
Title: Health Improvement Team Annual Report 2014-15

1. SUMMARY

1.1 The Health Improvement Team of NHS Highland, Argyll and Bute has published an annual report of activity during 2014 – 2015.

2. RECOMMENDATIONS

The Area Community Planning Groups are asked to:

- Note the contents of this paper and the supporting report
- Consider the role this group can play in promoting health and wellbeing
- Recognise areas of opportunity for partnership working

3. BACKGROUND

3.1 Health Improvement Team

The Health Improvement Team consists of 8 members of NHS staff based throughout Argyll and Bute. These staff all balance a workload made up of strategic priorities such as alcohol, tobacco, health inequalities, mental health, workplace health improvement and sexual health, alongside the requirement to support community led health improvement activity. A report has been prepared outlining the activity of the team during 2014-15. This will be published on line at www.healthyargyllandbute.co.uk

This paper will highlight key achievements for the Health Improvement Team during 2014-15.

It will also include details of the following previously notified agenda items for quarterly Area CPP meetings that have now been aligned to the outcomes themes for meetings:

- Keep Well
- Loneliness and isolation
- Choose Life

3.2 Preventative Approach

The aim of the Health Improvement Team is to take a preventative approach to health problems in order to improve the health of the population of Argyll and Bute. The reasons for this are 2-fold: to improve health outcomes and quality of life for people; and to reduce the reliance on health and care services.

The Christie Commission sets out the requirement for public services to make more investment in preventative measures:

'A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. Tackling these fundamental inequalities and focussing resources on preventative measures must be a key objective of public service reform.'

Future Delivery of Public Services Christie Commission June 2011

3.3 Health and Wellbeing Partnership and Joint Health Improvement Plan 2013-2016

The Health and Wellbeing Partnership is the CPP group overseeing a partnership approach to health improvement. This meets quarterly and membership comprises a range of partners/sectors. The activity of the partnership is directed by a CPP strategic document, the Joint Health Improvement Plan (JHIP), which sets out the following strategic priorities:

- Alcohol and drugs
- Early years
- Health inequalities
- Healthy weight
- Mental health
- Older people
- Teenage transition
- Tobacco

The JHIP covers the period to 2016 so the partnership is currently carrying out a review.

3.4 Health Inequalities

The Scottish Government has 9 national outcomes for health and wellbeing. These can be viewed here:

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes>

One of these national outcomes is to reduce health inequalities and we should ensure the gap between those who are advantaged and those who are disadvantaged is not increased by our health improvement activity. Inequalities are associated with a range of characteristics including: income, occupation, gender, race, age, disability, sexuality, religion, marital status or where someone lives eg access to services. In practice, this means identifying those most in need and targeting interventions appropriately.

4. MAIN BODY OF PAPER

4.1 Health Improvement Team Annual Report

The Health Improvement Team has had a busy year during 2014-15 and has again produced an annual report of activities and outputs. This is being reported both locally in Argyll and Bute and Highland wide via the Director of Public Health. Some of the highlights of this report include:

- Building capacity for health improvement with the Health and Wellbeing Networks and small grant fund.

- Supporting the activity of the Health and Wellbeing Partnership, key achievements include:
 - An external review of the grant fund conducted during the autumn of 2014.
 - Development of the CPP Physical Activity Statement launched in January 2015 and reported to the CPP in March.
- Empowering communities and promoting the principles of co-production. A conference was held in September 2015 attended by 80 people and a DVD of local examples of co-production was produced. This is available at: www.argyllandbutecommunity.tv
- Developing skills eg training in motivational interviewing, Mental Health First Aid, alcohol brief interventions etc.
- Hands on health promotion activity such as alcohol awareness at Tiree Music Festival; promoting principles of self management for long term health conditions with Boccia and Tai Chi; and promoting the Health and Wellbeing Networks at the Oban Rural Parliament.
- Delivering national programmes such as Choose Life and Healthy Working Lives.

4.2 Keep Well

Keep Well health checks have been running in Campbeltown and Dunoon targeting the main postcode town areas and further afield in Campbeltown. In Oban a different approach was used via a social enterprise (Lorn and Isles Healthy Options) targeting carers and those requiring financial support to access their service. All the services have been successful; however there have been challenges in reaching more vulnerable groups. The final two years of the project till March 2017 will revert back to the community development approaches used successfully in the first year. The Scottish Government have removed the HEAT target giving freedom to work at a grass route level that better suits local community needs. The Health and Wellbeing Network will be increasingly utilised to develop opportunities.

4.3 Loneliness and Isolation

Loneliness and social isolation pose significant risks to health, both in relation to premature mortality and in health outcomes. These risks are considered to be higher in Argyll and Bute due to the higher proportion of older people living in the area and our remote and rural geography. Work began in 2013 to raise awareness of the risks of loneliness and isolation to older people living in Argyll and Bute. This continued during 2014-15 with a seminar in July and a conference in December. Full details of these events can be found at:

<http://livingwellinargyllandbute.co.uk/social-isolation-and-loneliness/>

<http://healthyargyllandbute.co.uk/loneliness-and-isolation-2/>

This work took place under the banner of the community resilience

workstream of Reshaping Care for Older People and was led by a multi-agency working group.

4.4 Choose Life

Suicide and self harm prevention in Argyll and Bute is delivered by the Choose Life Team under a service level agreement with Argyll and Bute Council. This contract was successfully re-negotiated for a further year from April 2014 and in December 2014 it was agreed to extend till March 2016.

Achievements during 2014-15 include:

- Involvement in the Interagency Guidance for Young People at risk of Suicide or Self-harm to be launched Sept 2015.
- The training programme continued to be successful with high demand for all training and particularly the locally developed Bereavement by Suicide and Dealing with Self-Harm courses. Training was also delivered on Tiree.
- Research on the experience of teachers working with young people who self-harm and this information has been made available to Educational Psychology and other services working with young people to help inform their training and support of teaching and pastoral staff.
- The annual conference during suicide prevention week, September 2014 was attended by 75 people who spent the day exploring issues relating to distress and how to manage this for themselves and those they support.
- Suicide Prevention Week again was a significant event with 500 stress packs provided to workplaces across Argyll, over 300 posters distributed, and information packs sent to fire stations and GP practices.

5. CONCLUSION AND NEXT STEPS

5.1 There is a significant amount of health improving activity taking place throughout Argyll and Bute. This is most successful when initiatives are led by community members and there is active partnership working.

5.2 During 2015-16 priorities for the team include:

- Health asset mapping
- Social prescribing
- Promotion of physical activity
- Move More with Macmillan Cancer Support
- Loneliness and isolation
- Sustainability of suicide prevention work
- Community development via Health & Wellbeing Networks

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