



THE SUTHERLAND HEALTH IMPROVEMENT PLAN

FEBRUARY 2007

1. Introduction.

1.1 Community planning should include the aim of improving the health of those who constitute the community.

1.2 This document is the Sutherland Partnership's Joint Health Improvement Plan covering the period until 2009. Many of the causes of poor health cannot be resolved by a single agency working in isolation – so a partnership approach is appropriate. This approach is recognised locally within Sutherland, regionally across Highland, nationally within Scotland and at an international level by the World Health Organisation (WHO). Involvement of the Sutherland Partnership in local health improvement is appropriate, and potentially beneficial.

2. Aims.

2.1 The aims of this paper are:

- a. briefly, to explain progress so far in developing a Sutherland Health Improvement Plan (SHIP), against a background of similar work in Highland and in Scotland as a whole;
- b. then, to describe the next steps by which it is intended to develop and deliver improvements to the health of those living and working in Sutherland.

3. Background - the Wider Scottish Health Improvement Picture.

3.1 A Key Principle – Partnership Working. The National Health Service (NHS) is an important contributor to Health and Health Improvement - but not the only one. A key principle of effective Health Improvement strategies is partnership working. These partners generally include:

The Local Authority - The Local Government in Scotland Act 2003 provides a framework for the Local Authorities to lead on the development of Community Planning – including Health Improvement Planning - locally across Scotland.

The Private/Business sector – This sector is actively encouraged, through national statutory legislation such as Health & Safety at Work Environmental Health and Disability Discrimination Act (2003), and through award schemes such as Scotland's Health At Work to implement actions that protect the health of their workforce and the general population.

The Voluntary Sector – The voluntary sector has a long and illustrious history of involvement with Health & Health Improvement, by far pre-dating that of the National Health Service. Health is very much a core part of the voluntary sector as can be seen by the size and scope of long-standing health-related activities. Many trusts and awarding bodies, including the Big Lottery Fund, have health as a key criterion under which they are prepared to make grants and awards.

Community Organisations - Across Scotland, people within their local communities continually come forward with solutions and activities to address local health needs. These people are significant contributors to the national Health Improvement agenda.

People as Individuals. The actions we all undertake have their Health and Health Improvement implications, not just for ourselves in the immediate action but also well into our future and the futures of those around us.

3.2 The Importance of the Local Dimension. Because different communities have different living conditions, they can also have different health improvement priorities. That is why local and regional health improvement priorities, although coherent with national ones, do not exactly match them.

3.3 The Scottish National Picture. Health Improvement within the NHS in Scotland (Scottish Executive Health Department. 2006) are currently using four key indicators against which to measure health improvement progress. These are:

- Health Inequalities – Coronary Heart Disease
- Numbers Smoking
- Immunisations – Measles Mumps Rubella
- Suicide Rates

These reflect the priority areas identified by the Scottish Executive..

3.4 The Highland-wide Picture. At a Highland-wide level there is a history of partnership working to improve health. This has been a key function of the Highland Wellbeing Alliance, which is constituted by a number of Highland-wide organisations who come together regularly to identify and address issues at a Highland Community-wide level.

3.5 The Wellbeing Alliance produced, in 2004, the “Community Plan for Highland 2004 / 07” and the “Highland Joint Health Improvement Plan 2004 / 07”. These share the same eight health priorities:

The Health of Children and Families
The health of Teenagers
The Health of Older People
Geographic Communities
Inequalities within Communities of Interest
Healthy Working Lives
Food
Becoming Health Improving Organisations

4. Progress in Sutherland So Far

4.1 The aim of the Sutherland Health Improvement Away Day on 18 May 2006 (see appendix 1 for the list of delegates) was to identify the underpinning principles of Health Improvement in Sutherland, and to start the process of producing this Sutherland Health Improvement Plan (SHIP). The Day took as its start point the Sutherland Partnership Strategy Document - health improvement is relevant to six of this document's seven Strategic Objectives. Appendix 2 gives the detail.

4.2 The Health Improvement Away Day first identified three underpinning principles for the SHIP, as follows.

Community Development & Engagement. It will be vital to engage the Sutherland Community in the improvement of the health of the people of Sutherland, by working with a range of agency representatives and community groups. Since the Away Day included a range of representatives, this engagement process had, effectively, already begun.

Rural Equal Access. Sutherland has dispersed, relatively small settlements, spread generally along the coastlines of Sutherland's large area, and with pronounced transport challenges. In such circumstances, equality of access across services for those living and working in Sutherland is a significant factor to bear in mind when seeking to improve Sutherland's health.

Promoting Sutherland's Assets. The Health Day recognised that Sutherland has many strengths. Sutherland's strengths need to be fully realised and their potential harnessed in imaginative and innovative ways, in order to pursue the improvement in health of those living and working in Sutherland.

4.3 The Away Day delegates acknowledged that, even working in partnership, working to improve the health of those living and working in Sutherland is a very broad aim. They therefore

identified and agreed a number of “Key Themes” as priorities to focus on. Following extensive discussion, these were eventually whittled down to just five:

- Activities (Outdoor Physical)
- Food
- Infrastructure (Transport & Housing)
- Mental Health Improvement
- Smoking & Alcohol

4.4 These five Sutherland priorities have some overlap with those of Highland and the whole of Scotland. Nevertheless, they are the priorities which have been identified as particularly important for Sutherland, and are given additional viability by the fact that they have been generated from within Sutherland itself.

4.5 The Away Day also took initial steps to identify components of these Key Themes, as follows:

Lifestyle: Activities

- Joined up working – all agencies working to improve employees’ activity profiles
- Promoting walking and cycling to school or work
- Participating in outdoor activities at all ages
- Promote access to natural heritage (eg woodlands) or historical sites
- Improve local paths networks for communities and visitors
- Access to a range and choice of services to meet needs and expectations of the community

Food + Health

- Fresh food at a reasonable cost
- Nutrition including breastfeeding up
- Geographical remoteness impacting on health
- Food
- Access + Availability
- Access + information on healthy options + choices for eating, recreation etc.
- Healthy eating in schools
- Improve healthy options for Take Aways

Infrastructure

- Affordable housing stock
- Dovetail with Sutherland’s assets – facilities for local people to enjoy their environment
- Non- lifestyle links to health (life circumstances)
- Access to Transport
- Accessibility in all forms
- Disability Discrimination Act compliant
- Housing promoting accessibility but featuring different styles / designs
- Working with older adults – making them more involved
- Encouraging inward migration of economically active people

Mental health:

- Issues resulting from isolation (Drift effect towards services i.e. Inverness)

Substance Misuse

- Joined-up approach to alcohol services essential – all agencies to prioritise
- Linkages between drug + alcohol abuse
- Alcohol education
- Smoking cessation

5. Next Steps Towards the Sutherland Health Improvement Plan.

5.1 To develop and take for the necessary actions to address the issues identified in the themes emergent from the Away Day, a series of Short Life Working Groups (SLWG) will be established, under the direction of a Sutherland Health Improvement Steering Group (SHISG). The SLWGs are tasked with building on these Key Theme components, adding to them and developing them as required. Most importantly, the SLWGs need to identify what ACTIONS can be taken, in their area of responsibility, to promote a healthy lifestyle for Sutherland's people. Each SLWG will progress work on one of the Key Themes, and all SLWGs will provide their outputs to the SHISG in the first instance. Members of each SLWG will be those with a specific interest and knowledge of theme being worked on, and there will be some overlap between membership of the various SLWGs. It will be the responsibility of the Sutherland Partnership Manager to ensure coordination between the work of SLWGs and existing, relevant SP Groups, such as the SP Transport Group or the SP Community Development Forum.

5.2 Each SLWG will work to a standardised template (see appendices 3-1 to 3-5) populated by the SLWG, and will feed back to the Sutherland Health Improvement Steering Group every three months.

5.3 The proposed membership of the Sutherland Health Improvement Steering Group will be:

- Sutherland Partnership Manager
- Locally elected Sutherland Councillor
- Voluntary Sector Sutherland representation
- Highland Council Sutherland Health Improvement representative
- Highland Council Sutherland Integration Manager Children's Services
- NHS Highland Health Promotion Specialist
- NHS Highland Sutherland Public Health Practitioner
- NHS Highland Policy Development Manager

5.4 The list of above members will act as a core group, the Steering Group having the right to co-opt members onto the Steering Group as and when necessary. The Steering Group will report back to the Sutherland Partnership Board meetings on progress. Annually, a report of progress will be published, giving members of the public the opportunity to feed back formally into the Steering Group.

5.5 At the time of writing this strategy, Highland Council, was in the process of undergoing organisational change, the results of which may well affect the direction of this strategy in the near future. Highland Council is a significant partner as they are charged with the lead role in Community Planning and Health Improvement Planning. Currently, there is uncertainty about how, post May 2007, the Health Improvement element of Community Planning may be strategically directed. This strategy is being submitted to the Board in the light of this uncertainty. The Sutherland Health Improvement Steering Group will therefore advise and take directions from the Sutherland Partnership Board and its constituent Partners, to develop and shape its current and future Action Plans.

Appendix 1.

Sutherland Health Away Day 18 May 2006 – List of Delegates.

<u>NAME</u>	<u>ORGANISATION</u>
William Sutherland	Sutherland Partnership
Miles Greenford	NHS Highland
Cllr Rita Finlayson	Highland Council
Ann Keatinge	Voluntary Groups East Sutherland
Gillian Unger	CVS North
Phil Tomalin	Highland Council Area Development Mgr
Innis Mitchell	ECS & Highland Council
Lindsay Gunn	Highland Council, Social Work
Sheena Craig	NHS Highland
Paddy Hopkins	NHS Highland
Matt Dent	Highland Council Access Officer
Shirley McHardy	East Sutherland Community Care Forum
Christian Goskirk	North and West Sutherland ditto
Fiona Clark	NHS Highland
Susan Russell	NHS Highland

Appendix 2.

Links with the Sutherland Partnership Strategy Document – “Sutherland, Soaring to Success”.

The issues identified during the Away Day link in with the Sutherland Partnership’s Strategy Document (2004) and its Action Plan. Together, these two documents comprise the Community Plan for Sutherland.

The Health Improvement Plan Short Life Working Groups (SLWG) should note that six of the seven strategic objectives of the Sutherland Partnership’s Strategy Document contain references to health, namely:

- Promoting opportunities for young people
- Developing our strategic settlements
- Putting people first
- Growing our economy
- Developing our strategic settlements
- Promoting Environmental Benefits
- Making Partnership more effective

To aid development of SLWG outputs, it is important that SLWGs refer rigorously to these links to the Sutherland Partnership Strategy and Action Plan.

SUTHERLAND HEALTH IMPROVEMENT SHORT LIFE WORKING GROUP ONE - LIFESTYLE: ACTIVITIES

“Start Point” ideas:

- Joined up working – all agencies working to improve the physical activity profiles of:
Children & Families
Unemployed and socially disadvantaged
Employees
Elderly and Retired
- Promoting outdoor physical activities as valued leisure and recreational opportunities those who live and work in Sutherland and for those visiting the county.
- Promote access to natural heritage (eg woodlands) or historical sites
- Improve local paths and cycle networks for communities and visitors and publicise effectively their existence in appropriate formats.
- Access to a range and choice of services and opportunities to meet needs and expectations of the community.
- Awareness-raising around issues relating to Physical Activity and Inactivity including to Sutherland Partnership Board members.

Actions relating to each idea identified above to be identified and taken forward by the Short Life Working Group.

Appendix 3-2.

SUTHERLAND HEALTH IMPROVEMENT SHORT LIFE WORKING GROUP TWO - FOOD + HEALTH

“Start Point” ideas:

- Fresh food at a reasonable cost
- Fresh food produced and distributed locally
- Nutrition including breastfeeding up
- Geographical remoteness impacting on health
- Food
- Access + Availability
- Access + information on healthy options + choices for eating, recreation etc.
- Healthy eating in schools
- Improving access to healthy foods in the workplace
- Improve healthy options for Take Aways

Actions relating to each idea identified above to be identified and taken forward by the Short Life Working Group.

SUTHERLAND HEALTH IMPROVEMENT SHORT LIFE WORKING GROUP THREE – INFRASTRUCTURE

“Start Point” ideas:

- Affordable housing stock
- Dovetail with Sutherland’s assets – facilities for local people to enjoy their environment
- Non- lifestyle links to health (life circumstances)
- Access to Transport
- Accessibility in all forms
- Disability Discrimination Act compliant
- Housing promoting accessibility but featuring different styles / designs
- Working with older adults – making them more involved
- Encouraging inward migration of economically active people

Actions relating to each idea identified above to be identified and taken forward by the Short Life Working Group.

Appendix 3-4.

SUTHERLAND HEALTH IMPROVEMENT SHORT LIFE WORKING GROUP FOUR - MENTAL HEALTH:

“Start Point” idea:

- Issues resulting from isolation (Drift effect towards services i.e. Inverness)
- Develop services and infrastructure for mental health improvement around the Scottish Executive Guidance on Mental Health Improvement

Actions relating to each idea identified above to be identified and taken forward by the Short Life Working Group.

Appendix 3-5.

SUTHERLAND HEALTH IMPROVEMENT SHORT LIFE WORKING GROUP FIVE - SUBSTANCE MISUSE

“Start Point” ideas:

- Joined-up approach to alcohol services essential – all agencies to prioritise
- Linkages between drug + alcohol abuse
- Alcohol education
- Smoking cessation

Actions relating to each idea identified above to be identified and taken forward by the Short Life Working Group.

Appendix 3.6

Suggested Templates for Implementing, Monitoring & Evaluating.

Implementation Template

Rank.	Priority Outcome	Actions	When	Who

Monitoring and Evaluating Template

Priority Outcome	Actions	Progress monitoring / date	Outcome evaluation / date	Recommendations / date