

## **17. HEALTH IMPROVEMENT FRAMEWORK**

**(Much of our health improvement activity is noted in individual Planning Frameworks. This section should be read in conjunction with them.)**

### **17.1 Analysis of Local Position**

- 17.1.1 Actively contributing to improving the health of the population of Renfrewshire is a key priority for the CHP. It underpins all aspects of the services we provide; in primary care, in our work with the Local Authority, other partners and with the community we serve. This section of our plan should complement the detail in the other Planning Framework sections. The health profile of our population shows a similar pattern to Scotland. However, there are areas where the health outcomes are very much worse than the Scottish average and this provides a challenge to how services are planned, organised and delivered.
- 17.1.2 The three main health improvement priorities in Renfrewshire are; smoking, obesity and alcohol. These health priorities are explicit within the Renfrewshire Single Outcome Agreement. All joint health improvement activity and community led health approaches are led by Healthier Renfrewshire Group as part of the Community Planning Structures. Each of the Community Planning Local Area Committees has developed a Health Improvement Plan to assist them target resource in the areas of greatest need.
- 17.1.3 We have set up a new community smoking cessation service based on a model which has been well tested. We have also been able to provide additional support for those to whom group sessions are unsuitable. The service is client focussed and individuals can join a group within one week of referral.
- 17.1.4 A Tobacco Alliance has been established as a partnership approach to tobacco control. It has enabled us, for the first time, to have a co-ordinated approach to tobacco issues with Trading Standards, Fire and Rescue, NHS and the community.
- 17.1.5 There have been some promising results for breast feeding in our more deprived areas. These areas have had a dedicated staff member taking a community led approach with the women in these areas. Many of the mothers have become peer helpers with benefits to them of increased confidence and self esteem. However, the overall rates have remained static and there is an urgency to look at what more can be done particularly at the time of hand over of care between hospital and community.
- 17.1.6 We have received funding to improve the nutrition of women of childbearing age, pregnant women and children under 5 in disadvantaged areas. (CEL 36). This will provide an opportunity to increase the support offered to women and provided dedicated staff time to promoting breast feeding.
- 17.1.7 We established an Oral Health Action Team (OHAT) to focus work in the pre five population. The tooth brushing programme with the pre five nurseries in Renfrewshire has been very successful with all but one currently engaged in the programme. There remains a challenge with the uptake of the tooth brushing programme in primary schools and further work is required with the Oral Health Directorate and Education.

- 17.1.8 In Renfrewshire we have been successful at securing funding from the Fairer Scotland Fund (FSF) and European funds for an employability and health programme. This programme, funded for two years, assists those whose current physical and/or mental health or wellbeing is a barrier in progressing towards employment. As an employer we are offering work placement opportunities to individuals taking part in the health and employability programme.
- 17.1.9 The CHP has been awarded the bronze Healthy Working Lives (HWL) award in recognition of our commitment to staff health. Our aim over the next 3 years is to have achieved the HWL gold award.
- 17.1.10 There has been progress in promoting positive mental health and wellbeing. A programme of training has commenced to include; Positive Mental Attitude, Choose Life, Mental Health First Aid and ASSIST. One of the highlights has been Mental Health & Arts Festival in Renfrewshire which offered the population of Renfrewshire a variety of opportunities to raise the issue of mental health. The CHP will continue to support this local event.
- 17.1.11 Progress has been made in training CHP staff in the alcohol screening tool and to undertake alcohol brief interventions. We currently have four staff trained as trainers. In order to increase the momentum, we have secured dedicated health improvement resource through the ADP.
- 17.1.12 A number of physical activity and nutrition programmes have been established and run, on our behalf, by Renfrewshire Leisure Ltd. The programmes include; Active Children Eating Smart (ACES), Live Active GP referral scheme and Vitality a low level exercise programme.
- 17.1.13 Our pilot work on child safety has been successful and now embedded in the day to day work of the Children and Family Teams.
- 17.1.14 The CHP has been working collaboratively with Social Work and Women's Aid to produce a comprehensive training calendar on gender based violence. These training sessions will be offered to staff in both agencies on an on going basis.

## **17.2 Numeric Analysis**

- 17.2.1 Renfrewshire's Breastfeeding target for 2011 is for 28.4% babies still being exclusively breast fed at 6 to 8 weeks. Our breast feeding rates at birth are around 55%. The rates then drop to 38% by the time the women are discharged from the maternity hospital. By six to eight weeks the figures drop to 20%. However, in the 15% data zones areas it has increased from 12% to 17.8% (up 5.8%). Although numbers are small and therefore prone to fluctuations.

Information on attitudes to breast feeding from our 2008 Young Person's Health & Wellbeing survey show just under half (46%, 2,407 pupils) agreed/strongly agreed that women should only breastfeed their child at home or in private, and just under half (45%, 2,326 pupils) agreed that they would feel embarrassed seeing a woman breastfeeding her child.

- 17.2.2 It is estimated from the Adult Health & Wellbeing survey 2009 that 35.2% of Renfrewshire adult population are smokers. The target for 2010/11 is to support 8% of Board's smoking population successfully quit (at one month post quit). This translates to 1,085 successful quitters in Renfrewshire in 2010/2011.

From the Young Person's survey one in ten (10%, 565 pupils) were current smokers, smoking on at least some days.

17.2.3 Renfrewshire's share of the GGC target for children completing child healthy weight invention programme (ACES) by 2010/11 is 354. The ACES programme commenced in August 2009 and to date 46 children have taken part.

17.2.4 In oral health 83.4% of 3-5 year old children are registered with a NHS dentist and 60% of 5 year old children have no decayed, missing or filled teeth. In Renfrewshire 98% of nurseries are participating in the Childsmile tooth brushing programme.

17.2.5 Results from the Renfrewshire Adult Health and Wellbeing Survey 2009 reported that 38% of adults drank alcohol at least once a week. This included 6% who drank alcohol on three or more days per week. Over a third (36%) of respondents said that they never drank alcohol. Men were more likely than women to drink weekly (49% of men and 28% of women did so). Those aged 16 – 24 and those aged 35 – 54 were more likely to exceed the recommended weekly limit for alcohol. The 16 – 24 age groups also had the highest proportion of binge drinkers (30%). Men were more likely than women to have exceeded the weekly limit (18% of men and 7% of women) and be binge drinkers (30% of men; 15% of women).

From the Young Person's survey, 14% (743 pupils) indicated that they drank alcohol every week.

17.2.6 Half (50%) of respondents to the Adult Health and Wellbeing 2009 survey had a BMI of 25 or over, indicating that they were overweight or obese with 18% of respondents classified as obese.

The adult population in Renfrewshire were more likely than those in the NHS Greater Glasgow and Clyde area to meet the target of 5 pieces of fruit/vegetables per day (43% Renfrewshire; 38% NHSGG&C). However, one in 20 (5%) ate no fruit or vegetables in a day.

17.2.7 Information from the Young Person's survey indicated that more than eight in ten pupils (83%, 4,492 pupils) had never taken illegal drugs. One in six pupils (17%, 896 pupils) had taken illegal drugs at some time, and one in seven (14%, 748 pupils) had taken at least one type of illegal drug in the last year.

Of the 5,244 pupils who answered the questions on drug taking, 13% (699 pupils) had taken cannabis in the last year. The next most commonly taken drugs were ecstasy (3%, 169 pupils) and cocaine (3%, 168 pupils).

### 17.3 Outcomes Table

#### Health Improvement

Outcome	Actions/Activity Required 2010/11	Change/process/Performance Indicator
<b>Health Improvement is reflected across all the planning frameworks</b>		
<b>Tobacco</b>		
We reduce the prevalence of smoking in the Renfrewshire population.	<p>Delivery of a community stop smoking service that meets the requirements of GG&amp;C Quality Assurance Framework</p> <p>Deliver specific stop smoking services for youth and mental health through the Tobacco Prevention Programme (year 1).</p> <p>Develop a befriending project for those wishing further support following completion of the smoking cessation group.</p> <p>Staff trained to raise the issue of both smoking and second hand smoke and support those wishing to stop smoking.</p>	<p>HEAT Target : H6 Through Smoking Cessation Services, support 8% of Renfrewshire's smoking population in successfully quitting (at one month post quit) over the period 2008/09 – 2010/11 Number of people successfully quitting at 4 weeks recorded and reported.</p> <p>Number of people accessing services by SIMD, ethnicity, gender and age recorded</p> <p>Number of befrienders trained.</p> <p>Numbers of staff trained and delivering brief interventions recorded and reported</p>
We reduce the initiation and uptake of smoking in young people	Support Board wide Smoke Free Schools programme	Number of schools participating in smoke free schools
We have local tobacco control plans linked to national policy and local priorities.	Renfrewshire Tobacco Alliance to have a plan in place	The Tobacco Alliance reports 6 monthly to Healthier Renfrewshire Community Planning Group
<b>Tackling Obesity</b>		
We ensure that the prevention and treatment of overweight & obesity is given prominent recognition as a priority for the CHP local partners.	Obesity is one of the key health priorities featured in Renfrewshire's SOA	The proportion of the NHS Greater Glasgow and Clyde adult population with a BMI of greater than 25 (overweight) or 30 (obese) as measured in the Scottish Health Survey is

### Health Improvement

Outcome	Actions/Activity Required 2010/11	Change/process/Performance Indicator
		decreasing.
We provide an evidence-based treatment pathway for adults in all areas of the Board's responsibility	<p>Develop local implementation plans to ensure action to improve healthy eating are implemented in conjunction with partner agencies.</p> <p>Develop local implementation plans to ensure actions to improve physical activity levels are implemented in conjunction with partner agencies</p>	<p>Numbers taking up 'Eat Up' and similar healthy eating services recorded</p> <p>Numbers accessing 'Live active' 'Vitality' and other physical activity services recorded</p>
We provide an evidence-based treatment pathway for children in all areas of the Board's responsibility	Support the recruitment and delivery of the ACES programme for children	Monitoring of successful completers within the ACES programme (HEAT H3 target).
<b>Improving mental health and well – being and reducing suicides</b>		
We provide services and support for positive mental health targeting life stages and settings: Children and young people, older adults, communities and workplace	<p>Develop a mental health improvement action plan</p> <p>Support Mental Health and Arts Festival</p>	HEAT Target H5: suicide prevention Population mental health measures – including positive mental health indicators, perceived mental health status
We reduce the incidence of suicide and self harm	<p>Continue to develop multi-agency programmes of prevention for suicide and self harm, linking with local Choose Life Programmes</p> <p>Progress the requirements for training of key frontline staff in suicide assessment and prevention skills ASSIST Mental Health First Aid and Positive Mental Attitude</p>	<p>Numbers treated for self-harm &amp; para-suicide and suicidal ideation</p> <p>Numbers of staff completing Choose Life and other training programmes</p>
<b>Reducing alcohol and drug related harm</b>		
We have a comprehensive drugs and alcohol prevention and education	Comprehensive programmes underway coordinated through Alcohol and Drug	Comprehensive programme monitored and reported through the ADP governance process.

### Health Improvement

Outcome	Actions/Activity Required 2010/11	Change/process/Performance Indicator
strategy	<p>Partnerships and allied structures</p> <p>Addressing inequality and diversity - undertake an EQIA</p> <p>Map prevention and education activity in relation to the main strands of the strategy</p> <p>Develop and implement comprehensive training plan to support the prevention and education strategy</p>	<p>EQIA completed.</p> <p>Report finding to Prevention and Education sub group.</p> <p>Trammy Programme developed. Number of staff trained recorded.</p>
We address the harmful effects of alcohol at individual behavioural level	We ensure that all appropriate CHP and partner staff can deliver an alcohol brief intervention and refer to services where required	Number of screening undertaken Number of alcohol brief interventions undertaken. (NHSGGC is expected to deliver 34,902 such interventions from within its resident population by the end of March 2011.)
<b>Infant nutrition</b>		
<p>We have a comprehensive programme of services for the improvement of infant nutrition.</p> <p>We achieve the Scottish Government HEAT target for exclusive breastfeeding at 6-8 weeks (NHSGGC target is 30%) by March 2011. Renfrewshire target is 28.4%.</p>	<p>Implement the action plans within the Infant Feeding Strategy and drive to improve the breastfeeding rates</p> <p>Achieve UNICEF Baby Friendly accreditation.</p> <p>Implement CEL 36 programme locally to improve the nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas</p>	<p>UNICEF UK Baby Friendly accreditation and maintenance (audit both internal and external assessments validated by UNICEF UK)</p> <p>CHP contributions to HEAT targets (quarterly reports)</p>
<b>Improving parenting support</b>		
We reduce the prevalence of childhood emotional and behavioural problems	Develop a CHP level Triple P training plan. In conjunction with the Local Authority implement	Monitoring of process, uptake and outcomes through the parenting framework performance

### Health Improvement

Outcome	Actions/Activity Required 2010/11	Change/process/Performance Indicator
<p>and improve parental confidence &amp; well – being through evidence based population parenting programmes.</p>	<p>a plan for a parenting framework.</p> <p>Agree a structured programme of Triple P training for practitioners in Primary Care.</p>	<p>monitoring framework.</p>
<p><b>Improving sexual health</b></p>		
<p>We have improved the sexual health of children and young people and at risk groups</p>	<p>Ensure sexual health is embedded in Community Planning in Renfrewshire.</p> <p>A Sexual Health Action Plan produced on annual basis.</p> <p>Provide high quality consistent sexual health and relationships education in schools and for young people both in and not in school by delivering a train the trainers course for workers (to include non school workers)</p> <p>Develop wider health drop in facilities in Linwood and Erskine</p> <p>Support parents of pre-5 and primary school children to communicate with their children on sexual health and relationships</p> <p>Ensure all sexual health work in Renfrewshire meets Equality and Diversity Legislation (EQIA plan)</p> <p>Implement the revised condom provision scheme in Renfrewshire, targeting vulnerable groups.</p>	<p>Report 6-monthly to Healthier Renfrewshire Community Planning Group.</p> <p>Reductions in the numbers of young people reporting sexual non-competence at first sexual intercourse (sexual competence is defined by use of protection, non use of alcohol/drugs, both partner being equally willing and lack of regret after sex)</p> <p>Implement protocol for workers with young people under 16 who are sexually active across partners agencies</p> <p>EQIA completed.</p> <p>Report uptake to Condom Distribution Steering Group.</p>

### Health Improvement

Outcome	Actions/Activity Required 2010/11	Change/process/Performance Indicator
<b>Improving oral health</b>		
We achieve an improvement the oral health of young children in NHS GGC'	<p>Maintain Childsmile activity in Renfrewshire Pre 5 Nurseries</p> <p>Support the Childsmile Programme for Primaries led by OHD</p>	<p>Numbers of Nurseries and Dental Health Practices delivering Childsmile</p> <p>The prevalence of dental decay experience in 5 year olds and 11 year olds when assessed by the National Dental Inspection Programme in 2012/13 OHD prevalence of dental decay experience in 3 year olds when assessed by OHD Dentists annually</p>
<b>Injury prevention</b>		
We achieve a reduction in injuries to children and older people	<p>Injury prevention will be supported within universal children's service planning framework (see Children's Services).</p> <p>Develop the 'message in a bottle ' project through Safer Renfrewshire community planning group</p>	<p>Number of emergency admissions for injury.</p> <p>Number of bottles issued recorded.</p>
<b>Cancer screening</b>		
We achieve an increase the uptake of screening for bowel, breast and cervical cancer	Promote bowel screening by providing information/events to target populations	Number of events aimed at increasing uptake reported and recorded

## **17.4 Finance and Workforce**

- 17.4.1 Renfrewshire CHP has a dedicated Health Improvement Team. 30% of the staff group is temporary (9 staff). There are three main funding sources: Fairer Scotland Fund, Tobacco Prevention and Alcohol prevention amounting to £350,000 per annum. There will be challenges ahead to support a number of programmes when temporary funding ceases in March 2011.
- 17.4.2 A small budget is available to support capacity building in the wider public health/health improvement workforce within the CHP and the community.