

HEALTH IMPROVEMENT POLICY FRAMEWORK 2014-15 UPDATE

Relevant changes to the national and local context

- The Policy Framework already includes details of the current national and local policy context for health improvement. However, since drafting the last framework the following documents have been published which will influence the delivery and focus of health improvement activity and outcomes:
 - **Improving Community Planning in Scotland:** the review of community planning progress using successive audit data informing future community planning arrangements and expectations. www.scotland.gov.uk/Publications/2013/??? There has been subsequent government focus on inequalities in the form of a Ministerial Task Force on Health Inequalities incorporating a Review of Equally Well and a COSLA submission on public sector reform to tackle inequalities. The implications include future expectations on NHS participation to improve population health and strengthen asset focused approaches.
http://www.audit-scotland.gov.uk/docs/central/2013/nr_130320_improving_cpp.pdf
 - Supporting Young People's Health and Wellbeing - A Summary of Scottish Government Policy: **a broad overview of the key policies that aim to support young people's health and wellbeing recognising that work with young people is a key social determinant of health and an important area of focus for addressing health inequalities.** Wednesday, April 10, 2013;
<http://www.scotland.gov.uk/Resource/0041/00418332.pdf>
 - **Creating a Tobacco-free Generation: A Tobacco Control Strategy for Scotland** sets out a range of actions across the themes of; *Prevention, Protection and Cessation*. The Report places clear focus on addressing the socio-economic inequalities in smoking prevalence rates and has been followed up with the introduction of a refocused HEAT target for NHS Boards from 2014.
<http://www.scotland.gov.uk/Resource/0041/00417331.pdf>
 - The **Scottish Mental Health Strategy** (2012) provides a renewed emphasis on the importance of mental health to wider public health and health service responses. Key commitment areas that should be included in local mental health improvement planning include: strengthening social prescribing and social support systems for mental health and wellbeing, overt attention to inequalities and equalities dimensions of mental health, a renewed focus on suicide prevention (new national strategy due December 2013) and continuing to tackle the stigma and discrimination associated with mental ill health. In addition, development work should be undertaken to capitalise on the opportunities of new communication technologies in promoting mental health and in improving access to mental health supports and services.
<http://www.scotland.gov.uk/Resource/0039/00398762.pdf>
 - **National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless:** the Strategy introduces a range of new, specially tailored programmes, targeted at preventing oral disease for adults vulnerable to poor oral health: frail older people, those with special care needs and homeless people.
<http://www.scotland.gov.uk/Resource/0039/00394171.pdf>
 - Locally the NHSGGC Alcohol and Drugs Prevention and Education Framework (2013) summarising the evidence base and areas of effective

investment around 12 core elements of practice.

<http://www.nhspande.lifesm.co.uk> (username - model/password - pande12)

- Health Works - A review of the Scottish Governments Healthy Working Lives Strategy: a report on implementation May 2013 identifies key issues for Health Improvement and vocational rehabilitation locally including: the importance of continuation of local delivery of Healthy Working Lives services in order to promote health, safety and wellbeing in the workplace; and the key role of health professionals in supporting the attendance and return to work of employees with health problems.
<http://www.scotland.gov.uk/Resource/0042/00422629.pdf>
- Looking forward 2014/15 will see further policy developed in relation to:
 - Teenage Pregnancy Strategy (anticipated 2015) strengthening work on wider health determinants and addressing needs of young parents;
 - National Suicide Prevention Strategy (December 2013).

Areas which require additional or particular focus for year 2

- **Health and Social Care Integration:** whilst the Bill specifies that adult health and social services must be integrated, there will be considerations for the positioning of Health Improvement in order that maximum impact on local health policy development and health inequalities can be achieved through new organisational aspirations and operating arrangements which will require to be worked through during 14/15.
- **Community Planning and Single Outcome Agreements:** CH(C)P engagement in CPP and SOA delivery should continue to develop with a strengthened focus on reducing health inequalities and developing community capacity and assets through the adoption of co-production approaches in local communities and service delivery models.
- **Tobacco:** the new national policy requires an enhanced focus on the delivery of tobacco control and preventative actions delivered through local partnerships to achieve a change in smoking prevalence. However, the new HEAT target is a significant challenge with an expectation of increased numbers of longer term (3 month) successful quits from the most deprived areas.

Synergy with other policy and planning frameworks and processes relevant to year two

- **Children and Maternity:** implementation of Early Year Collaborative, Healthy Babies and Children programmes should maximise anticipatory care and opportunistic interventions ('teachable moments') within routine care.
- **Drugs and Alcohol:** implementation of comprehensive programmes of alcohol and drugs health improvement work, in line with the revised GGC Prevention and Education Model (2013) to reduce the harm caused by the misuse of alcohol and drugs. Continued support to Alcohol and Drug Partnerships/ Licensing Forums to influence over provision within Licensing Policy decisions.

- **Mental Health:** continued focus on mental health and wellbeing interventions with children and young people. Strengthening of community social and emotional engagement and resilience through community asset development in line with CPP /Single Outcome Agreements. Implementation of action in preparation for the new national suicide prevention strategy.
- **Sexual Health:** continued focus on HIV prevention and improving sexual health of young people within joint local sexual health strategy implementation. In particular strengthening work with LAAC.
- **Cancer:** increase the use of anticipatory care approaches to identify and reduce risk and address impact of Cancer.
- **Long Term Conditions:** strengthen the use of anticipatory care including brief intervention within Primary Care to support healthy lifestyles (tobacco/alcohol/physical activity / healthy weight) and mitigate the impact of life circumstances (financial inclusion, employability, literacy) as part of supported self care and primary prevention programmes (Keepwell).
- **Disability:** continue to enable disadvantaged groups to use services in a way which reflects their needs and support healthy lifestyles and wellbeing (tobacco/alcohol/ healthy weight/poverty/education/literacy/financial Inclusion/health advocacy/employability)
- **Older People:** strengthen interventions on health and mental wellbeing through older people teams and service providers to enable more older people to stay healthy and access Health and Wellbeing Services.
- **Acute Services/Primary Care:** implement Health Promoting Health Service through increased anticipatory care, screening and brief intervention to support healthy lifestyles and improve access to Health and Wellbeing Services including the development of Health Improvement capacity in the workforce.

Review of measures

- **Smoking Cessation HEAT 2014/15 Target:** 3614 successful quits at 3 months from 40% most-deprived within-Board SIMD areas (awaiting final confirmation).
- **Keepwell Health Checks HEAT 2014/15 Target:** to be agreed but indications of stretching target to achieve higher uptake and levels of GP practice participation
- The HEAT targets for **Child Healthy Weight Interventions** and **Fluoride Varnishing** Programme come to an end at March 2014. Discussions are ongoing in relation to further successive measures in relation to child healthy weight.