health intelligence resources to ensure that they are maintained and developed to a level to understand population need,
- Collaborate with partners to strengthen the analysis of economic impact of prevention programmes

## Programme 2. Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects

- Working alongside communities to build social capital; strengthen community assets and develop good relations between diverse groups
- Work in partnership with others to mitigate and prevent health inequalities which have been caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reforms
- Promote health literacy and equitable access to health information across the population through Support and Information Services; Interpreting provision and development of a Patient Information Management policy.
- Ensure sufficient public health resource for a credible public health response to neighbourhood quality, housing, homelessness and health in partnership with local stakeholders.
- Develop stronger emotional resilience and mental health and well-being, through mobilising sustained, multi-partner approaches and ensure a sufficient proportion of new investment for mental health is allocated to improvement in mental health wellbeing.
- Provide advocacy, health intelligence and facilitation to the new Social Security Agency to maximise people's access to best start and benefits and ensure recurring funding for proven successful co-location models such as in Deep End practices, Long Term Conditions Financial Inclusion service, Royal Hospital for Children support service and Healthier Wealthier Children.

### Programme 3. Apply a life-course approach, recognising the importance of early years and healthy ageing

- Develop programmes which take account of the variety of health needs linked to the life course and key points of transition.
- Continue investment in the implementation of the New Universal Pathway, Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence to ensure that children and young people benefit from early interventions within maternity and health visiting services and school based support. Maintain a focus on supporting parenting and attachment; readiness to learn and attainment; relationship development and employability skills, as well as physical health needs such as oral health; immunisation; sexual health and weight management.
- Provide targeted support for vulnerable groups based on learning from Family Nurse Partnership; Adverse Childhood Experiences (ACEs) and poverty mitigation approaches such as cost of the school day.
- Advocate for policies to support 'good work' practices with local employers and within NHSGGC to promote staff health and wellbeing
- Provide public health support to service development/redesign and innovation with the potential to improve health and reduce inequalities at key life stages e.g. Best Start; Addictions; Dementia Strategy; bereavement support and Carers Act implementation
- Supported self care into healthier life

## Programme 4. Intervene on the intermediate causes of poor health and health inequalities

- In conjunction with partners, strengthen the Board's role to develop a 'Health In All Policies' approach to create a culture and environment supportive of health and wellbeing including; reducing the harm associated with drugs and alcohol; creating a tobacco free society through protection from second hand smoke and prevention of uptake of tobacco smoking ; increasing the availability of affordable healthy eating opportunities; addressing determinants of good mental health such as nurturing early years, active citizenship and participation; promotion of wellbeing within diverse communities; and addressing the negative impact of discrimination and exclusion on health.
- Provide effective training for front-line staff within NHS and partner organisations to raise health issues, promote behaviour change and refer patients/clients for health improvement support as part of a social prescribing approach
- Provide evidence based high quality and accessible condition specific patient information equitably to all patients and promote health literacy within vulnerable groups.
- Review and where possible strengthen health improvement programmes to address modifiable risk factors for major disease;
  - Improve access to weight management services (particularly for pre diabetic / diabetic patients) and uptake of self management of weight interventions
  - Increase uptake of physical activity and therapeutic exercise programmes (e.g. Live Active) through expanded health referral pathways targeting least active groups
  - Systematic implementation of the adult mental health framework; responding better to distress with increased access to mental health and wellbeing support (social prescribing; peer support; social connection).
  - Routine identification and early intervention on drug and alcohol concerns in services including hidden harm for dependants; improved case finding and recovery support.
  - Increased referral and engagement with effective smoking cessation programmes with focus on vulnerable groups including mental health patients; prisoners and deprived communities
  - Improve maternal and infant nutrition to support the establishment of healthy eating from an early age

## Programme 5. Improve the quality of services

- Implement national developments and guidance to existing screening programmes and ensure compliance with standards; enhance uptake for those programmes and population groups where uptake falls short of national standards.
- Maximise the potential of primary care including the new GP contract to address health inequalities and health improvement within communities.
- Support Moving Forward Together transformational programme, to increase prevention and reduce inequalities through routine holistic assessment of individual needs and patient centred care planning particularly in relation to Chronic Disease Management and targeting supported self care interventions.
- Ensure strong clinical leadership is supported in every service to increase referrals to health and wellbeing services.
- Maximise opportunistic intervention within routine health care provision in primary and secondary care (including the new GP contract; clinical pathways and guidelines) to connect patients with non clinical services which improve their health outcomes.
- Promote mental health for people with long term conditions / Promote physical health for people with mental health conditions; “healthy body and healthy mind” through implementation of the physical healthcare policy and mental health strategy
- Deliver the activity in ‘Meeting the Requirements of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-2020 and other related legislation including the British Sign Language Act and the new socio-economic duty.
- Develop a human rights approach to delivering services which means empowering people in our care to know and claim their rights, and ensuring that we are respecting, protecting and fulfilling those rights.



## Programme 6. Protect the public's health

- Design and implement the Vaccine Transformation Programme ensuring that NHSGGC's high childhood immunisation uptake rates are maintained and adult rates are improved.
- Resource and deliver prevention and treatment services to reduce transmission of HIV.
- Develop, monitor and evaluate innovative prevention, diagnostic testing and treatment services for Blood Borne Viruses; HIV; sexually transmitted infections, achieving the aim of eradication of Hepatitis C, including the provision of a sustainable hepatitis C service within our prisons
- Prepare and deliver a statutory Joint Health Protection Plan with our Local Authority partners, outlining local priorities and unique challenges in health protection, the resources, planning infrastructure, and workplan for responding to communicable disease and environmental hazards within GGC
- Implement work on violence prevention, hate crime, gender based violence (including sensitive routine enquiry, human trafficking and female genital mutilation) in line with national guidance.
- Work with partners to implement legislation creating safer and healthier environments through tobacco control, alcohol over provision and planning regulations.
- Promote good sexual and reproductive health and support implementation of the review of sexual and reproductive health services

## What needs to change to achieve the aims of this strategy?

This strategy is being developed at the time of Public Health Reform and it is recognised that opportunities to work differently nationally; regionally and locally will continue to be shaped following publication of the strategy. A number of changes which will support the delivery of this strategy in the context of reform can be identified at this time:

- Collaborative leadership for public health with high visibility provided by the dedicated public health workforce
- Improved collaborative working between and amongst the Directorate of Public Health and HSCP health improvement teams.
- Consideration of the critical mass of health improvement resources to ensure continued development and delivery
- Establishment of a strong national public health agency and involvement in revised structures for local public health to improve effectiveness
- Review of role of Director of Public Health in a national, regional and local context
- Planning and development of Local Public Health Partnerships, adding value to existing arrangements
- Influencing budget decisions to achieve a longer term funding approach
- Strengthening the effectiveness of Community Planning
- Strengthening our public and community engagement approach to be empowering and inclusive
- Leadership and resource to enable primary and secondary care providers to undertake prevention
- Building our contribution to public health intelligence through collaboration and partnership across our public health networks

## Priorities in 2018/19

Action will be taken forward on all of the above programmes but there are 6 specific priorities in the short term:

### NHSGGC Public Health Priorities

- ✓ **Promotion of Mental Health and Wellbeing** through the delivery of actions identified in the DPH Report 2017
- ✓ Contribution to reduction in child poverty through the production of joint **Child Poverty Action plans** with Local Authority partners
- ✓ **Review health improvement programmes** for Maternal and Infant Nutrition; Physical Activity; Smoking Cessation and Addictions
- ✓ Delivery of year 1 actions for the **Vaccination Transformation Pre-school Programme**
- ✓ Reduce **inequalities in uptake of screening programmes** through targeted intervention plans
- ✓ **Strengthen links to support community planning** activities and engagement with communities and third sector organisations

### Public Health Priorities for Scotland

- ✓ Mental Health and Wellbeing
- ✓ Poverty and Inequality
- ✓ Diet and Physical Activity
- ✓ Substance Misuse
- ✓ Early Years and Children
- ✓ Poverty and Inequality
- ✓ Community and Place

## Governance

Implementation of the strategy will be led by the Director of Public Health and team working with health improvement teams in the HSCPs and with CPPs. The Board's Public Health Implementation Group (formerly the Health Improvement and Inequalities Group) will have a key role in overseeing implementation reporting to the Corporate Management Team. The Board's Public Health Committee will receive progress reports to every meeting and will subsequently report to the NHS Board.

## Appendix 1: National Indicators

National Indicator	Definition/Variable	Baseline Figure		Baseline Year		Most recent figure		Most recent year	
		NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland
Quality of health care experience	% whose care was described as 'excellent' or 'good' from Care experience survey	TBP	90%	TBP	2009/10	86%	83%	2017/18	2017/18
Healthy Life Expectancy	HLE published yearly by ScotPHO	N/A	61.1	N/A	2009	N/A	61	N/A	2016
Mental wellbeing	Mean WEMWBS score from SHeS	49.6	50	2008	2008	49.1	49.8	2016	2016
Healthy Weight	% with BMI of 30 or more	26%	27%	2008	2008	27%	29%	2016	2016
Physical Activity <sup>1</sup>	% meeting CMO recommendations	62%	62%	2012	2012	61%	64%	2016	2016
Health Risk Behaviour <sup>2</sup>	% with 2 or more risk behaviours	63%	65%	2012	2012	67%	63%	2016	2016
Journeys by active travel	Journeys to work made by active or public transport	36%	31%	2006	2006	36%	31%	2016	2016
Premature Mortality	European Age Standardised mortality rates per 100,000 for people under 75 in Scotland	646.9	520.4	2006	2006	517.1	439.7	2016	2016

### Key:

TBP To be provided

N/A Yearly HLE figures are not produced at NHS Board level by ScotPHO

1. Questions in SHeS regarding physical activity changed in 2012 to conform with updated CMO guidelines, resulting in 2012 being the earliest possible comparison
2. One of the risk behaviours considered was physical activity, resulting in 2012 being the earliest possible comparison

## References

- 1 Buck and McGuire (2015) Inequalities in life expectancy Changes over time and implications for policy; The Kings Fund.
- 2 WHO Europe's 2014 'The case for investing in public health'
- 3 Frank et al (2015) 'Seven Key Investments for health equity across the lifecourse' SocSciMed 140: 136-146
- 4 PHE's 2014 report with the IHE on 'Understanding the economics of investments in the social determinants of health'
- 5 The Inverse Care Law: "Those in greatest need often have access to the least health care services"