

1. SUMMARY

1.1 The Health Improvement Team of Argyll and Bute's Health and Social Care Partnership publishes an annual report of activity each year. NB this is still in final draft form due to the earlier scheduling of this round of meetings.

2. RECOMMENDATIONS

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 9 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 comprehensive report has been prepared outlining the activity of the team during 2016-17. This will be published on line at www.healthyargyllandbute.co.uk

Health Improvement activity is overseen by the Health and Wellbeing Partnership; this is a strategic partnership of Argyll and Bute's Community Planning Partnership. Strategic direction for work priorities comes from the Joint Health Improvement Plan (JHIP).

This paper will highlight some key achievements for the Health Improvement Team during 2016-17:

- Evaluation of strategic planning for health and wellbeing (JHIP)
- Health and Wellbeing Networks and Small Grants
- Additional investment in prevention
- Loneliness and isolation activity
- Promoting self management

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

4. MAIN BODY OF PAPER

4.1 Review of Health Improvement Strategy

The JHIP covered the period 2013 – 2016. During 2016 an evaluation was conducted with a view to measuring the impact and also to identify what the refreshed JHIP should include. A short life working group reviewed the findings of the evaluation and this was overseen by the Health and Wellbeing Partnership. A new JHIP was written in February 2017 and consulted on with partners in March 2017. The new JHIP will be launched in May 2017 and will cover a 5 year period till December 2022. The strategic priorities will include 4 new themes:

Theme 1 - Getting the best start in life

Theme 2 - Working to ensure fairness

Theme 3 - Connecting people with support in their community

Theme 4 - Promoting wellness not illness

4.2 Health and Wellbeing Networks and Small Grants and Additional Investment in Prevention

There are eight Health and Wellbeing Networks in Argyll and Bute. These enable local partnership working and project working to promote health. The Networks are responsible for disseminating a small grant fund; in 2016 – 17 this amounted to £116k. A total of 117 projects received grants and more detail is available in the full report.

For the past two years the Health and Wellbeing Partnership has had additional funding from the Integrated Care Fund. This year this amounted to £70k, of which £50k was allocated to grants and £20k was allocated to developing the networks. This additional investment of £70k has now been provided as a recurring investment from the HSCP.

4.3 Loneliness and Isolation

Loneliness and social isolation pose significant risks to health, both in relation to premature mortality and in health outcomes. NHS Highland's Director of Public Health Annual Report for 2016 was on the topic of loneliness in older people. This presents local research showing that a significant proportion of older people experience loneliness. An anonymous survey of 3,000 people across Highland

and Argyll & Bute found 67% of respondents feel some degree of loneliness with 8% classing this as intense. The survey had a response rate of 51%.

The report is a call to action to partners to consider what they can do to reduce loneliness and includes examples of good practice including the community resilience workers across Argyll and Bute and Shopper Aide in Kintyre. Evidence from other areas shows loneliness can be reduced in older people by linking them up with activities like volunteering and social opportunities in their local communities. This is most effective when older people have a say in designing these services.

4.4 Promoting Self Management

There is a rising incidence of long term health conditions like diabetes, coronary heart disease, stroke and cancer. People can live for long periods of time with these conditions. However the impacts include reduced quality of life for people and also extra demand on health and social care services.

We all have a responsibility to lead healthy lives but people benefit from support to be enabled to make these healthier choices. This is a significant theme of work for the Health Improvement Team and will continue to be so. Two examples of this include Pain Management workshops for people living with chronic pain and Social Prescribing initiatives to link people to support for social problems like debt, relationship breakdown or housing problems.

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 2017-18 priorities for the team and the Health and Wellbeing Partnership will include:

- Embedding social prescribing and self management
- Addressing the causes of childhood obesity
- Developing a strategic response to Childhood Adverse Experiences (ACEs)
- Mental Health understanding to reduce stigma
- Support HSCP Locality Planning Groups with prevention work
- Diabetes

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