

Notice of Meeting and Agenda Community Care, Health & Wellbeing Thematic Board

| Date | Time | Venue |
|------------------------------|-------------|--|
| Wednesday, 14 September 2016 | 14:30 | CMR 3, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN |

KENNETH GRAHAM
Head of Corporate Governance

Membership

Councillors I McMillan and M Brown (Renfrewshire Council); D Leese, Lead Officer and Chief Officer, F MacKay I Beattie, R Robertson, C Walker and H Cunningham, Health & Social Care Partnership; J Ferrie, Engage Renfrewshire; S McLellan, Forum for Empowering Our Communities; M Gallacher, Scottish Fire and Rescue Service; A Kennedy, Police Scotland; A Cumberland, West College Scotland; A Bonar, University of the West of Scotland (UWS); D Goodman, Renfrewshire Carers; J McKellar, Renfrew Leisure Limited; Dr A Van der Lee, GP Representative; D Reid, Renfrewshire ADP; R Telfer, Scottish Care; S McDonald, Active Communities; G Fitzpatrick and L Muirhead (both Renfrewshire Council).

Chair

Councillor I McMillan.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the customer service centre where they will be met and directed to the meeting.

Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

- | | | |
|----------|---|----------------|
| 1 | Minute of Previous Meeting | 5 - 8 |
| | Minute of previous meeting held on 2 June 2016 | |
| 2 | Rolling Action Log | 9 - 10 |
| | Report by Director of Finance & Resources, Renfrewshire Council. | |
| 3 | Renfrewshire Integration Network Proposal | 11 - 14 |
| | Report by Community Link Team Manager, Renfrewshire Health & Social Care Partnership. | |
| 4 | Brighter Renfrewshire Alcohol Awareness Week (BRAW) | 15 - 20 |
| | Report by Head of Planning & Health Improvement, Renfrewshire Health & Social Care Partnership. | |
| 5 | Pharmacy Shared Care Projects | 21 - 24 |
| | Presentation and report by the Health Improvement Lead and the Public Health Pharmacist, Renfrewshire Health & Social Care Partnership, | |
| 6 | Tackling Lonliness & Isolation in Renfrewshire | 25 - 28 |
| | Report by Community Link Team Manager, Renfrewshire Health & Social Care Partnership. | |
| 7 | Renfrewshire's Local Improvement Plan - Progress Against Year 3 Targets | 29 - 38 |
| | Report by Service Planning & Policy Development Manager, Renfrewshire Health & Social Care Partnership. | |

8 Scottish Mental Health Arts & Film Festival

Verbal update by Community Link Team Manager, Renfrewshire Health & Social Care Partnership.

9 Timetable of Meetings for the Community Care, Health & Wellbeing Thematic Board - January 2017 to June 2017 39 - 40

Report by Director of Finance & Resources, Renfrewshire Council.



Minute of Meeting Community Care, Health & Wellbeing Thematic Board

| Date | Time | Venue |
|------------------------|-------|--|
| Thursday, 02 June 2016 | 14:00 | CMR 1, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN |

PRESENT

Councillor I McMillan, Renfrewshire Council; F MacKay I Beattie, R Robertson, and H Cunningham (all Renfrewshire Health & Social Care Partnership); S McLellan, Forum for Empowering Our Communities; A Kennedy, Police Scotland; Dr A Van der Lee, GP Representative; D Reid, Renfrewshire ADP; R Telfer, Scottish Care; and S McDonald, Active Communities.

CHAIR

Councillor McMillan, Chair, presided.

IN ATTENDANCE

E Crighton, NHS Greater Glasgow & Clyde Valley; A Curley, Health & Social Care Partnership; Y Farquhar and C MacDonald (both Renfrewshire Council); and C Melville, Renfrewshire Carers.

APOLOGIES

Councillor M Brown, Renfrewshire Council, C Walker, Health & Social Care Partnership; J Ferrie, Engage Renfrewshire; J Divers, Scottish Fire and Rescue Service; A Cumberford, West College Scotland; D Goodman, Renfrewshire Carers; J McKellar, Renfrew Leisure Limited; and G Fitzpatrick and L Muirhead (both Renfrewshire Council).

DECLARATIONS OF INTEREST

There were no declarations of interest intimated prior to commencement of the meeting.

ORDER OF BUSINESS

The Chair advised that Item 5 “Clinical Services Review had been deferred to the next meeting of the Forum.

1 MINUTE OF PREVIOUS MEETING

There was submitted the Minute of the meeting of the Community Care, Health & Wellbeing Thematic Board held on 21 January 2016.

DECIDED: That the Minute be approved.

2 ROLLING ACTION LOG

The Rolling Action Log was submitted for approval.

DECIDED: That the Rolling Action Log be approved

3 BACK TO BASICS: POPULATION HEALTH IN NHS GREATER GLASGOW & CLYDE 2015/17

The Interim Director of Public Health/Deputy Head of Administration gave a presentation relative to a report on Population Health in NHS Greater Glasgow and Clyde 2015-2017.

The presentation gave a brief overview of the determinants of health; highlighted key statistics; outlined adverse childhood experiences and their impact; detailed pregnancy and health behaviours; and drew special attention to asset based approach examples.

DECIDED That the presentation be noted.

4 STUDENT CANNABIS AWARENESS CAMPAIGN

A report was submitted and presentation given by the HI Senior, Renfrewshire Health & Social Care Partnership relative to a multi-agency project, which was targeted at students in Renfrewshire and aimed to challenge the ‘normalisation’ of cannabis use and address the apathy or lack of information, which young people often felt towards the health and social issues surrounding cannabis use.

DECIDED:

(a) That the multi-agency Project plans to increase its range of resources and ways of engaging with the student population be noted;

(b) That it be noted that the Project would produce a short film in collaboration with West College Scotland’s drama students to be used as a central part of a cannabis awareness training workshop;

- (c) That it be noted that a workshop would be offered to both staff and students with the possibility of the workshop being adapted for future use in schools and youth organisations;
- (d) That it be agreed that a progress report would be submitted to a future Board; and
- (e) That the presentation be noted.

5 **ADP UPDATE**

There was submitted a report by the ADP Co-ordinator relative to an update on the work of Renfrewshire Alcohol and Drug Partnership (ADP).

The report intimated that new governance and accountability arrangements had been agreed following an independent review commissioned by the Chief Officers' Group. From 1 April 2016 the ADP would report directly to the Integration Joint Board (IJB) and it was agreed that the Chair would be the Renfrewshire Health and Social Care Partnership Chief Officer. It was noted that the arrangements would be ratified at the next scheduled meeting of the ADP on 20 June 2016.

It was noted that a paper outlining the planning architecture to support the IJB was currently being developed and this would include arrangements for the ADP and reported to the IJB Board scheduled to take place on 15 September 2016. The report intimated that links would also remain with Renfrewshire Community Planning Partnership structures. As a result of the review, structural changes to support the ADP had also been implemented. The newly established ADP Delivery Group would have key responsibility for planning, performance, implementation of national policy frameworks and the joint financial framework. The Drug Deaths Action Group would continue to review all drug related deaths and discussions were underway to consider Alcohol Related Deaths within the Group's remit, the Recovery Co-ordination Group would drive forward the recovery agenda and the SPEAR Group would lead in prevention and education initiatives. A copy of the ADP Performance Framework was attached as an appendix to the report.

DECIDED:

- (a) That the new governance and accountability arrangements for the ADP be noted;
- (b) That it be noted that a series of focus groups and site visits was currently being undertaken by the Care Inspectorate as part of the implementation phase of the Scottish Government's Quality Framework; and
- (c) That the ADP Performance Framework as detailed within the appendix to the report be noted.

6 **PROGRESS REPORT ON ACTION PLAN**

There was submitted a report by the Report by the Chief Officer, Renfrewshire Health & Social Care Partnership which provided an update on the Community Care, Health &





Wellbeing action plan.

After discussion it was agreed that a report be submitted to the next meeting of the Board highlighting gaps in the action plan.


DECIDED:

- (a) That it be agreed that a report be submitted to the next meeting of the Board highlighting gaps in the action plan; and
- (b) That the report be noted.

RENFREWSHIRE COUNCIL COMMUNITY CARE, HEALTH & WELLBEING ROLLING ACTION LOG

| | |
|---|---|
|  | Action is on track |
|  | Areas for concern that will impact on completion date if not fixed. |
|  | Action required to bring up to satisfactory level |
|  | Past deadline date and action required. |

KEY

| Action No. | Action | Action Owner | Status | Expected Date of Completion | Actual Date of Closure | Update & Comments |
|---------------------------------|---|--------------|--|-----------------------------|------------------------|--|
| <u>CCH&WB.04.09.14 (6)</u> | <u>Integrated Care Fund 2015/16</u> Integrated Care Fund Plan to be submitted to a future meeting. | Lead Officer |  | Future Meeting | | <u>CCH&WB.20.05.15(4)</u> Update provided at meeting <u>CCH&WB.08.09.15(9)</u> Presentation and update provided at meeting <u>CCH&WB.19.11.15(6)</u> Verbal update given by R Robertson and noted. <u>CCH&WB.20.05.15(6)</u> Update provided at meeting. |
| <u>CCH&WB.04.09.14 (9)</u> | <u>Renfrewshire Development Programme/Clinical Services Review</u> Update to be submitted to a future meeting. | CHP |  | Future Meeting | | <u>CCH&WB.19.11.15(2)</u> Update to be given at meeting on 11 Feb. |
| <u>CCH&WB.04.09.14 (10)</u> | <u>Community Planning Update</u> Annual review report be prepared to note progress against the impact measures in the Community Plan | ADP |  | Future Meeting | 02.06.16(6) | D Leese and P MacLeod will attend a meeting of the ADP in November to discuss key priorities and ideas for programme 2015/16 and report back to the next meeting of the Board. <u>CCH&WB.02.06.16(7)</u> Report noted and a further report be submitted to the next meeting of the Board highlighting gaps in the action plan. |



To: Community Care Health and Wellbeing Thematic Board

On: 14 September 2016

Report by:

Roisin Robertson, Community Link Team Manager, Renfrewshire HSCP

Renfrewshire Integration Network proposal

1. Summary

Renfrewshire's strong history of welcoming people from other countries is acknowledged and welcomed by the Community Planning Partnership and recent developments at both local and national level have highlighted the need for a cohesive network to continue to support this work.

The Scottish Government's 'New Scots: Integrating Refugees in Scotland's Communities', a strategy covering 2014-2017, has a vision of 'a Scotland where refugees are able to build a new life from the day they arrive in Scotland and to realise their full potential with the support of mainstream services; and where they become active members of our communities with strong social relationships.'

Integration Networks in the Greater Glasgow and Clyde area have been established over the years to support this idea of active and participative citizenship and it is proposed that an integration Network is established in Renfrewshire.

2. Recommendations

It is recommended that the Board approves and supports the establishment of an Integration Network for Renfrewshire

3. Background

Renfrewshire has a strong history of welcoming people from other countries, and the last few years has seen an increase in the number of people arriving either as refugees, asylum seekers, students, migrant workers or immigrants.

The Community Planning Partnership welcomes this diversity of culture, and already a number of groups have been established to provide support and networking opportunities. Organisations such as Renfrewshire Effort to Empower Minorities (REEM), the Association of African Communities in Renfrewshire (AACR) and the Renfrewshire Polish Association (RenPA) have all developed as a result of the changing demographics and are supporting people to access services that they require.

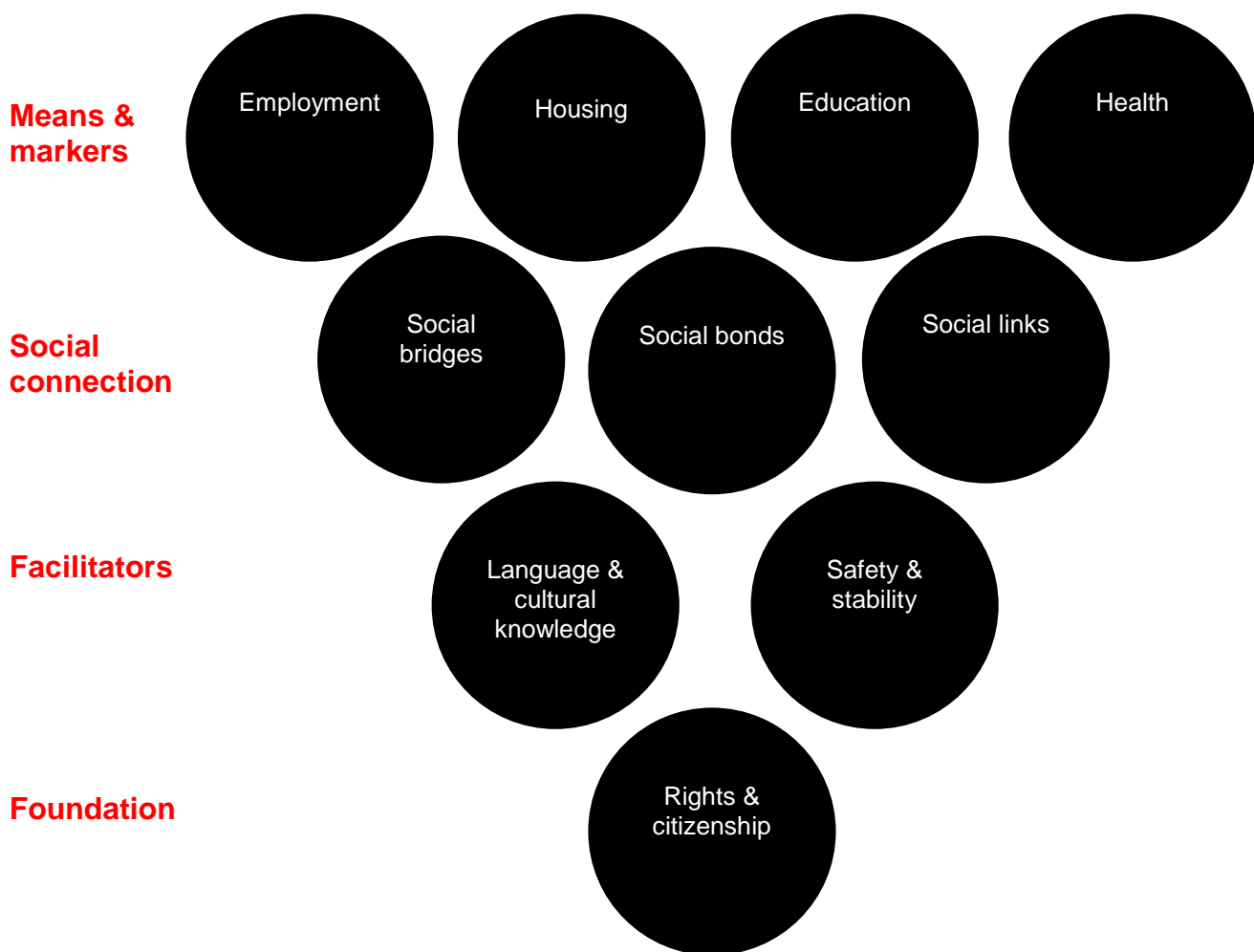
In addition, there is a Diversity and Equality Alliance in Renfrewshire (DEAR) group which comprises representatives from a number of groups and organisations and which contributes to the successful promotion and development of the current, emerging and evolving equalities agenda within Renfrewshire.

Renfrewshire's recent participation in the Vulnerable Person's Relocation Scheme to resettle Syrian refugee families in the area has highlighted the good will of the local community to welcome people in need, however it also highlighted some of the issues that people face when they first arrive, such as learning English, accessing services and general orientation around their new area. The role of volunteers and the wider community in supporting people to successfully integrate is vital, and a number of Integration Networks in the Greater Glasgow area have developed over the years in recognition of this.

The Scottish Government's 'New Scots: Integrating Refugees in Scotland's Communities', a strategy covering 2014-2017, has a vision of 'a Scotland where refugees are able to build a new life from the day they arrive in Scotland and to realise their full potential with the support of mainstream services; and where they become active members of our communities with strong social relationships.' Although this vision specifically relates to refugees, it is applicable for all people arriving in the country to make a new life. From a cultural perspective, the arrival of people from other countries can enrich our cultural diversity, expand the world view of our children and bring new languages, skills and experience. From an economic perspective, Scotland's ageing population means that inward migration can help maintain population targets for economic growth and wellbeing, and therefore encouraging people to stay and play a full part in Scottish life is vital.

Indicators of Integration Framework – Ager & Strang (2004)

A study was commissioned by the Home Office in 2002 to improve understanding of what refugee integration actually means in the contemporary UK context, and to guide the Home Office's future work in this area. The Indicators of Integration framework was developed as a result of this and is structured around ten key domains that the evidence gathered suggests are of central importance to the integration of refugees. Within each of these ten domains a number of indicators are suggested as a means of assessing integration with respect to that specific domain.



Means and markers are key areas for the participation of refugees in the life of communities. They serve as markers of integration in so far as they show evidence of achieving or accessing things that are valued within the community. They also serve as means to those ends, in that they will often help achieve other things relevant to integration.

Social connection involves the different social relationships and networks that help towards integration. Those connections may be with people who share your own experiences and values through ethnicity, religion or country of origin and are defined as **bonds** within communities. Connections with other groups are seen as **bridges** between communities. Finally, connections that help to access services and be fully involved as a citizen are defined as **links** to services and government. All serve to connect an individual or group into the wider community.

Facilitators are the key skills, knowledge and circumstances that help people to be active, engaged and secure within communities.

Foundation refers to the principles that define what you have a right to expect from the state and from other members of your communities and what is expected of you. These principles include the rights that are given to individuals, and the expectations and obligations of citizenship.

The definition of integration implicit in the framework

Ager & Strang's study also gives a useful definition of integration which can be applied to all people arriving in a new country, and which a Renfrewshire Integration Network could adopt as a basis for formation.

Their definition states that an individual or group is integrated within a society when they:

- *achieve public outcomes within employment, housing, education, health etc. which are equivalent to those achieved within the wider host communities;*
- *are socially connected with members of a (national, ethnic, cultural, religious or other) community with which they identify, with members of other communities and with relevant services and functions of the state; and*
- *have sufficient linguistic competence and cultural knowledge, and a sufficient sense of security and stability, to confidently engage in that society in a manner consistent with shared notions of nationhood and citizenship.*

Developing a local Integration Network

As previously mentioned, a number of Networks already exist in the Greater Glasgow area having developed over a period of time, often in response to the arrival of very large groups of people from one specific culture, eg. the Roma population in Govanhill.

Taking account of the framework above, an obvious starting point to developing a local Network would be to consider the **social connections** area and to begin by identifying the bonds that already exist, ie. the groups, networks and communities already established to provide supports. As previously mentioned, there are some organisations already in existence and there are also churches of all denominations, mosques and informal networks providing support and information to minority ethnic individuals across Renfrewshire.

The first step would therefore be to contact all of these groups to bring them together and to discuss what already works well and where the gaps might be. We can then begin to establish what links already exist and what facilitators need to be developed.

The Scottish Community Development Centre (SCDC) has agreed that they could potentially help to support this work to help us get started.

4. Resources

Funding has still to be agreed for the work required – namely, involvement of SCDC and potential focus groups with existing refugees and migrants.

5. Community Involvement/Engagement

The work will fully involve a number of local third sector organisations and community planning partners, as well as people who have resettled in Renfrewshire in recent years. The DEAR group mentioned above have endorsed the plans for the work and will have oversight of all developments.



To: Community Care, Health and Wellbeing Thematic Board

On: 14 September 2016

Report by:

Fiona MacKay, Head of Planning & Health Improvement
Renfrewshire HSCP

TITLE:

Brighter Renfrewshire Alcohol Awareness Week (BRAW)

1. Summary

- 1.1 The purpose of this report is to update the Community Care, Health and Wellbeing Thematic Board on the progress of Brighter Renfrewshire Alcohol Awareness Week (BRAW).

2. Recommendations

- 2.1 Members are asked to note the BRAW update.
- 2.2 Members are asked to support Renfrewshire HSCP's representation to Renfrewshire Licensing Board relating to the Festive Terminal Hours.

3. Background

- 3.1 In 2015, as a response to alcohol related performance reported to the Renfrewshire Community Care Health and Wellbeing Thematic Board, Renfrewshire Alcohol & Drugs Partnership (ADP) was tasked with developing a local alcohol awareness week. As a result, a multiagency planning group was established to progress the project, branded 'BRAW' – an acronym for Brighter Renfrewshire Alcohol Awareness Week.

BRAW Objectives:

- To promote sensible drinking messages
- To encourage people to seek support
- To change attitudes to alcohol
- To involve communities in tackling alcohol issues
- To prevent or reduce harm caused by alcohol
- To celebrate and support recovery from addiction

3.2 BRAW 2016

As a result of a successful BRAW 2015, it was decided to repeat BRAW week from 20th – 24th June 2016. As BRAW was implemented over the summer, messages focused on getting the most out of summer - being safe and having fun without excessive use of alcohol. The recent changes in drink driving legislation were also included as a key BRAW message.

3.3 Funding

Funding for BRAW 2016 was sourced from Planning and Health Improvement budgets, and Healthy Working Lives. In total, the budget for BRAW 2016 was £8500. Funding was used to allocate grants to local groups or services who wanted to participate in BRAW and for materials to support the campaign.

3.4 BRAW Bids

Fifteen local services and community groups bid into the BRAW fund to access money to allow them to participate in BRAW week.

The bids came from across Renfrewshire. Bids covered a range of demographics, including children and young people, older people, vulnerable adults as well as the general population.

A funding panel, made up of representatives from Renfrewshire ADP support team and NHS Greater Glasgow & Clyde's (NHSGGC) Health Improvement team met to review and approve bids. Each bid was scored on its ability to meet BRAW objectives as well as NHSGGC Prevention and Education (P&E) model core elements.

| BRAW Objectives | NHSGGC P&E Core Elements |
|---|---|
| <ul style="list-style-type: none">To promote sensible drinking messagesTo encourage people to seek supportTo change attitudes to alcoholTo involve communities in tackling alcohol issuesTo prevent or reduce harm caused by alcoholTo celebrate and support recovery from addiction | <ul style="list-style-type: none">Resilience and protective factorsEnvironmental measuresCommunity involvementDiversionary approachesBrief Intervention approachesEducationTrainingParenting programmesSocial marketingWorkplace alcohol and drug policiesHarm reduction – alcoholHarm reduction - drugs |

3.5 BRAW Grant Recipients

BRAW 2016 saw fifteen groups/services receive funding, including Police Scotland, Homelessness Services, Schools, Parent Councils, Scottish Fire and Rescue Service, Recovery Groups, Housing Associations and other local community groups. Initiatives ranged from a 1950's themed alcohol free BBQ at a care home, running a mocktail Bar for high school pupils and alcohol free live music events.

| Group | Award (£) | Idea |
|--------------------------------|--------------|---|
| Glentamar Court Social Club | 450 | 1950s themed BBQ. Healthy Food, mocktails and information |
| Police Scotland | 425 | BBQ and mocktails for young people |
| Our Place Our Families | 500 | Alcohol Awareness Event |
| Linstone Housing Association | 334 | BRAW Nightclub |
| RCA Trust | 200 | Coffee morning |
| Kilty Kilty | 500 | Promoting and distributing alcohol free drinks |
| Cafuffals | 500 | Raising awareness of drink driving legislation |
| Erskine Music & Media Studio | 500 | Live music event |
| Kintyre Base - Linwood High | 250 | Mocktail bar |
| Route 66 | 130 | Coffee morning |
| Scottish Fire & Rescue Service | 230 | BBQ and mocktails for young people in care facilities |
| Youth Services & Home Link | 500 | End of term mocktails |
| Sunshine Recovery Café | 500 | Celebrating Recovery BRAW Event |
| Barsail Parent Council | 475 | Summer Fayre |
| Neighbourhood Challenge | 500 | Aff it and feeling BRAW Event |
| George Street Service | 300 | Event |
| Total | 6,294 | |

3.6 BRAW in Renfrewshire House

A stall with BRAW resources and alcohol awareness information was situated in Renfrewshire House atrium on Friday 24th June. Staff were able to get information and an Alcohol Brief Intervention (if required) from members of Renfrewshire HSCP's Health Improvement Team.

3.7 Evaluation

Each grant funding recipient was required to complete an evaluation of their BRAW event. The BRAW working group will convene in September 2016 to go over the evaluations and reflect on any relevant learning points for future BRAW activity.

3.8 Future BRAW campaigns

BRAW is now a recognisable brand with an associated logo and campaign materials. Renfrewshire ADP has allocated funding to develop a Festive BRAW campaign to highlight alcohol awareness messages. Festive BRAW will focus on the development of health information resources for distribution throughout Renfrewshire, rather than granting funding to local groups or services.

3.9 Renfrewshire Licensing Board: Festive Terminal Hours

Renfrewshire Licensing Board has proposed extending the terminal hours for sales of alcohol over the festive period 2016. As a statutory consultee, Renfrewshire HSCP responded highlighting concerns relating to the extension of terminal hours. Concerns relate to the increase in alcohol consumption associated with increased availability. The HSCP response specified that extensions to the availability of alcohol via the extension to terminal hours is incongruent with initiatives which aim to reduce the harms caused by excess alcohol consumption such as BRAW and the Safe Bus. The letter is attached as an appendix to this report.

Author: *Rowan Anderson, Planning & Development Officer, Renfrewshire Alcohol & Drug Partnership* rowan.anderson@ggc.scot.nhs.uk 0141 618 4856

Appendix 1 – Letter to Renfrewshire Licensing Board

**Renfrewshire
Health & Social Care Partnership**



Date: 8th August 2016
Our Ref: FM/RA
Your Ref: FM/RA
Enquiries: Alison.Hardie@ggc.scot.nhs.uk
Tel: 0141 618 7657

Depute Clerk to the Licensing Board
Licensing Section
Finance & Corporate Services
1st Floor, North Wing
Renfrewshire House
Cotton Street
Paisley
PA1 1TT

Dear Sir/Madam,

SUBJECT: Festive terminal hours 2016/17

Thank you for the opportunity to comment on the proposed festive terminal hours 2016/17.

It is disappointing to note that Renfrewshire Licensing Board proposes extending the hours which people can drink alcohol over the festive period. Increased access to alcohol, which includes extending the hours in which alcohol can be purchased, is known to predicate increases the volume of alcohol that people drink.

I am sure you will appreciate that Renfrewshire has a poor relationship with alcohol and resulting health inequalities are well documented. We have amongst the highest rates of alcohol related hospital admissions and alcohol related deaths in Scotland.

Extending the terminal hours will encourage people to drink more. This can have very serious consequences for their health and wellbeing. Binge drinking is associated with increased risk of injury as a result of accident, increased risk taking behaviours and can have significant impact on health in the longer term.

Renfrewshire HSCP and Renfrewshire Alcohol & Drug Partnership (ADP) work throughout the year to minimise the harms caused by alcohol. At the request of Renfrewshire's Community Care Health and Wellbeing Thematic Board, we have implemented Brighter Renfrewshire Alcohol Awareness Week (BRAW), which aims to increase awareness of the risks associated with alcohol consumption. BRAW will be repeated during the festive period 2016 as a way of encouraging people to make sensible decisions about their alcohol consumption over the festive period. For a number of years, Renfrewshire ADP has also funded the Safe Bus over the Festive period. The Safe Bus aims to mitigate the harms caused by excess alcohol consumption by offering a point of

safety in Paisley town centre for those who become intoxicated over the weekends running up to Christmas.

Extending the licensing hours over the festive period is incongruent with the objectives of these incentives, supported by the Community Planning Partners and the Alcohol and Drug Partnership.

I would ask that Renfrewshire Licensing Board note our concerns.

Yours faithfully,

Fiona MacKay
Head of Planning & Health Improvement

cc: Catherine Chiang, Consultant in Public Health Medicine, NHS Greater Glasgow & Clyde
Sgt Jeff Curran Licensing Division, Police Scotland, Mill Street, Paisley



To: The Community Care Health and Wellbeing Thematic Board

On: 14 September 2016

Report by:

Susan Clocherty, Health Improvement Lead
Renfrewshire Health and Social Care Partnership (RHSCP)

TITLE:

PHARMACY SHARED CARE PROJECTS

1. Summary

- 1.1 This report describes the 'Smokefree Pharmacy Shared Care Pilot' and the Making Advice Work Financial Literacy Project both of which have been carried out in Lloyds Tannahill pharmacy in Ferguslie park and supported by the RHSCP Public Health pharmacist. Both projects demonstrate community pharmacy as ideally placed to support vulnerable people and reduce barriers to improving health outcomes in our most deprived communities.

2. Recommendations

- 2.1 The Community Care Health and Wellbeing Board is asked to note the outcomes of both the Smokefree Pharmacy Shared Care and the Making Advice Work projects detailed in this report.

3. Background

3.1 Pharmacy Shared Care; an integrated service for Smoking Cessation

The national smoking cessation reviews identified that a priority for NHS health boards would be to deliver a targeted approach to reduce smoking prevalence for people living in areas of high deprivation. Within Renfrewshire, Ferguslie Park was identified as having one of the highest smoking prevalence rates within Scotland (55%). Renfrewshire took the decision to enhance the local Pharmacy service in this area by testing a model of 'shared-care' in order to try and link the high footfall rates of the Pharmacy Smokefree service to the intensive support offered by the Community Smokefree Service. Clients who signed up for the pharmacy scheme were offered intensive support from a community service advisor within the pharmacy setting. A protocol for the delivery and recording of 'shared care' support delivery was developed and agreed between the NHS and Lloyd's pharmacy.

Outcomes

A model of client led shared care delivery of the Smokefree Service within Lloyds Tannahill Pharmacy gave better outcomes than both of the individual services combined.

- The 2013-4 pre implementation data showed that only 14 clients successfully quit for 4 weeks and 1 client for 12 weeks within the pharmacy direct service. Post implementation data recorded between January 2015 to March 2016 showed a marked increase in the number of quitters from the Pharmacy shared-care support model, with 52 clients now having quit for 4 weeks and 49 clients quitting for 12 weeks within this shared-care support model. Furthermore, 96% of clients accessing this shared-care support were from SIMD 1.
- Improvement was also seen in the pharmacy direct service where clients receive pharmacy support only, with an additional 49 recorded quits at 4 weeks and 26 recorded quits at 12 weeks.
- In total 101 clients from Ferguslie quit smoking by 4 weeks and 65 clients by 12 weeks as a result of joint working between Pharmacy and Community Smoking Cessation service.
- Partnership working led to an enhanced relationship with the staff within the pharmacy in relation to Smoking Cessation Services

The programme has provided a new model of service delivery, supported by robust data, which can now be shared with colleagues across the NHS

3.2 Making Advice Work: Financial literacy within community pharmacy setting

Renfrewshire Recovery Across Mental Health (RAMH) received funding from the Scottish Legal Aid Board (SLAB) to develop a service delivering welfare rights and financial literacy support to individuals with mental health problems and addiction issues in Renfrewshire. Clinics held within Renfrewshire Drug Service were not well attended due to poor engagement. It was recognised that Pharmacy staff in Tannahill knew their clients well usually by their first names, creating warm friendly atmosphere and were ideally placed to signpost their clients to the financial literacy service.

Pharmacy staff were supported by the Public Health Pharmacist and encouraged to refer more vulnerable clients to the financial literacy clinic which was held weekly over 12 weeks in the pharmacy consultation room. A small cost of £15 per session for room hire was set aside by Health Improvement (but waived by the pharmacy).

Outcomes

- 21 clients accessed service, including 4 re-engagers who had lost contact.
- 14/21 clients on methadone programme:- fall under “shared care”
- 20/21 expressed difficulties with their mental health
- Most individuals seen on x4 occasions
- X4 clients given benefit advice
- X1 referral to RAMH First Crisis Service; x1 to You First Advocacy

- X2 referrals to RAMH Counselling; x2 to “Control Your Stress” Group
- X1 Crisis Grant Application £60
- X1 Community Care Grant Application £800
- X5 PIP applications made: 2 decisions to date, financial gain of £9,412.20
- 14/21 still currently active clients within service
- Total Actual Financial Gain £10272.20;

These outcomes demonstrate that:

Clinics were accessed appropriately and were well received by service users, RAMH and the pharmacy staff. It is also evident that this low cost targeted project supported vulnerable people to access a service they need and produced real financial gain for those concerned.

Ongoing work:

The RAMH financial literacy worker continues to hold clinics within Tannahill Pharmacy and an additional clinic has recently been set up in a Boots Pharmacy in Johnstone.

4 Conclusion

- 4.1 Overall the outcomes of these pilots demonstrated that partnership working to provide enhanced support between NHS, third sector organisations and community pharmacy services, within an area of multiple deprivation, can increase the number of people accessing the services which will enable them to improve their health and reduce inequalities.



To: Community Care Health and Wellbeing Thematic Board

On: 14 September 2016

Report by:

Roisin Robertson, Community Link Team Manager, Renfrewshire HSCP

Tackling Loneliness and Isolation in Renfrewshire

1. Summary

Loneliness and isolation, although two different experiences, can have a profound effect on people's health. Renfrewshire's Community Plan and the Health and Social Care Partnership's Strategic Plan both recognise the increasing population of older people and the need for preventative and responsive activities and services to maintain good health and independence for as long as possible. A number of community planning partners also have tackling and preventing loneliness and isolation at the heart of their agendas and understand the need to work together to address the complex factors that can cause them.

In order to determine what we in Renfrewshire might develop or build on to tackle loneliness and isolation, initially amongst our older population, it is proposed that community research is carried out in a number of small localities or neighbourhoods, with a view to getting some useful evidence to develop practical approaches. It is recognised that we are not starting from a standstill – there are already a number of good organizations and initiatives supporting older people, however there is also a recognition that the people most at risk of loneliness and/or isolation may not be linked into services or activities and we need to develop ways of identifying those individuals and supporting them in the most appropriate way.

2. Recommendations

It is recommended that the Board notes the need for work to tackle loneliness and isolation in Renfrewshire

3. Background

Anyone can find themselves disconnected from their community or feeling lonely and it has been shown that the experience of loneliness varies across the life course. There are many interpretations of loneliness, however it is generally agreed that loneliness is a subjective negative feeling, while social isolation is an objective state determined by the presence or absence of strong social networks

In the UK:

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)
- A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

The impact of loneliness on our health

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity.

Loneliness and social isolation can also have a significant impact on mental health. Studies have shown that people who are socially isolated experience more stress, have lower self-esteem and are more likely to have sleep problems than people who have strong social support. All of these things can have a negative effect on our general wellbeing. Being lonely can also contribute to feelings of anxiety and depression.

The need for local research

Many different interventions have been implemented to attempt to reduce, either directly or indirectly, isolation and loneliness in older people. The Campaign to End Loneliness (Bolton, 2012) has identified the following categories:

- Information and signposting services
- Support for individuals
- Group interventions – social
- Group interventions – cultural
- Health promotion
- Wider community engagement

The evidence available on what works best to reduce loneliness and isolation is scant and often contradictory, and it is clear that there is no one solution - a range of activities is necessary.

In order to determine what we in Renfrewshire might develop or build on, it is proposed that community research is carried out in a number of small localities or neighbourhoods, still to be agreed. A number of local people recently completed training on community action research with the Scottish Community Development Centre (SCDC), a piece of work facilitated by Active Communities, and it is hoped that some of these people would be involved in this piece of work, with the expectation that others may also want to undertake the training.

The initiative would benefit from some structured input from UWS in the form of leadership of the research process and analysis and report writing of the results, although it would be really helpful if this could all be done in partnership with the community researchers so that they also learn some of these skills.

A similar piece of work was carried out in Glasgow around 10 years ago, albeit on a different topic (<http://www.ripple-effect.org.uk/>), - a steering group was established to direct the work, community researchers were recruited and undertook training and an external organisation helped to compile and organise the data for the final report with the involvement of both the researchers and the steering group members. This seems like a sensible approach, and we propose that a similar set-up would be used for this initiative.

There is some funding available for this piece of work in order to pay community researchers on a sessional basis and UWS for appropriate professional support.

Proposal summary

1. That we approach UWS to ask for support in carrying out the research
2. That a steering group is established to oversee the work
3. That the existing, trained community researchers are approached to help carry out the work
4. That we approach a relevant third sector organisation to ask for support in administering expenses etc for the community researchers

It is anticipated that the fieldwork would begin in autumn 2016 and be complete before Christmas with the results and write-up completed by end of February 2017.

4. Resources

Funding for the research has been secured from underspend from the original Older People's Change Fund, as agreed with Scottish Government.

5. Community Involvement/Engagement

The steering group includes representatives from third party organisations and community planning partners and the research will involve members of the communities identified.



To: Community Care, Health & Wellbeing Thematic Board

On: 14 September 2016

Report by:




David Leese, Chief Officer, Renfrewshire Health & Social Care Partnership

Renfrewshire's Local Outcome Improvement Plan - Progress Against Year 3 Targets

1. Summary

- 1.1 The Single Outcome Agreement sets out the Community Care, Health and Wellbeing thematic group's agreed outcomes together with one, three and ten year milestones for each impact measures. This report provides an update on the progress we have made against our year three milestones.
- 1.1 Steady progress has been made in respect of the Community Care, Health and Well Being theme as shown in the results detailed in the table 1 below. Overall there are 16 impact measures for this theme. Of the 12 impact measures that we have data for, we met or exceeded 7 of our year 3 milestones, 3 measures were within 10% of target (amber warning) and 2 measures were 10% or more out with target (red alert). Further details and remedial action for these measures are contained within the sections below.

Table1: Summary of performance

| Impact Measure Status | | Total |
|---|-----------|--------------|
|  | On target | 7 |
|  | Warning | 3 |
|  | Alert | 2 |
| Total (where data is available) | | 12 |

2. Recommendations

It is recommended that the Board:

- a) Notes the year 3 performance of impact measures against our targets.

3. Background

- 3.1 The Renfrewshire Community Plan and Single Outcome Agreement (SOA) was developed during 2012 and 2013 and was approved by Renfrewshire Community Planning Partnership Board on 12 June 2013.

- 3.2 Subsequently, the Community Plan and SOA was submitted to the Scottish Government and was scrutinised through a Quality Assurance exercise. Following this, the Renfrewshire Community Plan and SOA was signed off by the Minister for Local Government and Planning in August 2013.
- 3.3 The Single Outcome Agreement sets out our agreed outcomes together with the one, three and ten year milestones for each impact measure within the Community Care, Health and Wellbeing theme. This report provides an update on the progress against year three milestones.









4. Key achievements





The Community Care, Health and Wellbeing thematic group's key achievements include:

- i. There has been a substantial and continued reduction in the number of bed days lost due to delays in discharges despite stability in the number of emergency admissions, readmissions and Accident and Emergency attendances for people over 65. This demonstrates significant achievement against a challenging target. As at March 2015/16, Renfrewshire had the third lowest delayed discharge bed rate per 1,000 population by local authority of residence behind Inverclyde and East Renfrewshire.
- ii. The gap between minimum and maximum (male) life expectancy in the communities of Renfrewshire has reduced by 1.6 years to 14.8 years from 16.4 years recorded as the baseline in 2010 meaning Renfrewshire are actually ahead of the year 3 milestone of 15.3 years.
- iii. In the Health and Wellbeing Survey 2014, 92% of people in Renfrewshire indicated they have a positive perception of their quality of life against a year 3 milestone of 75%. This is an improvement on the baseline figure of 71% achieved during 2012.
- iv. There has been a substantial increase in the number of people in Renfrewshire participating in 30 minutes of moderate physical activity 5 or more times a week from 30.1% in 2011 to 53% in year 3. This is evident within the substantial increase in the number of attendances at leisure facilities rising from 1,936,323 in 2012/13 to 2,360,294 attendances in 2015/16. This could have played a role in the reduction in the percentage of adults who are overweight or obese from 55% in 2011 to 49% in year 3.
- v. There has been a notable reduction in the number of adults who smoke from a baseline in 24% in 2014 to 19% in year 3. The HSCP has established regular, 'Stop Smoking' evening sessions and drop in clinics which have been well attended and received.

5. Performance against year 3 milestones

The table below highlights the year three performance against our milestones:

| Impact Measures | Current Status | Baseline | Year 1 Actual | Year 3 Milestone | Year 3 Actual |
|---|---|-------------------|---------------|------------------|---------------|
| Outcome 1. <i>By 2023, our residents will have an increasing life expectancy regardless of the community they live in.</i> | | | | | |
| Reduce the gap between minimum and maximum (male) life expectancy in the communities of Renfrewshire by 3 years. |  | 16.4 years (2010) | 14.8 years | 15.3 years | 14.8 years |
| Increase the number of people who assessed their health as good or very good |  | 80% (2011) | 77% | 80% | 77% |
| Outcome 2. <i>By 2023, our residents will be valued and respected irrespective of age, physical disability or other needs.</i> | | | | | |
| % of people who have a positive perception of their quality of life |  | 71% | 92% | 75% | 92% |
| Outcome 3. <i>Our residents will only use alcohol safely and appropriately.</i> | | | | | |
| Reduction in the rate of alcohol related hospital admissions per 100,000 population |  | 8.9 (2012) | 10.5 | 8.9 | 9.1 |
| Outcome 4. <i>Our residents will have improved positively healthy behaviours: eat healthier; be physically active; only use drugs as prescribed; and avoid or stop smoking.</i> | | | | | |
| Increase in the number of people participating in 30 minutes of moderate physical activity 5 or more times a week |  | 30.1% (2011) | 53% | 35% | 53% |
| Reduction in the number of adults who smoke |  | 24% (2014) | 19% | 21.5% | 19% |
| Reduction in percentage of adults that are overweight or obese |  | 55% (2011) | 49% | 53% | 49% |
| Reduction in drug related hospital discharges - rate per 100,000 (i) |  | 123.6 | 140.9 | 139.0 | 157.3 |

| Impact Measures | Current Status | Baseline | Year 1 Actual | Year 3 Milestone | Year 3 Actual |
|--|---|---------------------|---------------|------------------|---|
| Reduction in percentage of the estimated prevalence of problem drug use amongst 15-64 year olds (ii) | N/A | 1.86 (2009/10) | 2.41% | 1.86 | HWB Survey only carried out every 3 years |
| Outcome 5. <i>Our residents will enjoy good mental health.</i> | | | | | |
| Increase in the average score on the short version of the Warwick- Edinburgh Mental Wellbeing Scale (SWEMWBS). | N/A | 55.1 % (2010) | 53.4% | 55.1% | HWB Survey only carried out every 3 years |
| Outcome 6. <i>Our residents will get involved in activities and improve the health and wellbeing of their community.</i> | | | | | |
| Increase in the number of attendances at leisure facilities |  | 1,936,323 (2012/13) | 1,946,004 | 1.5% | 2,360,494 |
| Outcome 7. <i>Our residents will be supported to live independently as long as possible in their own homes and communities.</i> | | | | | |
| Increase the percentage of local carers who feel supported to continue their caring role (Local) |  | 85.6% (2011/12) | 82% | 87% | 80.4% |
| Increase in the numbers of older people supported through re-ablement services, care at home services and intermediate care |  | 8.7% (2011/12) | 8.7% | 9% | 8.7% |
| Reduction in the number of bed days lost due to delays in discharges |  | 19,792 (2011/12) | 5,835 | 4,015 | 3,633 |
| Increase in percentage of older people living independently in the community with control over their care and support | N/A | 0.8% (2011/12) | 1.07% | 100% | LGBF Figure 15/16 data due in Jan 2017 |
| Increase the percentage of local carers who feel supported to continue their caring role (National) | N/A | 83% (2013/14) | N/A | 100% | National figure – due summer 2017 |

6. Areas for Improvement and Remedial Action

There are 16 impact measures under the seven outcomes, and of these, 7 are rated green (43.75%), 3 are rated amber (18.75%), 2 are rated red (12.5%), and there are 4 (25%) where no current data is available. Areas for improvement have been identified in Outcomes 1, 3, 4, and 7, and these are listed below accordingly.

6.1 Outcome 1: *By 2023, our residents will have an increasing life expectancy regardless of the community they live in.*

Of the 2 impact measures for this outcome, 1 is green and 1 is amber. The latter measure which is, 'Increase the number of people who assessed their health as good or very good' missed the year three milestone by 3%. In the Health and Wellbeing Survey 2014, respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, just over three in four (77%) gave a positive view of their health, with 33% saying their health was very good and 44% saying their health was good. However, 23% gave a negative view of their health, with 16% saying their health was fair, 5% saying it was bad and 1% saying it was very bad. The next Adult Health and Wellbeing Survey will be carried out in 2017.

Remedial actions include:

- The HSCP run weekly stop smoking evening sessions and drop in clinics including a drop-in pharmacy service in order to meet all needs. Smoke free NHS grounds and premises have been introduced across the HSCP;
- A New Mum New You programme has been delivered by Active Communities (Scotland) Ltd in partnership with NHS GGC. It is a post natal programme aimed to help new mums get into shape by delivering nutritional advice and a fun exercise programme. Additionally, Active Communities have delivered MEND 2-4 programme for families with children aged 2-4 who are an unhealthy weight.
- The HSCP has introduced and trained a number of third sector staff and community group members to deliver the Eat Better Feel Better cookery course to the wider community. A ten week physical activity programme for older persons has taken place in 65 different community based venues, including sheltered housing complexes and care homes. 702 older participants have taken part in the project. An exercise DVD has been developed to support local groups continue to be active.
- There continues to be many opportunities to promote for physical activity; fun runs, 10k, promoting of walking routes and the cycle path network. The HSCP has contributed to the development of the local Outdoor Access Strategy and Sports strategy.

6.2 Outcome 3: *Our residents will only use alcohol safely and appropriately.*

There is 1 impact measure for this outcome and it is rated amber – reduction in the rate of alcohol related hospital admissions per 100,000 population. Whilst there has been a good reduction in the rate of alcohol related hospital admissions from 10.5 per 100,000 population in 2013/14 to 9.1 in 2015/16, the milestone of 8.9 has not yet been achieved. Although the milestone was missed the current rate is the lowest in more than 3 years.

Remedial action:

- Brighter Renfrewshire Alcohol Awareness Week (BRAW) - campaign implemented in partnership with the local community to raise awareness of alcohol. Alcohol Brief Interventions continue to be delivered across a number of key priority settings. A Licensing Intern has been recruited to work with the local community to encourage them to get more involved in licensing processes.

6.3 Outcome 4: Our residents will have improved positively healthy behaviours: eat healthier; be physically active; only use drugs as prescribed; and avoid or stop smoking.

There are 5 impact measures for this outcome, of which 3 of these are rated green, 1 rated red and 1 where no current data is available. For the measure around drug related hospital discharges there has been an increase in year 3. The reported prevalence rate of problem drug use in Renfrewshire has risen between 2009/10 and 2013/14, whilst the Scottish figure has fallen. There is some doubt about the accuracy of the 2009/10 figure for Renfrewshire, and recording has improved over the three year period, but Renfrewshire remains higher than the Scottish average of 1.68%.

Remedial actions:

Local work has focused on creating a 'system of care', addressing prevention, treatment and recovery:

- Prevention: Campaigns underway which aim to raise awareness include Cannabis and Overdose Prevention. The provision of a Safe Bus in the centre of Paisley during the run up to Christmas offered support to individuals who were intoxicated. Early Intervention Group monitors young people who have come into contact with the Police for a minor offence such as drinking in the street or cannabis use
- Treatment: Waiting times for drug and alcohol services have reduced significantly. 98 % of individuals wait less than three weeks to be treated in alcohol services (Jan-Mar 16, target 91.5%). 99% of individuals wait less than 3 weeks to be seen in drugs services (Jan-Mar 16, target 91.5%)
- Recovery: A review of the recovery landscape in Renfrewshire resulted in a number of recommendations including the appointment of a Recovery Development Worker. Peer to peer training leading to qualifications and paid work placements is also in place
- The Outcomes Star Tool was implemented in all drug and alcohol services to assist the Alcohol and Drug Partnership to monitor service impact. Most recent findings from the tool show an overall improvement within each recovery element.

6.5 Outcome 7: Our residents will be supported to live independently as long as possible in their own homes and communities.

There are 5 impact measures for this outcome, of which 1 of these are rated green, 1 amber, 1 red and 2 with no rating information due to data not being available yet. The impact measure, 'Increase the percentage of local carers who feel supported to continue their caring role' (Local) is currently rated red. This measure has decreased from 85.6% in 2011/12 to 80.4% in 2015/16, and is short of the year three milestone of 87%. The caveat on these figures is that

this data is based on a small sample of carers surveyed annually by The Carers Centre. The Carers' Centre assists around 18,000 carers annually, but the survey results are based on 100-200 users. Although the survey indicates that there was a decline in the numbers of carers who feel supported within Renfrewshire, the HSCP continues to support carers by providing respite to those who need breaks from their caring responsibilities to allow them to continue in their caring role. Renfrewshire HSCP funds the Carers Centre to provide a range of services to support carers in their caring role.

The impact measure, 'Increase in the numbers of older people supported through re-ablement services, care at home services and intermediate care' is currently rated amber. This measure has remained static at 8.7% and is just short of the year three milestone of 9%. This figure relates to care at home and Rehab and Enablement clients at year end as a percentage of the population (65+). Increases in the older adult population make this a challenging milestone to achieve and further expansion of service provision will be required to maintain the current proportion of clients. It should be noted that whilst the data suggests there has been no improvement in this impact measure, increasing demand and an increasing population of clients imply that the service is performing well despite the challenges it is experiencing.

Remedial actions:

- The HSCP will work with the Carers' Centre and partner agencies to ensure that local carers are supported via assessment and care management processes, and also work to promote increased take up of carer assessments. Currently, the views and needs of carers are captured in the Standardised Shareable Assessment (SSA) and the care plan for the person with the needs. Carers' are often offered the carers' assessment but often believe their concerns have already been attended to and don't take up this offer.
- Care at Home Services are currently being reviewed, developed and expanded to ensure that the service is sustainable, meets current and projected future demand. Renfrewshire Council, recognising the importance of the crucial role that Care at Home services play in helping individuals to remain in a homely setting, and in terms of reducing delayed discharges have made significant financial investment in the last few years.

7. Revisions to Renfrewshire's Local Outcome Improvement Plan

No revisions for impact measures have been undertaken.

8. Prevention

The Community Care, Health and Wellbeing thematic group has made, and continues to make significant progress in respect of the prevention agenda delivering a number of policies and programmes which deliver prevention outcomes within Renfrewshire. These include:

8.1 Smoking Cessation

- The HSCP run weekly stop smoking evening sessions and drop in clinics including a pilot drop-in pharmacy service in order to meet all needs. Smoke free NHS grounds and premises have been introduced across the HSCP.

- The Health Improvement Team led a CPD training session to promote the use of the Smokefree 4 Me (tobacco education pack for schools). This took place in February 2016 with 10 teachers and other education professionals in attendance.
- Since January, the Health Improvement Team has organised five sessions in schools regarding tobacco education. Two of the sessions involved a presentation to S6 pupils in Trinity High School with approximately 100 pupils in attendance. The other 3 sessions focused on targeted group work with young people identifying as smokers who were contemplating a quit. The group was identified by Homelink and approximately 16 young people were in attendance.

8.2 Alcohol and Drug Awareness

- During BRAW (Brighter Renfrewshire Alcohol Awareness Week) 2016, 17 community events were delivered by a variety of organisations. In addition, a total of 5 road shows were delivered in key settings by the Health Improvement Team.

8.3 Sexual Health

- Sexual Health and Relationships work in schools has focused on two key areas: peer education/group work and Sandyford Clinic promotion. With regards to the former, there is on-going work with approximately 5 young people in Castlehead High School on a number of topics including sexual health, relationships and parenthood education. With regards to the latter, two Sandyford promotion sessions have been held in Gleniffer High School with approximately 450 S4-S6 pupils in attendance. This work follows on from the promotional work undertaken last year in Johnstone and Linwood High Schools. Furthermore, 4 sexual health and relationships sessions were provided to pupils attending Mirren Park School with approximately 16 pupils in attendance. Young people attending this school have been moved out of mainstream education and are at greater risk of engaging in risky health behaviours i.e. smoking, early first sexual experience and substance misuse.
- The Health Improvement team contributes to the Pre and Post Natal programme at Barnardos, providing a sexual health and relationships workshop. Three sessions have been organised this year with approximately 18 young mums in attendance.

8.4 Mental Health

- A programme of training 'Understanding Mental Health' is offered in the local community to raise the awareness of mental health issues. In Renfrewshire the Mental Health Film and Arts Festival is an annual event to promote positive mental health. In addition the anti-stigma campaign 'See Me' is promoted in Renfrewshire.
- The Health Improvement Practitioners are qualified instructors of Scotland's Mental Health First Aid (SMHFA), which is the mental health equivalent of physical first aid. This is a proven programme which addresses attitudes to, and how to approach those with mental health issues. They have delivered 2 courses since January 2016 with a total of 25 participants trained. Those attending the course were a mixture education professionals, Homelink, students, statutory professionals (housing) and youth workers. The course is aimed at professionals and youth workers who work with young people aged 11-17 with the objective of the course to raise awareness of mental health, adolescent development and

provide a model that can be applied to helping a young person during a crisis. The next course is organised for October 2016.

- In conjunction with education professionals, Homelink and Youth Services group work has been organised in a number of schools in Renfrewshire (Linwood HS, Paisley Grammar, St Andrews Academy and Trinity High School). Five groups with a total of 25 participants (14-17 years) have benefitted from programmes focusing on topics such as coping with stress, self harm, self esteem, confidence and resilience amongst others.
- Two sessions with a total of 11 participants were delivered to those accessing Barnardos Threads as part of the Pre and Post Natal Baby Programme. Topics covered understanding mental health, coping with stress and support services.

8.5 Nutrition, Healthy Weight and Physical Activity

The Health Improvement Team has been involved in a number of activities to promote nutrition, healthy weight and increased physical activity including:

- Supported the implementation, delivery, monitoring and evaluation of New Mum New You, a weight management treatment programme delivered by Active Communities for mothers who are an unhealthy weight in the post natal period.
- Supported the implementation, delivery, monitoring and evaluation of MEND 2-4 programme, by Active Communities, for families with children aged 2-4 who are an unhealthy weight.
- Up to March 2016 continued to support the delivery and lead on the evaluation of Renfrewshire Older Person Physical Activity Programme, during the duration of the programme March 2013 - March 2016, 10 week physical activity interventions were delivered across 65 different venues in Renfrewshire. The majority of venues were community based venues followed by sheltered housing complexes and care homes. 702 older participants took part in the project.
- Developed a sustainability resource for Renfrewshire Older people's project in the form of an exercise DVD, similar to what was delivered during the project within standing and seated options.
- Contributed to the development of Renfrewshire Council Outdoor Access Strategy.
- Contributed to the development, implementation and monitoring of Renfrewshire Council Sports strategy.
- In conjunction with Homelink ran a Nutrition group with 5 S4/5 pupils at The Mary Russell School which is an ASN school. The group met for 4 weeks and focused on improving knowledge and skills regarding nutrition and physical health (topics included eatwell guide, sugar content, healthy/unhealthy behaviours). It is hoped that this group will begin again in the new term.



To: **Community Care, Health & Wellbeing Thematic Board**

On: **14 September 2016**

Report by:
Director of Finance & Resources

TIMETABLE OF MEETINGS FOR THE COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD – JANUARY 2017 TO JUNE 2017

1. Summary

- 1.1 The purpose of the report is to submit for consideration the proposed calendar of meeting dates for the Community Care, Health & Wellbeing Thematic Board for the period January 2017 to the June 2017.
- 1.2 The Board had agreed previously that it would develop a programme of visits to projects/initiatives to coincide with meetings, therefore consideration should also be given to identifying which projects/initiatives to visit and suitable venues for meetings.
- 1.3 It should be noted that although the Board meetings have been scheduled to June 2017 the Local Government Elections are due to be held on 4 May 2017 and therefore the Board meeting in June may be subject to change or cancellation.

2. Recommendations

- 2.1 It is recommended that the Board approves the timetable of meetings to June 2017; schedules a programme of visits to projects/initiatives; and identifies suitable venues for meetings to coincide with visits.



3. Background

- 3.1 The timetable takes account of all standard meetings of the Community Care, Health & Wellbeing Thematic Board but does not take into account any ad-hoc meetings which might be held as and when necessary.
- 3.2 The proposed dates and times are as follows:
- Wednesday 25 January 2017 at 2pm
 - Wednesday 8 March 2017 at 2pm
 - Wednesday 7 June 2017 at 2pm

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