
Title: Health Improvement Update

1. SUMMARY

1.1 This update on Health Improvement in Argyll and Bute has been provided at Cleland Sneddon's request for information on the Choose Life Initiative. Background information is required to frame this so the paper also contains information on:

- The Health Improvement Planning and Performance Action Group (HIPPAAG).
- The Mental Health Improvement Strategy.
- The Choose Life Initiative.

2. RECOMMENDATIONS

2.1 The Social Affairs Group is asked to note the contents of this paper and consider how the CPP can further support health improvement in Argyll and Bute.

The Group is asked to give support to the forthcoming draft strategies for:

- Health Improvement
- Mental Health Improvement

The Group is asked to give commitment to the "See Me" pledge.

3. BACKGROUND

3.1 Health Improvement and HIPPAAG

Health Improvement in Argyll and Bute is delivered by a large number of staff in the public and third sectors and relies on a partnership approach. The attached diagram gives a visual illustration of the partnerships for health improvement. Strategic direction for Health Improvement is provided by the Health Improvement Planning and Performance Action Group (HIPPAAG).

The Health Improvement Team has a small number of dedicated health improvement professionals delivering agendas such as:

- Smoking cessation

- Alcohol brief interventions
- Community development
- Mental health improvement
- Healthy weight
- Reducing health inequalities
- Sexual health

A running theme for the health improvement agenda nationally is to reduce health inequalities between the well off and the not so well off. It is now thought that the best way to do this is by community development and building on the assets and resources already present in communities. This is known as an “asset approach” as opposed to a “deficit approach”.

For further reading on this see the Chief Medical Officer’s Annual Report for 2009:

<http://www.scotland.gov.uk/Publications/2010/11/12104010/0>

The Health Improvement Team supports community development for health improvement via the 7 Local Public Health Networks. We have recently carried out a review of this function and HIPAG and a summary report is available.

3.2 Mental Health Improvement

The NHS mental health modernisation programme is underway. One element of this programme involves the launch of a Mental Health Improvement Strategy to address upstream preventative measures to enable people to look after their mental health. There is much that people can do to protect their mental health but these messages are not as well known as physical health messages.

A joint short life working group has been tasked with developing the strategy and is due to issue a draft strategy for consultation by the end of the year.

This will be launched in early 2012 and it is envisaged that it will be a joint Community Planning Partnership strategy. As part of the launch it is proposed that the CP Partners commit to the “See Me” pledge.

The draft strategy is being informed by national policy and will involve planned initiatives at all stages of the lifecourse. Examples include:

- Parenting programmes for Early Years.
- Social support networks for older people.
- General population initiatives such as the Scottish Mental Health Arts and Film Festival.

- Wider lifestyle initiatives such as physical activity and sensible drinking messages.

In some cases the strategy maps out what is happening already, in others it identifies gaps and recommends actions to fill these gaps. The strategy requires commitment from all CP Partners.

3.3 Choose Life Initiative

The national strategy for suicide prevention has been in place since 2002 with the aim of reducing suicide incidence by 20% by 2013. Ring fenced funding was provided to local authorities year on year till 2010/11 to support Choose Life. In 2011/12 Argyll and Bute Council committed to a further 3 years' funding for Choose Life under a service level agreement. This is to the value of £83k per year.

In April 2011 the existing Choose Life Team was restructured and brought into the Public Health Department of Argyll and Bute Community Health Partnership. The staff complement is as follows:

- Choose Life Co-ordinator (part-time)
- Choose Life Trainer (part-time)
- Choose Life Administrator (part-time)

The core components of the Choose Life delivery plan are:

- Training
- Reducing the stigma of suicide
- Raising awareness of sources of support
- Challenging attitudes and values
- Monitoring and evaluation

The key messages from Choose Life relate to suicide being a social issue and not purely about mental health. As such society and the community can have an impact on the incidence of suicide.

The Choose Life agenda is managed by a joint steering group that meets bi-monthly. The steering group is supporting a comprehensive review into Choose Life that will commence shortly and report by May 2012. The findings of this review will inform the final 2 years of the SLA.

3.4 Supplementary Information

1. Diagram of partnerships for health improvement
2. HIPAG review summary report

4. CONCLUSION

- 4.1 The delivery of health improvement in Argyll and Bute relies on appropriate success measures and indicators. At the moment the Single Outcome Agreement and Community Plan lack sufficient sensitive measures. It is recommended that these updated plans include health indicators from the CHP Health and Well-being Profile published annually by the Scottish Public Health Observatory. See:

http://scotpho.org.uk/web/FILES/Profiles/2010/Rep_CHP_S03000025.pdf

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