

Argyll and Bute Community Planning Partnership Annual Report

Health and Well Being Theme Group (HWTG) Update

**Introduction**

The Joint Health Improvement Plan for 2006-09 contains a strategic section and seven local action plans developed by the local public health networks. Each plan links into the strategic actions, and builds local pieces of work around the six health and well being priorities, which are:

- 1.Improving Partnership Working on Health and Well Being
- 2.The Negative Impact of Alcohol Misuse
- 3.Reducing the Incidence of Coronary Heart Disease (CHD), Stroke and Cancer
- 4.Improving Mental Health and Well Being
- 5.Helping Communities to Feel Safer
- 6.Reducing Health Inequalities through the Development of Social Care and Health Care Services

From 2005 the theme group has taken responsibility for allocating that part of the Health Improvement Fund devolved from the NHS to the Community Planning Partnership. There are detailed criteria for application of funding from the HIF, including the need for projects to be involved with the public health networks, part of JHIP plans (strategic or local), information about expected health outcomes, sustainability of projects and also monitoring and evaluation mechanisms. The group has allocated approximately £70,000 of HIF funding this year towards implementing partnership health improvement work. Some further monies have still to be disbursed. Most of that money has now been allocated to projects that are ongoing in the localities. All are approved by the local public health network lead prior to submission to the HWTG. Allocations this year have taken into account the population size of the locality. However this has not been strictly adhered to as last year not all areas put forward ideas for funding. The intention is that during this year we reach a reasonably equitable split over the two years. This has meant some requests have been turned down. A summary of projects funded by locality and JHIP priority can be found in Appendix 1. Please note that the amounts in the table are indicative and not actual as some projects intend to work to more than one objective but the budget is not split in the same manner.

**Partnership working**

The Group regards this as a crucial priority. Long term sustainability of action on the current and future health objectives is considered to be affected by the degree of the success of this priority. The local Public Health Networks are at varying degrees of development with some clearly cohesive and generating a great deal of health activity while others require support to establish a shared vision across all the partners. This does not mean that such areas have necessarily a low number of activities. However for there to be a sufficient

'dose' on any particular topic there does have to be a pulling together to concentrate agreed activities.

It is also recognised that we need to capture the health improvement activities that community planning partners have been working on in the past months. Our intention is to audit such activities with a view to sharing the information and good practice and importantly to increase the opportunities for joined up working. We aim to complete this work by April 2007.

### **Alcohol**

The HWTG assisted in the process of producing an updated Alcohol and Drug Action Plan for Argyll and Bute, with a strong emphasis on prevention and education, and in the format of the JHIP i.e. strategic actions linked to local action plans. This should help focus work towards the prevention agenda, and has helped partnership working across the area by staff involved in service delivery and public health. Improved links have been developed between ADAT and HWTG.

### **CHD, stroke and cancer**

A good range of local activity is directed to this priority. However we need to make the links with existing strategies and ensure improved co-ordination through local public health networks to make best use of the resources available to us.

### **Mental health and wellbeing**

Choose Life is the national initiative aimed at reducing suicide and self harm. Argyll and Bute Community Planning Partnership has benefited from funding for Choose Life from the Scottish Executive since 2004, with a further funding commitment made during this year until 2008. Choose Life submitted a comprehensive summary of their extensive work in June 2006 to the CPP Management Group. Their work continues in line with their plans. An additional project worker has been appointed to extend the existing training and capacity building programme. In terms of sustainability work is ongoing to ensure that this training becomes embedded within organisations.

Within this priority the HWTG is also committed to reducing social isolation. Some but not all the local plans have directed their attention to this. Within the strategic plan we are keen to develop this priority and as an immediate task we are engaging with those taking forward the Transport Strategy in the Council and the CHP.

### **Communities feel safer**

Key activities under this priority are DRIVESafe, community safety and domestic abuse. DRIVESafe continues to raise awareness of safe driving practice. Using crash data it has identified the main causes of crashes in Argyll and Bute, has adopted the 'RU2close' logo for this year's logo.

### **Inequalities**

Local plans reflect the range of initiatives being implemented through the development of social care and health care services to reduce health

inequalities. At a strategic level the HWTG has recognised that it needs to improve its use of data sources to identify areas of greatest need. This will be done through the relevant statutory agencies but will generate a good level of health intelligence within the Group itself that can be used to its best advantage.

### **Conclusion**

The Group itself has developed its way of working over the past year. Likewise the local public health networks have continued to develop. Through such developments it is considered that partnership working has improved whilst recognising that we need to support some areas to help realise this. Good progress has been made in the other five priority areas with plenty evidence of local activity in public health networks and initiatives of all kinds coming forward with ideas to improve Argyll and Bute's health.

Appendix 1

**Table 1: indicative allocation of health improvement fund**

	Helens burgh	Dunoon & Cowal	Bute	Mid Argyll	Kintyre	Islay & Jura	North Argyll
Partnership working			£1,800	£5,527	£3,750		£5,000 £13,445
Alcohol							
CVD & cancer	£5,000	£511	£1,500 £600 £1,000				£2,500
Mental health	£7,284	£3,650					£2,500
Safer communities	£5,000	£511				£1,220	£2,500
Inequalities							£2,500 £600