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ARGYLL & BUTE COMMUNITY PLANNING PARTNERSHIP
JOINT HEALTH IMPROVEMENT PLAN 2006-09

Introduction

One of the tasks of the Health & Well-Being Theme Group of the Argyll & Bute Community Health Partnership is to produce a revised Joint Health Improvement Plan each year. In the plan for the years 2005-08 produced last year there was a short introduction setting the context for the work of the Health & Well-Being Theme Group. Some of this is re-produced below in order to ensure that the Joint Health Improvement Plan remains relatively accessible and free-standing to any reader.

Background

The Health & Well-being Theme Group is one of two sub-groups operating within the Community Health partnership. The other is concerned with Sustaining and Developing our Communities, Culture and Environment. The Theme Group reports through its Chair to the Community Planning Partnership Management Committee, which, in turn, reports to the full Argyll & Bute Community Planning Partnership. The Partnership consists of representatives from a range of statutory and voluntary bodies and community representatives working together to identify activities where, by working in partnership, the life of the communities in Argyll & Bute can be improved.

Joint Health Improvement Plan

This document is the shared action plan for health produced by the partners in the community planning process. It forms part of the Community Plan and local Health Plan. It is the main focus of activity for the work of the Health & Well-Being Theme Group and, most recently, has formed one of the main criteria for distribution of funds from the Health Improvement Fund.

Last year's report described the Conferences and Review Days that had been held in the past to inform the development of the Joint Health Improvement Plan and the priorities within it. This year's report will focus more on a review of the activity of the Health & Well-Being Theme Group in 2005-6.

Review of 2005-06: Strategic Overview

The Joint Health Improvement Plan contains eight separate action plans. One of these is the strategic, covering all of Argyll & Bute and seven others are related to the local Public Health Networks (see below). The Health & Well-Being Theme Group is responsible for monitoring all of the Joint Health Improvement Plan but it has a particular concern with the oversight of the strategic section. At the end of this introduction there is a summary of the actions contained in the strategic section last year and an update on each of the action points.

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Review of 2005-06: Activity

The Theme Group met on nine occasions. Its usual business is to review and monitor the Joint Health Improvement Plan, and receives information on health improvement Activity e.g. the work on reducing falls in Cowal, the preparation of the Sport & Physical Activity Strategy. It receives reports on the implementation of Choose Life and discusses other matters related to its remit. As described below, an entirely new activity this year was on the allocation of funds.

In 2004-5, the Group had organised a successful half-day workshop on Joint Planning and the links between plans and between agencies. For years, a major task for the Theme Group had been to improve links with the Area Drugs and Alcohol Team and other groups concerned with alcohol. The opportunity was taken, therefore in 2005-06 to work with the ADAT and the Area Substance Misuse Forum on a workshop on the local action plan for alcohol.

The workshop focussed on agreeing priorities for planned actions for 2006-08 to be included in the Alcohol and Drug Action Plan. The draft plan will be circulated to locality public health networks as part of the consultation process, before final agreement at the Argyll and Bute Substance Misuse Steering Group. Local public health networks will then use the plan as a basis for planning JHIP priority 2 actions to be included in local health plans.

Review of 2005-06; Local Health Networks

The Joint Health Improvement Plan has seven local action plans. These are largely the work of seven local health networks who try to mirror the approach of the Theme Group at a more local level. These networks are at different stages of development. The Theme Group is confident that the idea of the local networks now has momentum behind it and can continue to develop, although the Group is aware that, in a couple of areas, more work is needed to support the network.

The networks cover Helensburgh, Cowal, Bute, Kintyre, Mid Argyll, Islay and North Argyll.

Some of the activities that have been carried out through the local public health networks:

- *Alcohol free youth dances on Islay*
- *Fit For Life exercise and healthy eating programme on Bute*
- *Fit Fun Day in Oban*
- *Audit of alcohol related admissions at Campbeltown hospital*

Review of 2005-06: Health Improvement Fund

In previous years, decisions on the distribution of money from the Health Improvement Fund were largely taken centrally by a group within the headquarters of NHS Argyll & Clyde. The Health & Well-Being Theme Group welcomed the decision of NHS Argyll &

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Clyde to devolve this responsibility. We are grateful that the Health & Well-Being Theme Group were given the direct opportunity to discuss and decide the distribution of these funds for Argyll & Bute.

This meant that the decision-making process was close to the area where the decisions would have an impact. It also meant that the process could be directly linked to the Joint Health Improvement Plan and to the work of the Local Health Networks. This made it more meaningful for all concerned and the networks, especially, could see their planning work generating a direct return.

Some of the funding is taken up with commitments that need to continue and so the amount over which the Group had discretion was limited. Moreover, when discussing criteria for disbursing funds, the Group took the view that it would not increase the level of long-term commitment. The following tables show the funds that had been allocated to the Group up to 31 December 2005.

Committed from the Beginning of the Year

Argyll & Bute Health Improvement Officer	£14,000
Community Planning Post	£12,200
Healthy Living Centres	£50,500
Integrated Community Schools	£18,000

Allocated during the Year (up to 31 December)

Argyll & Bute Fruit Initiative	£15,500
Making it Happen in Mid Argyll	£3,610
Development and support of Local Health Partnership (Bute)	£7,000
Development of Local Public Health Network (Kintyre)	£2,098
Development of Local Public Health Network (Islay)	£2,000
Development and support of Local Public Health Network (Helensburgh)	£2,000
Argyll & Bute Against Domestic Abuse	£5,000
Health Improvement Projects for Young People	£8,500
Drug and Alcohol Action Planning Day	£500
Integration of Regeneration Outcome Agreement with JHIP (Bute)	£500
Expansion and Development of Befriending Scheme (Cowal)	£11,187.50

Membership of Theme Group

In last year's JHIP we set out the membership of the theme group as follows.

Representative from NHS Argyll & Clyde	Gavin Brown
Public Health Practitioner, Argyll & Bute	Ann Campbell
Public Health Practitioner, Lomond	Jacqui McGinn
Health Development Officer, Argyll & Bute Council	Shirley MacLeod
Head of Integrated Care, Argyll & Bute Council	Jim Robb
Policy and Strategy Manager, Argyll & Bute Council	Brian Barker
Mental Health Services, NHS Argyll & Clyde	Dave Bertin
Representative from Dialogue Youth	Gary Haldane
Representative from Social Inclusion Partnership	Tricia McCrossan
Representative from Community Councils	John White
Representative from Strathclyde Police	Marlene Baillie

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Representative from Communities Scotland	Eleanor Dickie
Representative from Health Promotion	Clare Beeston
Representative from Community Services. Argyll & Bute Council	Sheila Walker
Consultant in Public Health	Maggie Lachlan
Argyll CVS	Peter Minshall
Kintyre Health Living Initiative	Jeannie Holles
Bute Healthy Living Initiative	Yennie van Oostende
Islay Healthy Living Initiative	Carol Muir

In the nature of things personnel changes and organisations change and so at the end of the year we have a few membership changes to report. During the year, Clare Beeston, Gary Haldane and Jeannie Holles left. We were also joined by Caroline Champion, Public and Involvement Manager, NHS Argyll & Clyde, and Moira Macdonald, Community Support Development Manager, Argyll & Bute Council. James Jones from Strathclyde Fire Brigade has most recently been invited onto the Theme Group.

In addition, towards the end of 2005-06 the Group also lost its Chair from NHS Argyll & Clyde. This came at an opportune time for the Group because the restructuring of the NHS, with the introduction of Community Health Partnerships, would almost certainly have meant as change at this level in any case. The NHS Chair of this Group should certainly come from the Community Health Partnership, the local organisation for the management and planning of health services.

Next Steps

One of the main partners in the Community Planning Process, the NHS, has undergone a major structural upheaval in the last part of 2005-06. Responsibility for the health services in Argyll & Bute was transferred to NHS Highland following the decision formally to dissolve NHS Argyll & Clyde. In terms of community planning, however, we expect the most direct relationship to be with the local management organisation, Argyll & Bute Community Health Partnership.

The Health & Well-Being Theme Group was encouraged by the following acknowledgement of the importance of community planning given in Professor David Kerr's report on Building a Health Service Fit for the Future.

Community Health Partnerships offer the potential for a fresh exploration of partnership working and a channel through which services can be better co-ordinated and delivered, depending on local circumstances and decisions. The co-terminosity with Council boundaries should be a major stop forward in harmonising services.

At the strategic level, the key mechanism for driving integration and health improvement is the Community Planning Partnership. The purpose of Community Planning Partnerships is to deliver co-ordination of local strategies of all key organisations in a local authority area, with full participation of community representatives and they are particularly well placed to deliver health improvement outcomes and to develop cross-agency strategies which address health inequalities.

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The contribution of the Health & Well-Being Theme Group to that is this Joint Health Improvement Plan and the activity that it generates. The Action Plans for 2006-09 are attached to this report.

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SECTION 1 OF JOINT HEALTH IMPROVEMENT PLAN 2005/08:
REVIEW OF ACTIVITY DURING 2005/06

What needs to change	What will be done
Priority 1 Improved Partnership Working on Health & Well Being	
A 1:1 Better links between plans	Identify all plans relating to health improvement within partners organisations and highlighting opportunities to reduce duplication
<p>Work began on this but the task of assembling and monitoring all the plans within even the two key organisations, Argyll & Bute Council and NHS Argyll & Clyde, proved too great for the resources available. The H&W Group heard, for example, that the exercise had identified 23 plans within Argyll & Bute Council that could have a health improvement component.</p> <p>Communities Scotland adopted a different approach and circulated to the H&W Group a list of all of its activities that fell within the scope of health improvement.</p>	
	Adapt and roll out FUSIONS with integration of Integrated Community Schools and Changing Children's Services Funds
Worked with local public health networks to ensure that FUSIONS linked with them to ensure sustainability. JHIP actions integrated into Children's Services plan	
	Roll out of Health Promoting Schools to all schools by 2007
H&W theme group member ensures that Healthy Promoting School is a regular agenda item at ISAG meetings	
A 1:2 Agreed and understood aims and objectives	
This objective was seen as a follow-on from the first Action Point.	
Priority 2 To Reduce the Negative Impact of Alcohol Misuse	
A 2:1 To promote the positive use of alcohol	Link in with national campaigns and strategies to promote positive messages
See report for Action Point 2:2	
A 2:2 To work with national agencies to reduce the effects of binge drinking	Hold Public Health Conference to review action plan and identify funding streams
The H&W Group worked with ADAT and the Argyll & Bute Substance Misuse Forum in holding a workshop on 18 November to review the Alcohol Action Plan for Argyll & Bute	
A 2:3 To encourage links between ADAT at strategic level and with public health	Hold joint meetings, improve communication, share information
The Chairs of the H&W Group and ADAT met to agree that this should be pursued, although more formal actions could still be taken. Links were established in planning for the November Conference	
Priority 3 To Reduce the Incidence of Coronary Heart Disease, Stroke and Cancer	
A 3:1 Improve diet in all ages under Challenge Plans Headings Early Years Teenage Transition Workplace/Communities	Actions from Eating for Health Plan for Argyll & Bute 2004-06

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The H&W Group approved the Food Health Plan for Argyll & Bute in 2004. The Plan has now been reviewed and updated, and circulated to theme group members.	
A 3:2 Achieve a sustained increase in activity levels of the whole population under Challenge Plan headings Early Years Teenage Transition Workplace/Communities	Actions from Sports and Physical Activity Strategy implemented Local groups to identify actions from Physical Activity Open Space
The H&W Group received a presentation from Argyll & Bute Council during the drafting of the strategy. Implementation of the strategy is progressing, and a further update will be provided to the theme group.	
A 3:3 Reduce the prevalence of smoking in all age groups	Each local plan to identify at least one action in relation to smoking and health
All Local Plans included smoking cessation activity	
	Review Tobacco Policies in all partnership establishments
The Chair of the H&W Group wrote to all partners asking for their plans to review. He received replies from Argyll & Bute Council, NHS Argyll & Clyde, Strathclyde Police and Strathclyde Fire Brigade. This action is being overtaken by the impact of legislation.	
Priority 4 To Improve Mental Health & Well Being	
A 4:1 Prevent suicide, raising awareness, reducing stigma and aiding recovery	Implement Choose Life Action Plan
Choose life action plan implemented through Choose Life Sub Group of H&W group. Key achievements in awareness raising and training	
4:2 Promotion of positive mental health and well-being	All partners to adopt, implement and monitor a mental health in the workplace
The Group felt that the benefits of this needed further consideration. The Group has yet to discuss it further.	
	Implement actions in the report on the Poverty and Mental Health Conference
The Report was re-circulated to the Group with a summary paper. The Group has yet to return to discussion of what this Action Point really means.	
Priority 5 To Help Communities Feel Safer	
A 5:1 To improve road safety and reduce accidents	All Community Planning Partners and Private Sector to implement DRIVESafe
The DRIVESafe initiative needs to be given fresh publicity but it also needs some medium-term stability. A 3 year action plan for developing DRIVESafe will be considered by the CPP Management Committee in February 2006.	
A 5:2 To reduce anti-social behaviour, crime and fear of crime	All Community Planning Partners to adopt the Community Safety Strategy
This Strategy was being reviewed so the Action Point was put on hold.	
A 5:3 Adoption of zero tolerance of domestic abuse	Implement the Argyll & Bute Domestic Abuse Strategy
This Strategy was being reviewed so the Action Point was put on hold.	
Priority 6 To Reduce Inequalities Through the Development of Social Care and Health Care Services	
A 6:1 Reduction in the number of homeless people	Adopt the Argyll & Bute Homelessness Strategy
This Strategy was being reviewed so the Action Point was put on hold.	

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A 6:2 Improving information education and access to facilities for elderly people	Each local network to identify at least one action to improve quality of life for older people living in poverty
This action has been progressed by some public health networks, but not all of them	
A 6:3 Increasing opportunities for consultation and involvement of young people in health promotion and well-being	Online consultation on health & well-being issues
This has now been launched but needs greater publicity among partner agencies.	
A 6:4 Health inequalities in socially excluded areas need to be addressed within the JHIP	Health Improvement Actions in the Regeneration Outcome Agreements to be reflected in the JHIP and local action plans
This is related to Action Points 1:1 and 1:2.	