

**Health Improvement Group
Dewar's Centre, Glover Road, Perth. 28th March 2017**

Present: Gill McShea (Live Active Leisure), Claire Craig (Edinburgh Leisure), Karen Armstrong (Falkirk Community Trust), Lee Kelso (Falkirk Community Trust), Chris Dickson (West Lothian Leisure), Colin Knight (Angus Alive), Lynn Bauermeister (High Life Highland), Kirsty Cumming (Sporta), David Ferguson (Sporta), Diane Cameron (Developing Potential)

Apologies: Stuart Younie (Live Active Leisure), Jacque Stringer (Fife Sports and Leisure Trust), Helen McFarlane (Edinburgh Leisure), Marie McKeown (South Lanarkshire Leisure and Culture), Jenny McCann (Sport Aberdeen), Jo Bell (Sport Aberdeen), Matt Bunnell (Active Stirling), Melanie Menzies (North Lanarkshire Leisure), Flora Jackson (NHS Health Scotland)

Discussion Summary	Action Point
Welcome & Introductions	
GM opened the meeting and welcomed everyone to Perth. Round table introductions were given, with Jenny McCann and Jo Bell from Sport Aberdeen dialling in to the meeting remotely.	
Minutes & Actions from meeting on the 24/11/16	
The minutes from the last meeting were agreed. All the action points from the previous meeting have been completed or are ongoing.	
Progress Update	
<p align="center"><u>- CIMSPA & workforce development</u></p> <p>There was a meeting with Tara Dillon (CEO, CIMSPA), Flora Jackson (NHS Health Scotland), Kirsty Cumming (Sporta) and Helen McFarlane (Edinburgh Leisure) on 7th March (see minutes notes/actions).</p> <p>There was discussion that there is a fair amount of duplication of the core elements of level 4 for each specialism added. There is a lack of CPD at level 3 and a significant jump in level to level 4.</p> <p>Background information on some of the challenges was put together by Jacque Stringer, Jenny McCann and Claire Craig in advance of the meeting. A spreadsheet has also been produced for all trusts to complete to look at where there is a standard / good practice and this can be used to feed back to CIMSPA.</p> <p>All trusts are invited to register an interest with CIMSPA in becoming part of the health and physical activity workforce development committee. It was agreed that it would be useful to let KC know of trusts noting interest to pull together a joint picture where possible.</p> <p>Danielle Peel (Project and Policy Manager for CIMSPA) dialled in to provide an update on progress for the group. There is a focus on marrying up the language used by CIMSPA in their qualifications standards with the language of the Department of Education.</p>	<p>Further feedback to be collated around what is currently lacking in REPS level 3</p> <p>Excel spreadsheet to be circulated for completion with 2 week turnaround with accompanying narrative</p> <p>Members to inform KC if they are noting interest with CIMSPA</p> <p>KC to resend CIMSPA professional standards link</p> <p>KC to share CIMSPA slides</p> <p>KC to check on engagement with education language in Scotland</p>

<p>There has been some debate around specific roles (e.g. Referral vs Advanced Referral Practitioner) and who does what. The next step for CIMSPA is to provide a clear occupational map with a description of each role. It will then be the role of the employer-led committee to flesh out the map.</p> <p>There will be accreditation of prior learning, which may have come through a variety of different routes (vocational/ higher education), which will all be mapped to the appropriate professional standard.</p> <p>- <u>Benchmarking</u></p> <p>KC updated on a meeting with the Improvement Service around benchmarking, where similar conversations have been taking place. There was discussion around the need to improve evidence of impact locally, but a lack of consistency across trusts and no clear audience or purpose for a collective data set.</p> <p>KC also stated that in a meeting with the Active Scotland division of Scottish Government the suggestion was made for all organisations to report against the 6 outcomes in the Active Scotland Outcomes Framework. Scottish Government has offered to assist Sporta in pulling out KPIs from the 6 outcomes if this would be of use.</p> <p>- <u>Dementia Defence</u></p> <p>The steering group of 9 organisations (including Sporta) have drafted a response letter to the Scottish Government’s Dementia Strategy (due to be launched soon), welcoming the strategy, but calling for more focus on prevention.</p> <p>Focus groups are to be organised to assess people’s understanding of the link between lifestyle choices and dementia risk and to test potential messaging around this issue. Daniel Kleinberg of Scottish Government is supportive of the campaign.</p> <p>There was discussion around the need to day care for vulnerable adults that is not dementia specific as well as care that is dementia specific.</p> <p>- <u>Mental Health</u></p> <p>KC updated the group that there have now been 3 meetings of the SAMH PACE (People Active for Change & Equality) project. There have been discussions around training – with possible links to the ALBA project e-learning and a Mental Health Charter is currently being drafted with input from the steering group.</p> <p>- <u>MECC (Making Every Contact Count)</u></p> <p>The focus groups have begun with the pilot sites (with one pilot site in Scotland. A website has been created to host resources and can be viewed at: http://www.meccplus.co.uk/Sporta/</p>	<p>Examples of best practice and successful use of evidence to be shared</p> <p>Members to share case studies of good practice</p> <p>KC to investigate optimum shared space for information sharing</p> <p>Angus Alive to share information on memory boxes</p> <p>E-learning resources to be shared once available</p> <p>Share draft of Mental Health Charter</p> <p>Scottish Government offer of support around evidence</p>
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<p>- <u>Government Meetings</u></p> <p>KC and DF met with Derek Grieve (Head of Active Scotland Division) and Andrew Sinclair (Head of Legacy and Delivery, Active Scotland Division) who stressed the need for evidence-based decisions, but gave no real clarity on the evidence needed.</p> <p>KC and DF also recently met with Des McCart from Healthcare Improvement Scotland with positive discussions around closer working together and strengthening links with IJBs. There are also pieces of work taking place with specific areas around co-production (Falkirk and Inverclyde) with learning that can subsequently be shared.</p>	
<p>Annual Report Proposal</p>	
<p>The group reviewed the work plan from the last year to assess the progress against the various pledges and the relevance of these pledges for the next year of work. It was agreed that links with Health and Social Care need to be reflected in the priorities.</p> <p><u>Pledge 5: Ensure that trusts have a skilled workforce to deliver health improvement programmes and encourage healthy lifestyles</u> Ongoing work with CIMSPA to look at standardising qualifications.</p> <p><u>Pledge 4: Create a national database of evidence, research, case studies, good practice and assessment of the impact of programmes run by trusts, local authorities and partners</u> No clear direction for a collective data set – build the Scottish picture as required.</p> <p>Improve sharing of good practice around evidence – e.g. South Lanarkshire’s Health Impact Assessment.</p> <p>Role for trusts to take information back to local health boards and champion the role of trusts. Trusts under the same health board can join together for this.</p> <p><u>Pledge 1: Increase participation and equity of access across communities, with a focus on health inequalities, thereby helping inactive people to become physically and mentally active and remain active</u> Equity of access is a requirement – more work needed around raising awareness of opportunities and raising the profile of inclusiveness.</p> <p><u>Pledge 2: Promote and raise awareness of the links between activity and improved physical and mental health and wellbeing across every community in Scotland</u> Need to ensure representation at appropriate groups across a range of themes relevant to trusts.</p>	<p>Trusts to champion their role with local health boards</p> <p>KC to send case study template</p>

<p>Look at an annual portfolio of case studies, which include evidence of impact/return on investment.</p> <p><u>Pledge 3: Strengthen links between trusts, NHS Scotland, Community Planning Partnerships, charities and other health organisations nationally and locally</u></p> <p>Consider who the key partners are: Health and Social Care partnerships, The Alliance, iHub – Healthcare Improvement Scotland (connect with key strands of work).</p> <p>Wider partners may include divisions of Police Scotland, Fire Service and other members of Community Planning Partnerships who may connect with some areas of the work of trusts.</p> <p>Share updated work plan, priorities and case studies with CEO network.</p>	<p>KC to follow up contact with partners</p> <p>KC to draft info for CEOs and share with the group in advance</p>
<p>Wellcome Trust Opportunities</p>	
<p>KC informed the group that a presentation had been delivered to the Sporta GM in February by the Wellcome Trust Secondees, sharing some of their learning so far and highlighting opportunities for trusts to engage. There is an interest in working with Sporta trusts and funding new and innovative programmes.</p> <p>It was suggested that offering Sporta members the benefit of being preferred funding partners would be a useful outcome from some of the relationships being brokered.</p> <p>Trusts interested in working with the Wellcome Trust to contact KC as a central point to assess opportunities for joint bids</p>	<p>KC to share presentation slides and briefing document</p> <p>EOIs for Wellcome Trust funding to be shared with KC</p>
<p>Events and Opportunities for the Next Year</p>	
<p><u>Autumn Conference</u></p> <p>The audience would be key – imperative to have health partners present with clear messaging around the purpose.</p> <p>An opportunity for CPD for the health group.</p> <p><u>Ukactive roadshow on 3rd April</u></p> <p>Attendees to feedback relevant information to the group.</p> <p><u>Network meetings</u></p> <p>The group felt that it would be beneficial to have more frequent meetings – every 2 months – to drive forward some of the agenda items. It would be expected that not everyone would be able to attend all meetings, but more focused agendas could be provided and there would be less of a gap between meetings if a member was unable to attend one.</p> <p>Look to include more cultural aspects in the discussions and offer better sharing of information and priorities across the various Sporta sub-groups. There are areas of overlap with many of the other groups</p>	<p>KC to update the wider group on frequency and look to set meeting dates for a year</p>

<p>(Marketing/HR/Sports Development) and it would be useful to drive better connections between the groups.</p>	
<p>AOCB</p>	
<p>- <u>Single Point Referral Systems</u></p> <p>Edinburgh Leisure are keen to pull together multiple forms and programmes into a single point referral.</p> <p>Other members have differing approaches, with some paper based, some with one e-mail point for enquiries.</p> <p>- <u>Health and Social Care Insights</u></p> <p>GM stated that there is a positive picture in Perth and Kinross with the trust recognised as a third sector partner.</p> <p>There are some questions around whether health improvement should sit with trusts, which are able to offer health screening services etc?</p> <p>Spirit of 2012 legacy funding was given to 6 trusts to act as champions. There is now talk of a shared space and information sharing that would be accessible to all – potential for Sporta to work with Spirit??</p> <p>Invite topics for subsequent meetings.</p>	<p>Claire Craig to share referral forms and triage questions</p> <p>Discussion to be continued at subsequent meetings</p> <p>Contact details for Alex from Spirit of 2012 to be passed to KC to follow up</p>

Meeting Closed at 3pm