

Community Planning Partnership Strategic Board

Community Plan Action Plan update September 2018

Theme	Our Health, Care & Wellbeing: Leads – Rob McCulloch Graham and Tim Patterson
Outcomes	1. More people in good health and leading an active lifestyle at every age and stage of life 2. More people in good mental health at every age and stage of life 3. Improved support and care for older people

Progress in Current Reporting Period

Obesity and Physical Activity

- NHS Borders uses a Tiered approach to reduce overweight and obesity in the Borders and support people to improve their diets. These pathways are now being reviewed as a result of the establishment of the Borders Diabetes Prevention Partnership and the new East of Scotland Diabetes Prevention Partnership.
- Walk It is the Scottish Borders branch of the Paths for All Health walk programme. Walk It aims to encourage exercise as part of a health lifestyle and promotes walking as an ideal way of getting fit and relieving stress. Walking lies within the capabilities of most people and is a realistic goal for inactive people, in addition, it's free and does not require special equipment. Walk it walks are accessible to all and an easy activity to undertake. Health walks are normally held on a weekly basis and walkers will often stay on to share a cup of tea or coffee. There are now twenty seven walking groups covering all the major towns and some Borders villages. There are over one thousand registered walkers and over seventy volunteer walk leaders. While not specifically aimed at older people eighty per cent of its walkers are aged over 55.
- The Healthy Living Network works closely with partners including the Community Capacity Building team to develop and support initiatives in local communities, for example, the Eyemouth Tea Dance offers a social space where older people undertake physical activity and access healthier eating while the Reminiscence Group in Burnfoot allows people to meet and discuss cultural and social heritage of Hawick.
- The Health Improvement team coordinates a maternal healthy weight programme which enables a Health Improvement specialist midwife to refer pregnant women with a high BMI to Live Borders for exercise classes as well as providing healthy eating advice using motivational interviewing approaches. The offer of physical activity is designed to minimise discomfort or embarrassment for women who participated.

- A partnership approach between Live Borders and the Health Improvement team has led to the provision of community based physical activity options for people with a range of health conditions. NHS Borders healthcare professionals are able to refer patients to discounted exercise classes, including Steadi classes for people who have experienced a fall or is likely to fall in the future. In addition, people referred can choose to purchase up to 12 weeks membership at a reduced rates.
- Councils and their partners are working to create community environments that support healthier eating and make it easier to stay active through strategies and programmes such as the “Daily Mile” initiative, community gardens and numerous projects focused on food as well as the work of local government in developing cycling and walking networks and green spaces. All of this involves taking a multi-faceted approach, involving among other things, the public and private sector working together to help transform the environment to support healthier choices.

Smoking

- NHS Borders Smoking Cessation Service (Quit Your Way, previously Quit4Good) operates Borders-wide via specialist Smoking Cessation Advisors and Pharmacies offering drop-in and one to one support. It also supports patients attending the Borders General Hospital. In addition, each pharmacy within the Borders offers stop smoking support as part of their public health contract. To better help smokers Quit Your Way has effectively used a number of marketing routes, these include:
 - Facebook campaign
 - New publicity materials (e.g. pull up banners and leaflets)
 - Radio marketing
- In the Borders, Community Midwives can automatically refer pregnant women who are smokers to the Quit Your Way. Pregnant women are further supported by the Specialist Midwife to gain a greater understanding of the risks associated with smoking during pregnancy and enable them to make a more informed choice. Improvements in information sharing to offer more consistent support on transition from midwife to health visitor.
- In 2015 – 16, over 75% of children receiving a 27 – 30 month health review lived in home where they were not exposed to second hand smoke. Localised data showed a considerable variation between communities in exposure to smoke. This information is enabling early years services to target more effectively initiatives that promote smoke free environments.

Alcohol and Drugs

- The Borders Alcohol and Drugs Partnership brings together the main partners in minimising the harm resulting from our relationship with alcohol and drugs in the Borders. The ADP is responsible for amongst other things;
 - Ensuring there is the correct range of drug and alcohol services available informed by evidence and based on identified need
 - Making the decisions on how the funding from Scottish Government will be spent and putting in place performance management arrangements to track progress

- Implementing drug and alcohol strategies, including working with the Scottish Drugs Recovery Network to implement recovery and with local partners to take forward the whole population approach on alcohol and effective prevention and early intervention interventions for alcohol and drugs.
 - The ADP is currently developing new proposals to reduce harm from alcohol and drugs within the Borders in response to the new national draft Scottish alcohol and drugs harm reduction strategy.
 - Communicating the impact of activities to stakeholders including service users and the public.
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- Across Scotland, recovery peer support networks and recovery colleges are growing in strength and providing access to peer support, personal and social development, and learning opportunities to help reduce dependency on harmful substances. Local partners are working with communities to develop education programmes in schools and beyond, and to design health-promoting environments which support healthier choices and reduce harm.

Specific alcohol related initiatives

- During 2016-17 Public Health undertook an audit of the case notes and service uptake for people who had died from alcohol related conditions to increase our understanding of people's experience and inform future interventions to prevent these untimely deaths.
- An annual Alcohol Profile is produced which brings together information from a variety of sources to support the Licensing Board in their decision making
- Work with ADP partnership colleagues to support the Best Bar None award which takes a positive approach to raising standard within licensed premises

Specific initiatives to reduce Drugs Deaths

- Drug Related Death Review Group explores circumstances of suspected DRDs in the Scottish Borders. The aim is to identify learning from the reviews and promote best practice as well as contributing to the National Drug-related Deaths Database (NDRDD) and implementing national and local drug strategies to reduce problem drug use.
- Take Home Naloxone which is a medicine that can temporarily reverse the effect of an opiate overdose is widely available to people at risk, families and friends across the Borders. This was extended into the Emergency Department of BGH.
- All staff who attend Alcohol & Drugs Partnership (ADP) training events are provided with a briefing sheet on risk factors of drug deaths. This was provided to 226 attendees in 2017/18.
- Preventing Drug Death workshop held in December 2017 to confirm current prevention activities and identify areas for improvement was held with action plan in place.
- Piloting a targeted response for people who frequently do not attend appointments with drug services (hard to reach population)

Mental Health

- The Borders Children and Young People's Leadership Group (CYPLG) is redesigning the support for children and young people and ensuring there are clear pathways to support including:
 - The introduction of a new commissioned service to support emotional wellbeing, partners are committed to renewing pathways to support, so that services are clear about roles, sources of help and referral routes within their locality

- Rolling out the Growing in Confidence programme to build resilience in staff, in parents and in young people by equipping them with skills and confidence to manage stress and cope effectively with emotions and relationships
- Building capacity in youth work, which is key in engaging with young people, building confidence and skills and enabling access to opportunities, all of which are fundamental for emotional wellbeing
- Promoting access to information and tools for young people to look after their own mental health. A considerable number of people of all ages across Borders, including young people have been involved in developing a local guide to wellbeing as resource for young people
- The Scottish Borders Council, NHS Borders and the Borders Health and Social Care Partnership are working with partners at the local level to develop integrated approaches that balance protecting and improving our communities' mental wellbeing with mental healthcare and treatment. A Borders Mental Health Strategy has been developed to provide a framework for delivery of mental health activities in Scottish Borders for all age groups, bringing together the range of work including promotion of population mental health, prevention of mental health problems, delivery of care and treatment of mental illness and support for recovery.
- The strategy provides the means for ensuring delivery of commitments from the national strategies on mental health and suicide prevention and enables implementation of the local Mental Health Needs Assessment recommendations and Scottish Borders Health & Social Care Partnership Strategic Plan objectives as they relate to Mental Health. Strategic Priorities include:
 - People are able to find and access information and advice on mental health and wellbeing
 - Communities are more confident about what they can do to promote mental health
 - Improved support pathways for people who are at risk of or experience mental ill health
 - Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support and signposting
 - Individuals will have an increased understanding of their own mental wellbeing
 - Improved access to services and reduced barriers particularly for those with dual diagnosis.
- The Borders Mental Health Improvement Steering Group is also leading an action plan to:
 - Provide information and tools to help people keep themselves mentally healthy in the Borders, through the Six Ways to Be Well resources
 - Build capacity to promote wellbeing across different statutory, third sector and community settings across the Borders
 - Provide clarity about the structure and pathways to reduce mental ill-health and maximise mental wellbeing

Issues and Risks

Obesity and Physical Activity

- We are living in an obesogenic environment which makes it difficult to maintain a healthy weight. Opportunities for people in the Scottish Borders to be physically active must be explored and healthy dietary choices made easy so that individuals can avoid the serious health consequences of overweight and obesity such as diabetes, heart disease and some cancers to which they may lead. Much of this work requires the efforts of all the Community Planning Partners within the Scottish Borders Community Planning Partnership.
- Addressing complex challenges like diet and physical inactivity requires the whole system to work collaboratively, bringing together local and

national decision-makers within healthcare, transport, planning, education and many other sectors. Success depends on clear leadership and effective partnership working at all levels to deliver meaningful and lasting change. We need to build on existing efforts and help strengthen national and local activity. A significant amount of work is under way to address these challenges, but building on this through partnership working across all sectors will be central to success in meeting this priority.

Smoking

- The overall rate of smoking in the population has decreased steadily with the introduction of a range of public health measures; however complex challenges remain in supporting the remaining population of smokers to quit. This group is less likely to respond as readily to the standard cessation support offered and experience in the Quit Your Way service indicates that clients tend to also have a range of health and social problems to contend with. In 2015-16 deployment of smoking cessation advisors was re-aligned to the most deprived areas, to focus our service delivery to those areas with greatest smoking prevalence and therefore need, whilst also recognising the complex health inequalities that exist for this group.
- The number of quit attempts made in Scotland with the help of NHS smoking cessation services in 2016/17 fell for the fifth consecutive year, there was an 8% decrease from 2015-16. This was reflected locally where our overall quit attempts fell from 1029 in 15-16 to 951 in 16-17. The reasons for the fall in quit attempts is likely to be the result of a combination of factors, including increasing use of electronic cigarettes, which may be viewed as a step towards quitting.
- The rate of smoking in pregnancy appears higher in the Scottish Borders than the Scottish average and is particularly high in the most deprived areas. The reduction of smoking in pregnancy remains a very high priority.

Alcohol and Drugs

- Reducing harm from substance use in the Scottish Borders continues to be a priority, the trend in drug related mortality must be reduced.
- Similarly a significant proportion of the adult population drink in excess of recommended limits. Long term excessive drinking is linked to earlier mortality, the impact of current behaviours is yet to be seen.
- Local Scottish Borders community planning partners need to develop locally tailored approaches to the issues faced on the ground to design health-promoting environments which support healthier choices and reduce harm. Scottish Borders Council in particular has the power and duty to protect and improve public health through the licensing of alcohol sales. The continual development of over-provision policies and the bye-law restriction of drinking in public spaces would complement action by local trading standards on underage tobacco sales as part of an approach to creating healthier communities.

Mental Health

- Parity of esteem must be maintained between mental and physical health, with both being considered within all policies.
- Achieving good mental health is not the sole responsibility of mental health services. There is a need to ensure a broad approach that supports mental

wellbeing for all, provides the right support at the right time for those who experience mental illness and provides every opportunity for recovery. To achieve this will require co-production between statutory organisations, voluntary organisations, service users & carers. Success will mean not doing more of the same; it will require creativity and innovation to deliver services that are fit for the future.

- Health in All Policy assessments need carried out on any significant service changes within the Borders to ensure that persons with mental health problems are not disadvantaged by the change.
- Children and young people's mental health has been identified as a priority at national level in the recent Mental Health Strategy for Scotland. There is a need for Scottish Borders partner organisations to understand better the support children and young people need and to take action to address those needs

Health Inequalities and Health in All Policies

- Underpinning all our actions to grow our economy must be an approach which targets deprivation and narrows health inequalities.
- The Fairer Scotland Duty places a legal requirement on NHS Borders, Scottish Borders Council and other statutory bodies to set out how they believe they can reduce inequalities caused by socio-economic disadvantage. This goes beyond considering how poverty impacts on service delivery and asks public bodies to address the causes of poverty. Agreeing to tackle this challenge through a whole systems approach would be a significant step forward.
- The Child Poverty Act, efforts to mitigate the effects of benefit changes should also further contribute to reduce inequality. In addition to the Fairer Scotland Duty, the Fairer Scotland Action Plan sets out another 49 actions to tackle poverty and the impact of poverty, many of which intend to have a direct effect on our health.
- A Health in All Policies (HiAP) needs to be embedded in Scottish Borders Community Planning Partnership's and partner organisations which sustains intersectoral collaboration and enables policy decisions to be seen through a health and equity 'lens', with agreement around how success will be measured.
- The health of communities now and in the future depend upon us living within sustainable limits and understanding the impact to the environment and wider determinants of health of our actions and policies

Planned Activity in Next Reporting Period

- The various planning multiagency groups mentioned above in the Borders will continue to develop strategies and plans to promote health and wellbeing in the Borders.
- A Borders Director of Public Health Report will be published in early 2019 highlighting progress against the new national public health priorities and will support the co-production of initiatives with local stakeholders and communities aimed at improving health and wellbeing in the Borders.

Prepared by	Tim Patterson, Borders DPH	Date	16 th November 2018
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