

# Being the healthiest we can be in Argyll and Bute

Joint Health Improvement Plan 2013 – 2016.





This document has been developed by the Health and Wellbeing Partnership in consultation with our members and the Health Wellbeing Networks. It has been designed to be used by people who are involved in health improving activities, for example it may help to inform what can be done to improve health by giving examples of what has worked elsewhere or it can be used to show how health improvement fits within the bigger picture in Argyll and Bute. For up to date details of who to contact for information or advice please visit our website at [www.healthylargyllandbute.org.uk](http://www.healthylargyllandbute.org.uk)

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### Vision:

**Everyone in Argyll and Bute has the right to lead the healthiest and safest life possible.** Whether that means being empowered to make healthier lifestyle choices; being able to access opportunities and services for health and wellbeing locally; or having the skills and resources to manage your own health, health improvement is in everyone's best interest.

The Health and Wellbeing Partnership supports the planning of health improvement in Argyll and Bute.

### 7 local Health and Wellbeing Networks throughout the area in:

- Bute
- Cowal
- Helensburgh
- Islay
- Kintyre
- Mid Argyll
- Oban and the Isles

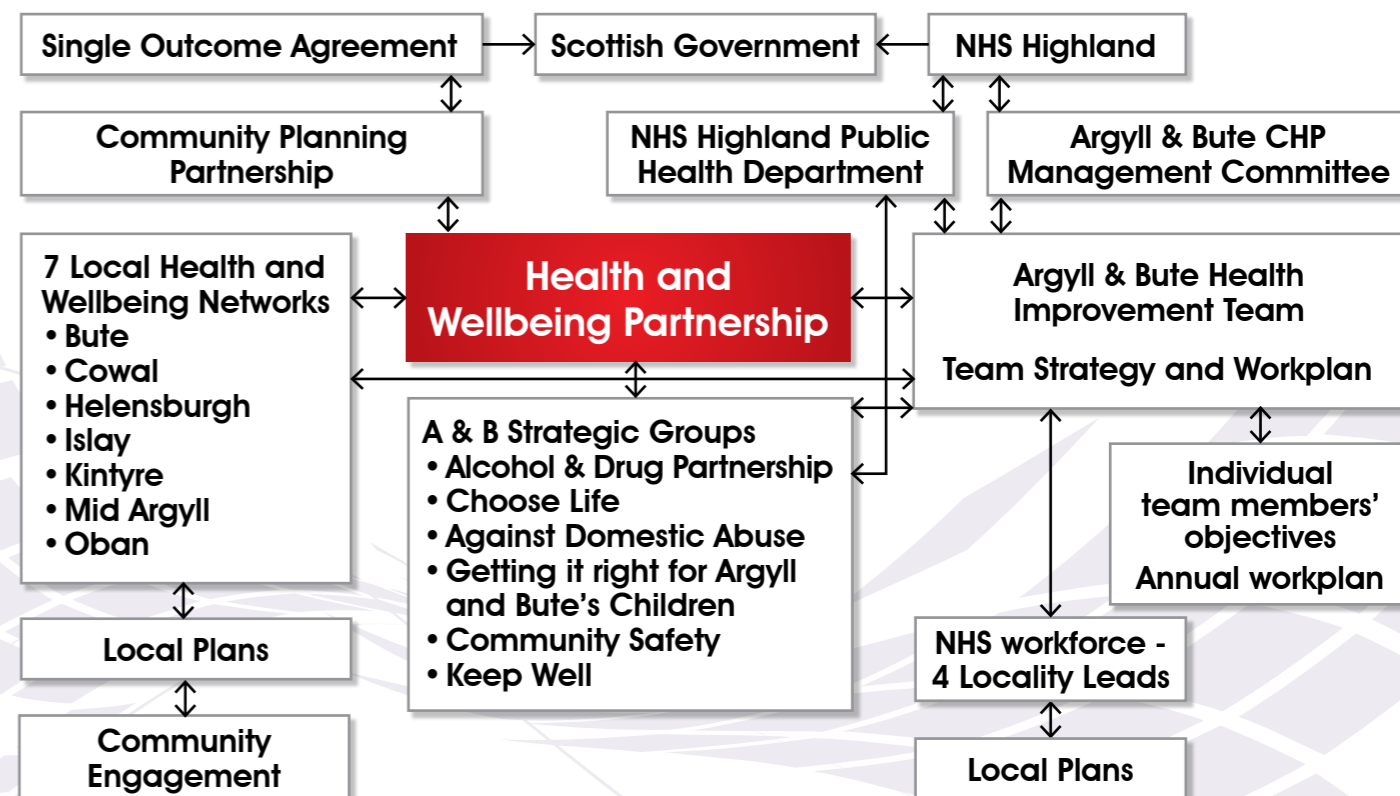


The Health and Wellbeing Networks are for people with an interest in building healthy communities. They provide an opportunity for people to come together to find out what issues matter to local communities; to plan activities and events together; and to distribute grant funding to local projects. **Each of these networks has allocated co-ordination time funded by the NHS.**

### Partnership working structures:

In Argyll and Bute this includes: staff from the NHS, such as health improvement, public health, health visiting and community nursing, staff from the Council, such as social work, education and leisure services; staff from the Third Sector, such as voluntary organisations and housing associations; and equally as important, local people.

The Health and Wellbeing Partnership will also work with other groups such as the Alcohol and Drug Partnership, the Domestic Abuse Partnership, Getting it Right for Argyll & Bute's Children and the Community Safety Partnership.





**The following values and principles underpin how health improvement is delivered:**

- Empowering
- Sustaining
- Participative
- Equitable
- Evidence based
- Well planned
- Effective



**Where health improvement happens:**

Health improvement can happen anywhere and at any stage of life, for example, early years, young people, adults and older people, and can take place in a variety of settings and communities, such as:

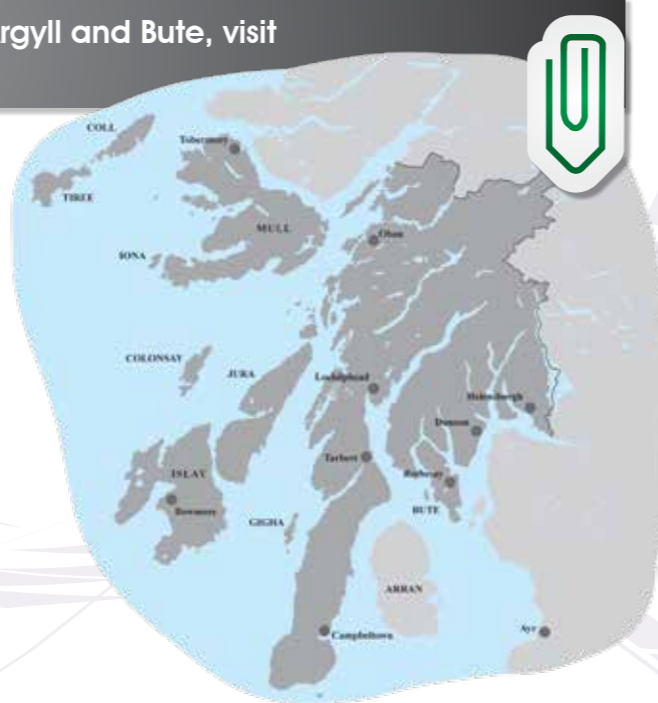
- NHS premises
- Schools
- The workplace
- Geographical communities
- Communities of interest, such as social clubs, churches etc.

**What we will do:**

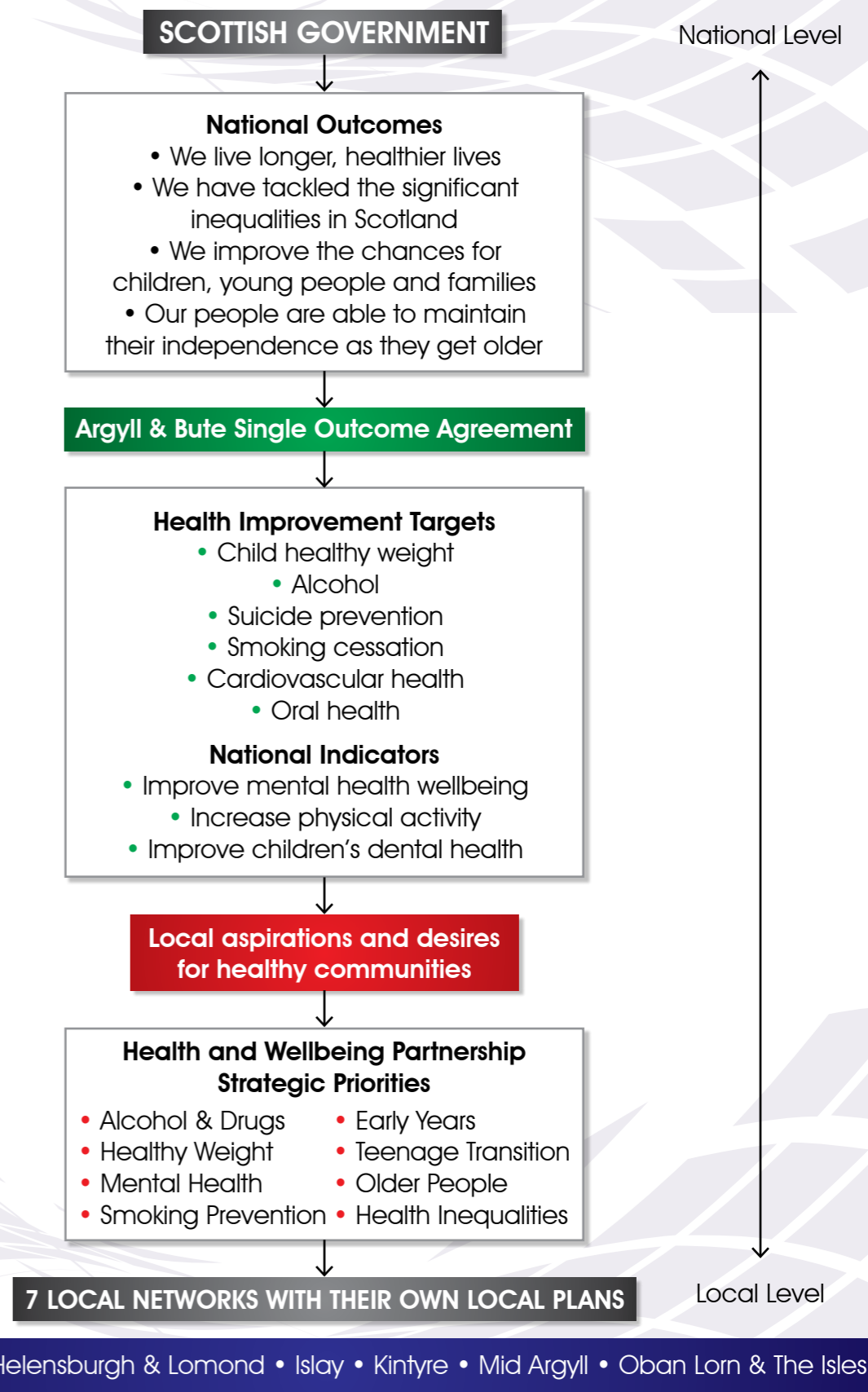
Current thinking around health improvement suggests that healthy people arise from healthy communities. Interventions work best if they are done with local communities and they build on assets and resources already present in these communities. This is known as "salutogenesis" or an "assets based approach" and the Health and Wellbeing Partnership favours this model. It involves engaging local communities in finding out what health issues matter to them and responding to what they want.

It also involves breaking down boundaries and not looking at topics such as smoking or harmful drinking in isolation from other factors in health, such as poverty, employment status, educational attainment etc.

For more information on health improvement in Argyll and Bute, visit [www.healthylargyllandbute.org.uk](http://www.healthylargyllandbute.org.uk)



This Joint Health Improvement Plan sets out what we want to achieve for a healthier Argyll and Bute. The intended outcomes are informed by national outcomes and locally agreed measures in the Single Outcome Agreement. The following diagram illustrates how the national outcomes inform local activity:



## Strategic Priorities for Health Improvement in Argyll and Bute:

The following strategic priorities were agreed by the Health and Wellbeing Partnership during 2012. The detail provided for each topic is to give guidance, direction and help to inform local action plans. It is not designed to be a menu of options.

### Health Inequalities

Health inequalities is relevant to all of the strategic priorities and we should all be asking how "inequalities sensitive" our health improvement practice is, for example, are those most in need benefiting from the activity. Equality and diversity impact assessments can help with targeting interventions to those most in need.

#### Areas to consider:

- An "assets" based approach to investing in healthy communities
- Social determinants of health eg housing, access to employment, access to services, income etc.
- Gender, age, race etc.
- Physical health eg long term health conditions, disability, mental wellbeing etc.
- Areas of deprivation
- Keep Well cardio-vascular health checks
- Health literacy
- Identify gaps in service provision

#### Why we should do this:

- Equally Well, Scottish Government 2009
- Argyll and Bute SOA

### Alcohol and Drugs

#### Why we should do this:

- Changing Scotland's Relationship with Alcohol, 2009
- The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, 2008
- Locally – Argyll and Bute Alcohol and Drug Strategy 2013 – 2016
- HEAT target

#### Examples of activity:

- Diversionary activities for young people who might otherwise consume alcohol
- Alcohol and drug training eg brief intervention training and awareness raising workshops on Legal Highs
- Support for people with alcohol and drug problems eg NHS ABAT; third sector organisations such as Encompass; and voluntary groups such as AA
- Community support eg opportunities for people recovering from alcohol or drug dependency to participate in activities that help them re-engage with their community
- Promotion of alcohol free products eg Octoberfest
- Keep Well health checks

#### How we measure our achievements:

- Case studies local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Patients hospitalised with alcohol related conditions
- Patients hospitalised with drug related conditions
- Deaths from alcohol
- Numbers of establishments achieving the *healthyliving* and Healthy Working Lives Awards
- Numbers of people treated in support services
- Single Outcome Agreement (SOA) and Pyramid system

### Early Years

#### Why we should do this:

- Scottish Government National Outcome – We improve life chances for children, young people and families
- The Early Years Framework – Scottish Government 2009
- Getting it Right for Every Child in Argyll and Bute
- Infant and maternal nutrition – Dee to check

#### Examples of activity in Argyll and Bute:

- Parenting programmes using a co-production model
- Breastfeeding promotion eg peer support volunteers
- Active play
- Read at home
- Support services eg Homestart, family mediation
- Parent and toddler groups and play park

#### How we will measure our achievements:

- Case studies of local activities and qualitative feedback - specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Mothers smoking during pregnancy
- Teenage pregnancies
- Low weight live births
- Babies exclusively breastfed at 6 - 8 weeks
- Child dental health in primary 1
- Child obesity in primary 1
- Single Outcome Agreement (SOA) and Pyramid system

### Healthy Weight

#### Why we should do this:

- Preventing Overweight and Obesity in Scotland, Scottish Government, 2010
- Commonwealth Games legacy
- Recipe for Success: Scotland's National Food and Drink Policy, Scottish Government, 2009
- Let's Make Scotland More Active, Scottish Government, 2003

#### Examples of activity:

- Promotion of opportunities for physical activity eg health walks, Argyll Active exercise referral, active schools, sports and leisure services
- Open space which supports physical activity eg community woodlands, community gardens and playparks
- Development and promotion of pathway for weight management in Argyll and Bute
- Cookery classes for in need groups eg parents, men, young people
- *healthyliving* award for catering establishments, including workplaces
- Healthy Working Lives Programme for workplaces
- X programme for children and families
- Build front line capacity through training programmes such as motivational interviewing and brief interventions

#### How we measure our achievements:

- Case studies local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Patients hospitalised with coronary heart disease
- Patients with diabetes
- Numbers of establishments achieving the *healthyliving* and Healthy Working Lives Awards
- Numbers of people participating in activities eg weight management
- Single Outcome Agreement (SOA) and Pyramid system



## Mental Health and Wellbeing

### Why we should do this:

- Mental Health Strategy for Scotland 2012 – 2015
- Locally – Strategic Framework Mental Wellbeing 2012 – 2014
- National Strategy and Action Plan to Prevent Suicide in Scotland: Report of the National Suicide Prevention Working Group (Refresh, 2010)
- Responding to Self Harm in Scotland: Final Report
- National indicator – improve mental health and wellbeing
- Mental health literacy - "No health without mental health." (WHO)

### Examples of activity:

- Social prescribing for mental health problems eg peer to peer support or exercise referral
- Awareness raising activities eg how to look after your mental health or suicide and self harm awareness in communities
- Scottish Mental Health Arts and Film Festival
- Training eg Mental Health Awareness, Living Life to the Full and Suicide Prevention
- Physical activity eg walking groups
- Healthy Working Lives Programme
- Community based activity eg link clubs, Alzheimer's football interest groups etc
- Promotion of information resources eg service directories or self management websites

### How we measure our achievements:

- Case studies of local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Patients prescribed drugs for anxiety/depression/psychosis
  - Patients with a psychiatric hospitalisation
  - Deaths from suicide
- Single Outcome Agreement (SOA) and Pyramid system

## Older People

### Why we should do this:

- Reshaping Care for Older People, Scottish Government 2011
- National outcome – people maintain their independence as they get older

### Examples of activity:

- Lunch clubs
- Community support such as befriending services or shopping help
- Intergenerational activities eg community choir in Helensburgh
- Timebanking/volunteering
- Falls prevention work eg strength and balance training and active ageing
- Support self management of long term conditions eg support groups

### How we measure our achievements:

- Case studies local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Cross reference to outcomes for workstream7 for Reshaping Care for Older people in Pyramid
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - People (65+) with intensive care needs met at home
  - People (65+) receiving free personal care at home
  - Patients (65+) with multiple hospitalisations
  - Patients (65+) hospitalised after a fall in the home

## Smoking Prevention

### Why we should do this:

- Scotland's Future is Smoke free: A tobacco prevention action plan (Scottish Government 2008)
- Previous HEAT Target to be maintained
- National indicator – improve mental health and wellbeing

### Examples of activity:

- Promotion of Smoking Cessation Campaigns
- National No Smoking Day
- Smoke Free Homes and Cars
- Smoke Free Campaign (Schools)
- Healthy Working Lives
- Healthy Living Group/Health Passport (A&B Hospital)
- Training eg Raising the Issue of Smoking and Brief Interventions
- Fire safety

### How we measure our achievements:

- Case studies local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Smoking prevalence
  - Smoking attributable deaths
- Smoking cessation rates from the NHS Scotland Smoking Cessation Database (ISD)
- Single Outcome Agreement (SOA) and Pyramid system

## Teenage Transition

### Why we should do this:

- Respect and Responsibility (Scottish Government 2008)
- Youth Employment Strategy (Scottish Government 2012, draft)
- Changing Scotland's Relationship with Alcohol, 2009

### Examples of activity:

- 16+ learning choices
- Diversionary activities for young people who may experiment with alcohol and drugs
- Access to free condoms
- Sexual health and relationships education
- Support groups for young parents
- Community sports groups and access schemes eg Midnight Football League
- Looked after and accommodated children
- Young Scot
- Saltire Awards

### How we measure our achievements:

- Case studies local activities and qualitative feedback – specifically link to monitoring of grant recipients
- Local intelligence eg numbers attending training/events and evaluation of these events
- Argyll and Bute CHP Health Profile:
  - Teenage pregnancies
  - Working age adults with low or no educational attainment
- Single Outcome Agreement (SOA) and Pyramid system

## Health and Wellbeing Fund

Argyll and Bute Community Health Partnership allocates approximately £70,000 from its Public Health budget each year to support community led health improvement activities. This budget is devolved to local networks to distribute as they see fit using agreed selection criteria. The following strategic priorities are eligible for grant funding:

- Alcohol and drugs
- Early years
- Health inequalities
- Healthy weight
- Mental wellbeing
- Older people
- Smoking prevention
- Teenage transition

**Hundreds of initiatives have received funding over the years in Argyll and Bute. Recipients range from one off events such as a cookery class or an information resource for carers to supporting ongoing activities such as a befrienders group for older people or swimming lessons for disabled adults. Potential applicants can find out more about how to access the grant fund by joining their local network. For details see [www.healthylargyllandbute.org.uk](http://www.healthylargyllandbute.org.uk)**

In order to be effective, health improvement activities must balance the needs and aspirations of communities with what the evidence and experience shows can make a difference. The geography of Argyll and Bute means that local communities can have distinct needs and this has resulted in a very diverse range of services across the area. Just because something has been shown to work in one area does not mean it will work in another area. However, strategically those responsible for planning and commissioning services have a duty to ensure equity of services and funding allocations across Argyll and Bute.

**The Health and Wellbeing Partnership favours the use of a co-production model to develop services. Co-production means service providers working in equal partnership with local communities to develop services. Local communities know best what their needs are.**



# Case study 1

The Health and Wellbeing Partnership has compiled a number of case studies of successful health improvement initiatives in Argyll and Bute. These can be viewed on our website. A small number are provided as examples on the next pages.

## Helensburgh Challenger Sailing for Disabled People

**Helensburgh Challenge Group supports disabled adults to take up or continue sailing. The group uses specially designed boats which will not sink or turn over.**

Those new to sailing just love the “buzz” and feeling of wellbeing out at sea. This is particularly exhilarating when they are perhaps adjusting to lack of mobility. One member described the experience of sailing as providing a sense of freedom - that you just can't get with a wheelchair. Sailors who took part in competitive sailing in the past but who have suffered spinal injury find that the Challenger boats provide that same outlet for their competitive spirit. Older sailors too, can continue to enjoy the challenge of sailing into later life allowing them the health benefits of an active life.



**A recent purchase of a launching trolley through the support of the Health and Wellbeing Network has made a huge difference to the club. The club has a network of volunteer helpers, including some students undertaking the Duke of Edinburgh Community Award. The helpers, with the aid of a hoist can assist those with a disability into the boats.**

### What people said about this:

*“Helensburgh Challenger Group was the first to be founded in Scotland in 1983. We also claim to have the oldest Challenger sailor in the UK, Mr Alex Richardson from Rhu who is aged 91. He was featured in the Helensburgh Advertiser, with a picture taken out on the water.”*

**Club secretary**

*It's tremendous – I've been sailing for 12 years now. I never would have thought I'd be out on a boat! When I first had MS I saw the advert for the club and thought that looks good. Went along to the meeting and spoke to a 72 year old who had been up the Rhu Narrows and thought if they can do it so can I.. So I joined up. I would it recommend to everyone – the thrill is just fantastic!”*

### Contact details:

[www.helensburghsailingclub.co.uk](http://www.helensburghsailingclub.co.uk)



# Case study 2

## Scottish Mental Health Arts & Film Festival

Being creative and joining in with groups and activities has a positive influence on mental health & wellbeing. It was with this in mind that the Health and Wellbeing Network on Bute supported the Scottish Mental Health Arts and Film Festival.

The festival kicked off with an animated film, Mary & Max which was a film that highlighted a range of emotions, behaviours and mental health issues in a moving, sometimes funny and sometimes sad way as it described the unlikely friendship between two people who live continents apart.

The MAD about Arts Day was organised to coincide with the national Make a Difference Day (MAD Day). All local arts & crafts groups and some other local activity groups were invited to come along and many took the opportunity to organise activities and tasters for participants to get involved.

19 groups with 38 volunteers took part in the day, resulting in an energetic day as young and old tried out a whole range of activities, such as jewellery making, painting, felt making, knitting, badge making, bird feeders, card making and mask making.

A directory was produced for the day, listing all the arts, crafts and music groups on the island with details and contact numbers. Also listed were the numbers of the national helplines, Samaritans, Breathing Space, Childline, NHS 24 and Emergency Services.

### What people said about this:

"MAD about Arts provided an excellent opportunity to raise awareness of the creative activities that were available on the island and to highlight the benefits of involvement and participation in relation to mental health and wellbeing"

"It was great to see so many people involved and making links and relationships and commitments to go along to groups and activities in the future!"

"It was good to have such an event to encourage people along to. When individuals are feeling isolated it can be hard to make that step to join a group – here the groups really came to the people"

### Contact details:

Dee Hancock – Bute health and wellbeing network co-ordinator  
bhwn@homestartmajik.eclipse.co.uk  
www.mhfestival.com



# Case study 3

## Crèche Places at the Home-Start Soft Play facility

Home-Start and KADAS, partners involved in the Kintyre Health and Wellbeing Network got together to improve the lives of children affected by parental substance misuse.

Funds secured through the Argyll & Bute Alcohol and Drugs Partnership enabled both agencies to offer parents free crèche places. All the parents targeted required support to access services and would benefit from time away from the demands of their children. They were already using recovery services, or experiencing difficulties associated with substance misuse and some were users of Home-Start's home visiting service.

In a 12 month period 441 individual sessions were booked by parents. The crèche is located in the Home-Start soft play area in the local leisure centre.

Parents were able to attend appointments with support services eg counselling, complementary therapies, social work and health visitor appointments, including meetings arising out of concerns that the parent could not fully provide for their child's needs.

This has proved a really positive experience. For some parents, beginning to create a network of support in the community is often the beginning of breaking down the isolation they have experienced.

### What people said about this:

"It was very helpful being able to use the crèche. It helped me through a difficult time" **Parent**

"Parents in recovery or at risk of developing problematic use can be encouraged to take up an activity as part of a lifestyle change. With the crèche situated in the leisure centre and the support provided by Home-Start volunteers it has been an easier "step to change and recovery" for some of our parents." **KADAS Manager**

"Parents affected by substance misuse sometimes find it hard to cope with full time care of their children. Having child free time to participate in positive structured activities, often allows them to cope with family stress better and feel more ready to cope with the demands of parenthood." **Home-Start co-ordinator**

### Contact details:

Eleanor Sloan – Kintyre Health and Wellbeing Network - eleanor@homestartmajik.eclipse.co.uk  
www.argyllcommunities.org - www.sfad.org.uk



# Case study 4

## Cowal Forestry for Health project

Green Gym programmes aim to provide people with a way to enhance their fitness and health while taking action to improve the outdoor environment. It can be seen as enabling people to get fit who would not normally attend a conventional gym or sports centre.

HELP staff got their young people involved in a local Forestry for Health programme. The young people joined the existing forestry project. Transport was provided to the site and the group was a mix from various local projects including the mental health support group, the Link Club. Some people attended occasionally, others more regularly. Out of an average group of 12 travelling together 4-6 were young people.



The group worked with local trainers from a recent Green Gym initiative and:

- undertook a variety of outdoor jobs which improved the biodiversity, accessibility and appearance of our site
- learned how to improve strength and stamina, including the benefits of warm-up and cool-down exercises
- found out more about local opportunities for physical activity (such as other local environmental volunteering, sports and walking)

Funding from Cowal Health and Wellbeing Network was matched to extend the post of the forest ranger to give her the time to work with this group. Agencies whose clients were attending the project were able to supply mentor support where needed. The aim is to continue the work and extend the Forestry for Health Initiative and providing further opportunity for volunteers to undertake qualifications.

### What people said about this:

*"The experience, the social interaction and the benefits of just being outdoors have led to an improved lifestyle, confidence and sense of wellbeing in some of our most vulnerable clients"*

*"You don't need designer sportswear or an indoor gym – you can exercise outdoors anytime with the same results. Treadmill or Promenade! No need to worry about whether you have enough money to go and you can go whatever the weather."*

### Contact details:

Lorna Ahlquist – Cowal health and wellbeing co-ordinator - lornaahl@aol.com  
www.argyllcommunities.org  
www.forestry.gov.uk

# Case study 5

## Craignish Community First Responder Scheme

What do you do if there's an emergency and you live more than 20 minutes drive away from the nearest ambulance station? Well, the residents of Ardfern and the Craignish peninsula in Argyll raised the funds to start a Scottish Ambulance Service sponsored Community First Responder scheme. Volunteers run the service, providing a "bridge" between an emergency and the arrival of an ambulance. All volunteers receive specialist training and equipment so they can help during those first crucial minutes.



The volunteers provide a basic service that saves lives. Following a 999 call the ambulance is called out and, when appropriate, an additional call is made to the First Responder volunteer on duty. The scheme has a volunteer co-ordinator who manages the call rota, providing cover round the clock as much as possible.

Self-funded Community First Responder schemes, like Craignish, must purchase their own equipment and, with help from the Mid Argyll Health and Wellbeing Network they have been able to install a defibrillator at the village shop. They've also been working with the British Heart Foundation's Heart Start programme to raise awareness of the benefits of early recognition of heart problems and to raise awareness that lifestyle change is a preventative factor.

### What people said about this:

*"When our local GP suggested that due to the distance from the nearest emergency services, the Craignish peninsula would be an ideal candidate for Scottish Ambulance Service's First Responder Scheme, this seemed a very logical path to follow, particularly in our area where there is already a strong community ethos."* **Volunteer**

*"In a medical emergency it is often the simple first aid skills, like making sure an airway is clear, that save a life. In recent years, advances in technology have been made, and many interventions, which were previously performed only by highly trained individuals, are now available to people with much less training."* **Spokesperson, Scottish Ambulance Service**

### Contact details:

www.argyllcommunities.org  
www.bhf.org.uk  
www.scottishambulance.com





Tel:  
Fax:  
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[www.healthyardgyllandbute.org.uk](http://www.healthyardgyllandbute.org.uk)