

Argyll and Bute Health and Social Care Partnership strategic plans Place and Wellbeing Assessment Report



About the report

This is a report of a Place and Wellbeing Assessment held in April 2023 to review the Argyll and Bute Health and Social Care Partnership Joint Strategic Plan and Joint Commissioning Strategy.

We know that the places we create impact on those who live, work and relax in them and can have a positive or negative influence on their health and wellbeing. The process applied during the workshop takes a place-based approach considering the consequences of our actions on creating a place that has a positive impact for those who live, work and relax there.

Participants were asked to use their knowledge and expertise to consider how the plans are likely to impact on creating a place that enables wellbeing.

Using the data gathered by Public Health Scotland's Local Intelligence Support Team (LIST), as part of the Shaping Places for Wellbeing Programme, discussions also considered population groups highlighted in this data as being impacted by inequality.

This report begins with a Report Summary of the key points in the discussion. It highlights where the update of the plans could consider their impact on place to enable a positive influence on people's contribution to addressing climate change and improving their health and wellbeing. It includes a brief summary of the two plans, how this session links to the Shaping Places for Wellbeing Programme and lists those participating in the assessment session. The remainder of the report outlines the discussions that took place including recommendations to consider when updating the plans. To assist our understanding, we also include relevant research and evidence that supports the Place and Wellbeing Outcomes.

Report Summary

The Argyll and Bute Health and Social Care Partnership Joint Strategic Plan and Joint Commissioning Strategy contribute to delivering and supporting many of the aspects of a place that enable the wellbeing of those who live, work and relax in Dunoon and the wider Argyll and Bute Council. The review of the Argyll and Bute Health and Social Care Partnership Joint Strategic Plan and Joint Commissioning Strategy is an opportunity to broaden the contribution of place to both overall wellbeing and to reducing inequality in some communities.



The following broad themes were identified:

1. Role of the Health and Social Care Partnership

There was extensive discussion which explored the role and the reach of the health and social care partnership. This included consideration of the core functions, what was better delivered in partnership and when the role was to influence and share knowledge to achieve health outcomes.

While it was agreed that the focus of the plans was on the delivery of healthcare services, a key point of discussion was the role of the Health and Social Care Partnership in relation to early stages of prevention and the impact on reducing need for healthcare services. It was also acknowledged that their impact in delivering healthcare services and early stage prevention often depends on the decision making process in other strategic decisions and plans.

While all the Place and Wellbeing Outcomes enable improved wellbeing and provided means to include early stage interventions, in the Argyll and Bute context the Public Transport, Housing & Community and Natural Space Outcomes were three key areas identified which had a significant opportunity for improved impact on reducing the need for healthcare services. Improving their delivery involves obligations of multiple organisations and would benefit from stronger references in both plans to connecting and supporting those obligations. In terms of public transport outcomes, the focus was on improving connectivity within different modes and to active travel, particularly walking. In terms of housing and community the focus was on the potential for a more positive impact in relation to workforce planning, family support and mental wellbeing. Natural Spaces outcomes, while not part of the obligations for the Health and Social Care Partnership, was also identified in terms of the positive links with preventative healthcare such as outdoor learning, mental wellbeing, food security and a healthy diet. Additionally, partnership with education services in the plans was raised in terms of reducing stigma, increasing resilience and raising awareness about health promoting behaviours.

2. Collaboration with the third sector

Keeping people informed and engaged is a key priority in the plans and an ambition for co-production of services is set out clearly in the priorities and referenced throughout the plans. This was highlighted as being important in relation to identifying gaps in provision, including the early prevention role of place, and seeking collaborative solutions, acknowledging the added value that the third sector can bring to healthcare and preventative healthcare provision. Further detail of how it could be delivered could be included in both plans, taking into consideration volunteer fatigue and third sector services being at capacity which was identified across the different themes.



Overarching recommendations to consider:

- Develop references to the positive impact of the Place and Wellbeing Outcomes on preventing poor health throughout the plans, the benefits to delivery of health priorities and reducing the need for healthcare services.
- In order to strengthen links for the delivery of shared priorities and obligations the plans should include references to other stakeholder plans that are part of delivering the vision. This includes promoting the need for alignment of plans, knowledge and data sharing and highlighting the health benefits. For example, this could be added to the sections on 'what we plan to do' in the strategy plan, detail who to reach out to and work with to provide data and policy support to highlight.
- Communication of the plans was recognised as important in maintaining engagement and putting across key messages around the long-term preventative contribution of the places people use and their impact on enabling self-support.
- Identify where the recommendations can be embedded in care area specific strategies and implementation plans and include reference to this in the strategic plans.

Summary of Argyll and Bute Health and Social Care Partnership Joint Strategic Plan and Joint Commissioning Strategy, links with Shaping Places for Wellbeing Programme Context and Participants

Summary of background of the Argyll and Bute Health and Social Care Partnership Joint Strategic Plan and Joint Commissioning Strategy.

The vision of the plans is that 'People in Argyll and Bute will live longer, healthier independent lives'. They are underpinned by key priorities and commissioning intentions which include the themes of:

- Choice and control and innovation
- Prevention, early intervention and enablement
- Living well and active citizenship
- Community co-production



The two plans work together - the strategic plan pulls together for each strategic area, the objectives and priorities for the coming three years and how these will be measured and monitored. The commissioning strategy is a working document which is utilised for the review of all contracts and to underpin developments of innovative and co-produced commissioning solutions.

The plans cover 2022 to 2025 and are reviewed each year to check they still have the right focus and direction. From April – May 2023, a series of discussions and consultation events will gather feedback to identify any changes needed. This assessment forms part of that process.

Links to Shaping Places for Wellbeing Programme

In line with the Place Principle the Shaping Places for Wellbeing Programme ambition is to improve Scotland's wellbeing by reducing the significant inequality in the health of its people. The Programme objective focusses on the evidenced impact that the places where we live, work and relax have on our health and wellbeing. This impact can be positive or negative and this Programme aims to ensure these unintended consequences are fully considered when we make decisions about a place.

All of the evidenced features that a place needs to exhibit for it to have a positive impact on health and well-being are set out in the Place and Wellbeing Outcomes. Our objective is to support delivery of these outcomes. A process used for doing so is a Place and Wellbeing Assessment. This paper is the output of one of these assessments.

A Place and Wellbeing Assessment involves a workshop pulling together expertise and perspectives from attendees to consider a plan, policy or decisions impact on delivering a place that enables wellbeing. It asks attendees to consider each of the Place and Wellbeing Outcomes with a lens on who is experiencing the most significant impact from inequality in that place.

In order to focus the discussion, specific parts of the plans were selected to concentrate on. This was the priorities and commissioning intentions which underpin both documents and the specific service area of mental health, which was felt to be relevant to the key inequalities data we were using.

Inequalities data

To get a better understanding about inequalities in the Project Towns, the Public Health Scotland's Local Intelligence Support Team (LIST) has been gathering data. This data will be used during the Shaping Places for Wellbeing Programme to highlight the people within each town who are being impacted most by poor health and wellbeing.



As well as having focused discussions on each of the five Place and Wellbeing Outcomes, the Place and Wellbeing Assessment also aims to place emphasis on the key groups/areas highlighted in the data in order to ensure strategic decision making considers the impact on those experiencing inequalities.

While the plans are for the wider Argyll and Bute area it was agreed to use the insight from data gathered through the Shaping Places for Wellbeing programme for Dunoon to focus discussion on specific inequalities. These also align with data profiles for the wider Cowal.

The focus of the Shaping Places for Wellbeing Programme aligns with the proposed focus of Getting It Right for Everyone on Cowal to test what learning can be applied to other areas. This means data insight gathered to inform the impact of inequalities Dunoon, will be used to inform discussions on target areas of work.

The quantitative data collected and analysed by the LIST for Dunoon has highlighted four key areas of focus. These are:

- People experiencing addictions
- People living in the high SIMD areas
- People aged 15 – 44 who are at risk of early death
- People living in poverty, particularly the effects of income inequality

Additionally, qualitative data, collected by the Community Link Lead indicated a further area of focus

- People with mental health conditions

Participants

Fiona Davies – Chief Officer, HSCP (PM session only)

Caroline Cherry – Head of Adult Services, Health and Community Care, HSCP

Sam Campbell – Health Improvement Principal, HSCP

Finola Owens – Area Manager, HSCP

James Gow – Head of Finance and Transformation, HSCP

Patricia Morrison – Primary Care Manager, HSCP

Ayshea Robertson - Lead Nurse Primary Care, HSCP

Fiona Thomson – Associate Director of Pharmacy, HSCP

Louise Cassidy – Community Link Worker, Dunoon/Helensburgh

Kirsty Reid - unpaid carer rep, Integrated Joint Board

Kenny Matheson - public rep, Integrated Joint Board

Charlotte Craig – Business Improvement Manager, HSCP

Kristin Gillies – Head of Strategy, Planning, Performance and Technology, HSCP

Linda Currie – Associate Director Allied Health Professionals, HSCP(AM session only)

Alida McGregor - GP Cluster Lead (PM session only)



Kelly Ferns - Research and Development Officer, (Housing), A&BC (AM session only)
Hirstina Tarpanova - Research Assistant (Housing), A&BC

Irene Beautyman, Shaping Places for Wellbeing Programme Lead
Alex Wilde, Shaping Places for Wellbeing Project Lead for Dunoon
Becky Hothersall, Shaping Places for Wellbeing Community Link Lead for Dunoon
Mary Sinclair, Shaping Places for Wellbeing Programme Facilitator



Outline of Discussion and Recommendations by Place and Wellbeing Outcome

Movement

Active Travel

Everyone can:

- easily move around using good-quality, accessible, well-maintained and safe segregated wheeling, walking and cycling routes and access secure bike parking.
- wheel, walk and cycle through routes that connect homes, destinations and public transport, are segregated from, and prioritised above, motorised traffic and are part of a local green network.

Evidence and research:

- Active travel has been associated with reduced risk for all-cause mortality and improvements in mental health.¹
- Evidence that older people appeared to have greater benefits if they started undertaking active travel compared to younger people.²
- Motorised transport has the potential to reduce levels of physical activity and social interactions.³
- One third of Scotland's households do not own a car and this increases to half the households in deprived areas.⁴
- Walking or cycling to school helps children achieve a healthy weight and the beneficial effects may be greater for children from deprived areas.⁵

¹ Rissel C, Curac N, Greenaway M, et al. Physical Activity Associated with Public Transport Use - A Review and Modelling of Potential Benefits. *International Journal of Environmental Research and Public Health* 2012 9: 2454-2478

² Health impact assessment of active transportation: A systematic review <https://pubmed.ncbi.nlm.nih.gov/25900805/>

³ Mueller N, Rojas-Rueda D, Cole-Hunter T, et al. Health impact assessment of active transportation: A systematic review. *Preventative Medicine* 2015;76:103-114

⁴ <https://www.sustrans.org.uk/media/11397/cost-of-living-report.pdf>

⁵ Associations of active travel with adiposity among children and socioeconomic differentials: a longitudinal study | *BMJ Open* <https://bmjopen.bmj.com/content/11/1/e036041>



Summary of discussion:

There is no specific mention in either document about active travel. In the discussion reference was made to its importance in relation to preventative healthcare and living well. A specific example was access to places that would support a good quality of life for all ages and it was noted that the prevention message should be ambitious in term of reach, particularly in terms of the aging population staying active and getting young people active by enabling more every day journeys by walking, wheeling or cycling.

It was felt that there isn't enough knowledge about active travel to support and encourage people to consider it as an option. Active travel was also picked up in relation to spaces and resources in terms of enabling people to access local facilities and use public infrastructure. Connectivity in relation to walking was specifically mentioned and the role of the built environment in facilitating or creating barriers to people's movement.

Recommendations to consider:

- Strengthen the early prevention messages with inclusion of the role of active travel, particularly in reference to living well and active citizenship. For example, highlighting in the plans the value of walking and importance of connectivity in the built environment on behaviour change.
- Include in both plans an intention to work with the Council to support improving choices for people to move around, particularly for those with no access to a car, taking account of the 20-minute neighbourhood/ local living approach in the spatial planning of services and amenities including health care.
- Highlight in both plans the impact of decisions about place on wellbeing and include intention to create stronger links with planning and housing services. This has a benefit to several of the other outcomes as well.
- Include stronger links in the plans with education to promote uptake of active travel for example encouraging cycling, wheeling and walking on children's journey to school.

Public Transport

Everyone has access to a sustainable, affordable, accessible, available, appropriate, and safe public transport service.



Evidence and research:

- Rural and island areas often rely more on public transport because they have to travel further to access services and employment⁶
- Public transport has the potential to improve access to services and facilities and connect communities.⁷
- Certain groups in the population are disproportionately affected by the lack of available and affordable public transport.⁸
- Public transport has the potential to encourage active travel⁹
- Public transport should be accessible, available, affordable and appropriate
- Community transport offers a range of health benefits, including improved access to health services, fewer missed appointments and the continued ability to live at home.¹⁰

Summary of discussion:

There was significant discussion on this topic and recognition of the challenges that come with provision of health services to remote and rural communities. Given some services currently need to be provided at a distance from people's homes, when public transport is inflexible, unavailable or costly it has a big impact on people's health. It was acknowledged that inadequate public transport encouraged people to drive where that was an option and had a significant cost impact on people who were already on low incomes.

Lack of connectivity between services was identified as a particular issue and engagement with bus and ferry services about the planning of their timing, routes and facilities was seen as important. The role of community transport like Interloch and working in partnership with other agencies such as Red Cross and Marie Curie, was seen as important in helping to fill the gaps, though the service wasn't affordable for everyone and could be patchy depending on your postcode. It was identified as an area where external commissioning was more effective than providing the service through the Health and Social Care

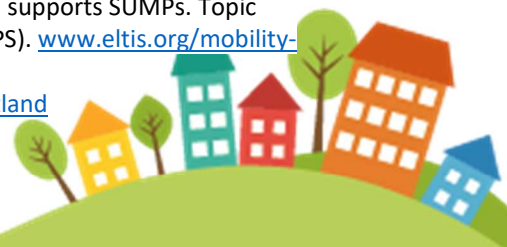
⁶ Scottish Government. Building the evidence base on tackling poverty www.gov.scot/publications/drivers-of-poverty/

⁷ Transport, health, and wellbeing: An evidence review for the Department for Transport https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport_health_and_wellbeing.pdf

⁸ Cooper E, Gates S, Grollman C, et al. Transport, health, and wellbeing: an evidence review for the Department for Transport. London: NatCen; 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport_health_and_wellbeing.pdf

⁹ Davis A, Rye T, Pressl R, et al. Linking transport and health in SUMPs. How health supports SUMPs. Topic guide produced for European Platform on sustainable urban mobility plans (SUMPS). www.eltis.org/mobility-plans/topic-guides-0

¹⁰ [Research into the Social and Economic Benefits of Community Transport in Scotland](#) – Transport Scotland 2015



Partnership. Additionally, the vital role of volunteering in relation to transport services was acknowledged and is explored in more detail under Resources.

Beyond access to healthcare appointments, it was noted that travel for social and leisure activities was also necessary for wellbeing. For some groups of people, in particular people with learning disabilities, their life opportunities were especially limited because of poor access to transport.

Transport Forums were suggested as a key way to engage and learn from people's experiences to identify transport needs and priorities. Co-production on this topic was also seen as useful, which was expanded on further in Stewardship.

Considering the impact of public transport, both positive and negative, on people's health it was agreed that more detail in the plans about travel is important. This included interaction with decision-makers on transport infrastructure and linking across to other transport plans. The main mention is currently in key messages in the Strategic Commissioning Strategy.

Recommendations to consider:

- Expand on the importance of travel and transport to early interventions and accessing healthcare services in both plans and identify partners to collaborate with and opportunities to influence plans from a health perspective. This includes working with Community Planning Partnership and the Outcome Improvement Plan, Roads and Infrastructure in their role as public transport provider (bus and ferries), Planning and Green Transport Plans and Strategic Transportation and the Active Travel Strategy and action plan. Additionally, identify opportunities to link with the HiTrans regional transport strategy.
- Include in both plans a reference to benefits of working in partnership on future transport strategies to increase understanding of health needs and enable more effective co-ordination. This includes highlighting the benefit of mapping the needs and gaps in transport provision in the delivery of this outcome as well as identifying other stakeholders needed to be part of such an exercise.
- Consideration of a human rights perspective on supporting people to access the transport they need to participate equally in a place. Identify within the plans who the Health and Social Care Partnership would need to work with to achieve this.
- In the implementation plans identify how the upcoming volunteer co-ordinator post in the Health and Social Care Partnership could support partnership working around transport.
- To strengthen engagement intentions in the plans, include reference to importance of engagement with transport forums to evidence impact of public transport on healthcare access and identify solutions.



Traffic and parking

Everyone can benefit from:

- reducing traffic and traffic speeds in the community.
- traffic management and design, where traffic and car parking do not dominate or prevent other uses of space and car parking is prioritised for those who don't have other options.

Evidence and research:

- Motorised transport has the potential to increase air and noise pollution and greenhouse gases.¹¹
- Lack of suitable parking has the potential to affect health.¹²
- Parking should be prioritised for people who don't have other options.¹³
- Cars can help people to access services and communities.¹⁴
- The volume and speed of traffic and long commutes can be detrimental to health.¹⁵

Summary of discussion:

There is no specific mention of traffic or parking in either plan. It was agreed however that reducing staff travel to health facilities in private cars would be beneficial in terms of giving people with the most need better access, and delivering on net zero climate targets. As the Health and Social Care Partnership are not employers, the role would be of influencing the Council and NHS to engage with staff about parking at healthcare facilities. It was noted that public transport and a flexible appointment system would also be needed to support behaviour change and create a culture of using the car less.

¹¹ Transport Scotland. National Transport Strategy. Edinburgh; Transport Scotland; 2020.

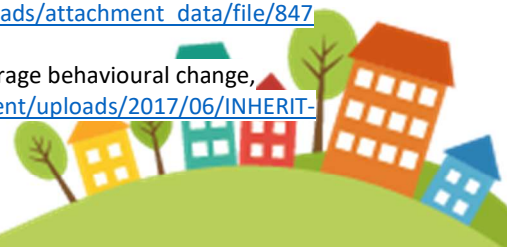
www.transport.gov.scot/our-approach/national-transport-strategy/

¹² Armitage R, Monchuk L and Rogerson M. It Looks Good, but What is it Like to Live There? Exploring the Impact of Innovative Housing Design on Crime. European Journal on Criminal Policy and Research 2011;17(1):29–54

¹³ Transport use, health and health inequalities: The impact of measures to reduce the spread of COVID19. <https://publichealthscotland.scot/downloads/transport-use-health-and-health-inequalities-the-impact-of-measures-to-reduce-the-spread-of-covid-19/>

¹⁴ Transport, health, and wellbeing: an evidence review for the Department for Transport https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport_health_and_wellbeing.pdf

¹⁵ INHERIT: exploring triple-win solutions for living, moving and consuming that encourage behavioural change, protect the environment, promote health and health equity www.inherit.eu/wp-content/uploads/2017/06/INHERIT-Report-A4-Low-res_s.pdf



It was identified that there is potential for the Health and Social Care Partnership to test pilot initiatives in relation to parking around hospital campuses. The redevelopment of Dunoon Community Hospital could be identified in the plans as an opportunity to test this out and link with active travel recommendations.

It was noted that there are details in the plans regarding the vehicle fleet for the Health and Social Care Partnership and a mention of the intention to increase the number of electric vehicles and associated infrastructure.

Recommendations to consider:

- Include a commitment in the plans to support a reduction in the need for private vehicle use to access healthcare facilities.
- Identify opportunities in the plans to link with staff travel policies and initiatives in order to support and encourage public transport use and active travel.
- Identify opportunities in the plans or sub plans to include the intention to pilot a review of parking priorities at healthcare facilities. A specific example could be as part of the sustainable investment in Cowal Community Hospital.

Space

Streets and spaces

Everyone can access:

- buildings, streets and public spaces that create an attractive place to use, enjoy and interact with others.
- streets and spaces that are well-connected, well-designed and maintained, providing multiple functions and amenities to meet the varying needs of different population groups.



Evidence and research:

- Evidence that mental wellbeing and quality of life was higher if the residents perceived their neighbourhood, including the buildings, as attractive.¹⁶
- Navigable streets and spaces allow people to move around easily, safely and access facilities and services.¹⁷
- Inadequate or poor spaces can lead to reduced social interactions.¹⁸
- Intergenerational connection and sharing of resources to support health, including the sharing of community assets, can strengthen communities.¹⁹
- Partnerships in place-keeping which involve communities can bring benefits that individual partners cannot achieve alone.²⁰

Summary of discussion:

The discussion focused on the need for a range of welcoming and accessible spaces to support people's health and wellbeing, particularly mental health. Dunoon, as an example, was seen as having great assets in terms of indoor and outdoor spaces, and the focus should be on increasing access to them. Spaces that have multiple functions were seen as positive, because it can reduce the stigma of accessing a particular service. This can be especially important in small communities.

It was noted that there are challenges with the Health and Social Care Partnership estate in terms of capacity and suitable accommodation for services. Beyond this it was recognised that partnership working with Council departments responsible for the planning of spaces was key. Specific areas of influence mentioned as important were in relation to housing developments and lack of connectivity and providing spaces of social connection for older children.

It was agreed that references to spaces and wellbeing could be strengthened in the plans and point to service area strategies where this could be expanded on. It was noted that there are increasing requirements for planning to deliver on wellbeing which provides opportunities for partnership working and measuring the health impact of interventions.

¹⁶ Bond L, Kearns A, Mason P, et al. Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. BMC Public Health 2012;12:48.

¹⁷ Quality of Life Foundation. Quality of life literature review; 2019. www.qolf.org/wp-content/uploads/2021/02/Literature-Review-of-Quality-of-Life-in-the-Built-Environment-Publica-4-1.pdf

¹⁸ Public Health England. Local action on health inequalities: reducing social isolation. 2015 <https://www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation>

¹⁹ Public Health England. Local action on health inequalities: reducing social isolation. 2015

²⁰ Place-keeping in action: Evaluating the capacity of green space partnerships in England, 2015 <http://dx.doi.org/10.1016/j.landurbplan.2015.03.004>



Recommendations to consider:

- Strengthen references in the plans to good quality and accessible spaces and the benefits to health and wellbeing. This could include referencing case studies of what's working in other places.
- Highlight the positive mental and physical health impact on health of regeneration and investment in public realm that has considered all of the Place and Wellbeing Outcomes.
- Cite opportunities in the plans and sub plans for partnership working to deliver on the Spaces outcomes and identify who would take a lead. A specific example of this is to engage with the Council on the Open Space Strategy it is required to produce through the planning services and the Local Development Plan. Additionally, reference use of the Street Design Guide when published.

Natural Space

Everyone can:

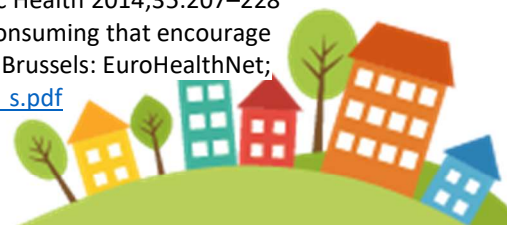
- access good-quality natural spaces that support biodiversity and are well-connected, well-designed, safe, and maintained, providing multiple functions and amenities to meet the varying needs of different population groups.
- be protected from environmental hazards including air/water/soil pollution or the risk of flooding.
- access community food growing opportunities and prime quality agricultural land is protected.

Evidence and research:

- Natural spaces can encourage social interactions and the development of stronger or more cohesive communities and can provide a sense of community and belonging.²¹
- Exercise, in natural/greenspaces may have greater health benefits, for example improved mental health outcomes, than the same activity in other settings.²²

²¹ Hartig T, Mitchell R, de Vries S, et al. Nature and health. Annual Review of Public Health 2014;35:207–228

²² Staatsen B et al. INHERIT: exploring triple-win solutions for living, moving and consuming that encourage behavioural change, protect the environment, promote health and health equity. Brussels: EuroHealthNet; 2017. www.inherit.eu/wp-content/uploads/2017/06/INHERIT-Report-A4-Low-res_s.pdf



- The availability and accessibility of natural spaces vary across different income groups.²³

Summary of discussion:

The main area of discussion was that while Argyll and Bute had a wealth of natural spaces, and that increasing access to the countryside was important, especially for mental health, it was unclear how many people are able to access it. Also noted was that the grounds of hospitals and other healthcare facilities provided opportunities to increase access to natural spaces.

Food growing was recognised as having a wide range of health benefits, including community cohesion and mental wellbeing. Supporting access to food growing was another area of discussion both within the grounds of hospitals and access to allotment sites. Food security and access to food for people in poverty is mentioned several times in the plans, though not a specific reference to food growing.

Recommendations to consider:

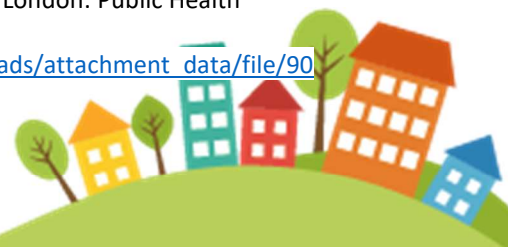
- Identify food growing strategies to link with in the plans and include specific references in the appropriate locality strategies.
- Identify opportunities in the plans to link with open space, forest and national parks management plans and strategies to increase accessibility

Play and recreation

Everyone can access a range of high quality, safe, well-maintained, accessible places with opportunities for play and recreation to meet the varying needs of different population groups and the community itself.

²³ Public Health England. Improving access to greenspace. A new review for 2020. London: Public Health England;

2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf



Evidence and research:

- Perceptions of poor design, quality and safety can lead to children and young people not using the play and recreation spaces.²⁴
- Play and recreation is beneficial for the health of both adults and children through the encouragement of physical activity and social interactions.²⁵
- There are health benefits of undertaking play and recreation in outdoor environments, in particular natural spaces. There are specific benefits for children such as the development of motor skills, understanding risk and environmental awareness.²⁶

Summary of discussion:

Play and recreation aren't specifically referenced in either strategy but there was discussion about the importance of having open space to play. This was previously referenced in relation to older children and was also discussed under this theme in terms of the importance of cultivating outdoor learning from an early age. Other discussion relevant to this outcome was the need to provide a range of informal outdoor spaces for leisure and recreation, particularly for people who might be intimidated or not be able to afford formal leisure services. Outdoor gyms were mentioned as an example of this. Also relevant to discussion was the opportunities that the grounds of healthcare facilities might offer.

Recommendations to consider:

- Local Authorities are being required to create open space and play sufficiency audits: identify opportunities for partnership working in the Health and Social Care Partnership Plans. This could include sharing data to support the allocation of funds for playpark upgrading led by Roads and Infrastructure.
- Include references in the plans to benefits of sharing knowledge on the health benefits of play and recreation to support those making decisions about provision.

²⁴ NHS Health Scotland. Place and communities. www.healthscotland.scot/publications/place-and-communities

²⁵ <https://www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation>; <http://www.playscotland.org/wp-content/uploads/Power-of-Play-an-evidence-base.pdf>

²⁶ Play Scotland. Getting it right for play power of play: an evidence base. www.playscotland.org/wp-content/uploads/Power-of-Play-an-evidence-base.pdf



Resources

Services and support

Everyone can access:

- health enhancing, accessible, affordable and well-maintained services, facilities and amenities. These are informed by community engagement, responsive to the needs and priorities of all local people.
- a range of spaces and opportunities for communities to meet indoors and outdoors.
- information and resources necessary for an included life in a range of digital and non-digital formats.

Evidence and research:

- There can be poor availability or accessibility of facilities in some rural and deprived areas.
- People need local facilities and services to live and enjoy healthy independent lives.²⁷
- Accessibility to services can be exacerbated by poor transport links and safety of wider environment.²⁸
- Access to facilities, services and communities can also help to increase social interactions and the inaccessibility can affect certain groups disproportionately.²⁹

Summary of discussion:

Discussion focused on issues that often arise due to the remote and rural nature of Argyll and Bute, including access to specialist services and stigma in accessing services.

There was a strong connection back to movement outcomes, as people often need to travel a long distance to access specialist appointments, which due to public transport connectivity issues, means it can take up a lot of time. It was noted that the increasing specialisation within the NHS means that it isn't always feasible to have clinics more locally.

²⁷ Compact, Walkable, Diverse Neighbourhoods: Assessing Effects on Residents. 2014 <https://www.tandfonline.com/doi/abs/10.1080/10511482.2014.900102>; Spatial Planning and Health (NICE). 2012 <https://www.instituteofhealthequity.org/resources-reports/spatial-planning-and-health-nice>

²⁸ <https://www.transport.gov.scot/our-approach/national-transport-strategy/>

²⁹ Scottish Government. Building the evidence base on tackling poverty paper 1 – a discussion paper on the drivers of poverty. Edinburgh: Scottish Government; 2017. www.gov.scot/publications/driversof-poverty/



Stigma was discussed in relation to accessing mental and sexual health services in particular. It was agreed that poor access to transport can further impact this but that the way spaces are designed can increase access to services in a confidential way. Examples of how this can be achieved is when multiple services are provided from one place, increasing anonymity. Teenage girls access to sexual health clinics was specifically mentioned in terms of a group who might benefit. The discussion also touched on the importance of links with education to reduce stigma and increase understanding about mental health.

In terms of delivering a responsive service, it was felt that a greater understanding of the causes and long term management of mental health was needed, looking wider than crisis management. A trauma informed approach is already embedded in the plans and the importance of early prevention related to employment, housing etc was also acknowledged. It was also agreed that services need to take account of the rising costs of living and the impact on people's ability to make healthy choices.

An additional barrier to delivering a responsive service that was mentioned, was as an attitude towards risk, and anxiety about complying with regulation. An unintended consequence of this was suggested to be the reduction of risk and resilience in the population, particularly children. A question was raised about how a challenge to this could be incorporated in the plans.

The role of the third sector was agreed to be vital in delivering the range and types of services needed, particularly in relation to health prevention. It was noted that Community Link Workers have had a positive impact on linking between statutory and third sector services, though there isn't always sufficient capacity in services to link to. This is expanded on further in the section below and in the section on influence and control.

Recommendations to consider:

- Identify examples to reference in the plans of where access to mental health services are working well, and strengthen references to longer-term condition management approach and the early prevention role of place.
- Strengthen the role of prevention in the plans, specifically opportunities to link with Council plans for housing developments and employability initiatives and working group.
- Include further links in the plans to educational plans and services to reinforce learning around wellbeing and emotional literacy.
- Right Care Right Time could highlight the importance of local living to enable a community to support their aging population better.
- Highlight in the plans, the importance of up to date local knowledge in enabling people to access services and resources and the crucial role of Community Link Workers play in building this knowledge.



- Include intention in the plans to link with the Argyll and Bute Outcome Improvement Plan to support collaborative working where there are shared outcomes.

Work and economy

Everyone benefits equally from a local economy that provides:

- essential goods & services produced or procured locally
- good quality paid and unpaid work
- access to assets such as wealth & capital and the resources that enable people to participate in the economy such as good health and education
- a balanced value ascribed across sectors such as female dominated sectors and the non-monetary economy
- the resources that enable people to participate in the economy such as good health and education.

Evidence and research:

- Volunteering has been associated with improved self-rated health; mental health; decreased depression; decreased mortality, life satisfaction; and wellbeing.³⁰
- Work is beneficial for health if it is 'good' work. 'Good' work is defined as work which improves income, job security, does not increase employee's risk of illness or injury, or does not negatively impact mental health.³¹

Summary of discussion:

The key focus of discussion was of the vital role of volunteering in supporting people to access healthcare services and health improving activities and the added value it brings. This included befriending, picking up prescriptions, supporting community transport, led walks etc. This was part of a wider discussion about the importance of the role of the third sector in linking with formal healthcare services and being trusted intermediaries. It was acknowledged that volunteer fatigue and reduced capacity in volunteer run organisations

³⁰ Volunteering and health: what impact does it really have? www.researchgate.net/profile/Rachel-Casiday/publication/228628782_Volunteering_and_Health_What_Impact_Does_It_Really_Have/links/56339fab08aeb786b7013877/V

³¹ Local Government Association. Nobody left behind: maximising the health benefits of an inclusive local economy. London: Local Government Association; 2019. www.local.gov.uk/sites/default/files/documents/22.15%20inclusive%20growth_04.1.pdf



has been increasing so reliance on volunteers needs to be thought about as part of the commissioning of services rather than filling a gap.

The discussion also touched on the number of unfilled vacancies in the workforce partly due to people not being able to take up employment because of issues with housing, which is expanded on in the section on housing. This is referenced in the plan along with need for skills development and challenges of an aging workforce. Challenges with recruitment for pharmacists and GPs was specifically discussed, though pharmacists are not mentioned in the plan.

Volunteering is mentioned in the plans in relation to Caring for People and the Covid-19 response. It was noted in the discussion that volunteering levels are decreasing again post pandemic and suggested that there could be learning to be gained from the pandemic experience.

Recommendations to consider:

- Improve the alignment in the plans with the NHS Highland workforce plan to deliver more on this Outcomes
- Include intention in the plans to develop shared learning on third sector partnerships and volunteering and identify who to work with, for example the Community Planning Partnership.
- Access to education and childcare is contributing factors to where people choose to work. Include reference to this in workforce development plan.
- Strengthen references in the plans to the benefits of sharing evidence of need with partners, to inform decisions that impact on providing health services. This could include housing, transport and availability of secure good quality work.



Housing and community

Everyone has access to:

- a home that is affordable, energy efficient, high quality and provides access to private outdoor space.
- a variety of housing types, sizes and tenancies to meet the needs of the community. And of a sufficient density to sustain existing or future local facilities, services and amenities.
- a home that is designed and built to meet need and demand, is adaptable to changing needs and includes accessible/wheelchair standard housing.
- new homes that are located and designed to provide high levels of climate resilience and use sustainable materials and construction methods.
- homes that are designed to promote community cohesion.

Evidence and research:

- Provision of good quality affordable housing is associated with improved physical and mental health outcomes including quality of life.³²
- Certain groups of the population can sometimes find it difficult to access good quality affordable housing, which meets their needs.³³
- Housing should be located close enough to enable residents to easily access facilities and services including employment, social networks and transport.³⁴

Summary of discussion:

There was a strong focus on housing and its role in preventative healthcare and workforce planning. It was acknowledged that there are good links currently between housing strategy and healthcare strategies, though further evidence and good insight is needed to enable early intervention. This was discussed both in relation to aging well in place and

³² www.health.org.uk/publications/reports/the-marmot-review-10-years-on

³³ Jones R. The built environment and health: an evidence review; 2013. https://www.gcph.co.uk/publications/472_concepts_series_11the_built_environment_and_health_an_eviden%20ce_review?date_from%5Bmonth%20%5D=1&date_from%5Byear%5D=2013&date_to%5Bmonth%5D=12&date_to%5%20Year%5D=2013

³⁴ Higgins M, Cain T, Lowther M, et al. 50,000 affordable homes: A health impact assessment. Edinburgh: Scottish Health and Inequalities Impact Assessment Network and Scottish Public Health Network (ScotPHN); 2017. https://www.scotphn.net/wp-content/uploads/2015/11/2017_06_27-FINAL-SHIIAN-50-000-New-Homes-HIA-Report-ES.pdf



mental health support around risks of homelessness. The evidence is needed to identify the requirements for location and type of housing, tenure etc.

The discussion on workforce planning and housing raised that it would benefit from aligning conversations with other employers about needs. For example, it would be helpful to quantify number of unfilled posts due to lack of appropriate housing to build links with the private sector.

It was agreed that a better understanding is needed of causes of homelessness and in particular how poor mental health can be a cause and a consequence. Noted that there is a lack of data currently about connections between housing and mental health. It was also noted that there is a new duty on health services to prevent homelessness and questions were raised about how to join this up with other statutory duties related to homelessness.

Linking back to the discussion on spaces it was agreed that new housing developments in particular should better consider connectivity for accessing services, social cohesion and promoting active travel.

Recommendations to consider:

- Include more detail in the plans on housing needs to support workforce development and sustainability
- Include reference in the plans to the benefits of sharing data relevant to housing and links with Council housing plans, including locations of new developments, mix, density and tenure of housing.
- Include more emphasis in the plans on the role of housing in the prevention of poverty, particularly in relation to child poverty and links to mental health
- Investigate how the new statutory duty for preventing homelessness is to be included in the plans and identify how it can link up with duties for other statutory organisations
- Include references within the plans to good housing models that promote wellbeing and the benefits to preventative healthcare



Civic

Identity and belonging

Everyone can benefit from a place that has a positive identity, culture and history, where people feel like they belong and are able to participate and interact positively with others.

Evidence and research:

- Landmarks or something distinctive about the neighbourhood can also help to create a sense of place and belonging, which is beneficial for health.³⁵
- Social isolation and fewer social interactions can be exacerbated by a poor physical environment.³⁶
- A sense or feeling of belonging to a community is associated positively with mental health, and an improved quality of life.³⁷

Summary of discussion:

It was agreed that there is a strong sense of identity and belonging amongst people living in Argyll and Bute. There was a discussion about how new people are welcomed and the important role that communities can have in attracting and retaining healthcare staff. Raasay was mentioned as an example where this has worked positively.

Further work was felt to be needed around delivery of the Promise in supporting people leaving care to feel a sense of belonging and to link across generations. Noted that community events have an important role to play in creating connections and community cohesion.

This discussion also related back to the stigma around mental health, compared to physical health and education about emotional wellbeing. The current focus on stigma in the plans relates to people with learning disabilities and the need for staff training.

³⁵ Design for social sustainability – a framework for creating thriving new communities. <https://youngfoundation.org/publications/design-for-social-sustainability/>

³⁶ <https://vhscotland.org.uk/the-zubairi-report/>

³⁷ Quality of life literature review www.golf.org/wp-content/uploads/2021/02/Literature-Review-of-Quality-of-Life-in-the-Built-Environment-Publica-4-1.pdf



Recommendations to consider:

- Include in references to workforce planning the important contribution of community cohesion and welcome to retention and recruitment
- Include references in the plans to the role of community cohesion and welcome in relation to reduction in stigma around mental health in particular.
- Identify how longer-term condition management of mental health can be referenced in the plans and the role of place in supporting this.

Feeling safe

Everyone feels safe and secure in their own home and their local community taking account of the experience of different population groups.

Evidence and research:

- Perceptions of place feeling unsafe can lead to negative impacts on health, for example mental wellbeing and can reduce outdoor activities.³⁸
- Some groups within the population can have limited access to safe and well-maintained environments.³⁹
- Perceptions of safety can influence a sense of powerlessness.⁴⁰

Summary of discussion:

While there was an agreement that in relation to public safety it was understood that people generally felt safe, there was discussion about the importance of people feeling safe in their own homes. It was noted that rurality can reduce people's anonymity, the negative effect of which can be on people's sense of safety due to stigma around mental health or addictions for example and also and reporting of concerns. It was acknowledged that feeling safe enables people to stay longer in their homes with the effect of reducing time in hospital and supporting work with families to prevent children going into care. Partnership working

³⁸ Lorenc T, Clayton S, Neary D, et al. Crime, fear of crime, environment, and mental health and wellbeing: mapping review of theories and causal pathways. *Health Place* 2012;18:757–765.

³⁹ INHERIT: exploring triple-win solutions for living, moving and consuming that encourage behavioural change, protect the environment, promote health and health equity. www.inherit.eu/wp-content/uploads/2017/06/INHERIT-Report-A4-Low-res_s.pdf

⁴⁰ Evidence Behind the Place Standard Tool and the Place and Wellbeing Outcomes <https://publichealthscotland.scot/media/14808/evidence-behind-the-place-standard-tool-and-the-place-and-wellbeing-outcomes-full-report.pdf>



was discussed as being key to prevention and the multi-agency work around dementia led by the police in Argyll and Bute was specifically mentioned.

There is a strong mention in the plans of links with reducing violence against women and girls, which links to the discussion on access to sexual health services. There is less mention of other groups beyond older people, for whom safety might be a particular issue.

Recommendations to consider:

- Strengthen reference in the plans to the importance of a cohesive community in relation to delivering outcomes on safety
- Include further detail on safety in the plans in relation to the Promise and working with whole families and wider communities to increase safety of children and reducing the need to go into care.
- Include in the plans details of how learning can be shared and replicated in other areas on initiatives such as the Dementia Safeguarding Tag. This could focus on the links in the plans to the Community Safety Partnership.

Stewardship

Care and maintenance

Everyone has access to:

- buildings, spaces and routes that are well cared for in a way that is responsive to the needs and priorities of local communities.
- good facilities for recycling and well organised refuse storage and collection.

Evidence and research:

- If neighbourhoods are attractive this can improve mental wellbeing.⁴¹
- If people are involved in helping to design and maintain the places they live in this can build a sense of ownership, belonging and attachment.⁴²

⁴¹ Bond L, Kearns A, Mason P, et al. Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. BMC Public Health 2012;12:48.

⁴² Durcan D, Bell R. Reducing social isolation across the life course. London: Public Health England; 2015. www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-socialisolation



- If people perceive their neighbourhoods as being poorly maintained with high levels of environmental incivilities they are likely to experience worse health outcomes such as lower levels of mental wellbeing⁴³

Summary of discussion:

Discussion focused on the importance of a well cared for environment in people feeling pride in their place. It was agreed that the management of refuse collections should link in with support services and housing providers to identify and assist people in a non-stigmatising way.

The role of volunteers was also touched on in terms of care of building and spaces and expanded on in the following section about influence and control.

Recommendations to consider:

- Include reference to the importance of ensuring maintenance of spaces when strengthening the role of spaces in preventative healthcare in the plans.
- Strengthen references in the plans to benefits of partnership working with third sector organisations in relation to the care and maintenance of outdoor spaces including around healthcare facilities.

Influence and sense of control

Everyone is empowered to be involved a place in which:

- Local outcomes are improved by effective collaborations between communities, community organisations and public bodies.
- Decision making processes are designed to involve communities as equal partners.
- Community organisations co-produce local solutions to issues.
- Communities have increased influence over decisions.
- Democratic processes are developed to be accessible to all citizens.

⁴³ [https://www.gcph.co.uk/assets/0000/4174/BP_11 - Built environment and health - updated.pdf](https://www.gcph.co.uk/assets/0000/4174/BP_11_-_Built_environment_and_health_-_updated.pdf)



Evidence and research:

- Sense of control can be beneficial for mental health and quality of life.⁴⁴
- Empowerment can help to reduce isolation and can be beneficial for mental health and wellbeing.⁴⁵
- People living in more socio-economic deprived areas felt less confident about being involved in decision-making compared to less deprived areas.⁴⁶
- Those with a long-term health condition or disability can feel less empowered in decisions about their neighbourhood.⁴⁷

Summary of discussion:

There is a strong focus on engagement, control and co-production in the plans and the discussion centred on the role of collaboration with the third sector in delivering on the plans. It was agreed that much better value can be achieved through partnership working and that third sector organisations are able to reach into people's lives in a way that statutory services can't always do. There is an interest and willingness to be involved in co-production from the third sector, though communications are really important, because there can be a perception that it is just about cost cutting and filling gaps in services.

Lack of capacity and volunteer fatigue were mentioned regularly in relation to the third sector and it was acknowledged that partnership working needed to be mindful of that and think creatively about commissioning of services from the third sector. Suggested that the plans identify ways to support third sector capacity building plans.

There was an acknowledgement that engagement had been limited the last few years and was being built back up again through the Locality Planning Groups and strengthening links with the third sector, for example by supporting the Community Directory. It was agreed that engagement needed to be more proactive than reactive, which it had been in the past.

Also discussed was empowering people to support their own health and enabling them to access and act on information, with communication seen to be important so that it wasn't just perceived as retracting services. The role of education was raised again in terms of

⁴⁴ <https://vhscotland.org.uk/the-zubairi-report/>

⁴⁵ What works to boost social relations. What Works Centre for Wellbeing; 2015. <https://whatworkswellbeing.org/blog/what-works-to-boost-social-relations/>

⁴⁶ Scottish Household Survey 2018. Edinburgh: Scottish Government; 2019. www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/documents/

⁴⁷ Evidence Behind the Place Standard Tool and the Place and Wellbeing Outcomes <https://publichealthscotland.scot/media/14808/evidence-behind-the-place-standard-tool-and-the-place-and-wellbeing-outcomes-full-report.pdf>



supporting healthy choices and how collaboration could enable greater influencing of behaviours.

Clear, open and transparent communication is one of the priorities of the plans, which are laid out succinctly at the start of the document. It was discussed that further efforts could be made to increase accessibility through use of a jargon buster and taking out acronyms for example.

The Argyll and Bute Outcome Improvement Plan was mentioned as a key plan to align with and suggested there are opportunities to engage with Community Planning and share resources. Noted that community wellbeing is one of the identified priorities for the plan.

Recommendations to consider:

- Identify how the plans and the Children and Young People's Services Plan will draw learning from the United National Convention on the Rights of the Child obligations on statutory authorities. to make decision-making accessible to children.
- Further increase the accessibility of the document through use of plain English, removing acronyms and inclusion of further visual diagrams, for example of the structure of the Health and Social Care Partnership
- Strengthen links in the plans to education strategies to identify opportunities to reinforce public health messages about healthy behaviours and relationships
- Further strengthen messages about the benefits and potential for partnerships with third sector organisations in the plans. Include acknowledgement of the role of volunteers and the need to work with other partners to increase the sustainability of the volunteer workforce.
- Identify in the plans where the Health and Social Care Partnership might take a leadership role in the plans to further drive community empowerment on health.
- Identify how the plans will align with the priorities of the Argyll and Bute Outcome Improvement Plans as they are developed.

