

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Wednesday 5th December 2018, 10.00am

Nicola Benedetti Room, Greenwood Conference Centre, Dreghorn

Present:

Councillor Robert Foster (Chair)

John Rainey (Vice Chair)

Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP

Annie Robertson, Business Planning Manager, NAHSCP

Simon Morrow, Dental Representative

Betty Saunders, Service Design & Procurement Manager

Caroline Whyte, Chief Transformation

Christine Speedwell, Care Centre Manager

Brenda Knox, Health Improvement Lead, NHS A&A

Louise McDaid, Staff Representative

David Bonellie, Optical Representative

Alistair Reid, Allied Health Professions Lead, NAHSCP

Clive Shephard, NA Federation of Community Associations

Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP

Sam Falconer, Community Pharmacist NHS A&A

Louise Gibson, Dietetic lead, integrated services, NHS A&A

Louise McDaid, Unison Representative

Dr Janet McKay, Garnock Valley Locality Planning Lead

Marion Gilchrist, Interim Manager/Senior Nurse LD Services

Jacqui Greenlees, Policy & Community Planning Officer

Fiona Comrie, KA Leisure

Laura Barrie, KA Leisure

Sharon Bleakley, Scottish Health Council

Lorna McGoran, Primary Care Manager, NAHSCP

David Hammond, Senior Manager, Housing

Barbara Conner, Interim Irvine Locality Planning Lead

Scott Bryan, Team Manager, Planning, NAHSCP

Louise Harvie, Governance Assistant (Minutes) NAHSCP

Apologies Received:

Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP

Thelma Bowers, Head of Service, Mental Health, NAHSCP

David Donaghey, Partnership Representative, NAHSCP

David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP

Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP

Gavin Paterson, Engagement Officer, NAHSCP

Elaine Young, Assistant Director of Public Health, NHS

Lynne McNiven, Consultant in Public Health, NHS

Fiona Thomson, Service User Representative, IJB Stakeholder Rep/LPF Lead

Vicki Yuill, Operations Manager, Arran CVS

Heather Malloy, Independent Sector Representative

Dr Paul Kerr, Clinical Director, NAHSCP

David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP

John Taylor, Associate Medical Director, NAHSCP

Elaine McClure, Portfolio Programme Manager (Transformation and Sustainability)

Dalene Sinclair, Senior Manager, Universal Years, NAHSCP

Isabel Marr, Senior Manager, Long Term Conditions, NAHSCP

Ruth Betley, Senior Manager, Island Services, NAHSCP

1.	<u>WELCOME & APOLOGIES</u>	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (10.10.18)</u>	
2.1	Minutes of the previous meeting dated 10 th October 2018 were approved as accurate with no amendments required.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising for discussion.	
4.	<u>Integration Joint Board (IJB) - Feedback</u>	
4.1	<p>Agreed that relevant items from IJB meetings would be shared with group on future basis.</p> <p><u>Budget</u> Caroline Whyte advised that the budget monitoring position is tabled for discussion at each IJB monthly meeting. Recent discussions have been positive with more confidence in the financial balance. The IJB meeting scheduled for January 2019 has been changed to a Private Budget Briefing Session to discuss the budget for next financial year. Discussions will be shared at future Strategic Planning Group.</p>	<p>Future Discussion - All</p>
Focus on: Prevention & Early Intervention		
5.	<u>SPG Group Discussion</u>	
5.1	<p>To fit in with the theme of focusing SPG meetings on the HSCP priorities and in this instance Prevention & Early Intervention, the following question was put forward to the group:</p> <p><i>What good examples are there in your area of prevention and early intervention work?</i></p> <p>Please refer to Appendix 1 for group feedback received.</p>	<p>Appendix 1</p>
Focus on: Positive Examples		
6.	<u>Health and Wellbeing Service</u>	
6.1	Dr Janet McKay and Fiona Comrie delivered a presentation on the Healthy and Active Rehabilitation Programme (HARP) and Active North Ayrshire (ANA).	
6.2	<p><u>HARP</u> Janet provided a project overview of HARP advising the vision is to develop a new sustainable supported self-management programme. The programme will integrate with condition specific rehabilitation and widen access within Health and Leisure, targeting rural and deprived areas of Ayrshire.</p> <p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Project Brief • Tiered Model for Rehabilitation, Health & Wellbeing Programmes (providing an in-depth explanation of each Tier (1 to 4)) • Information on baseline health-related visual analogue scores 	

	<ul style="list-style-type: none"> • Unscheduled Care – Total Bed Days • Expanded Data from year one cohort total bed days (12 months pre/post HARP referral) • Personal Stories of HARP participants and the impact on individuals 	
6.3	<p><u>Active North Ayrshire</u> Fiona Comrie, KA Leisure provided detail on North Ayrshires Health & Wellbeing Service Active North Ayrshire. Slides included:</p> <ul style="list-style-type: none"> • Referral Information <ul style="list-style-type: none"> - 1580 new referrals received in 2017/18 - 49,769 physical activity sessions attended - 559 new referrals were classed as HARP (Multi Condition) - 66% of all physical activity sessions within ANA attended by HARP participants - 91 weekly ANA classes in all 6 NA localities - 930 gym inductions and personal fitness programmes delivered to ANA participants in KA fitness suites - 33 condition specific classes per week for falls, cardiac rehabilitation, stroke, COPD, hip & knee, Learning Disabilities, Weight Management, Cancer, M.S, Osteoporosis • ANA Participant Classification on Level One – Level Four • Participation Journey Information and Impact • Breakdown of HARP Referrals • Evaluation of 'Mind and Be Active' • Health & Wellbeing Benefits • Evaluation of what HARP has been achieved. 	
6.4	<p>Following the presentation, the group had the opportunity to ask Janet and Fiona questions relation to HARP and ANA:-</p> <p>Louise McDaid asked if work is being explored within schools to support this. Fiona outlined that currently, only adults are involved in 'Mind and Be Active' but that a large campaign took place for woman and young girls in North Ayrshire. A Project was set up and piloted in Kilwinning and Auchenharvie Academies with a coordinator working 11 hours per week to help promote girls within schools to promote their wellbeing. Fiona advised this project has been successful in helping girls that are socially isolated.</p> <p>Janet further noted that HARP as an entity has helped KA Leisure explore potential options. Work is ongoing to look at an educational package to ensure the professional teachers/instructors teaching activities at Colleges etc. have an understanding of managing the individuals involved.</p> <p>Annie Robertson questioned if this work linked in with Alistair Reid's Intermediate Care and Rehabilitation Pathways, to which Janet advised that work is aimed at the same direction, although different stages of the pathway.</p>	



	The group praised the work around HARP and Active North Ayrshire, highlighting the benefits attached to this in supporting communities.	
Focus on: New Service Development		
7.	Intermediate Care and Rehabilitation	
7.1	Alistair Reid provided a presentation on the Pan Ayrshire Model for Enhanced Intermediate Care and Rehabilitation.	
7.2	<p>The presentation covered the following areas:-</p> <ul style="list-style-type: none"> • Drivers for Change including:- <ul style="list-style-type: none"> - Keeping people at home or in a homely environment - Personal person centred choice - Improved medications and treatments - Increased older people population living longer with more chronic conditions - Pressure on the acute sector - Benefits of Technology Enabled Care - Desire to work differently and to the full extent of professional abilities - Financial pressure for NHS and Local Authorities • New Models of Care for Older People with Complex Care Needs (Diagram) and all services involved • Complexity and Levels of Support (including all levels 1-4) • (Diagram) outlining a simplified model for Enhanced Intermediate Care and Community Rehabilitation outlining general principles across three HSCPs and Acute. • Intermediate Care and Rehab Hubs (operating 7 days per week) • Enhanced Intermediate Care Teams (operating 7 days per week) supporting a wider range of multiple and complex conditions in the community. • Closer working with Community Rehab Teams (operating 5 days per week) 	
7.3	<p>Following the presentation, the group had the opportunity to ask Alistair questions relating to Intermediate Care and Rehabilitation.</p> <p>Michelle asked if the arrangements still covered those who access hospital provision in Inverclyde. Alistair advised that they do. In addition, he advised that the same out of hours process is place.</p> <p>Norma questioned where the investment monies had come from. Alistair outlined that the additional monies were received as part of John Burns' conversation with the Scottish Government re sustaining things currently, with a view to demonstrate what was articulated in the Business Case. Caroline highlighted this money was given to the Partnership from the Health Board and is a great investment for acute investment.</p> <p>David Hammond, Housing Senior Manager advised that the presentation was highly interesting, focussing on the Stage 2 discussions in particular. David added that Housing would like involvement in this.</p>	

	David outlined that he is liaising with HSCP with regards to piloting new models of extra care housing.	
Focus on: Locality Planning Forums (LPF)		
8.	Update from LPF Leads	
8.1	<p><u>North Coast</u></p> <p>No current update. The next meeting is scheduled for 14th December 2018, therefore update required at next meeting.</p>	
8.2	<p><u>Irvine</u></p> <p>Barbara Conner introduced herself as Interim Lead for Irvine LPF. Barbara has since taken over from Fiona Thomson and will attend future SPG and IJB Meetings.</p> <p>Barbara outlined that the Irvine LPF continues to focus on the priorities identified. Alistair Reid attended a recent forum to provide an update on the roll out of the MSK Pilot. Bruce McMaster has been invited to attend a future forum to discuss fairer food, specifically in the Irvine area.</p> <p>Discussions continue with intentions for Irvine area, including the possibility of Children First looking to provide a Trauma Hub Drop in within Bourtreehill area.</p> <p>Barbara advised that a more detailed update will be available at the next meeting.</p>	
8.3	<p><u>Arran</u></p> <p>Vicki Yuill was unable to attend the meeting, however Michelle Sutherland advised that she attended a recent Arran LPF, therefore was able to comment on the progress. Michelle noted that Complex Care has been identified as one of the main priorities on the Island and a lot of work is ongoing with the redesign of the Hospital. The Single Point of Contact has also gone live on Monday 3rd December 2018. Regular public consultations with high representation from service user groups are being held on the Island to look at what the model will look like.</p>	
8.4	<p><u>Garnock Valley</u></p> <p>No update from Garnock Valley locality. Update required at next meeting.</p>	
8.5	<p><u>Kilwinning</u></p> <p>Sam Falconer advised that Gavin Paterson attended the most recent Kilwinning LPF to provide an update on the New Engagement Pilot. A smaller group is planned within the upcoming weeks to discuss the implementation of this pilot. Update required at next meeting.</p>	
Focus on: Advocacy		
9.	Advocacy Strategy	
9.1	Michelle Sutherland provided an update on the Independent Advocacy Strategic Plan 2019-21. Following instruction from the Mental Health Commissioner in June 2018, North Ayrshire Health & Social Care Partnership are required to establish an Advocacy document. The NAHSCP are committed to ensuring advocacy continues to be developed across North Ayrshire. There are a number of key pieces of legislation that outline requirements for independent advocacy and	



	<p>therefore the Partnership have joined together with key stakeholders across Mental Health and Children Services to adopt the document.</p> <p>The draft document was circulated to the group for perusal.</p> <p>Public consultations have taken place along with a survey monkey questionnaire and focus groups have been held with people who utilise independent advocacy services. Michelle highlighted that feedback received has been very positive.</p>	
10.	AOCB	
10.1	<p><u>Alcohol and Drug Partnership (ADP) Strategy</u></p> <p>Michelle reported there is a requirement to update and create a new ADP Strategy. North Ayrshire ADP are looking to hear the views of people who access services, carers, family members and the general public, in order to produce a meaningful strategy. The Strategy will run from June 2019 – June 2022.</p> <p>Michelle outlined that the SPG will be asked to provide an input about what services should look like around this agenda. Locality Planning Forums will also provide assistance in this process around expectations and priorities.</p>	
10.2	<p><u>Gambling</u></p> <p>Louise McDaid raised the issue of the increase in gambling addiction throughout North Ayrshire. Louise advised of the seriousness of this addiction, noting the importance of addressing this problem. Louise suggested highlighting this agenda could be revolutionary for the NAHSCP.</p> <p>Michelle advised that she will raise this at the ADP Strategy Development Meeting and report back.</p>	M Sutherland
10.3	<p><u>Future Agenda Items</u></p> <p>Any agenda items to be forwarded to Michelle Sutherland or Scott Bryan for inclusion within future agenda.</p>	
10.4	There was no other business to be discussed, therefore the meeting was brought to a close.	
11.	Future Meetings	
11.1	Wednesday, 24 th January 2019, at 10:00am within Fullarton Hub, Irvine.	

Prevention and Early Intervention

Feedback received from the Strategic Planning Group in response to:

What good examples are there in your area of prevention and early intervention work?

Table 1

- Flexible Intervention Service for adults with MH (early intervention to avoid crisis)
- Community Link Workers in GP Practices to support people to engage with non-statutory services. Also record gaps in service provision
- Peer Support Workers – Alcohol and Drug Partnership
- Advocacy Services – Carer support services (i.e. young carers age UK)
- Citizens Advice
- Looked After School Project
- Community Planning Forums
- Community Centres/Churches/Libraries
- Early Years' Service
- Money Matters
- MAD Group (Peer led support group)
- Rehab and Reablement (Care at Home)
- Children First (Barnados)
- Kinship Care
- Asset Based Working Approach
- Flu Vaccination Process
- Primary Care Improvement Plans
- MSK Physio
- Mental Health Link Practitioners
- Intermediate Care & Rehab
- KA Leisure Initiatives which focus on well-being
- Recovery College
- Buckredden Care Home/Kilwinning GP Practice
- Multi-Disciplinary Teams around the child
- Challenge Fund Initiatives
- Palliative Care Approaches – prevent admissions to care/hospitals/hospice etc.
- Mental Health Warrix Avenue Anticipatory Care Plan approach
- SHIP – New Models of accommodation which will provide flexible levels and types of care
- Supported Accommodation with Housing Model PD/MH/LD which will maximise independence.

Table 2

- KA Leisure
 - Health & Wellbeing Service
 - CPP Programme
 - Pre 5's Programme
 - Active Communities Strategy

- Dream – Intergenerational Project (Arran View Care Home)
- Active Schools/Community Sports Hubs
- Green Health Partnerships
 - Move More – Cancer Rehab (KA Leisure/Macmillan)
- Cycling without Age – Community Investment Fund
- Street Scene – P.B – Focus on Funding food growing
 - Community Beds
- 2019 – Changing Lives Fund (2 year fund)
 - Scottish Government Fund
 - KA Leisure/ADP/ Connected Spirit 2012
 - Changing lives and making an impact through sport and PA
 - Employability strand

Table 3

- AHP
 - All about prevention
 - Centrestage – earlier access, non-formal setting, e.g. Physio/Dieticians and give advice (sign posting)
 - Rewarding and Productive
 - Clients found positive and useful, as informal setting – no staff in uniform
 - National programme for older and younger people being in supermarkets etc. providing information
- TACT
 - Meetings held to signpost Services and activities
 - Supports attendees of meetings to find out information about the services
- Carers
 - Carers Act creates awareness – raised at school assemblies from 8 years+ to S6.
 - More referrals received – with over 6500 children seen in 2018
- Community Link Workers
 - Social prescribing in all GP surgeries
 - Arran includes weight and smoking programme
 - All from different working backgrounds
- BSL Plan
 - Isolated
 - Looking to improve awareness as services unsure how to communicate with people using BSL

Table 4

- AHP
 - Diabetes prevention project – three dieticians
- Care at Home & Hospital
 - Family first/discharged care package in place
 - Team Manager allocated to support this
- CAMHS Work within Kilwinning
 - Work at School to check referrals
 - Counsellors in each school
 - Community Support available
- Models of Care

- Each discharge model/fast intervention model – ICES dieticians.
- Reduces pressure of Community
- Housing Perspective
 - Manager allocated to support Housing First Complex Needs
 - Secure tenancy earlier rather than temporary
 - Support from Welfare Reform Team for tenants receiving benefits
 - Supported model complex in each locality
 - Staff base on site
 - Occupational Therapy staff accessible – adaption waiting list
- Community Link Workers
- Health Visitors
- Care Home Pilot – Buckredden Care Home in Kilwinning
 - Physio Model
 - Need to explore roll out
- GP Contract
 - MSK/Physio
- Staff – Live Well in North Ayrshire
 - Great work
 - Holistic approach
- Unison
 - Supporting Mental Health

Table 5

- Dentistry
 - Ongoing work with Scottish Government to improve oral health
 - Upskilling Nurses/Hygienists to apply fluoride varnish
- Optometry
 - Eye care Ayrshire – right person/right time
 - People are seen much quicker
 - Independent prescriptions
 - Stop progression of conditions
 - Reduce people presenting at GP and Hospital
- Pharmacy
 - Public Health – promotion of posters
 - Smoking cessations/eating healthy
 - Advice on cold/flu
 - Independent prescribing Pharmacists – specialising Pharmacy treating conditions
 - Minor ailments
 - Pharmacy first – impetigo, skin infection – increased sign up
 - Less presentations to GP and potentially A&E
 - Private flu vaccines
- Enhanced Intermediate Care & Rehabilitation
 - 7 days
 - Community Rehab
 - MDT Working
 - Emergency – 2 hours

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 23rd January 2019, 10.00am
Fullarton Community Hub, Irvine, KA12 8DF

Present:

Councillor Robert Foster (Chair)
John Rainey (Vice Chair)
Councillor John Sweeney, Three Towns Locality Representative
Simon Morrow, Dental Representative
Christine Speedwell, Care Centre Manager
Brenda Knox, Health Improvement Lead, NHS A&A
Gavin Paterson, Engagement Officer, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
Louise McDaid, Staff Representative
Clive Shephard, NA Federation of Community Associations
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead
Louise Gibson, Dietetic lead, integrated services, NHS A&A
Louise McDaid, Unison Representative
Marion Gilchrist, Interim Manager/Senior Nurse LD Services
Jacqui Greenlees, Policy & Community Planning Officer
Dalene Sinclair, Senior Manager, Universal Years, NAHSCP
Laura Barrie, KA Leisure
Dr Paul Kerr, Clinical Director, NAHSCP
Lynne McNiven, Consultant in Public Health, NHS
Sharon Bleakley, Scottish Health Council
Lorna McGoran, Primary Care Manager, NAHSCP
Heather Malloy, Independent Sector Representative
Andrew Keir, GIRFEC Team Manager, Three Towns Locality Planning Representative
Barbara Conner, Interim Irvine Locality Planning Lead
Scott Bryan, Team Manager, Planning, NAHSCP
Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:

Elaine Caldwell – Public Health Programme Lead (Presentation)
Kerry Allison – Improvement Adviser (Presentation)

Apologies Received:

Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP
Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP
Thelma Bowers, Head of Service, Mental Health, NAHSCP
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Annie Robertson, Business Planning Manager, NAHSCP
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP
David Bonellie, Optical Representative
Dr Janet McKay, Garnock Valley Locality Planning Lead
Alistair Reid, Allied Health Professions Lead, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
David Hammond, Senior Manager, Housing
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Isabel Marr, Senior Manager, Long Term Conditions, NAHSCP
Ruth Betley, Senior Manager, Island Services, NAHSCP

1.	<u>WELCOME & APOLOGIES</u>	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (05.12.18)</u>	
2.1	Minutes of the previous meeting dated 5 th December 2018 were approved as accurate with no amendments required.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising for discussion.	
4.	<u>Integration Joint Board (IJB) - Feedback</u>	
4.1	<p>Agreed that relevant items from IJB meetings would be shared with group on future basis.</p> <p><u>Budget</u> Councillor Foster reported that the IJB meeting scheduled for January 2019 was cancelled and replaced with a Private Budget Briefing Session to discuss the budget for the next financial year. A budget briefing will be shared at the next Strategic Planning Group to analyse and discuss in detail</p>	<p>Agenda – 06.03.19 All</p>
Focus on: Mental Health & Wellbeing		
5.	<u>Public Health – Population Mental Health Strategy and National Indicators</u>	
5.1	Elaine Caldwell, Public Health, Programme Lead, delivered a presentation on Mental Health and Wellbeing – one of the six national priorities for Public Health.	
5.2	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> Population Mental Health & Wellbeing Local Population Mental Health and Wellbeing Strategy (2015) Key Areas: <ul style="list-style-type: none"> Promoting health & healthy behaviours Increasing social connectedness, relationships and trust in families and communities Increasing social inclusion and decreasing inequality and discrimination Increasing financial security and creating mentally healthy environments for working and learning Promoting a safe and supportive environment at home and in the community Adult Mental Health Indicators and the varying levels they can be reported (from national to community level): Details of Scoring broken down by geographical area, gender and comparisons to Scotland (2013 – 2016) on: <ul style="list-style-type: none"> Warwick-Edinburgh Mental Wellbeing Scale Adult Life Satisfaction Self-Reported Health Volunteering Influencing Local Decisions Social Support Income Inequality Financial Security/Debt Neighbourhood Satisfaction Greenspace Information on North Ayrshire Risk and Protective Factors 	



Focus on: Ayrshire Mental Health Strategy		
6.	Mental Health Conversation and Strategy	
6.1	Gavin Paterson, Engagement Officer delivered a presentation on the Ayrshire Mental Health Conversation. Gavin provided an overview of the Ayrshire and Arran Mental Health Implementation Framework.	
6.2	<p>Presentation slides included:</p> <ul style="list-style-type: none"> • Key Audience and Survey Questions • Methods <ul style="list-style-type: none"> - 6 Local Conversations Events across Ayrshire - Questionnaires - Ayrshire College Sessions - Large public event to finalise priorities in December 2018 • Analysis –team of 6 undertaking analysis <ul style="list-style-type: none"> - 777 questionnaire responses - 93 face to face conversations - 120 attendees at final event - 990 total reach <p>Findings included:</p> <ul style="list-style-type: none"> • Things that Challenge Mental Health (top 5): <ul style="list-style-type: none"> - Work Related - Relationships - Money/Debt - Body issues/self-image - Isolation/Loneliness • Things to Improve Mental Health (top 5): <ul style="list-style-type: none"> - Spend time with family/friends - Go for a walk - Listen to music - Physical Exercise - Talking to people <p>The information presented is now being used to inform the development of the North Ayrshire Mental Health Strategy and priorities.</p> <p>Gavin also highlighted that the comments received from respondents, will be fully published and responded to. Each comment received has significant value and merits an adequate response from services.</p>	
6.3	<p>Following the above presentations, the group had the opportunity to ask Elaine and Gavin questions relating to Population Mental Health and Mental Health Conversation and Strategy.</p> <p>Group discussion took place:</p> <ul style="list-style-type: none"> • Acknowledged that North Ayrshire is in unique position with Volunteering – 26 Community Centres are managed by Local Volunteers • Acknowledgement of the importance of work related stress – future work to be undertaken managing stress at work and issues of unemployment • Appointed Mental Health Practitioners will base themselves within GP Practices. This will roll out over 12 – 18 months. • Understanding of difficulty in ‘diagnosis’ on wellbeing. • Benefits of social/online groups such as ‘Fit Ayrshire Dads’ 	

	Overall, the group praised the work ongoing around supporting Mental Health in the community.	
Focus on: Members Input		
7.	SPG Discussion	
7.1	<p>To fit in with the theme of focusing SPG meetings on the HSCP Priorities and in this instance, Mental Health & Wellbeing, the following questions were put forward to the group:</p> <p>(1) What good examples are there in your area of improving Mental Health & Wellbeing?</p> <p>(2) How can you further support the improvement of Mental Health in North Ayrshire?</p> <p>Please refer to Appendix 1 for group feedback received.</p>	Appendix 1
Focus on: New Service Development		
8.	Child and Adolescent Mental Health (CAMH) – Kilwinning Project	
8.1	Kerry Allison, Improvement Adviser attended the meeting to provide a presentation on Children and Young People Improvement Collaborative Across Services – Kilwinning Locality Wellness Model.	
8.2	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Whole System Model of Mental Health Support • How the work has progressed • Stakeholders involved • Access and Pathways • Top reasons for referrals to CAMHS from the Kilwinning area: <ul style="list-style-type: none"> - General Anxiety - Low Mood - Suicide Ideation/Attempt - Self-Harm - Behavioural Problems • Number of Counselling Referrals received within Kilwinning from Aug 2017 – July 2018 <ul style="list-style-type: none"> - 78 referrals - 25 young men - 53 young women • Communication <ul style="list-style-type: none"> - Regular Newsletters - Picnic in McGavin Park, Kilwinning - Joint Family Engagement Events within Primary and Secondary schools within Kilwinning area • Wellbeing Issues facing Kilwinning Academy • Associated Impact on Young People within a Classroom Setting <p>Impact of the Kilwinning Wellness Model</p> <ul style="list-style-type: none"> • Improved Communication with CAMHS and School • Less referrals into CAMHS • Named CAMHS Clinicians identified for Schools • Data Sharing across Services/Agencies • Identifying services that schools could suggest before referring to Specialist Mental Health Services • GP's referring through SCI Gateway to Named Person Service 	
8.3	Louise McDaid asked when this model would be rolled out within other locality areas to which Kerry advised the aim is to roll this out as soon as	

	possible. Kerry further noted it has taken a year of building relationships etc. to get to the current position for Kilwinning. Going forward, Kerry added that Deputy Teachers and engaging GP's may be able to support in spreading good practice across localities. Work is ongoing and CAMHS referrals within Schools are being mapped out.	
Focus on: Locality Planning Forums (LPF)		
9.	Update from LPF Leads	
9.1	<p><u>North Coast</u> The next North Coast Locality Forum is scheduled to take place on 15th February 2019 within Brooksby, Largs. On reviewing the Terms of Reference, an array of invites have being extended to CPN's, staff members and young persons. Louise added that the GP is also on board.</p> <p>Following the meeting on 15th February, a more detailed update will be available at the next meeting.</p>	
9.2	<p><u>Irvine</u> Barbara Conner outlined that the Irvine LPF continues to focus on the priorities identified. Bruce McMaster attended the latest forum to discuss fairer food, specifically in the Irvine area. Work is ongoing to look at cross working and linking in with Libraries, sewing clubs etc. to make services more readily available.</p>	
9.3	<p><u>Arran</u> No update from Arran locality. Update required at next meeting.</p>	
9.4	<p><u>Garnock Valley</u> No update from Garnock Valley locality. Update required at next meeting.</p>	
9.5	<p><u>Three Towns</u> Councillor John Sweeney advised that the Three Towns Locality group have been liaising with Secondary Schools to discuss the Three Towns priorities. This was so well received at Auchenharvie Academy, Stevenston, they have been invited to speak to the Parent Council and Senior Pupil group.</p> <p>Work is ongoing with Scott Bryan to look at the Alleviating Poverty Index to help identify and target gaps across the locality.</p> <p>The group is also looking at ways to work collaboratively with other Organisations within the Three Towns to look at family inclusion and healthy eating.</p>	
9.6	<p><u>Kilwinning</u> No update from Kilwinning locality. Update required at next meeting.</p>	
Focus on: Other Relevant Updates		
10.	Primary Care Services Update	
10.1	Due to time constraints, item deferred to the next meeting dated 6 th March 2019.	
11.	Garnock Valley MDT Local Care Model	
11.1	Due to time constraints, item deferred to the next meeting dated 6 th March 2019.	
12.	AOCB	
12.1	<p><u>Future Agenda Items</u> Any agenda items to be forwarded to Michelle Sutherland or Scott Bryan for inclusion within future agenda.</p>	



12.2	There was no other business to be discussed, therefore the meeting was brought to a close.	
13.	Future Meetings	
13.1	Wednesday, 6 th March 2019, at 10:00am within Fullarton Hub, Irvine.	

DRAFT

Mental Health & Wellbeing

Feedback received from the Strategic Planning Group in response to:

- 1) What good examples are there in your area of improving Mental Health & Wellbeing?**
- 2) How can you further support the improvement of Mental Health in North Ayrshire?**

Table 1

- Volunteering
- Third Sector Interface
- Community Groups
- Intergenerational Projects
- Using existing publications to start getting positive messages out to the public i.e. 'It's ok not to be ok' and "We all have Mental Health"
- Perinatal Mental Health – expanding the service across all localities

Table 2

- Care Home
 - Activity Co-ordinators keeping people engaged in physical/social activities
 - Volunteering opportunities
 - Health Promoting Care Framework – physical activity
 - Care Home Physical Activity (CAPA)
 - National Programme starting in North Ayrshire
- KA Leisure
 - Mind & Be Active
 - Self-Referrals (8,800 people attended in 2018)
- Community Link Workers
 - 12 in every practice – numbers increasing
 - Primary Care Implementation Plan
 - Beith Trust Be-friending phone line for isolation for all in North Ayrshire
- Living life to the full – support people to plan for their own Mental Health & Wellbeing
- Kilwinning Wellness Model – Building resilience in young people
- Peer support for young people
- Fit Ayrshire Dads
- Champions Group – care experienced young people
- Two people in every school who are Mental Health trained

Table 3

- Pharmacy Training in Mental Health
- Share information more widely
- Working more closely with Mental Health Practitioners – tapping into this specialist resource as MDT.
- NHS/HSE Project Managing Stress
- Action 15 money – OT/Physio posts
- Community Link Workers – Referring patients to appropriate services.
- Ailsa Workshop
- Occupational Health
- AHP work in Woodland View with inpatients and others
 - Cooking groups
 - OT groups
 - Art groups
- OT links with Ayrshire College – working with clients to improve wellbeing and new skills
- Links to national AHP MH groups looking at training staff in more specialist/specific skills

Table 4

- MH conversation priorities are reflected well in the Public Health Strategy
- Need to ensure the two Strategies are complimentary
- Growing recognition that poor mental health can also go along with good mental health
- Need to acknowledge that physical health impacts on mental health
- Motivation – people need to have more aspirations “Poverty of Aspirations”
- Acknowledging that social media can have damaging effect on mental health
- Umbrella approach – “Fair for All”, Fair Food etc.
- Research – less industrial areas – mean better health outcomes?
- Need to consider knock on effects of Policies/Activities
- Wider approaches – creating mentally healthy environments
 - Recognising that feeling low/anxious is normal
- West of Scotland – Acceptance of Authority – need greater levels of democracy