



# Performance Report Card

Updated 28.10.2019

<b>1. Action 1.1(1)</b>	<p>Original Action: Increase uptake of physical, social, culture, arts and leisure activity programmes across all age groups and amongst under-represented groups to improve physical, mental and emotional health and wellbeing</p> <p><b>1.1(1) Increase uptake of physical and leisure activity programmes across all age groups and amongst under-represented groups</b></p>																		
<b>1a. Customer:</b>	<p><u>Under-represented Groups:</u>            Women &amp; Girls            People from Areas of High Social Need            People with disabilities</p>																		
<b>1b. Timeframe:</b>	<p>Short-Medium Term (2 – 6 years)</p>																		
<b>1c. Action Lead:</b>	<p>Fermanagh and Omagh District Council – Robert Gibson &amp; Liz Wilson</p>																		
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<p><b>Outcome(s)</b>            Our People are Healthy &amp; Well – Physically, Mentally and Emotionally</p>	<p><b>Indicator(s)</b>            1a: The gap in life expectancy between the most and least deprived areas            1b: The standardised admission rates due to alcohol and/or drugs            1c: The number of anti-depressants prescribed per 100 patients            1d: The number of preventable deaths            1e: The number of residents suffering from hypertension and/or obesity            2b: % of people aged over 65 years in good health            7c: Usage of quality listed walkways and cycle paths in the district</p>																	
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	4	#/% Average satisfaction score from participants. (Collated Annually)	Baseline figure 2018/19 LRS SD 98%	Only collated Annually
	5	#%'participants attending physical & leisure activity programmes said that the programme changed their ATTITUDE to physical activity	Baseline figure not yet available	Baseline figure not yet available
	6	%/# 'participants attending physical & leisure activity programmes said that they would continue to participate in physical activity after this programme (changing BEHAVIOUR).	Baseline figure not yet available	Baseline figure not yet available
	7	%/# 'participants attending physical & leisure activity programmes who said that the programme increased their KNOWLEDGE of the sport/activity	Baseline figure not yet available	Baseline figure not yet available
	8	%/# 'participants attending physical & leisure activity programmes who said that the programme enhanced their SKILLS	Baseline figure not yet available	Baseline figure not yet available
	9	%/# 'participants who do not take part in 30 mins or more, of moderate to vigorous physical activity on any day in a given week.	32%	Only collated Annually
	10	Resident's survey measures 'sliced' with Women and girls, people from areas of high social need and people with disabilities – Alan Mitchell	Baseline figure not yet available	Baseline figure not yet available

**3a: Progress: (Self-Assessment)**

Red  Amber  Green

**Justification:**

A targeted approach to delivering this action is proving successful. Projects specifically target those who do not take part in any activity by providing more opportunities throughout the community and partners are being engaged to deliver. A more joined approach is required that must be based on a more sustainable model which engages much better with community and voluntary sectors.

**4. The Story behind the Baselines:**

Our Aim; To reduce the 32% of people in the resident's survey who reported that they do not take part in any physical activity each week.

What are we doing to achieve this?; By providing activities to those groups who are perceived to be the groups who take physical activity the least ie. we are trying to get people who take no physical activity to do something. This means we are specifically targeting the groups who are known to be doing the least activity ie. women / girls, people with a disability, people in HSN areas and people who have specific medical conditions. By targeting those who we believe do the least activity we will decrease the 32% of those in the resident's survey who reportedly take no activity.

So what do we need to do?; We need to create more physical activity opportunities to more people. To do this, as organisations, we currently work together very well, however we would recognise that sometimes the programmes and opportunities that we are providing have little longer-term benefits and don't always link up.

Going forward; We are looking at how we can work better together as well as ensuring that has more sustainability. It is necessary to support and work with voluntary clubs and groups to provide additional opportunities. We need to ensure that opportunities are provided in rural areas as well as urban areas.

Monitoring & Evaluation; Gathering figures and statistics ie. how many participants does not tell the full story. We believe we have been good at getting people who are active to do more but

	<p>not as successful in getting people who are not active to do something. It is more difficult to get someone who is currently in active to do something than someone who is active to do more. This is why figures do not tell the full story whereby we could be increasing year on year with the number of participants but not actually affecting the 32% of people who do no activity ie. we would be better of with less overall participants and spend extra time and resources targeting those people who are doing no activity, which would mean we are working with less participants each year. We would advocate a greater emphasis be placed on case studies and good examples than simply figures and statistics.</p> <p>External factors; Obesity continues to increase as does the number of people with diabetes, mental health, cancer, hypertension, CHD etc and we know that physical activity (the wonder drug!) can help reduce the risks associated with these conditions. We are clear in over aims to get everyone in the community taking part in physical activity and, although challenging, is the correct course of action.</p> <p>Active Together Action plan for the next 12 months completed and will be going to Council in November 2019</p>	
<p><b>5. Data Development Agenda:</b></p>		
<p><b>6. Partners</b></p>	<p>*Current partners involved: Sport NI, Public Health Agency, Community and Voluntary Sector, Early Years/Schools/Education Authority/Council for Catholic Maintained Schools, Ulster American Folk Park, Department for Infrastructure (cycling unit), Eco-Schools</p>	
<p><b>7. Best Ideas to Improve Performance</b></p>		<p><b>Key support Partner</b></p>
	<p><b>1. Scoping Exercise:</b> Map current provision of physical and leisure activity programmes across the district to ensure opportunities are being provided throughout the community. Ensure that physical activity programmes / opportunities are provided to those groups who are known to be taking part in the least or no physical activity.</p>	<p>Community Health and Leisure Directorate</p>
	<p><b>2. Active Together Action Plan;</b> To complete the Active Together Plan and to include the key areas of work in to Action point 1.1 as appropriate.</p>	<p>Community Health and Leisure Directorate</p>
	<p><b>3. Review Grants Provision;</b> To review the provision of grants to ensure that funding is being targeted at the most at need groups in relation to those people who are not taking part in any physical activity.</p>	<p>Community Health and Leisure Directorate</p>



# Performance Report Card

Updated 28.10.2019

<b>1. Action 1.1(2)</b>	<p><i>Original Action: Increase uptake of physical, social, culture, arts and leisure activity programmes across all age groups and amongst under-represented groups to improve physical, mental and emotional health and wellbeing</i></p> <p><b>1.1 (2) Increase uptake of cultural and arts activity programmes across all age groups and amongst under-represented groups</b></p>																
<b>1a. Customer:</b>	<p>Participants Attendees Volunteers Target Demographic; Older People (Over 60) and Young People (Families), Who the targets are: segments through geodemographics</p>																
<b>1b. Timeframe:</b>	<p>Short-Medium Term (2 – 6 years)</p>																
<b>1c. Action Lead:</b>	<p>Fermanagh and Omagh District Council – Robert Gibson</p>																
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<p><b>Outcome(s)</b></p> <p>1. Our People are Healthy &amp; Well – Physically, Mentally and Emotionally</p> <p>3. Our communities are inclusive, safe, resilient and empowered</p>	<p><b>Indicator(s)</b></p> <p><i>*Note: Indicators are currently being reviewed</i></p> <p>2b: % of people aged over 65 years in good health 3b: % who believe their cultural identity is respected by society (PM)</p>															
<b>3. Performance Measures &amp; Performance Data:</b>	<p>Sources for data: FODC, ACNI, FnaG, Comhaltas, Ulster Scots, SWAP, Libraries NI, UAFP,</p> <table border="1" data-bbox="363 1198 1487 1574"> <thead> <tr> <th>Measure Number</th> <th>Measure Description</th> <th>Data for period 1<sup>st</sup> April 2019 until 30<sup>th</sup> September 2019</th> </tr> </thead> <tbody> <tr> <td>1</td> <td># volunteering opportunities available in ACH</td> <td>Working with partners to confirm &amp; collate</td> </tr> <tr> <td>2</td> <td># volunteering hours accumulated in ACH</td> <td>Working with partners to confirm &amp; collate</td> </tr> <tr> <td>3</td> <td>% who are engaged in culture, arts and/or leisure activities</td> <td>Working with partners to confirm &amp; collate</td> </tr> <tr> <td>4</td> <td>#/£ invested (by way of grants) in arts, culture &amp; heritage</td> <td>Working with partners to confirm &amp; collate</td> </tr> </tbody> </table> <p>Volunteer Now / Omagh Volunteer Centre, DfC, PHA</p>		Measure Number	Measure Description	Data for period 1 <sup>st</sup> April 2019 until 30 <sup>th</sup> September 2019	1	# volunteering opportunities available in ACH	Working with partners to confirm & collate	2	# volunteering hours accumulated in ACH	Working with partners to confirm & collate	3	% who are engaged in culture, arts and/or leisure activities	Working with partners to confirm & collate	4	#/£ invested (by way of grants) in arts, culture & heritage	Working with partners to confirm & collate
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<b>3a: Progress: (Self-Assessment)</b>	<p>Red <input type="checkbox"/>      Amber <input type="checkbox"/>      Green <input checked="" type="checkbox"/></p> <p><b>Justification:</b> This action was recently developed by splitting the original action 1.1 with initial meeting with partners on 1 October 2019. Partners have been engaged and work is ongoing to identify collaborative next steps. Next meeting with all partners on 8th January 2020.</p>																

#### 4. The Story behind the Baselines:

The focus of this action is both 'active participation' and 'engagement' in arts, cultural and heritage (to include, but not limited to, any creative pursuit, cultural traditions, arts, language and genealogy).

However, in the first instance, 'best ideas' are with increasing 'active participation' in the first instance as the benefits to health and wellbeing of activity participation is well documented – *need to include details here from Grahame re links to health/wellbeing and ACH*

At present, Fermanagh and Omagh District Council directly deliver the following 'arts, cultural and heritage programmes':

- Museum
- Arts Centre
- Theatre
- Community Centres
- Good Relations Programmes
- Funded Programmes including Grants and 3rd Party Agreements
- Irish Language and Ulster Scots Policies

The following partners were brought together to discuss this action on Tuesday 1 October 2019

- Lynn Johnston, Volunteer Now
- Bryony May, FODC Arts Manager
- Graeme Stevenson, Arts Council NI
- Brendan McAleer, Dun Uladh/Comhaltas
- Kevin Murray, Voluntary Arts Ireland
- Sarah McHugh, FODC Museum & Heritage
- Stefanie McMullen, DfC Historic Environment Division
- Ian Davidson, FODC Action Lead
- Tracey McCallan, FODC Audience Development and Marketing Manager
- Fiona McCann, PHA
- Oonagh Donnelly, Community Planning

Other partners, invited but unable to attend included;

Libraries NI, Visual Arts Ireland, DfC Arts and Culture Branch, Ulster Scots Agency, Ulster Scots Community Network, Foras an Gaeilge, Glór naGael, Conradh na Gaeilge, GAA, NIMC

In identifying, underrepresented groups, both older people and young people (families) were identified as 'likely best impact' against a range of Community Plan outcomes and it was felt that further action may focus on these target customer groups.

The Council will identify the following three priorities in delivering grant support to ACH and would request that partners would support these in delivering an increase in ACH activity;

Will prioritise according to the following thematic

- Voluntary commitment
- Active participation
- Increasing capacity and sustainability in the Community to deliver ACH programmes
- Target segments

#### **Links with other Community Planning Actions:**

This action is one half of an overarching action to increase activity programmes to improve physical, mental and emotional health and wellbeing. Set within Outcome 1 (Our people are healthy and well, physically, mentally and emotionally), the fundamental focus of this action is to improve the lives of our people by enabling them to increase participation in Arts and Cultural Heritage activity programmes.

Action 3.9 - Explore opportunities to strengthen community capacity and resilience across rural and urban areas, including promotion and development of volunteering

	Within outcome 7 (Natural environment, built and cultural heritage is sustainably managed and where possible, enhanced) there is an action to 'identify, promote and engage with opportunities to protect, manage, conserve and invest in our built heritage'	
<b>5. Data Development Agenda:</b>	ACH activities (mapped with info provided by FODC, ACNI, FnaG, Comhaltas, Ulster Scots, SWAP, Libraries NI, UAFP)	
<b>6. Partners</b>	<p>PHA (provision of support for access and inclusion), DfC (Historical Environment Division), Volunteer Now, Omagh Volunteer Centre, Arts Council NI, Irish Language groups &amp; Ulster Scots, Dun Uladh and Comhaltas, Donegal County Council (Joe Gallagher) NI Museum Council, National Museums Northern Ireland (in particular UAFP) and Libraries NI. South West Age Partnership (provision of ACH activities for over 60's)</p> <p>FODC – Arts &amp; Heritage to include Head of Arts &amp; Heritage, Audience Development, Museums, Venues, Community Development</p>	
<b>7. Best Ideas to Improve Performance</b>		<b>Key support Partner</b>
	Extend and Expand the Volunteering Programme	
	Provisionally action 3.10: Expand and develop activities for people living with a disability across the district's culture/arts and leisure venues	
	Redesign Grants Provision Review scoring matrix of grant applications so that applications with an emphasis on culture and arts activities and inks to improved health and wellbeing be scored higher	
	Implement Ulster Scots Plan	
	Implement Irish Language Plan	



# Performance Report Card

Updated 01.11.2019

<b>1. Action 1.2:</b>	1.2 Increase awareness amongst community partners of the impacts of adverse childhood experiences on life outcomes and expectancy and develop targeted initiatives to address these																						
<b>1a. Customer:</b>	1. Baseline Data (Scoping Exercise of Interventions) – age-groups (0-3 and 11-13) 2. Project (Screening Resilience Documentary) – customers are Community Partners and Health Family Practitioners – Delivered by MACE and WHSCT Family Support 3. Project (Upskilling / Training of Practitioners & Parents) – customers are practitioners & parents. Delivered by MACE and WHSCT Family Support 4. Working towards Trauma Aware Communities																						
<b>1b. Timeframe:</b>	Short-Medium Term (2 – 6 years) and Medium-Long Term (6+ years)																						
<b>1c. Action Lead:</b>	Western Health and Social Care Trust – Kevin Duffy / Priscilla Magee																						
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<b>Outcome(s)</b> Our People are Healthy & Well – Physically, Mentally and Emotionally	<b>Indicator(s)</b> 1a: The gap in life expectancy between the most and least deprived areas 1b: The standardised admission rates due to alcohol and/or drugs 1c: The number of anti-depressants prescribed per 100 patients																					
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<b>3a: Progress: (Self-Assessment)</b>	Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input checked="" type="checkbox"/> <b>Justification:</b> Project is on target and gathering speed																						
<b>4. The Story behind the Baselines:</b>	<p>The Project has proceeded steadily, but sensitively being mindful that safeguards must be put in place rigorously to mitigate any potential risk of individuals being re-traumatised through this action and its subsequent work.</p> <p>Time has been taken to discuss with the partners how the ACE message should best be shared to support families, strengthening communities and reduce its effects. At this stage, we are also looking very much at identification of what already exists in the community and what forms of</p>																						



early intervention can be easily and universally accessed. This work will build on the Family Support Hub concept of early intervention offered early in the life of the child or early in the life of the problem.

All partners have now met several times and firm relationships have been nurtured.

Screening of the documentary at present is only towards key people in the community that work with families, hopefully this will extend out as more accredited training is offered in the area through the Safeguarding Board NI. This training has been delayed significantly and it is hoped that it reaches the area before the conclusion of its funding in March 2020, so more practitioners can become skilled in identifying need, targeting appropriate support and monitoring outcomes for families.

The MACE Project has become well established in the area in the short period since it was established in the area in January 2019. MACE have assisted greatly in the shaping of thinking behind each of the ten ACE questions and were they fit with our current identified unmet need raised by other partners within the Locality Planning Groups. The first Cross Border Network Community Network Meeting is scheduled for late June 2019. Hopefully, together we may design a way to capture unmet need consistently and collaboratively with channels then to raise issues to funders and commissioners. This would offer an early indication were there are emerging trends and stresses on communities.

Both Family Support Hubs remain a constant source of support as well in this action, and their figures should soon be released of the number of families they supported during the period 2018-2019 which will offer extra insight to demand. The Family Support Hubs have also been capturing data on what types of needs families are presenting with and this should also be useful for this action. An idea floated has been to look at the Hubs referral rate also from a rural/urban breakdown.

Taken from previous report cards:

Projects identified in section 7 are regarding to adopting a Trauma Informed Approach to Community Building. Identifying and ending cycles of disconnection between the people, as well, as the systems within the community through seamlessly combining education about trauma and resilience with prevention, treatment, supports and social justice to building on strengths, while addressing challenges.

Design and provide the best possible services having pro-actively sought and facilitating the meaningful participation of children and young people, engaging with them, to listen to their ideas, thoughts and opinions. To ensure that their voices are given due weight, a consultation framework will be implemented, modelled on the outworking's of Community Planning Guidance, Children's Services Co-operation Act (CSCA) legislation, the 2016 UN Committee's recommendations to the UK government and its devolved administrations, the draft Programme for Government (PfG) and Children and Young People's Strategy Plans. This framework will importantly adopt Lundy's (2012) four element framework for conceptualising Article 12 (UN) – 'Space, Voice, Audience and Influence'. An Engagement Framework will structure and guide how children and young people's voices will be sought across Action 1.2., outline how evidence of their engagement in the process is recorded and how their impact within the Action's outcomes will be recorded and tracked over the years within developments.

\*Need to Cross Reference to Children and Young People's Strategic Partnership (CYPSP) 2018 indicators for children, young people and families residing in Fermanagh and Omagh [www.cypsp.org](http://www.cypsp.org)

**Update November 2019:**

Work has proceeded steadily and sensitively increasing the awareness of the impact of trauma and moving from what is wrong with you to what happened to you. The increased need for this approach is in response to local media reports of historical abuse. Precautions have been put in place to hopefully lessen /mitigate the potential risk of individuals feeling distressed or being re-traumatised during the screenings.

There have been ongoing discussions with the partners how the resilience message should best be shared to support families, strengthening communities and reduce the risk of adversity. Themes have emerged from these discussions which include:



	<ul style="list-style-type: none"> <li>• Trauma Awareness: Building awareness and understanding about the impact of trauma.</li> <li>• Strength and Skill: Building on people's strengths and personal resources to further develop resiliency.</li> <li>• Choice, Connection and Collaboration: Building on people's sense of self-determination, efficacy, dignity and control through our collaborative working.</li> <li>• Self-Care: Building on self-care practice which is attainable, related to reactions and positive.</li> </ul> <p>Screening of the documentary in this quarter has mainly been for community family support practitioners, schools and Sure Start. One screening was for a Western Trust Elder Care Team who were able to relate their practice with the documentary's messages. Participants at each screening are asked to complete a pre and post evaluation form and their qualitative and quantitative information is captured in a report card format.</p> <p>We still remain focused on identifying and understanding what support already exists or not in the community which can be universally accessed.</p>	
<b>5. Data Development Agenda:</b>		
<b>6. Partners</b>	Western Area Outcomes Group, MACE, Co-operation and Working Together (CAWT), Fermanagh & Omagh Locality Planning Groups which include Community and Voluntary Sector, Early Years/Schools/Education Authority/Council for Catholic Maintained Schools, Fermanagh and Omagh District Council	
<b>7. Best Ideas to Improve Performance</b>	<i>Working in partnership with CAWT, as they roll out MACE (Multiple Adverse Childhood Experiences) across the border regions</i>	<b>Key support Partner</b>
	1.Scoping exercise of current services delivering early intervention programmes	CAWT & WHSCT
	2.Showing of ACE's 'Resilience' Documentary to audiences to increase awareness of ACE	CAWT & WHSCT
	3.Supporting the collaborative up-skilling of local practitioners through the MACE's project and Family Support Hubs offering Solihull Parenting Programme Training and with a collaborative delivery model	CAWT & WHSCT
	4.Priscilla Magee has now been trained by the Safeguarding Board NI in Level 1 and 2 of Trauma Informed Practice Workforce Development which she now hopes to deliver on.	WHSCT



# Performance Report Card

Updated 05.11.2019

<b>1. Action 1.3:</b>	1.3 Deliver co-ordinated programmes to reduce the effects of alcohol and drug misuse and work to change mind-sets through the promotion of healthy lifestyle alternatives			
<b>1a. Customer:</b>	1. Project (Icelandic Model) – customers are CPP Partners 2. Project (Drug & Alcohol Responder Training) – customers are frontline community and voluntary sector staff 3. Project (Drug and Alcohol Awareness Sessions) – customers are whole population. those with alcohol/drug issues 4. Project (Communication of RAPID Bins) - customers are whole population over 18 years old			
<b>1b. Timeframe:</b>	Short-Medium Term (2 – 6 years)			
<b>1c. Action Lead:</b>	Peter McLaughlin - Fermanagh Drugs and Alcohol Forum and Omagh Drugs and Alcohol Forum (overseen by WDACT Partnership)			
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<b>Outcome(s)</b>	<b>Indicator(s)</b>		
	Our People are Healthy & Well – Physically, Mentally and Emotionally	1b: The standardised admission rates due to alcohol and/or drugs 1c: The number of anti-depressants prescribed per 100 patients 1d: The number of preventable deaths 2b: % of people aged over 65 years in good health 4c: % babies born at a low birth weight		
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	1	# people trained as Drug and Alcohol Responders	28	11
	2	% 'Responders' who felt confident enough to provide a brief intervention (# logged onto Aap)	Data being collated	3%
	3	%/# increase in attendee knowledge of Drug & Alcohol issues	400 100%	200 100%
	4	# Iceland Model questionnaires completed by students to date	Zero Base – June 2019	Not yet progressed
<b>3a: Progress: (Self-Assessment)</b>	<p>Red <input type="checkbox"/>      Amber <input type="checkbox"/>      Green <input checked="" type="checkbox"/></p> <p><b>Justification:</b></p> <p>Work is positively received locally, and the Drug &amp; Alcohol Fora are working together to advance all projects. A lot of local people are in receipt of support for Drug and Alcohol usage issues.</p>			

#### 4. The Story behind the Baselines:

Omagh / Fermanagh Drug & Alcohol Forums are a partnership of Statutory, Voluntary and Community organisation who either work in the Drugs and Alcohol field or impacted by the effects drugs and alcohol has on their clients or community.

The Forums develop their own localised drug and alcohol action to cater for the needs of the local community. These plans feed and dovetail into the WDACT action plan for the Western Trust Area. An important part of the Forums work is to act as a conduit in rolling out of PHA Campaigns and initiatives such as Dry January, Alcohol Awareness Week and Foetal Alcohol Day. The Forums also lend their support and resource to individual campaigns and programmes undertaken by organisations within the Forums to help increase the impact of these actions.

The Forums have identified a number of key issues concerning Drugs and Alcohol within their community one of the major concerns is poly drugs and the health risks associated with it. The forum has raise awareness among its client base and to the general public on the risks of using more than one substances and the dangers associated with mixing substances. The Forums are presently development literature and programmes to address this growing problem.

The forums are witnessing that cannabis use is on the rise particular among the young people. Cannabis is the most popular used illegal drug in the UK and is viewed by many as being an effective treatment for a number of serious health complaints, prompting a change in people's attitudes making them more open and accepting towards cannabis and the call to legalise it.

This attitudinal change motivated the Forums to approach Drug & Alcohol Training organisations requesting they develop a training session around the complexities of cannabis including the health risks and medicinal benefits of the substance. The first workshop was delivered in Omagh on the 12<sup>th</sup> June 2019. To over 30 organisations.

In relation to reducing alcohol consumption all the Drug and Alcohol Forums are actively promoting café culture as a means of giving and creating alternative social venues. The forums have ran a number of these alternative events. The events have been well received however the forum do have limited resources and therefore cannot run these events on a continuous basis. We are working with venues to help create and promote a vibrant café culture,

Ice Model of Prevention: Planet Youth is an international evidence-based primary prevention model that has been developed in order to reduce substance use rates amongst adolescents.

It uses a whole population approach and offers the opportunity to improve public health outcomes in many areas. It works by directly targeting the risk and protective factors in young people's lives that determine their substance use behaviours and enhancing the social environment they are growing up in.

By reducing the known risk factors and strengthening the known protective factors the problems associated with adolescent substance use can be reduced or stopped before they arise.

The model was developed in Iceland where primary substance use prevention has produced great results through a consistent focus on local community work, cross-disciplinary collaboration and investment.

A seminar on the model had been planned for 20<sup>th</sup> June in the Mellon Country Inn, as part of Alcohol Awareness Week. Over 130 people registered to attend to the seminar. Unfortunately the Seminar had to be postpone due to unforeseen circumstances It will be rescheduled for later in the year.

Responders are be people living or working within a community who are be trained to have effective conversations with individuals seeking help about their alcohol or other drug use and to signpost them to the most appropriate services. They are drawn from a range of backgrounds, perhaps working in job centres, taxi firms, credit unions or anywhere else that has a front facing role, or those involved in community or church groups, political parties, sports clubs, foodbanks etc.

Responders undergo a comprehensive two day training programme in basic alcohol and drug awareness, how to have effective conversations using the evidence-based Brief Intervention (FRAMES) model and how to use the online Responder toolkit with a follow up assessment. It should be emphasised that the main role of Responders is signposting. Any assessments will be carried out by the appropriate specialised services. Responders will encourage individuals to contact other services themselves and self-refer.

Responders will be supported by their local Drug and Alcohol Coordination Team (DACT) Connections service based in each Trust area. Responders will have access to a website designed to guide them through any interactions they may have and aid them in identifying further options and signposting for the individual concerned.

We are all aware of the negative impact alcohol and other drugs can have on individuals, families and the wider community. People are often unsure how to access the right support. The Drug and Alcohol Connections service can support key members of the community to signpost people to the right service or help them to access further information and advice through the Responder initiative. The next intake of responders will happen in October.

Drug and Alcohol awareness sessions are design to give people a better understanding of the risks and dangers of substance misuse. The sessions make people aware of local drugs and alcohol services should they need to contact or refer into. Substance Misuse Awareness Sessions are designed to provide participants with the necessary skills to recognise and effectively deal with individuals who are engaging in the use of illegal substances. Acquired skills will enable course participants to take control of and deal effectively with situations, and provide assistance when required.

Training is delivered in a relaxed, informal and flexible manner, with emphasis on the opportunity for questions and discussion. The learning process is very interactive and involves a variety of exercises designed to educate and motivate participants.

...

**RAPID: (Remove All Prescription and Illegal Drugs)** is a partnership initiative supported regionally by the PSNI, Public Health Agency and locally by Drug and Alcohol Coordination Teams (DACTs) and Policing and Community Safety Partnerships (PCSPs)

RAPID is a health and community safety focused initiative that promotes and facilitates the removal of all types of prescription and illegal drugs from the local community.

What are the aims?: Removal of prescription, illegal and new psychoactive substances (often referred to as 'legal highs' and now illegal following the introduction of the Psychoactive Substances Act in May 2016) from local communities.

Provision of information and support to individuals, families, local business and community organisations to raise awareness of the effects and risks of using/misusing illegal and/or prescription drugs.

Community and statutory agencies alongside local businesses and the general public coming together under the RAPID initiative to work towards making their local community a safer place to live

To date 5 RAPID Bin have been installed in the following areas

Rooney's Euro Spar, Enniskillen

Supervalu, Omagh.

Castle Leisure Centre, Lisnaskea.

ARC Healthy Living Centre, Irvinestown.

The FIND Centre Enniskillen.

**November 2019 Update:**

Performance Measure 1: A further 11 people have received 'First Responder Training'. It is believed that data could be used to provide a more targeted approach to training first Responders in areas where there is a specific issue., however this can only be achieved if more funding was available.

Performance Measure 2: Only 3% trained responders have provided feedback via the Aap as they do not appreciate the administrative element of providing support. However, anecdotally, the first responders are supporting local people and signposting to services.

	<p>It is believed that, the more people trained up as a first responder, there is no doubt that more people can be supported when in need.</p> <p>Performance Measure 4: An Icelandic Seminar was planned with 300 attendees booked, however was postponed. The large response rate identifies that there is an appetite for the project. Work is ongoing with EA and PHA to advance this project.</p>	
<p><b>5. Data Development Agenda:</b></p>		
<p><b>6. Partners</b></p>	<p>Western Health and Social Care Trust, Public Health Agency, Police Service of NI, Community and Voluntary Sector, Schools/Education Authority/Council for Catholic Maintained Schools, Retailers, Sport NI, Fermanagh and Omagh District Council</p>	
<p><b>7. Best Ideas to Improve Performance</b></p>		<p><b>Key support Partner</b></p>
	<p>1. Icelandic Model – explore opportunities to develop a pilot scheme in the Western Trust Area</p>	
	<p>2. Drug and Alcohol Responder Training – roll out a suite of brief intervention training to front line community and voluntary sector staff</p>	
	<p>3. Promote safe drinking units by holding awareness sessions</p>	
	<p>4. Install and promote RAPID bins</p>	



# Performance Report Card

Updated 01.11.2019

<b>1. Action 1.4:</b>	1.4 Work with partners to encourage and support the identification and development of Mental Health Champions (commencing with workplaces and progressing to other sectors where feasible)																										
<b>1a. Customer:</b>	Fermanagh and Omagh workplaces and businesses																										
<b>1b. Timeframe:</b>	Short-Medium Term (2 – 6 years)																										
<b>1c. Action Lead:</b>	Public Health Agency – Hilary Parke																										
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<b>Outcome(s)</b> Our People are Healthy & Well – Physically, Mentally and Emotionally	<b>Indicator(s)</b> 1a: <i>The gap in life expectancy between the most and least deprived areas – Query this indicator</i> 1b: The standardised admission rates due to alcohol and/or drugs 1c: The number of anti-depressants prescribed per 100 patients 1d: The number of preventable deaths																									
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<b>3a: Progress: (Self-Assessment)</b>	Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input checked="" type="checkbox"/> <b>Justification:</b> Delivery of this action is progressing well, however, it is felt by all partners, that there is better data available and therefore, the indicators may be reviewed and changed during the review of the Community Plan. Partners agree that Mental Health should be a priority as it is fundamental and cross-cutting to a range of actions in the current Community Plan action plan.																										
<b>4. Work/Story behind the Baselines:</b>	The World Health Organisation defines good 'mental health' as: 'A state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life can work productivity and fruitfully, and is able to make a contribution to his or her community'.																										



Mental illness is the largest cause of ill health and disability in NI and there are higher levels of mental ill health than any other region in the UK. In the 2015-16 NI Health Survey, 21% of women, 16% of men scored highly on the GHQ12 (General Health Questionnaire), suggestive of a mental health problem. Respondents in the most deprived areas were twice as likely to record a high score (27%), as those in the least deprived areas (13%).

The new Public Health framework – Making Life Better (DHSSPS 2014) aims to :”Achieve better health and wellbeing for everyone and reduce inequalities in health.” The vision and aims make clear that a societal effort is required. Many contributions need to be made at all levels – from government, to regional and local levels – and in many settings, such as communities, workplaces, schools and homes.

“Making Life Better” also details (9.17) “Effective workplace health programmes can make a real difference to the health and wellbeing of employees, businesses and the communities in which people live and work. Support systems to encourage and maximise the commitment of employers to health and wellbeing and share effective practice will need to be in place.” Making Life Better actions and commitments for 2013 – 15 include OUTCOME 16 SAFE AND HEALTHY WORKPLACES – Support more businesses to provide workplace health and wellbeing programmes.

Evidence based approach to Workplace Health and Well-being based on the WHO Framework for Workplace Health. This opportunity will provide support to businesses and organisations which will involve assessing and addressing all employee needs. Within this WHO model being proposed there will be benefits to a range of employees and those who benefit will include low paid workers, employees with long term conditions, minority ethnic groups, disabled employees, LGB employees, transgender employees, and employees who are carers or working parents.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2019.pdf>

Data from the Inter Department Business Register, NISRA, DoF indicates the following:-  
Number of Fermanagh and Omagh Rural Businesses 6,825  
Number of Fermanagh and Omagh Urban Businesses 1,230  
(Source: Inter-Department Business Register, NISRA, DoF – March 2018)

Workplace Health Champions support the organisations Health and Wellbeing Action Plan, they are identified through the H&WNI Programme and trained over 2 days and mentored for 12 months

Health@Work NI are the lead for the PHA Workplace Health Support Service in the Western Trust, the aim of the initiative is to mentor and support businesses through a structured four stage process to improve the health and wellbeing of their employees within the workplace setting. Health@Work NI will have an initial consultation with workplaces, encourage workplaces to carry out a wellbeing survey with staff, consider the findings in the report and develop a health and wellbeing action plan for the organisation, workplaces will identify a wellbeing champion who will be supported for 12 months.

The development of Training Framework (currently in draft) was guided by the Public Health Agency (PHA) and those living and working in N.Ireland, including individuals with an interest in mental health and suicide prevention; families bereaved by suicide; carers; health and social care trusts; education; clergy; sports bodies, community and voluntary organisations and trainers involved in the delivery of mental health and suicide prevention training.

The purpose of the framework is to ensure that the delivery of mental health and suicide prevention training is extensive and diverse, as well as offering information, support and assistance. Mental health and suicide prevention training may be offered in a broad variety of settings including community; statutory; frontline and workplaces.

The framework describes core skills and knowledge that is common and transferable across different types of training provision. Additional learning outcomes may be locally determined to meet education and training needs in specific settings according to local context, risk assessment or policy.

The framework provides guidance on how to equip a wide number of non-specialist staff with the skills and knowledge to provide people with information about mental health and suicide prevention and offer advice, support and signposting where relevant. Specific knowledge and skills courses have been identified through this framework together with those groups and settings that are best placed to carry out these interventions.

The framework is relevant to all individuals and workplaces within N. Ireland. Use of the framework will support organisations to:

Standardise mental health and suicide prevention training

Guide the focus and aims of mental health and suicide prevention training

Ensure all training is available and is appropriate to those that need it

The framework advises on training/teaching methods however these will be developed according to the particular context or setting. Similarly the framework does not seek to prescribe assessment methods.

The framework is for the whole population of those living and working in N. Ireland. Throughout this document we will use the word individual/s to encompass adolescents, young people, working-age adults and older people.

For training to be effective and meaningful, workplaces should include mental health and emotional wellbeing into their policies and practice for staff training and development. Further guidance on supporting mental health in the workplace is available through NICE Guidelines <https://www.nice.org.uk/guidance/ph22>

PHA Quality Standards of Mental and Emotional Wellbeing and Suicide Prevention Training

The PHA 'Quality Standards for Services and Training in Mental Emotional Wellbeing and Suicide Prevention' have been developed with a view to help and support all who contribute to the mental and emotional health and wellbeing and suicide prevention agenda. The standards focus on the pursuit of consistency, accuracy, competency and professional development as ways to improve the quality of training delivered.

All trainers; facilitators and organisations across Northern Ireland that are commissioned to deliver a mental and emotional health and wellbeing and suicide prevention training programme will meet and have signed up to the Quality Standards for Services and Training in Mental Emotional Wellbeing and Suicide Prevention. Further information on these standards can be found by visiting: <http://www.publichealth.hscni.net/publications/quality-standards-services-promoting-mental-and-emotional-wellbeing-and-suicide-prevent>

The CLEAR Project who supports the development and community capacity of community and voluntary groups working in the areas of mental health and suicide prevention.

Operational since 2008, CLEAR represents a unique partnership which is part of Developing Healthy Communities. The consortium is made up of a range of community, voluntary and statutory sector representatives from across the Western Trust area, who either have a service delivery role or a strategic role in issues surrounding suicide, self-harm or mental ill-health, or who potentially come into contact with people from these categories.

The CLEAR Project offers a range of training and development opportunities for representatives and counsellors from a wide variety of Community and Voluntary sector groups based in the West of the province to address the themes of Suicide Prevention, Self-harm and Drugs and Alcohol Misuse. CLEAR administer small grants for community and voluntary sector groups on behalf of the Public Health Agency. Through this, groups have organised a range of activities linked to the 'Take Five Steps to Wellbeing' campaign such as activity programmes, mindfulness and events that promoted and supported them to stay connected.

## November 2019 Update:

### Training for the period April 2018 – November 2019

How much we do	How well we do it
<ul style="list-style-type: none"><li>• 4 MHFA (Mental Health First Aid) programmes delivered.</li><li>• 6 safeTALK programmes delivered.</li><li>• 1 ASIST (Applied Suicide Intervention Skills Training) training programmes were delivered.</li><li>• 46 Mood Matters Young People workshops delivered.</li><li>• 3 Mood Matters Adults workshop delivered.</li><li>• 3 Living Life to the Full courses delivered.</li></ul>	<ul style="list-style-type: none"><li>• 187 participants completed the MHFA and safeTALK training.</li><li>• 11 participants completed ASIST training.</li><li>• 860 participants completed training.</li><li>• 54 participants completed training.</li><li>• 23 participants completed training.</li></ul>
<b>Is anyone better off?</b>	
<ul style="list-style-type: none"><li>• Approximately 81% of participants who completed Mental Health First Aid increased their knowledge of mental health.</li><li>• Approximately 84% who completed Mental Health First Aid rated their competency in responding to individual experiencing mental health issues as competency levels excellent to good</li><li>• Approximately 92% of participants who completed SafeTALK increased their knowledge of the signs of a person in distress and considering Suicide as excellent too good.</li><li>• Approximately 92% of participants who completed ASIST training (Applied Suicide Intervention Skills Training) rated their knowledge of suicide interventions as excellent and their ability to respond to an individual considering suicide as excellent-good.</li><li>• Approximately 85% of participants who completed the Living Life to the Full course experienced an increase in mood, helpful behaviour and helpful thinking and an overall increase in emotional wellbeing.</li><li>• Approximately 85% of participants who completed the Mood Matters Adult workshops felt that they have; a better understanding of factors that may affect mental health; a better understanding of the signs and symptoms of poor mental health; a better understanding of self-help techniques to improve mental health and, they know where to get help for mental health issues for themselves and their family.</li><li>• Approximately 82% of participants who completed the Mood Matters Adult workshops felt that they have; a better understanding of factors that may affect mental health; a better understanding of the signs and symptoms of poor mental health; a better understanding of self-help techniques to improve mental health and, they know where to get help for mental health issues for themselves and their family.</li></ul>	

In 2018 Fermanagh & Omagh District Council all barbers and hairdressers to get involved in turning their premises into a Safe Space for people with mental ill-health.

There are currently 167 barbers and hairdressers within the District – equating to one barber/hairdresser for every 693 residents within the District (approx.).

Research estimates that each barber/hairdresser spends up to 2,000 hours every year communicating with their customers and often genuine friendships develop as a result – sharing in all aspects of an individual's life (births, deaths, marriages, job opportunities, etc).

The initiative, supported by the Council's Mental Health Champions, offered all barbers and hairdressers within the District:

1. Information and contact cards – for organisations that provide support for individuals. (This information can be displayed within a suitable location with the premises).
2. An opportunity to take part in a free training workshop, which aims to provide an introduction into Suicide Awareness and the Connect-4Ways Helping Model [delivered by WHSCT staff].

Number of presentations to hospital by Fermanagh LGD residents following self-harm or ideation, April 2012 to March 2019

Fermanagh residents	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Self-harm	260	223	266	234	259	250	373
Ideation	129	118	130	144	174	215	271
All	389	341	396	378	433	465	644

Table 2. Number of presentations to hospital by Omagh LGD residents following self-harm or ideation, April 2012 to March 2019

Omagh residents	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Self-harm	164	167	171	169	187	197	245
Ideation	78	82	91	111	108	128	158
All	242	249	262	280	295	325	403

Table 3. Number of presentations to hospital by Omagh & Fermanagh LGD residents combined following self-harm or ideation, April 2012 to March 2019

Omagh & Fermanagh residents combined	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Self-harm	424	390	437	403	446	447	618
Ideation	207	200	221	255	282	343	429
All	631	590	658	658	728	790	1,047

<b>5. Data Development Agenda:</b>		
<b>6. Partners</b>	Public Health Agency, Developing Healthy Communities Work Places NI Programme, Western Health and Social Care Trust, Fermanagh and Omagh District Council, Community and Voluntary Sectors working in the areas of Mental Health/Suicide Prevention via the CLEAR Project, Business Community, Department of Agriculture, Environment, Western Health & Social Care Trust. Health & Safety Executive	
<b>7. Best Ideas to Improve Performance</b>		<b>Key support Partner</b>
	Provision of training (with a Mental Health Focus) Commissioned by PHA	WH&SCT – Health Improvement CLEAR Project
	Deliver the Health@WorkNI programme (PHA funded) <ul style="list-style-type: none"> <li>• Provide training to employees</li> <li>• Develop Mental Health and Wellbeing Action Plans with employers/employees</li> <li>• Monitor implementation and delivery of Action Plans</li> </ul>	
	Encourage workplaces to sign up to the Mental Health Charter	



# Performance Report Card

Updated 05.11.2019

<b>1. Action 1.5:</b>	<b>1.5</b> Provide accessible support services that assist people to obtain, understand and apply health information to make informed and appropriate health decisions and make better use of health services, including community led services																							
<b>1a. Customer:</b>	1. Enabling (Definition Adopted) – customer is CPP partners 2. Baseline Data - HL Levels – customers is Health Care staff and whole population in F&O 3. Communications – customer is Health Care staff and whole population in F&O 4. HL Awareness – customer is Health Care staff and whole population in F&O																							
<b>1b. Timeframe:</b>	Short-Medium Term (2 – 6 years) and Medium – Long Term (6+ years)																							
<b>1c. Action Lead:</b>	Western Health and Social Care Trust (Health Improvement Department)																							
<b>2. Outcome(s) &amp; Indicator(s) contribution:</b>	<p style="text-align: center;"><b>Outcome(s)</b></p> <p>Our People are Healthy &amp; Well – Physically, Mentally and Emotionally</p>	<p style="text-align: center;"><b>Indicator(s)</b></p> <p>1a: The gap in life expectancy between the most and least deprived areas 1b: The standardised admission rates due to alcohol and/or drugs 1c: The number of anti-depressants prescribed per 100 patients 1d: The number of preventable deaths 1e: The number of residents suffering from hypertension and/or obesity 2b: % of people aged over 65 years in good health 4c: % babies born at a low birth weight</p>																						
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<b>3a: Progress: (Self-Assessment)</b>	<p>Red <input type="checkbox"/>      Amber <input type="checkbox"/>      Green <input type="checkbox"/></p> <p><b>Justification:</b></p> <p>The Health Literacy Delivery Partnership has been established and is working towards agreeing a Performance Measures and Data.</p>																							



#### 4. The Story behind the Baselines:

Evidence shows that Health Literacy is a social determinant of health and low health literacy can prevent people accessing and understanding health information.

The World Health Organization defines health literacy as 'linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course'. (WHO, 2013).

Health literacy is increasingly being recognised as an important factor influencing people and communities to make informed decisions about their health. People with low health literacy are more likely to have difficulty understanding labelling and taking medication as directed, have higher rates of hospital admissions and are more likely to experience problems managing their own health and their children's health.

Health Literacy has been identified as a key factor in both 'Making Life Better - Strategic Framework for Public Health' (Theme 3 – Outcome 9 – People are better informed about health matters) and 'Health & Well Being 2026: Delivering Together' (People are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing).

The 3 local Councils which span the Western Trust area, Derry City & Strabane District Council (DC&SDC), Fermanagh & Omagh District Council (F&ODC) and Causeway Coast & Glens Council (CC&GC) has recognised this inequality and has highlighted the need to improve health literacy as an action on each of their Community Plans.

The European Health Literacy Survey (2012) identified 47% people on average experience difficulty accessing health information, understanding it and using the information to make informed choices about their health.

While there are currently no baseline figures available on the level of health literacy in Northern Ireland, adult literacy levels identify 18% of the adult working age population of Northern Ireland perform at the lowest literacy level. (DEL 2013 The International Survey of Adults Skills, 2012: Adult literacy, numeracy and problem solving skills in Northern Ireland).

The Department of Health have included questing relating to Health literacy in their annual Health Survey and responses will be used to develop baseline data for Northern Ireland. Unfortunately this data cannot be broken down into LGD areas so we are considering alternative methods to develop this.

It was recognised that there are a lot of different organisations working towards improving health literacy not only in the Western Trust area but regionally.

The WHSCT have established the Western Health Literacy Delivery Partnership to bring together those organisations and membership currently consists of representatives from Western Health & Social Care Trust (WHSCT), Northern Health & Social Care Trust (NHSCT), Public Health Agency (PHA), Co-operation and Working Together (CAWT), Community Development and Health Network (CDHN), Bogside & Brandywell Health Forum (BBHF), South West Ageing Partnership (SWAP), and Developing Healthy Communities (DHC). The list is not exhaustive and will be added to as we go forward.

A key element of the Partnership is the sharing of information and the collaborative approach to explore ways to improve and promote health literacy in the Western area. The Partnership will

work to ensure the development and consistency of Health Literacy approaches across the three council areas which the WHSCT spans.

The Partnership will work to agree performance measures on health literacy to correlate with the Outcomes Based Accountability approach of the Community Plans. They will develop an evaluation tool to be used for all programmes / initiatives to improve health literacy to support the monitoring the performance measures.

### **November 2019 Update:**

The first action agreed and taken forward was the development of a Health Literacy logo, strapline and definition. NHSCT agreed to take forward and fund this piece of work on behalf of the partnership. A focus group was brought together to work with a graphic designer to co-produce the material. A shortlist of designs was shared with WHSCT and NHSCT communities via online Survey monkey to give the public the opportunity to vote on their preferred definition, logo and strapline to represent health literacy. See results below:

### **Definition**

“Health literacy is about our knowledge, skills, understanding and confidence to be able to use health and care information and services to make good health decisions”

### **Logo and Strapline**



The material will be used for the Health Literacy Awareness Campaign which is running throughout the month of October. The campaign consists of:

- A series of weekly key messages emailed to Trust staff via Trust Communications
  - A short promotional video from WHSCT Chief Executive on the staff intranet
  - A series of awareness sessions for Trust staff
  - Promotional materials including health literacy tools & techniques poster for staff (Pic 1)
  - Health literacy toolkit for staff
  - Social media key message for community promoting asking 3 questions (Pic 2 overleaf)
- (Pic 1)



Pic 2



The Chair of the Western Health Literacy Partnership convened a meeting of representatives for each Trust area, PHA and DoH which took place on 21 August to discuss opportunities for a regional approach and inviting organisations to adopt the logo, strapline and definition regionally. A further meeting is scheduled for 19 November.

<p><b>5. Data Development Agenda:</b></p>	<p>Discuss the possibility of F&amp;ODC including health literacy questions on their residents survey to ascertain baseline health literacy levels of F&amp;ODC population.</p>													
<p><b>6. Partners</b></p>	<p>Public Health Agency, Health and Social Care Board, GPs, Pharmacies, Community and Voluntary Sector, Libraries NI, Fermanagh and Omagh District Council, CAWT</p>													
<p><b>7. Best Ideas to Improve Performance</b></p>	<table border="1"> <tr> <td data-bbox="320 801 1235 875"></td> <td data-bbox="1235 801 1532 875"> <p><b>Key support Partner</b></p> </td> </tr> <tr> <td data-bbox="320 875 1235 1021"> <p>1. (Enabler) Working definition of health literacy adopted. Develop cross-council Health Literacy Delivery Partnership (Councils: Fermanagh and Omagh, DS&amp;SD and CC&amp;G community plans have actions on increasing health literacy)</p> </td> <td data-bbox="1235 875 1532 1021"></td> </tr> <tr> <td data-bbox="320 1021 1235 1144"> <p>2. (Baseline Data) Identify the level of health literacy initially with WHSCT staff and thereafter measure the Health Literacy of the community/general public</p> </td> <td data-bbox="1235 1021 1532 1144"></td> </tr> <tr> <td data-bbox="320 1144 1235 1330"> <p>3. (Baseline Data) Identify needs of practitioners to respond to health literacy of client/service users/ patient. Support practitioners working in areas that impact on the health of individuals to be more aware of the impact of poor health literacy and to be competent to respond to the level of client's health literacy and ability to act on advice</p> </td> <td data-bbox="1235 1144 1532 1330"></td> </tr> <tr> <td data-bbox="320 1330 1235 1424"> <p>4. (Communications) Work to enable people to be confident and capable to take responsibility for own health</p> </td> <td data-bbox="1235 1330 1532 1424"></td> </tr> <tr> <td data-bbox="320 1424 1235 1547"> <p>5. HL Awareness events with Staff to include Tools and Techniques' for practitioners to use when speaking to clients.– "Chunk and Check" and "TeachBack" etc</p> </td> <td data-bbox="1235 1424 1532 1547"></td> </tr> </table>		<p><b>Key support Partner</b></p>	<p>1. (Enabler) Working definition of health literacy adopted. Develop cross-council Health Literacy Delivery Partnership (Councils: Fermanagh and Omagh, DS&amp;SD and CC&amp;G community plans have actions on increasing health literacy)</p>		<p>2. (Baseline Data) Identify the level of health literacy initially with WHSCT staff and thereafter measure the Health Literacy of the community/general public</p>		<p>3. (Baseline Data) Identify needs of practitioners to respond to health literacy of client/service users/ patient. Support practitioners working in areas that impact on the health of individuals to be more aware of the impact of poor health literacy and to be competent to respond to the level of client's health literacy and ability to act on advice</p>		<p>4. (Communications) Work to enable people to be confident and capable to take responsibility for own health</p>		<p>5. HL Awareness events with Staff to include Tools and Techniques' for practitioners to use when speaking to clients.– "Chunk and Check" and "TeachBack" etc</p>		
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