Policy Framework Statement 2013/16

Health Improvement

1. National Context

Health Improvement is strongly associated with a number of the 15 national outcomes, both in relation to the health service's delivery role as well as the NHS' public health influencing role.

This includes lifestyle interventions to reduce individual risk as outlined within Health Improvement HEAT targets, in addition to the development and delivery of local health policies to reduce the impact of key risk factors at a population level including:

- National Obesity Route Map (2010);
- Changing Scotland's Relationship with Alcohol framework (2009/2012);
- The Road to Recovery (2008); and
- Forthcoming National Tobacco Strategy (autumn 2012).

The outcome of the national review of Community Planning (Cosla/Scottish Government 2012) will establish additional expectations on Boards in 2013 to address causal factors in poor healthy life expectancy and health inequalities as well as public service improvements across Community Planning Partners.

A focus on Early Years intervention (2008) establishes a clear policy directive on antenatal care, parenting, young people and service redesign and community based interventions as part of Getting it Right for Every Child.

The impact of community infrastructure and capacity to enable people to live at home longer, along with the benefits of healthy living at all ages, is central to Reshaping Older People's Care (2011) and the Scottish Government's 20:20 Vision

2. Local Context

Health Improvement and early intervention are defined priorities within the Corporate Plan and responsibilities of the whole organisation. This policy framework outlines the direction of travel required in the short to medium term for all NHSGGC service areas and entities reflecting the wider workforce's role, our specialist health improvement/public health workforce's contribution and the combined effect of our influencing role with partners.

The focus required to deliver on this corporate plan priority for 2013-16 is to ensure that, across all our services, we develop and deliver a health improvement agenda that incorporates the following:

- Children have the best start in life;
- Everyone leads a more active and healthy lifestyle;
- Improved life circumstances; and
- People are supported to live independently.

Health improvement overlaps significantly with activity to tackle health inequalities and narrow the health inequalities gap and should influence the wider social determinants of health as well as differentials in access to services.

3.   Key Issues for Planning Frameworks

Within the planning cycle 2013-16 we need to integrate health improvement actions within mainstream services and models of care to promote early intervention and prevent ill health:

- Maximise anticipatory care and opportunistic interventions ('teachable moments') within routine care;
- Facilitate & enable access to services which improve health and wellbeing and reduce key risk factors;
- Promote enhanced and targeted access by disadvantaged groups in relation to early detection, anticipatory care interventions and health wellbeing services;
- Improve identification and support to vulnerable children and families and achieve greater impact with child focused health improvement programmes including; breastfeeding, parenting and maternal tobacco and alcohol issues;
- Develop and implement a robust strategy to address mental health promotion; and
- Support independent living for disabled, vulnerable and older people.

Planning frameworks should identify as part of our public health role outcomes that relate to both the NHS and as a partner organisation:

- Areas of local (GGC or CHP) public health policy development;
- Environments that support health improvement for individuals, communities and populations;
- Reduce the demand for heath services through the engagement of communities within community settings and out with the context of health care provision; and
- Strengthening community capacity focussing on vulnerable individuals, families, older people and other groups at key transitional life stages.

Specific actions for individual frameworks include:

Children and Maternity: Improve identification and support to vulnerable children and families to reduce key risk factors in relation to Healthy Pregnancy/(maternal smoking/nutrition/poverty); Healthy Early Years (infant nutrition/oral health/smoke free/immunisation/poverty); Parenting (Parenting Framework/Triple P); Children and Youth Education Programmes (mental health/child healthy weight) and immunisation programmes.

Drugs and Alcohol: Increase identification of and reduce key risk factors through prevention and education programme and brief intervention (alcohol and drugs).

Mental Health: Increase identification of and reduce key risk factors through prevention and education programmes (mental health/youth Health) and brief intervention to support Healthy lifestyles (tobacco/alcohol/ healthy weight). Plan and deliver services to address preventative mental health influencing meaningful social

and economic engagement and social and emotional resilience in partnership with key agencies. (anti -poverty and 'employability' programmes (SOA)' Community Assets and capacity building (volunteering) and resilience and coping (physical activity/harm reduction / suicide prevention / access to services).

Sexual Health: Sexual Health prevention and education programmes (HIV prevention/teenage pregnancy).

Cancer: Increase early detection and increase the use of anticipatory care including; brief intervention (tobacco/alcohol/ healthy weight) and screening (Early Detection), immunisation and reducing impact and risk (poverty /life circumstances) and reduce key risk factors through prevention and education programme.

Long Term Conditions: Strengthen supported self care in the ongoing management of long term conditions (Information/education/peer support) recognising and including the contribution of the voluntary sector and wider community partners. Increase the use of anticipatory care including brief intervention to support healthy lifestyles (tobacco/alcohol/ healthy weight).

Disability: 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: Enable more older people to stay healthy through intervention on health and mental wellbeing (social isolation/physical activity/nutrition) and access to Health and Wellbeing Services (poverty/education/literacy/financial Inclusion/health advocacy).

Acute Services/Primary Care: Increase identification of and reduce key risk factors through use of anticipatory care, screening and brief intervention to support Healthy lifestyles (tobacco/alcohol/ healthy weight); improve access to Health and Wellbeing Services (poverty/ education/literacy/financial inclusion/health advocacy/ employability) and implementation of Health Promoting Health Service within care setting.

4.   Additional Direction for Development Plans

Development plans should clearly set out Health Improvement actions which demonstrate:

- A proven effectiveness, evidence based design or an ability to contribute to the evidence base and defined organisational learning ;
- The ability to scale up and sustain successful interventions at a population level;
- Workforce implications and skill mix within all professions required to deliver Health Improvement as part of routine care; and
- Engagement with a range of community planning partners and third sector agencies to deliver health improvement and reduce health inequalities.

On a cross system basis the Health Improvement and Inequalities group will undertake work to develop:

- A strategic framework for Health Improvement to support delivery across the system;
- A refined set of Health Improvement performance indicators based on outcome focused planning linked to planning frameworks;
- Defined 'health' outcomes for Community Planning which will be developed collaboratively to inform and support future local Single Outcome Agreements; and
- A system-wide approach to wider health practitioner and health improvement specialist workforce development.