

THE HEALTH AND WELL BEING THEME GROUP AND LINKS TO OTHER HEALTH GROUPS

1. Summary

This report updates the Health and Well Being Theme Group of Argyll and Bute Community Planning Partnership on the groups which are working in the area on the health improvement agenda. It makes outline recommendations regarding the long term make up and role of the theme group, and how existing links can be strengthened.

2. Recommendations

That the theme group consider the report and put in place the proposed structure for health improvement links across all of the groups working on the agenda in Argyll and Bute.

3. Background

The Health and Well Being Theme Group of Argyll and Bute Community Planning Partnership is the group which has responsibility for co-ordinating health improvement activity across Argyll and Bute. The aim of the group is to work together with communities to improve the quality of life for all in Argyll and Bute in relation to improving health and wellbeing. The group meets 4 times per year and reports directly to the full Partnership, where 24 partners from diverse organisations across the area endorse the work and priorities which the group has identified. Each of the partners around the table therefore agrees, and works to, a common set of aims and objectives in relation to improving population health. The difficulty which the groups has had to date is in ensuring that the myriad of groups who are working on the agenda, and who are not inputting directly into the CPP process, are linked to the planning process for health improvement, share the aims and objectives of the community planning partners, and have an opportunity to have their work recognised, and where possible assisted by, partners in the area.

4. Detail

The Health and Well Being Theme Group has, since it's inception, had a membership which has been varied depending on the topics being prioritised, with a small number of people being regular members of the group. Priorities for the action plan for health improvement, the Joint Health Improvement Plan, have been identified by linking to national priorities for health improvement, issues identified in the annual Director of Public Health Report, and issues identified by the Citizen's Panel. In the main, the actions and priorities adopted by the group have been at a strategic level, ie they have been prioritised across the whole Argyll and Bute area. However, in autumn 2003 a subgroup identified the need for more "locality" based work to be reflected in the JHIP, and to this end a series of locality public health networks are being formed. These networks will be based in the 7 localities which mirror the operational localities within the existing NHS structure, and are developing to have a multi-agency representation. It is intended that these networks will be ready to identify JHIP actions for their area during the development of the JHIP due to commence on 1st April 2005. In addition, the locality networks will be in the front line of delivering and facilitating JHIP priorities in their own areas. The networks require support in developing their membership and their roles and remits, and this will require to be provided by the theme group in the immediate and medium term future.

In relation to the ongoing development of the Community Planning Partnership with regard to Level 1 and 2 groups in local areas, the public health network in each area would link directly to the level 1 group, working with them in developing health improvement priorities for the area, and linking the priorities identified both to the budgetary process for the area, and to the JHIP planning process for inclusion in the strategic plan and consideration of funding by the strategic theme group via any funding streams held centrally by the group.

In relation to the future development of JHIP's which accurately reflect the health improvement needs and aspirations of local communities it is essential that the locality networks are developed as the strength of the work in Argyll and Bute, with the strategic theme group maintaining an overview of actions and priorities for the area as a whole. In order for this to be fully effective a period of development of the groups will be required over the next 6 months period, such that the groups can be fully participative in the JHIP development process for 2005/06.

It is recommended that each locality network have a permanent representative on the health and well being theme group, to ensure effective linking from areas into the strategic direction of both the group and the JHIP.

There is a need to consider the Joint Futures agenda in parallel with the health improvement agenda. It is important that service delivery issues are separate from health improvement issues, and are therefore not included in the JHIP, but it is vital that health improvement cuts across and links to service delivery. In terms of Joint Futures, this work must include a health improving component, but the 2 agendae cannot be merged, since this would lead to difficulties and tensions over funding streams, and would likely result in the health improvement work becoming secondary to service delivery issues, given the current funding climates. Currently, Joint Futures has a Core Group which links to each of 9 strategic planning groups for service delivery:

1. Elderly
2. Learning Disability
3. Mental Health
4. Physical Disability
5. Substance Misuse
6. Sensory Impairment
7. Housing/ homelessness
8. Carers
9. Children

Provided the health improvement link is emphasised at the Core Group level within Joint Futures, each of the above mentioned strategic planning groups can move forward with, and include, health improvement work in their service delivery. **It is therefore recommended that the link from Joint Futures to the Health and Well Being Theme Group be:**

- 1. Head of Integrated Care be permanent member of Health and Well Being Theme Group**
- 2. Public Health Practitioner and/ or Health Development Officer to attend Joint Futures Core Group.**

In addition, where the theme group is working on specific priorities for the JHIP, particular members of JF Strategic Planning Groups could be invited to attend the theme group, and this be reciprocated by theme group members making specific links to the Planning groups, for example with the current JHIP emphasis on substance misuse, mental health and children it may be appropriate for leads on these planning groups to attend the theme group at this time.

There is a need to clarify how links can be made into the theme group by the following topic specific groups:

1. The Community Safety Forum
2. Women's Aid/ Domestic Abuse
3. The Social Inclusion Partnerships.

It is recommended that these links be identified, and representation from each of the groups be included on the core membership of the theme group.

When considering the list of known existing groups which relate to health, it is apparent that most of the links from them to the theme group can be covered by the presence of an individual on the specific group, and the theme group e.g. the interests of the Choose Life Implementation Group can be represented on the theme group by Ann Campbell, chair of Choose Life. **For each of these links to be maintained and strengthened it is recommended that the core membership of the theme group be:**

- **Locality representatives (X7)**
- **Head of Integrated Care, A&B Council**
- **Representative from Community Safety Partnership (Strathclyde Police LALO?)**
- **Representative from Domestic Abuse Partnership**
- **Representative from Social Inclusion Partnership**
- **Representative from Community Councils**
- **Representative from Dialogue Youth/ Young Scot**
- **Representative from Communities Scotland**
- **Public Health Practitioner, Argyll and Bute LHCC**
- **Public Health Practitioner, Lomond LHCC**
- **Health Development Officer, Argyll and Bute Council**
- **Strathclyde Police, Local Authority Liaison Officer**
- **Representative from NHS Argyll and Clyde (Board or Division?)**
- **Representative from Health Promotion Unit, NHS Argyll and Clyde**
- **Public Health Consultant (Maggie Lachlan?)**
- **Representative from Argyll CVS**

Further, it is recommended that consideration be given to including on the theme group:

- **Representatives from each Health Living Initiative**
- **Representative from Education Service**
- **Community Planning Manager**

Shirley MacLeod, Health Development Officer
Ann Campbell, Public Health Practitioner
Sandra Greer, Head of Community Support.
May 2004.