

**AGENDA ITEM NO: 8** 

Report To: Inverclyde Alliance Board Date: 16 March 2020

Report By: Louise Long Report No:

Corporate Director (Chief Officer)

Contact Officer: Louise Long Contact No: 01475 712722

Subject: PUBLIC HEALTH APPROACH INVERCLYDE

#### 1.0 PURPOSE

1.1 The purpose of this report is to inform the Inverclyde Alliance Board on the approach taken in Inverclyde to improve public health and implement Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-2028.

#### 2.0 SUMMARY

2.1 The overall approach to public health in Inverclyde is one which tackles the fundamental causes of poverty and associated inequalities. This can only be done through a whole system approach and with the benefit of strong cross-sector partnership working. This report outlines some of the work undertaken in support of the six programmes of action found in Turning the Tide, the HSCP Six Big Actions and the three outcomes found in the Inverclyde LOIP. An associated presentation was delivered at the NHSGG&C Public Health Standing Committee on January 22<sup>nd</sup> 2020.

#### 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
  - a. Notes the content of the report and presentation

Emma Cummings
Service Manager Primary Care, Public Health & Equalities
Inverclyde HSCP

#### 4.0 BACKGROUND

- 4.1 We recognise that any approach to improving public health in Inverciyde must tackle the fundamental causes of poverty and associated inequalities. Inverciyde is in a strong position to influence this due to well established cross-sector partnership working. The Community Planning partnership has made inequalities one of its themes and there is a wide range of work underway to both address and mitigate inequality.
- 4.2 Despite the stark impact of inequalities in Invercive, it remains an area with a strong sense of community supported by a thriving third sector. The HSCP and partners strive not only to deliver high quality services and improved outcomes but also to be at the forefront of innovation and have undertaken a number of nationally recognised projects.
- 4.3 Compassionate Inverclyde aims to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The programme is about enabling and nurturing kindness, helpfulness and neighbourliness in Inverclyde. In a Compassionate Community, people are encouraged to be empathic and motivated by compassion to care for each other. The whole community accepts that responsibility for the health of its citizens cannot be left solely to health and social care services to deal with. Based on listening to the community, compassionate Inverclyde is volunteer led and has transformed the lives of many people through improved confidence, improved mental and physical health, improved social connections and a sense of purpose and achievement.
- 4.4 An indication of the range of work across HSCP supported by Inverciyde Health Improvement Team in order to deliver the Public Health Strategy 2018- 2028 as part of the wider system is noted below. During 2020 the team will support the introduction of Locality Planning Groups with specific focus on Greenock East and Central, Port Glasgow and Greenock South and South West.

#### 4.4.1 Turning the Tide Programme 1- Understand the needs of the population

We have a good understanding of our population and alongside other local and national sources of data have completed and shared:

- A range of Health Needs Assessments including
  - o Criminal Justice
  - o Children & Young People
  - o Mental Health & Wellbeing
- A wide range of public engagement
- Locality Profiles
- Primary Care week of care audits
- GP Cluster Intelligence Reports

We will participate in the next Health & Wellbeing Survey due to commence in 2020 and evidence form this will inform reporting of progress towards Big Action 1 of our Strategic Plan. Evidence from *Hard Edges* report will allow us to target interventions and support for this particularly vulnerable group.

### 4.4.2 <u>Turning the Tide Programme 2- Tackle the fundamental causes of poor health and of health</u> inequalities and mitigate their effects

The levels of deprivation experienced within parts of Inverclyde represent a significant challenge. Our cross sector relationships especially with the third sector are essential to changing the outcomes for people and this is evident across a range of work:

- Child poverty plans
- Welfare and money advice and optimising the reach achieved through NHS settings
- Social prescribing and Community Link Workers
- Food network, food map and access to food
- Supporting mental wellbeing, resilience and alternatives to distress

• Training needs analysis – trauma informed practice

#### **Example: Homelessness and housing**

Neighbourhood quality and housing can contribute to better health while people who have experienced homelessness are one of the groups in society who experience the worst health outcomes. 8% of the Scottish population experience homelessness at some point in their lives and people who have ever been homeless die at a younger age. Of those who had experienced homelessness at some point evidence shows<sup>1</sup>:-

- Increased interactions with health services preceded people becoming homeless.
- A peak in interactions with health services was seen around the time of the first homelessness assessment.

When comparing April to September 2019 with the corresponding period in 2018, the number of homelessness applications in Inverclyde increased<sup>2</sup>. Between 2017 and 2018 'experimental' deaths from homelessness doubled in Inverclyde from 18 to 38<sup>3</sup>. Inverclyde Health and Social Care Partnership (HSCP) have set up a Rapid Rehousing Transition Partnership working group with members from across HSCP, Registered Social Landlords (RSLs), Housing Strategy, Commissioning and Finance. Actions on preventing homelessness will be achieved through the rapid rehousing policy focus.

Inverclyde's Housing Strategy states that the area has an aging and declining population. The Strategic Housing Investment Plan will increase the supply of affordable housing in the area and mitigate against fuel poverty. Reducing housing costs will positively contribute to one of the 3 key drivers of reduced child poverty: 'Reduced cost of living for families'. The Public Health Corporate Team are working with HSCP partners locally and nationally to reinvigorate the relationship between housing and public health. A working group on housing has been established which is carrying out an audit across GGC of innovative work on health and housing. A visit was arranged to a project in London which supports people with mental health problems on discharge from hospital. This work will be written up and disseminated via the Health and Housing group.

## 4.4.3 <u>Programme 3- Apply a life-course approach, recognising the importance of early years and healthy ageing</u>

Improving support and integration of health improvement team to provide expert advice and guidance across all HSCP service areas and developments:

- Adoption of a whole systems approach to maternal and infant feeding
- Learning Disability Review
- Attend operational Team Leader meetings
- Dementia Coordination ihub programme
- Living & Dying Well with Frailty ihub programme
- Long term conditions, supported self- care and technology

We will be actively involved in working alongside the new Public Health Scotland body in their whole system approach to Child Poverty in Inverclyde.

<sup>&</sup>lt;sup>1</sup> Health and homelessness in Scotland: Study exploring the relationship between homelessness and health. Dr. Andrew Waugh, Auren Clarke, Dr. Josie Knowles, Dr. David Rowley. June 2018 Scottish Government. <a href="https://www.gov.scot/publications/health-homelessness-scotland/">https://www.gov.scot/publications/health-homelessness-scotland/</a>

<sup>&</sup>lt;sup>2</sup> National Statistics Publication for Scotland: People, Communities and Places 2019

<sup>&</sup>lt;sup>3</sup> Homeless Deaths 2017 and 2018, National Records of Scotland 2020

We will support the implementation of the Diabetes Prevention and Early Intervention framework, working with the Public Health Team to provide better identification; self-care support and lifestyle intervention as part of our innovative work on LTCs.

### 4.4.4 <u>Public Health Programme 4- Intervene on the intermediate causes of poor health and health inequalities</u>

We are engaged in the wide range of interventions required within Programme 4 which in 19/20 includes:

- Developing and commissioning of social prescribing approaches including the development of the Support and Information service hub at the IRH
- Improved information around LTCs in particular COPD
- Healthy eating and promoting/ identifying opportunities to access to food
- Development of a volunteer 'motivator' programme to reduce access barriers and improve adherence within Live Active/ Vitality and Walking physical activity programmes
- Increasingly targeted Quit Your Way smoking cessation services for priority communities (SIMD 1 and 2); pregnant women; people in prison and acute patients
- Commissioning tobacco prevention programme of work in Inverclyde
- Expansion of weight management services for patients as well as children and families including a pilot for pre-fives and children's centres
- Updated Oral Health Strategy includes engaging with primary care services
- Health behaviour change training for Care at Home Staff
- Drug Action Plan to address high prevalence figures and drug deaths in Inverclyde and
- New pathways for service users in Drug & Alcohol services

#### 4.4.5 Public Health Programme 5- Improve the quality of services

Activity undertaken across Programme 3 and 4 has strengthened relationships with our internal services in particular allowing the team to consider new opportunities to influence both strategic and operational approaches. Central to this is the promotion of the wider range of non-clinical support and skill development which delivers improved outcomes and reduces the impact of inequalities. Mindful of the specific needs of the New Scots families, alongside the support from the refugee resettlement team a programme of health literacy, health information and advice on accessing services has been undertaken.

The Equality Act 2010 and other related legislation including the British Sign Language Act and the new Fairer Scotland duty contribute to improving the quality of services by meeting the need of equality groups. The Boards actions in 'Meeting the Requirements of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-2020 will be reported on in April 2020 and previous reports can be found here. A draft of the Board's 2020-24 Equality Scheme has gone to the NHSGGC Corporate Management Team for approval and will be published on the 30th April 2020. Results of a staff survey on equalities will be published in Staff news along with the scheme.

From the 30th April 2016 Integrated Joint Boards (IJBs) became responsible for delivering an Equalities Mainstreaming Report and Equality Outcomes relating to their functions. Health Boards and Councils still retain responsibility for actions in to workforce equalities for their respective staff. Boards and IJBs are required to publish outcomes every 4 years and monitoring reports every 2 years.

The Equality and Human Rights Team has continued to offer support to Inverclyde HSCP over the past 4 years including:-

- Support with Equality Impact Assessment training
- Roll out of the mandatory equality and diversity e-module

#### 4.4.6 <u>Public Health Programme 6- Protect the public's health</u>

We have ensured the following opportunities have been taken:

- Closer relationship with Primary Care- influencing planning for VTP
- Advise and update local Sexual Health plan through support of Inverciyde Sexual Health Local Implementation group
- Ensure public health concerns with appropriate data and evidence are raised formally at Inverclyde Licensing Board. Implemented Renfrewshire & Inverclyde feedback meeting to review outcome of associated Licensing decisions along with Police Scotland and public health colleagues
- Work collaboratively to produce a new framework for prevention & education around drugs and alcohol

Commenced a joint approach with community planning partners to deliver a suicide prevention action plan.

#### 5.0 PROPOSALS

5.1 The importance of place and housing in impacting mental and physical health are well known and during 2020 we will ensure that we build relationships across a wider range of partners which will influence the built environment, green space, use of derelict land, and improve access to areas for food growing.

#### 6.0 IMPLICATIONS

6.1 Legal: None

Finance: None

Human Resources: None

Equality and Diversity: In implementing Turning the Tide we ensure that we adhere to expectations within the Equality legislation and that equality of access is ensured.

Repopulation: Improved public health and associated outcomes will contribute to Inverclyde as a positive place to live.

Inequalities: This paper and associated presentation outline the public health approaches designed to impact on inequalities and associated outcomes.

#### 7.0 CONSULTATIONS

7.1 The range of consultation undertaken as part of HSCP Strategic Planning and wider locality planning continues to inform our approach.

#### 8.0 LIST OF BACKGROUND PAPERS

8.1 Public Health Approach Inverclyde – Presentation



# PUBLIC HEALTH APPROACH- INVERCLYDE

Louise Long Chief Officer
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January 2020



# **Understanding Population**

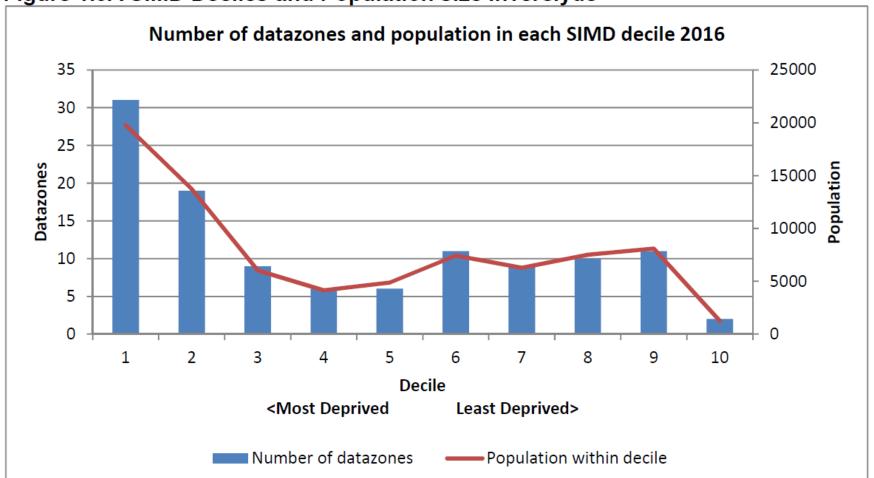


- Health Needs Assessment a wide range of evidence available
- Poverty
- Mortality
- Life expectancy
- Prevalence MH & drugs & alcohol impact of inequalities
- Young People H&WB school survey





Figure 1.3A SIMD Deciles and Population size Inverclyde





## **Mortality**



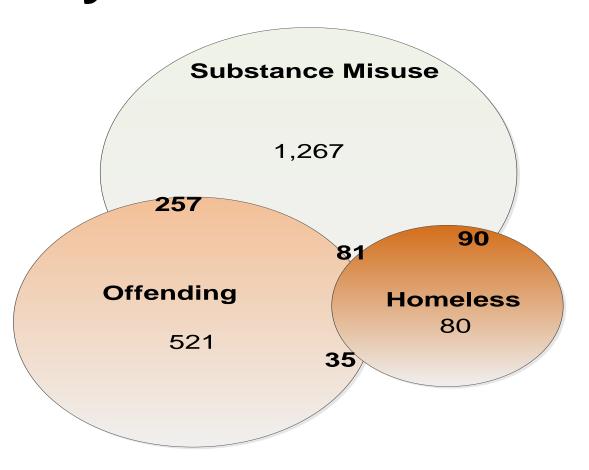
Figure 2.3A Number and percentage of deaths (all ages) by cause 2017

Cause of death	Inverclyde (n)	%	Scotland %
Cancer	309	28.0%	28.6%
Mental and behavioural disorders	113	10.2%	7.9%
Diseases of the nervous system	73	6.6%	6.9%
Diseases of the circulatory system	257	23.3%	26.1%
Diseases of the respiratory system	146	13.2%	11.8%
Diseases of the digestive system	57	5.2%	5.4%
External causes	62	5.6%	5.4%
Other	87	7.9%	7.9%
Total	1104	100%	100%



# Three Disadvantages – Inverclyde Picture







# **Turning the Tide**



- Localities Community Engagement
- Understanding of inequalities and the impact
- Community Empowerment Act
- Alliance Creation of Locality Plans focussing on inequalities.



# Nurturing Inverclyde: Getting it right for every Child, Citizen and Community



Invercivde Alliance

Outcomes Improvement Plan 2017 – 2022





**Population** Inverclyde's population will be stable and sustainable with an appropriate balance of socio - economic groups that is conducive to local economic prosperity and longer term population growth.



**Inequalities** There will be low levels of poverty and deprivation and the gap in income and health between the richest and poorest members of our communities will be reduced.



**Environment** Inverclyde's environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit.





# Approaches



- Child poverty- 1 in 4 living in poverty
  - Public Health Scotland whole system approach – self assessment & support
- H&SC framework early adopters
- Prevention & public health themes
- Vaccination Programme
- Criminal Justice integrated system
- Universal proportionalism



## Strategic Plan – Big Actions



- 6 Big Actions cover all aspects of Health & Social Care
- Engagement priorities
  - wellbeing
  - loneliness, anxiety, isolation
- Social Prescribing Compassionate Inverclyde
- Long Term Conditions Support
- Recovery
  - Public Health Approach to poverty
  - Alcohol & Drugs social assets









## What Next?



- Public Health Approach Alcohol & Drugs
- Work with communities asset based approach for solutions
- Inverclyde Cares partnership to create a culture that is kind, compassionate and neighbourly
- Improving measurements across Inverclyde

