
Report To: Inverclyde Integration Joint Board **Date:** 10 May 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:** IJB/27/2016/HW

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Subject: HEALTH IMPROVEMENT AND INEQUALITIES TEAM ANNUAL REPORT 2015

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board about the role and activities of the Inverclyde HSCP Health Improvement and Inequalities Team.

2.0 SUMMARY

- 2.1 The Health Improvement and Inequalities Team is an integral team within the Planning, Health Improvement and Commissioning Service area of Inverclyde Health and Social Care Partnership.
- 2.2 The Health Improvement and Inequalities Team leads Inverclyde Health and Social Care Partnership's effort to improve health and mitigate worsening health inequalities by working in partnership across the HSCP and wider community planning partners.
- 2.3 The team work across a range of portfolios and have achievements recorded within each of the topic areas.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the Annual Report for 2015/16 for the Health Improvement & Inequalities Team.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde's Health Improvement and Inequalities Team lead the HSCP's efforts to improve health, and reduce inequalities in Inverclyde. This is done through supporting and delivering strategic and operational activities across the HSCP and Inverclyde Community Planning Partnership.
- 4.2 The work of the Health Improvement and Inequalities Team cuts across the whole life course of communities, families, workplaces and partners and is underpinned using the specialist knowledge base and experience in public health skills of every one of the team members
- 4.3 The Inverclyde Health Improvement and Inequalities Team's workplans and priorities are aligned to the Inverclyde HSCP, Inverclyde Alliance and NHSGGC priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP Strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.
- 4.4 The team deliver across a range of portfolios which cover a wide range of topic areas

<p style="text-align: center;">Portfolio 1</p> <p style="text-align: center;">Community Assets & Engagement Financial Inclusion Employability Obesity including Physical Activity & Nutrition Vulnerable groups Addictions Homelessness Offenders</p> <p style="text-align: center;">Equalities (across entire team)</p>	<p style="text-align: center;">Portfolio 2</p> <p style="text-align: center;">Tobacco Anticipatory Care Supported Self Care Primary Care/Acute Long Term Conditions Cancers Carers Dementia Older people</p> <p style="text-align: center;">Communications/Health & Safety (across entire team)</p>	<p style="text-align: center;">Portfolio 3</p> <p style="text-align: center;">Parenting Children & Maternal Health Early Years Collaborative Education & Life-Long Learning Mental Well-Being Sexual Health Oral Health</p> <p style="text-align: center;">Learning & Workforce Development (across entire team)</p>
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- 4.5 The report outlines the areas of work undertaken within each portfolio and highlights the achievements to date.

5.0 IMPLICATIONS

FINANCE

- 5.1 Financial Implications: One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 Tackling inequalities is one of the key drivers for the health Improvement and Inequalities team, so we target our services to have a positive impact for those groups that tend to be excluded.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strate or recommend a change to an existing policy, function strategy. Therefore, no Equality Impact Assessment required.

6.0 CONSULTATION

6.1 This report has been prepared by the Health Improvement and Inequalities Team, Inverclyde Health and Social Care Partnership (HSCP).

7.0 BACKGROUND PAPERS

7.1 None.

1. Foreword

It is with great pleasure that I present the 2015 Annual Report of the Inverclyde Health and Social Care Partnership (HSCP) – Health Improvement and Inequalities Team. Not only does this document highlight our continued commitment to tackling inequalities and improving health and wellbeing, it outlines the work we deliver and our key achievements associated with dedicated partnership working.

This report will showcase just some of the work of the Health Improvement and Inequalities Team in 2015. It would not be possible to list everything. 2015 has been a challenging but interesting year with changes in staffing; funding constraints; and the move towards full integration across health and social care, however the team has continued to deliver a high quality, effective and professional approach to working towards the Inverclyde HSCP vision of Improving Lives.

I hope you enjoy reading this report and finding out more about the work of the Health Improvement and Inequalities team.

Brian Moore

Chief Officer

Inverclyde Health and Social Care Partnership

April 2016

2. Introduction

Inverclyde's Health Improvement and Inequalities Team lead the HSCP's efforts to improve health, and reduce inequalities in Inverclyde. This is done through supporting and delivering strategic and operational activities across the HSCP and Inverclyde Community Planning Partnership, which incorporate a broad set of activities to create the circumstances for better health and more equitable outcomes within populations. The work of the Health Improvement and Inequalities Team cuts across the whole life course of communities, families, workplaces and partners and is underpinned using the specialist knowledge base and experience in public health skills of every one of the team members.

The Inverclyde Health Improvement and Inequalities team's work plans and priorities are aligned to the Inverclyde HSCP, Inverclyde Alliance and NHS GGC priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP Strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.

3. Inverclyde Context

3.1 The Health of the Population

For many years, Inverclyde has been characterised by significant unequal health and socio-economic outcomes and these inequalities are recognised as our biggest challenge, however we are starting to see improvement. Over the last six years there is evidence of a rise in the proportion of people that have a positive perception of their general health, who have a positive perception of their quality of life, and who feel they belong to their local area. There is a drop in the proportion of people who smoke. Over the last three years there has been a reduction in the proportion of people that are exposed to secondhand smoke. There has been a rise in the proportion who feel valued as a member of their community, a drop in the proportion who said they have no qualifications and a drop in the proportion who receive all household income from state benefits (NHS Greater Glasgow and Clyde Health and Wellbeing Survey, 2008, 2011 & 2014).

While this is all very positive there are still challenges. The increase in life expectancy for men and women and the decrease in overall death rate and premature deaths from Coronary Heart Disease are welcome, however there are significant challenges with an increase in premature deaths due to cancer. Uptake of immunisation in children continues to be high. However, uptake of breast and particularly bowel screening is more challenging. Alcohol consumption is declining in Inverclyde. This is demonstrated in survey information, as well as data pertaining to alcohol related deaths and alcohol related hospital admissions. That said there is still substantial concern in communities that the number of alcohol outlets is too high. Further, when placed in a broader local context Inverclyde has higher levels of problem alcohol use compared to NHSGGC and in an international context, Inverclyde (as well as NHSGGC and Scotland), still have a higher level of alcohol related deaths and hospital admissions than many European countries.

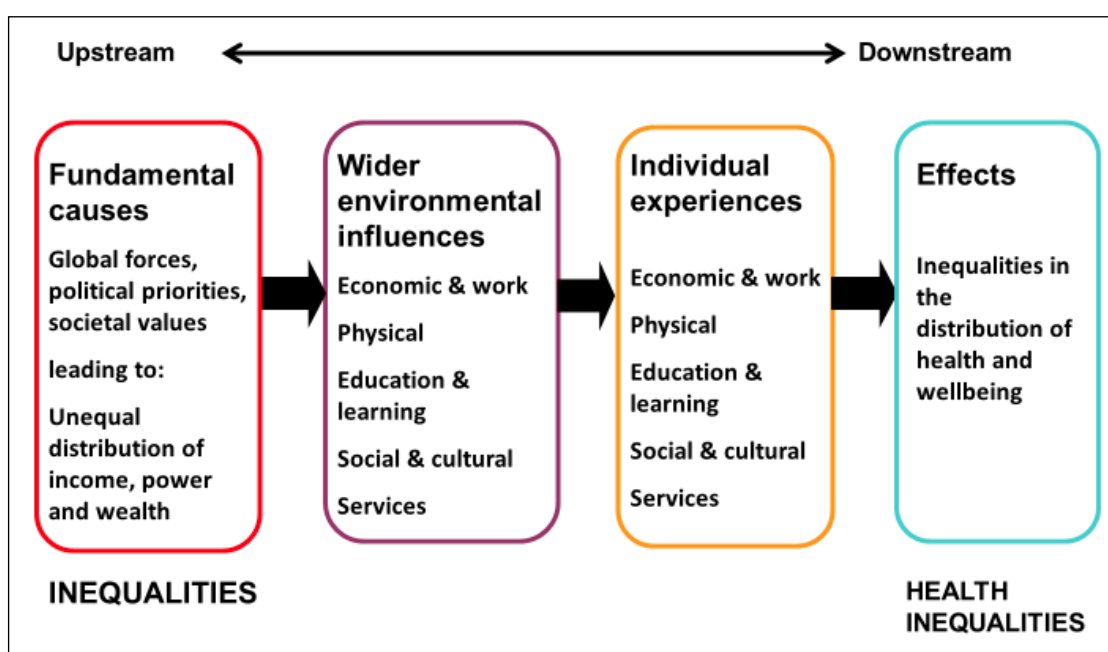
There has been little change in the proportion of adults that meet the physical activity target. The proportion of the population with a positive view of their mental wellbeing has not changed, however, there is evidence of poorer mental health outcomes with an increase in prescriptions for anxiety, depression and psychosis and an increase in deaths from suicide. The reduction in hospitalisation due to psychiatric condition may demonstrate alternative community based care provision rather than an improvement in mental health.

So whilst there are some promising improvements, Inverclyde is still characterised by some notably poor health and socio-economic outcomes and there is a continued need to focus on this in the future.

3.2 Inequalities and health inequalities

General inequalities and inequalities in health in particular, remain a significant challenge for Inverclyde. In Inverclyde one in three residents live in areas considered to be within the most deprived 15% in Scotland. Although focused work on specific risk factors is important, e.g. smoking, mental health and wellbeing, there is evidence that this alone will not reduce inequalities in health. The Ministerial Task Force on Reducing Health Inequalities reconvened to consider the latest evidence on health inequalities in Scotland. From this a summarised theoretical account of upstream and downstream causes of inequalities and their effect on health inequalities was presented, see figure 1.

Figure 1 Health Inequalities: Theory of Causation (reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland).



In addressing inequalities and the challenges we have within Inverclyde, action is required at all three levels; fundamental, wider and individual level. Inverclyde's Single Outcome Agreement (SOA), delivered through the Inverclyde Alliance, aims to address these determinants, by improving quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

The Health Improvement and Inequalities team takes account of these determinants of health. Each member of the team has specialist knowledge and expertise in a variety of topic-based interventions, and utilises this to ensure health improving activities and programmes are evidence-based, relevant and reflect the health needs of the population of Inverclyde. To achieve this we work in partnership with a range of organisations including the wider HSCP, Council colleagues; public sector agencies; third sector

organisations and local communities.

4. Making it happen

4.1 Policy drivers

Since our last report a lot of changes have happened, both the Public Bodies (Joint Working) (Scotland) Act, 2014 and the Community Empowerment (Scotland) Act, 2015 have come into statute. These have helped us refocus our approach to reflect important changes in social policy direction.

The Community Empowerment (Scotland) Act, 2015 is designed to strengthen and nurture community participation and encourage enterprising community development from the grass-roots level. As a Health Improvement and Inequalities Team we support asset based approaches, that is, we use skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. In addition we promote co-production within the communities of Inverclyde by working jointly with them in a shared approach. This is carried out with service users and their families, groups, communities, neighbourhoods and partners to achieve change, better outcomes and improvement of health and lives for our population. In co-production, all partners are equal, and agreement is reached by mutual consent. The Act gives weight to this approach and in the planning and delivery of the Health Improvement and Inequalities Team's work.

In summary, new ways of working; a focus on inequality; a demonstrable shift to preventative approaches; and community empowerment are all prominent features of the language of public services and Government in Scotland, seeking innovative and effective ways to respond to increasingly constrained resources and growing demands and expectations. All of these offer opportunities for improving population health, and also require a more equally healthy population for their delivery.

4.2 Integration Legislation

The integration legislation and its associated guidance highlight that every HSCP must produce a Strategic Plan, outlining what services will be included, noting key objectives and how partnerships will deliver improvements. These improvements will be gauged on the nine national outcomes, designed to help partnerships demonstrate the difference that joined up services make to the lives of the people who use those services.

The nine National Health and Wellbeing Outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for

longer.

2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively in the provision of health and social care services.

4.3 Inverclyde Local Strategic Plan

The Inverclyde Strategic Plan 2016 -19 has been developed by the HSCP's Strategic Planning Group, including representatives of local people, users of services and carers, third and independent sector partners and acute services. The Strategic Plan will deliver against the five commissioning themes:

- Employability and meaningful activity
- Recovery and support to live independently
- Early intervention, prevention and reablement
- Support for families
- Inclusion and empowerment

Going forward, Inverclyde Health Improvement and Inequalities Team's workplans and priorities will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes.

5. Health Improvement and Inequalities Team

5.1 Partnership approach

The Health Improvement and Inequalities team is a Public Health resource that is formally devolved to Inverclyde HSCP through the HSCP Integration Scheme. The position of Health Improvement in the HSCP allows a high level of engagement with other partners including education and other council

services, and the voluntary sector. The recent formal move to full integration brings about further opportunities to engage with and influence the wider partnerships. The team is engaged in Community Planning structures and involved in delivering on the Single Outcome Agreement. A significant component of improving public health, and therefore the Health Improvement and Inequalities Team's role is 'influencing' policy makers and service providers. This is crucial in order to ensure we facilitate and influence the aspects of preventative interventions, resulting in the reduction of future pressures in such areas as primary and secondary healthcare. Whilst influencing is largely unquantifiable, this aspect of the public health role is widely established at this local level and the length of time and commitment already invested in the development of these relationships is a core strength of current arrangements.

5.2 Our Structure

In response to the increasing cost efficiency demands and to ensure a team structure that is fit for purpose for the future, a review of the Health Improvement Team was carried out in 2014. In developing the new structure, a matrix management approach was required for cross portfolio working, (see appendix 1 for overall team structure).

Any changes to areas of work were supported by appropriate training and development. At the time of redesign current work plans and future priority areas of work were considered. It was agreed that the way forward was to move away from smaller teams to one Health Improvement and Inequalities Team and within that sub-divided into three portfolios, see figure 2. A Health Improvement Lead was assigned to each portfolio, Health Improvement and Inequalities staff can work within a single portfolio or across all.

Figure 2: Health Improvement Team Portfolios

Portfolio 1	Portfolio 2	Portfolio 3
Community Assets & Engagement Financial Inclusion Employability Obesity including Physical Activity & Nutrition Vulnerable groups Addictions Homelessness Offenders Equalities (across entire team)	Tobacco Anticipatory Care Supported Self Care Primary Care/Acute Long Term Conditions Cancers Carers Dementia Older people Communications/Health & Safety (across entire team)	Parenting Children & Maternal Health Early Years Collaborative Education & Life-Long Learning Mental Well-Being Sexual Health Oral Health Learning & Workforce Development (across entire team)

5.3 Key Skills and Competencies

In order to support the overall aim, each member of the team works to the professional standards detailed in the Public Health Skills and Knowledge Framework (PHSKF), along with the governing principles of

'The Health Care Support Workers (HCSWs): A Guide to HCSW Education and Role Development' and 'The Code of Conduct for Healthcare Support Workers'. With particular regard to the PHSKF, this has been developed to focus on the core aspects of:

- Surveillance and assessment of the population's health and wellbeing;
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services;
- Policy and strategy development and implementation;
- Strategic leadership and collaborative working for health;
- Health Improvement.

Each member of the team has specialist knowledge and expertise in a variety of topic-based interventions, and utilises this to ensure health improving activities and programmes are evidence-based, relevant and reflect the health needs of the population of Inverclyde. In addition, the key skills are regularly reviewed as part of the NHS Knowledge and Skills Framework (KSF), which supports team members Personal Development Planning and Review (PDP&R). These measures ensure that staff are keeping up with the latest knowledge and evidence, and are continually developing and improving their own approaches, resulting in members of the team being more than equipped to undertake their roles and remit. In addition, significant efforts and investment has been made with the team, especially to support the redesign process.

5.4 Health Improvement Team Learning and Development

To support the team to undertake their roles, ongoing learning and development is crucial. In addition to what is identified by each staff member via the current E-KSF/PDP processes, the team has been provided with the following opportunities:

- Policy and strategy development and implementation;
- Planning work deliverables as a whole team;
- Dedicated practitioner time in terms of peer support and to review cross-working components;
- A team approach through the Myers Briggs Type Indicator processes;
- Consulting and responding to how the Health Improvement Team sessions are delivered;
- Team development sessions dedicated to improving knowledge of skills and competencies, in line with UK Public Health Skills and Career Framework and the UK Public Health Register;
- A team approach to development sessions and engaging with different ways of working in the elements of asset mapping and co-production, mental health awareness, hate crime and developing specific pieces of work with other local agencies.

5.5 Health Improvement and Inequalities Team achievements

Since the last report in 2013, there have been a number of achievements within the Health Improvement and Inequalities Team, either directly or in supporting our partners. This includes academic achievements, representing the HSCP at national conferences and local awards.

Academic achievements

Brian Young has successfully completed MSc in Public Health, Alison King is working towards an MSc in Public Health, Carol Boag successfully completed the requirements to be assigned to the UK Public Health Register and Shona McGougan is working towards an Open University Degree in Working Together for Children.

Representing the HSCP at national conferences

The Health Improvement and Inequalities team has presented at the ASH Scotland Conference, Scottish Smoking Cessation Conference, the Alliance Scotland and information provision at the Community Food and Health Conference. We also presented to the Scottish Government's Cross Party on Tobacco.

Local awards

Maureen O'Neill Craig and the Healthy Working Lives Task Group supported Inverclyde HSCP in maintaining their Healthy Working Lives Gold award. This is valid for the next three years.

6. Portfolios

The following provides further information about the Health Improvement team's areas of work and key achievements over the last year.

6.1 Portfolio One

Community Assets & Engagement

A key objective for Health Improvement is to support local communities in building assets that contribute to their health and wellbeing. Meaningful social change will only occur when people and communities have the opportunities and facility to control and manage their own futures. In community development terms, assets based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities. Community development interventions are based on the fundamental principle of equality. There are two main areas of work that have continued over the last year. They are the Health Improvement Fund (HIF) and Youth Engagement.

Firstly, the HIF, which is a fund that is available to community groups and organisations in Inverclyde for amounts up to £1,000. The purpose of the fund is to support local community groups and organisations to take forward their innovative ideas and activities that will improve and increase skills and knowledge, develop the ability to making more informed choices to living a healthier lifestyle, and build community capacity and sustainability of lifestyle changes within the local community, supported by the Health Improvement Team.

The Fund is financed by the Health Improvement Team within the Health and Social Care Partnership (HSCP) in partnership with the Community Voluntary Service (CVS). On completion applicants are asked to evaluate their project. At the end of every quarter the Health Improvement Practitioner provides an end of month report to analyse trends in applications and number of applications within each quarter over a financial year.

The health and wellbeing of young people is a priority area for the HSCP. Young people repeatedly tell us that they don't want to have to negotiate complex systems to access services – they need services that understand what it is like to be young, services which can either give them help directly, or to refer them to a service that can.

As a result of wanting to engage with young people around their health a survey was planned and implemented. The purpose of the survey was to learn from service user feedback, and to improve access and quality of services provided for Young People within Inverclyde. The survey was carried out in two parts over a period of twelve months. The first survey was carried out between June-August 2014 and captured responses from 92 young people. A full analysis and report was completed in November 2014, highlighting the key findings from the survey at that time.

This second survey took place over a period of 3 weeks in March 2015 and captured responses from a further 324 young people which included young people from 9 High schools across Inverclyde, and also West Scotland College. The researcher was able to access this large sample group as a spinoff of ongoing work being conducted by a joint initiative project known as 'Wasted Project' which involves a collaboration of various stakeholder organisations. The findings of the report are being disseminated to the participants and relevant agencies.

Financial Inclusion

The Health Improvement and Inequalities Team supports work that targets those most at risk of financial hardship and ensuring the health and living circumstances of people living in Inverclyde is improved. The team recognise the importance of addressing food poverty and facilitate appropriate learning to support poverty action work and work with existing programmes and projects within the remit of the financial

inclusion strategy to ensure they are focused and timely. The Health Improvement Lead is a member of the NHS Greater Glasgow & Clyde Board group and the Inverclyde Financial Inclusion Partnership groups, which provide strategic direction.

Healthier Wealthier Children (HWC) was a project that aimed to help families at risk of poverty. The project worked closely with antenatal and community child health, early years education and other community based services working with families at risk of poverty. It aimed to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child. Following the cessation of funding there was agreement for Inverclyde Advice First to provide income maximisation services and collate numbers of people benefiting and report on the financial gains received. Quarterly reports capture the number of people given support and the financial gain that has been made.

Employability

Unemployment is associated with a higher risk of death and increased mental health issues. Job insecurity is also damaging to health. For most people being in work is good for their long term health, therefore it is important to work with employers to encourage them to understand the importance of fair employment and good work for all in order to reduce health inequalities.

The team works in partnership to ensure people are better prepared for employment by improving access to employability services. We provide effective health information to employers through Healthy Working Lives. In addition, we support the provision of service development training for frontline services on employability as well as supporting Modern Apprenticeships to gain experience in health improvement skills within the team.

NHS Greater Glasgow and Clyde's Healthy Working Lives team restructured and are now called the Employment and Health Team. As a result of this Inverclyde has a Health Improvement Senior to support this agenda two days per week starting from October 2015. This post will look to follow up on some of the good work that had previously been started with the post at the Employability Trust. Work has already begun to continue to embed an employability pathway within HSCP services. In addition to this, to further support staff on employability and vocational rehabilitation, a training/information pack and e-modules have been developed.

Working in partnership is crucial to making progress. A presentation to the Employability Practitioners Forum took place in December 2015 that looked at "What makes a good employer". In addition to the above the role supported the Health Improvement Lead to increase awareness of health as an

underpinning factor in employability.

Obesity - Physical Activity

Inverclyde has an Active Living Strategy which takes a partnership approach to achieving the vision of Inverclyde having the most active population in Scotland by 2022. It is a partnership approach to reducing the inactivity levels of Inverclyde residents who are not physically active. The Active Living Strategy group is chaired by the Health Improvement Lead, and this group feeds into The Single Outcome Agreement through the Environment and Physical Activity Group. Health Improvement is just one of the strategic leads tasked with contributing to the overall outcomes. One of the key programmes is:

ACES: A healthy eating and activity club for children and young people aged between 5 - 15 years old to attend with parents or carers. It is fully funded so free of charge to the public and runs over a 12 week period; it takes place in various local leisure and community venues.

The Programme consists of: Increasing knowledge and skills in The Balance of Good Health, which explores what a healthy plate looks like (The Eatwell Plate). It also looks at how to record what you eat in a food diary, how to increase levels of physical activity to improve health, and build confidence and self-esteem. Participants can enjoy hands on cooking sessions, with the added benefit of losing weight and a discounted pass to Inverclyde Leisure facilities. It is overseen by the Health Improvement and Inequalities Team and is delivered by an Inverclyde Leisure Lifestyle Coach.

Obesity – Nutrition

Across the UK a significant rise in people being overweight or obese has been in evidence for a number of years. Obesity in turn correlates closely with the key index of most health inequalities, namely socio-economic status. In short, people who have lower incomes and reduced life opportunities are more likely to experience poor nutrition and long-term conditions associated with obesity, such as coronary heart disease, stroke or type 2 diabetes.

In Inverclyde there is an understanding across the partners of the importance of tackling this issue. The Positive Inverclyde Nutrition Group (PING) brings together key partners to look at implementing change. This is chaired by the Health Improvement Lead. As one of the partners, health improvement leads on a number of programmes. There is a brief overview of each below.

Eat Better/Feel Better

Eat Better Feel Better is a National Campaign that was launched in Inverclyde early in 2015 to inspire and support families to make healthy changes to how they, shop, cook and eat, with the aim of improving their health. The Council's Community Learning and Development Team (CLD) has continued to work in partnership with us to deliver community programmes throughout Inverclyde

<http://www.eatbetterfeelbetter.co.uk/>. Let's Get Cooking was the name of the programme prior to

rebranding. This was delivered with our CLD partners and others, delivering to local people within community venues across Inverclyde. Through Let's Get Cooking we were able to raise awareness on how to cook healthy meals on a budget through 6 weekly practical sessions. The courses were free for all participants and each week they went home with a meal for the family to eat. We have also worked in partnership with The HSCP Learning Disability Team and one of the community chefs to deliver community cooking groups to adults with learning disabilities at the Fitzgerald Centre.

The courses were delivered in lots of community venues across Inverclyde. CLD also offered participants the option of completing a REHIS, (Royal Environmental Health Institute for Scotland), course and Love Food Hate Waste. Some of the comments from participants were...

"Learning new things from scratch. As I always used food from packets, tins and jars and a lot of frozen meals. I shall hopefully get my boys involved in making meals".

"The course has helped me to understand portion control".

Waist Winners

This is an eight week weight management programme, delivered in a variety of venues across Greenock and Port Glasgow. The HSCP Health Improvement and Inequalities Team works in partnership with Inverclyde Leisure, Your Voice and The Trust to deliver these groups.

Weigh in @Work

The Weigh in @Work is a free resource that Inverclyde HSCP and wider Council staff can use to help achieve and maintain a healthy weight.

Breastfeeding

The HSCP wants to encourage more women to breast feed their baby and to create an environment that will support women to continue breastfeeding.

Training has been delivered that will encourage nurseries to be breastfeeding friendly as well as Breastfeeding Welcome training for workplaces. In addition, Health Improvement has provided a breastfeeding information pack for schools. Nurseries have received breastfeeding friendly books and jigsaws appropriate to age and stage of their children but there is always a benefit to ensuring that these are being utilised as part of the children's learning and that subliminal messaging is restricted in keeping with the Breast Feeding Friendly National Standards.

The Health Improvement and Inequalities Team took part in a Breastfeeding event within Funworld Leisure in June 2015. This was the second event in partnership with the Breastfeeding Network Inverclyde and forms part of National Breastfeeding Week campaign.

The board-wide public acceptability group has been researching and developing a new managers' guide called "Breastfeeding Guidance for NHS Managers". This resource is in its final draft and the aim to be published soon

There were two Breastfeeding Staff Attitudinal Survey's completed by Inverclyde Council and Inverclyde NHS staff. These surveys will inform future activities with staff.

Vulnerable groups - Addictions, Homelessness and Offenders

The Health Improvement and Inequalities Team works with others in the HSCP to ensure that all staff have a greater awareness of the needs of groups with protected characteristics and services are improved accordingly. These groups include, for example, people who are experiencing: homelessness; have a learning disability; who are lesbian, gay, bi-sexual or transgender; and those who have a caring role as well as offenders. The role is mainly strategic, linking with the NHS Board and local forums in relation to these vulnerable groups.

Addictions

The Health Improvement and Inequalities Team is a member of the Inverclyde Licensing Forum. We contribute to the delivery of Alcohol Brief Intervention training and deliver Tier 1 and Tier 2 alcohol awareness training. In addition, we are one of the partners of the Alcohol and Drug Partnership.

Homelessness

The Health Improvement and Inequalities Team takes part in the Health and Homelessness Action Group (HHAG). Health Improvement has funded relevant small projects to help people experiencing homelessness link in better with health services. For example the Inverclyde Homeless Forum received some funding to do some pilot work to allow a range of organisations to engage with the group on a weekly basis.

Offenders

The Health Improvement Lead attends NHS Greater Glasgow and Clyde's Prison and Health Improvement Strategic Group and the Inverclyde Women Offenders Group. Links have been made with the Health Improvement Lead for Prisons to look at linking those people nearing release with meaningful activity in their local communities.

Equalities

The Health Improvement and Inequalities Team is an active partner within the HSCP in promoting equalities and meeting legislative requirements. Laws are now in place which are designed to protect people from unfair discrimination due to their personal characteristics. Referred to as 'protected characteristics', these include:

age	sex
disability	race
gender reassignment	religion & belief
marriage & civil partnership	sexual orientation
pregnancy & maternity	

This means, for example, making sure that services are working well for everyone and that people are getting information in a way they can understand.

Inverclyde Community Health Care Partnership became Inverclyde Health and Social Care Partnership on 1st April 2016. Its governing body, the Integration Joint Board, is required to produce a report for the Equality and Human Rights Commission to detail how the HSCP will mainstream the equality duty and develop a set of equality outcomes by 30th April 2016. .

Portfolio One Key Achievements

Community Assets and Engagement

- HIF received a total of 17 applications and funded a total of 13 at a total cost of £11,447.70. The main trend in the final quarter was Improving Mental Wellbeing and Active Living.
- A Youth Health Survey was completed in October 2015. A total of 416 young people took part.

Financial Inclusion

- Inverclyde Advice First Team has worked with more than 100 individuals who have been provided with information, advice and assistance on benefits and other money matters in 2015 that would have been eligible under the Healthier Wealthier Children Project.

Employability

- The distribution of the Quarterly Health e-Bulletin for Employers: the distribution currently sits at approximately 300+ but this is expected to increase to between 400-450 copies.

Physical Activity and Nutrition

- ACES delivered 3 programmes between January and December 2015. The total number of people participating was 18. One of the programmes was delivered for those young people that had additional support needs.
- Eat Better, Feel Better - 5 community chefs were trained and are now able to deliver Eat Better, Feel Better groups in Inverclyde.
- CLD delivered the Eat Better Feel Better programme - they had a target of delivering 16 courses to an

audience of 160 people. They delivered 20 courses and trained over 200 local people to cook healthy meals on a budget.

- Inverclyde has been successful in delivering a total of 7 Waist Winner groups with an overall engagement of 54 people; the total weight loss has been 22 stones and 11 pounds.
- A weigh in option for those participants who want to stay motivated and continue losing weight is offered; this has been well received with a total of 7 regular attendees on a weekly basis at all venues. New groups commenced in January 2016.

Healthy Working Lives

- There were 8 members of staff attending a weigh in option Greenock Health Centre (GHC). This number can vary according to staff motivation to lose or maintain their weight. A further 3 sessions across the HSCP will be running in 2016.
- A jointly planned Public Health Event took place, as part of the Healthy Working Lives with Inverclyde Council, on the 8th October 2015.

Equalities

- The Health Improvement and Inequalities Team have taken part in a Hate Crime Awareness session delivered by the HI Lead who has the overall lead remit for Equalities within the team.

6.2 Portfolio Two

Tobacco Control

Addressing tobacco issues is a public health priority for Inverclyde. Smoking continues to be a leading cause of preventable ill health and premature death. Smoking prevalence is highest within Inverclyde's most deprived communities and contributes towards inequalities in health and healthy life expectancy.

A Tobacco Control Strategy for Inverclyde, in partnership with our Inverclyde Alliance partners, was ratified in January 2016. Inverclyde's Tobacco Strategy will support the Scottish Government's National 5 year Strategy, (Creating a Tobacco Free Generation; A Tobacco Control Strategy for Scotland). The overarching aim is to create a tobacco-free generation by 2034, defined as a smoking prevalence of 5% or less. The Inverclyde Tobacco Strategy and action plan are agreed under the following high level themes:

- Prevention: creating an environment where young people choose not to smoke.
- Protection: protecting people from the harmful effects of secondhand smoke.
- Cessation: providing help for those who want to stop smoking.

Only by addressing these high level themes at a local level and in partnership can we have a meaningful

impact in reducing tobacco related harm within the Inverclyde area. This will be progressed through the local Tobacco Implementation Group.

There has been considerable progress in addressing tobacco use within Inverclyde. Smoking prevalence has reduced by 11% over the last six years; fewer young people have tried smoking; there has been a reduction in adult exposure to secondhand smoke; smoking in pregnancy (at antenatal booking) has reduced by 3% and maternal smoking prevalence (10 days post natal) has reduced by 2.8% over the last two years.

Smoking is a leading cause of inequalities in health, therefore we need to meet the requirements of the inequalities focused *Local Delivery Plan Standard: NHS Scotland*, to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived areas.

Inverclyde Health Improvement and Inequalities Team has delivered services and programmes to address all high level themes. This includes prevention activities within Inverclyde schools and other youth organisations; stop smoking services within various locations across Inverclyde, and activities that aim to reduce exposure to secondhand smoke.

Long Term Conditions and Supported Self Care

There are increasing numbers of people in Inverclyde with a single or multiple long term conditions (LTCs). We want to put systems in place to prevent LTCs from developing, early intervention if they do develop and to support people to self manage their LTCs. We also want to ensure the wider social determinants of health are included. For example, education, money advice, social activities and connections to support services. Currently partnership working is underway to implement a Supported Self Care (SSC) Framework within Inverclyde.

The Health Improvement and Inequalities Team, along with the SSC Network partners and local people, developed a Chronic Obstructive Pulmonary Disease (COPD) Self Care booklet for people living with COPD. A small evaluation of the pack was carried out, and information from this will assist in future pack development, e.g. for diabetes. Feedback included ...

‘Very simple to understand and informative’

“Didn’t realise until read booklet that Pulmonary Rehab is good to improve breathing techniques”

“No fancy words”

“My wife now understands my condition”

“Answered all the questions I didn’t have time to ask my practice nurse”

Primary Care and Acute Care

The Team has worked to support local connections between acute health and primary care services and to ensure pathways to Health Improvement Services are in place. Examples include stop smoking services, support for carers, management of long term conditions and support to self manage long term conditions. Connections have been made with Chronic Obstructive Pulmonary Disease (COPD) services, Pulmonary Rehabilitation and Diabetes services.

Cancers

The Health Improvement and Inequalities Team support and deliver local cancer health improvement activities. This supports the National Detect Cancer Early Programme. The aim of this is to increase the proportion of people who are diagnosed and treated in the early stages of cancer. This is achieved through national and local campaigns, focused activity at GP practices and community engagement activity. There are screening targets in place (60% to undertake bowel, 70% breast and 80% for cervical screening). A local Cancer Health Improvement Group was established and a short life working group has been established to implement local activities to increase uptake of breast screening in 2016.

Carers

Inverclyde Carers Strategy was developed by Inverclyde CHCP (now HSCP) to acknowledge the important role played by carers in providing unpaid care in our community for loved ones, friends and relatives. It promotes the need to recognise carers, as equal partners, in the delivery and planning of care. It contains the key messages identified by carers, as being important in assisting them to carry on with their caring role, whilst maintaining a life of their own.

The Health Improvement and Inequalities Team supports the implementation of the Inverclyde Carer's Strategy and works closely with the Inverclyde Carers Centre. We support the health improvement needs of carers within Inverclyde by providing training and information for Carer's Centre staff and carers. We also increase awareness with staff across Inverclyde of the support needs of carers, increase awareness of the Carers self-assessment and the support carers can receive from the Inverclyde Carers Centre.

Dementia

A Dementia Strategy, Action Plan and Working Group for Inverclyde have been developed. The overarching aims of the strategy are to ensure:

- a Dementia Friendly Community that supports people with dementia;
- that services are developed which have direct relevance to people with dementia;
- and services and staff working with people with dementia ensure a good quality of life for people with dementia, their families and carers.

The Health Improvement and Inequalities Team has supported the implementation of the Inverclyde Dementia Strategy and contributes towards the Dementia Strategy Working Group. We want to ensure the health improvement needs of people with Dementia and their carers are supported. We have also

assisted in delivering the Dementia Informed Practice to HSCP staff within Inverclyde.

Portfolio Two Key Achievements

Tobacco Control

Prevention activities: creating an environment where young people choose not to smoke

- Trade Winds: Learning About Tobacco programme is targeted at Primary 5 - 7 pupils (Level 2, Curriculum for Excellence) and is designed to enable children to extend their learning beyond the health impact of tobacco to a consideration of broader tobacco issues. The Health Improvement Team delivered CPD sessions to 12 primary schools teachers. This equips the teachers to deliver the sessions.
- Working in partnership with West College Scotland, we delivered weekly awareness raising sessions and 34 people have received smoking cessation support.
- We delivered 13 smoking prevention and education sessions in I Youth Zone Port Glasgow and Greenock.

Protection activities: protecting people from the harmful effects of secondhand smoke

- Three NHS GGC Smokefree Policy information sessions has been delivered to 70 staff within Inverclyde, e.g. within health centres, mental health and addition services.
- 3 secondhand smoke information sessions delivered in Barnardo's to 10 families.
- Two families have participated in a new intervention using a Dylos machine. The machine will measure fine particulates in the home where smoking occurs. By measuring fine particulates and providing feedback to the family, it is anticipated that this will result in families stopping smoking within their home. Further roll out is planned in 2016.
- Six people participated in a 'Welly Walk.' In partnership with Clyde Muirshield, this activity promoted fresh air and exercise in a smokefree environment. Those who participated really enjoyed the walk and got a lot out of it.
- 17 primary schools participated in the Name the Teddy Competition. The competition aimed to increase awareness of the effects of secondhand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects.

Cessation: providing help for those who want to stop smoking

- We are on target to achieve Inverclyde's Local Delivery Plan target, in the number of people from the 40% most deprived, who have stopped smoking for 12 weeks.
- We deliver specialist smoking cessation services by trained smoking cessation practitioners within various community venues across Inverclyde. In 2015 we had 224 referrals, 125 set a quit date, 97

quit 4 weeks after their quit date (75% quit rate), and 74 quit 12 weeks (59% quit rate).

- Further focussed work was carried out with the Salvation Army, Addiction Services, Family Centres and Community Centres. In 2015, 4 people have engaged from the Rainbow nursery, 9 from the Bluebird nursery and 6 have engaged from the Salvation Army Lunch Club.
- 54 patients set a quit date while in Inverclyde Royal Hospital.
- Close connections with workplaces across Inverclyde, and the HSCP and wider Council to offer staff support to stop smoking. 30 HSCP staff have engaged with Smokefree Services.
- Communication and promotion of Smokefree Services through local Inverclyde newsletters, through housing associations, education and local media channels.
- We delivered community engagement activities, including No Smoking day in shopping centres, supermarkets, Family Centres, bingo hall and West College Scotland. We also promoted our services at HSCP staff engagement events.

Long Term Conditions (LTCs) and Supported Self Care (SSC)

- Health Improvement staff have continued to work alongside Inverclyde GP practices in implementing the Anticipatory Care Toolkit self-assessment.
- We obtained the views of 101 people about their experiences of their LTCs review at their GP practice. This was requested by the GP practice and supported by the Inverclyde SSC Network. A research report was produced and learning from this has been disseminated to assist in service improvement.
- Inverclyde SSC Network is now established with over 30 members. Plans are underway to agree and implement a SSC Delivery Plan for Inverclyde.
- 20 Workshops for 5 LTCs have been delivered to carers
- Over 1,000 COPD Self Care packs have been distributed to GP practices and other professions who support people with COPD.
- Connections have been made with COPD services, pulmonary rehabilitation and diabetes services.

Dementia

The Health Improvement and Inequalities Team supported the roll out of Dementia Informed Practice Training and co-delivered three Dementia Informed Practice Training sessions to over 50 people.

Carers

We work in partnership with Inverclyde Carers Centre to deliver long term condition workshops for carers by facilitating access to condition management specialists and services. 20 Workshops for 5 LTCs have been delivered to carers.

6.3 Portfolio Three

Parenting

The Inverclyde Alliance Parenting and Family Support Strategy has the overall aim of ensuring that all our children and young people have the best start in life, recognising that parents and carers are the most influential people in a child's life. It also reflects the importance of providing services for parents to ensure that they can successfully support their child's journey from early years to adulthood.

The Health Improvement and Inequalities Team provided strategic planning support to Children and Families colleagues in the writing of the local Parenting Strategy and also undertaking a number of requests for literature reviews, to inform planning and delivery.

Children & Maternal Health

Children & Maternal Health is an overarching term used to cover mainly the health improvement components of the Early Years Collaborative; weaning fayres and child safety and unintended injury.

There is strategic input provided by the Health Improvement and Inequalities Team, principally to support this agenda. This has focussed on supporting the local implementation of the Early Years Collaborative, the perinatal mental health agenda and facilitating workshops to bring together midwifery, health visiting and health improvement staff. The latter was to hold a series of development sessions on the common agendas of the National Practice Model, Smoking in Pregnancy and Perinatal Mental Health. Over the two sessions, 42 delegates attended and the conclusion from this was that information sharing and networking sessions should be organised on a regular basis, to support joint working and collaboratively working towards better outcomes for clients.

In addition to the above, members of the Health Improvement and Inequalities Team attend the Early Years Collaborative Implementation group and National Learning Sessions and conduct small tests of change within existing and new health improvement programmes as appropriate.

In this work stream, the Health Improvement and Inequalities Team has responsibility for the co-ordination of the monthly multi-agency weaning fayres, including delivery of oral health information sessions.

The Health Improvement and Inequalities Team has an established role in supporting health visiting colleagues in the distribution and awareness raising of preventative child injury materials and resources.

Education & Life-Long Learning

The Health Improvement and Inequalities Team undertakes a crucial role in supporting Education and

Community Learning & Development colleagues in the delivery of programmes aligned to the education and life-long learning agenda. This is both at strategic and operational levels.

Team members regularly attend the Health and Wellbeing Steering group and Health and Wellbeing Co-ordinators group (chaired by Education) to provide relevant information on health improvement programmes and Continuous Professional Development (CPD) training for staff.

The Health Improvement Senior attends the Youth Work sub group chaired by Community Learning and Development, as Health Improvement and Inequalities Team representative, and co-ordinates Health Improvement input to Youth Work programmes and events.

The main focus for Health and Wellbeing has been the actions arising from the #Clyde Conversations conference, many of which were voiced by young people. A number of CPD training sessions have subsequently been arranged for staff groups in various Secondary Schools (see also Mental Health Improvement section).

There was also an input to the 'Wasted' (Alcohol and Risk Taking Behaviours) programme for all S2 pupils. The input content covered the links between alcohol and mental health.

Mental Wellbeing

A number of staff have been involved in delivering Mental Health Awareness sessions to community groups and CPD training to education staff. The sessions encourage individuals to consider what mental health and wellbeing means to them, how they can achieve and maintain a good level of mental wellbeing, and where to find support for themselves and others.

The Mental Health Awareness CPD training has been revised and updated, to allow flexibility of 2 hour CPD sessions and shorter taster sessions for community groups. Sessions have been delivered to parents group and staff at The Beacon Arts Centre in Greenock.

The Health Improvement and Inequalities Team takes the lead responsibility for the Inverclyde Mental Health Awareness Planning Group and the local delivery of the Scottish Mental Health Arts & Film Festival.

In addition, workshops are delivered on a regular basis for suicide prevention and self-harm awareness skills training. Since commencement of these programmes in 2004, over 2,000 people have been trained. This is a significant achievement, particularly in the areas of capacity building and up-skilling.

Sexual Health

It is evident that sexual and reproductive health and wellbeing are essential if people are to have responsible, safe, and satisfying sexual lives. Moreover, sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behaviour. These factors affect whether the expression of sexuality leads to sexual health and well-being or to sexual behaviours that put people at risk or make them vulnerable to sexual and reproductive ill-health.

Sexual Health deliverables are achieved via a number of programmes. The work is overseen by the local Sexual Health Local Implementation group. Work in schools involves delivery of sexual health education sessions to young people and is coordinated through the Sexual Health and Relationships Education group (SHRE). Sessions are also delivered to young people in further education and community settings. In addition, some work has been on-going with early years' staff around work with parents to encourage early communication between parents and children around the topic of relationships in the broadest sense.

Sexual health sessions (sexually transmitted infections and contraception), have been delivered to all S3 pupils in non-denominational secondary schools and to students in West College Scotland. This was requested by Waterfront Campus as part fulfilment of their Prevention of Infection unit. A further session was delivered at Greenock Campus as part of a programme for young people not regularly at school. Sessions have been delivered to young people in community settings such as Barnardo's, Street League and Action for Children.

Glenbrae Nursery staff have participated in CPD training to encourage parents to make use of the 'Happy 2 Chat' book collection at the parents' drop-in, supported by the Family Support Worker and Health Improvement staff. Feedback from staff and parent representative was very positive. The project will progress at a rate which is comfortable for parents. Another nursery is waiting to start the programme. This work links with the Early Years Collaborative.

Oral Health

The World Health Organisation suggests that oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Risk factors for oral diseases include unhealthy diet, tobacco use, harmful alcohol use, and poor oral hygiene. The supporting and sustaining of good oral health is a key priority for the HSCP.

The Health Improvement and Inequalities Team co-ordinates and delivers the Childsmile National Toothbrushing Programme in all local pre-5 education establishments. This includes staff training; resource ordering; and monitoring and delivery of oral health education sessions for parents, children and

staff. We also provide support for the Oral Health Directorate with the fluoride varnishing consent process. Oral Health Training is delivered to Childcare students at West College Scotland and for Early Years staff.

During the reporting period, team members contributed to a multi-agency input to a Market Place stall at the Community Food and Health (Scotland) national conference including staff from Speech and Language Therapy, Health Improvement, Child and Family Team, Dietetics and Red Cross.

Portfolio Three Key Achievements

Children & Maternal Health

- 11 weaning fayres sessions have been held, 194 adults and 149 babies attended and 52 weaning packs were sold.
- Two development sessions have been arranged and 42 nursing and midwifery staff have attended.
- All 31 local nurseries were supplied with resources and information on the 'First Aid for Burns and Scalds Campaign' and the safe use, by everyone, of liquid laundry and dishwasher capsules.

Education & Life-Long Learning

- Health improvement input to the 'Wasted' programme for all S2 pupils over 6 days by 3 members of staff during March 2015.

Mental Well-Being

- Mental Health Awareness delivered to S5 and S6 pupils at St Stephen's High School; at St Columba's High School; 37 Cluster Support staff at Inverclyde Academy, parents groups and Barnardo's parent group.
- Self Harm Training for staff and awareness sessions for S5 and S6 pupils at St Stephen's High School.
- 51 staff attended Mental Health Awareness CPD training at St Columba's High School.
- 283 people attended 16 Scottish Mental Health Arts & Film Festival events.
- 216 people attended 9 suicide prevention and self-harm awareness skills training workshops.

Sexual health

- 36 school sessions delivered in partnership with CLD staff.
- 2 college sessions delivered to over 40 students.
- 4 community sessions delivered.
- 1 half day Sexual Health Work with Parents CPD training session for staff at Glenbrae Nursery.
- Input to 1 Parents' Evening on this topic and other health improvement topics at Glenbrae Nursery.

Oral health

- Delivery of Oral Health training to 59 HNC/NC Childcare Students at West College Scotland.
- Delivery of Oral Health training to 16 early years' staff over 4 sessions.

- Delivery of the oral health and fluoride varnish programmes in all 29 local nurseries.

7. Conclusion

From 1st April 2016, the Integration Joint Board (IJB) has formal delegated responsibility from NHS Glasgow and Clyde and Inverclyde Council for the services and functions specified in the Health and Social Care Partnership (HSCP) Strategic Plan. The Strategic Plan 2016-19, which was developed with local partners, outlines the proposals for taking forward a more joined up approach to delivering Health and Social Care services in Inverclyde in partnership with other agencies and the people who use our services and their families.

Inverclyde Health Improvement and Inequalities team's future planning will need to take account of the changing climate and the challenges this may bring. We will require redesigning our team to move from three Health Improvement Leads to two. Our future priorities and workplans will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes. In addition, information and evidence from the Inverclyde Strategic needs assessment, community profiles, health and wellbeing survey and public health intelligence will assist in ensuring future priorities meet the needs of our community.

The team is committed to continuing the professional and essential work we do to support Inverclyde HSCP in its vision of Improving Lives.

Appendix 1: Health Improvement Structure January to October 2015

