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This plan has been developed in order to work towards slowing down or stopping the growing health inequalities gap. This plan intends to increase the health and wellbeing of people who experience long term chronic health conditions and mental health problems provide opportunities to increase their health literacy and ability to access health and social care services in line with the following national and local outcomes:

FSF National Outcomes:

- 6. We lead longer healthier lives
- 7. We have tackled the significant inequalities in Scottish society

FSF Local Outcomes:

- 1. A region where people live more active and healthy lives
- 2. A place where people feel better connected, secure and at home

Who has been involved in the development of this Action Plan?

Public Health Network, Director of Public Health, Health Improvement Team, FSF Manager
Sent/spoken to Nithsdale CVS, Age Concern, lead for Health Improvement Older People, BHC and some volunteers.

Name of individual & designation Liz Smart, Public Health Specialist (Action Plan Lead)	Organisation represented Dumfries and Galloway NHS/Directorate of Public Health & Strategic Planning	
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Community Engagement Standards:

Community Engagement Standards – Scottish Executive 2006

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Local outcome to be met	Actions to be taken	Performance indicators (incl. FSF and other relevant indicators)	Timescale including milestones	Estimated cost	Lead person/org.(s)
A region where people live more active and healthy lives	<p>Increase the health and wellbeing of people who experience long term chronic health conditions and mental health problems provide opportunities to increase their health literacy and ability to access health and social care services.</p> <p>This will require working at individual, community or community of interest level in partnership with General Practice, Mental Health and Social Services, Third Sector and FSF as required.</p> <p>Underpinned by a social model of health and using community development, community appraisal or social marketing techniques develop health programmes and projects; these are likely to include self help or Cogitative Behavioural Therapy.</p>	<p>Examples of some SOA health indicators.</p> <p>Increase the average score of adults on the Warwickshire Edinburgh Mental Health Wellbeing Scale (Scottish Lifestyle Survey)</p> <p>Increase mean scores of the Dumfries and Galloway Wellbeing Tool at individual and population level.</p>			

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Lot 1	<p>This will include a range of initiatives such as: 1 to1 support and mentoring with individuals with poor self esteem/health issues to enable them to access interventions that will improve their confidence, knowledge and skills therefore improving their quality of life. It is anticipated that this will include a range of single issue topics such as dementia or living with HIV or in situations where there is domestic abuse or gender based violence.</p>		Immediate for 2 years	£75k pa	FS Commissioning Sub Group / FS manager
Lot 2	<p>Assist communities to organise around locally defined health needs and issues i.e continuously identifying areas of need and /or individuals with specific needs. These will include people who are not in the employment market (most likely to be older people but not exclusively), and/or have mental health issues, chronic conditions, poor physical and dietary habits, have poor self esteem or are socially excluded. Activities and programmes will arise from the defined needs and may relate to lifestyle changes to improve health.</p>			£75k pa	FS Commissioning Sub Group / FS manager

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Lot 3	<p>Promote joint working and stakeholder involvement to bring about effective change to improve health and wellbeing such as development of a 'change agents for health' programme. Up to 10 change agents are based within a range of agencies with the remit of tackling health inequalities. This may include domestic abuse, mental health and disability services. The purpose is to champion 'health' within organisations with the ultimate goal of behaviour change.</p>			Up to £50k for 2 years to be agreed by CSG	
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Further information: use this section to:

- 1. Map out known services already delivering in this field and explain how this aspect of programme delivery will link to existing services as well as other planned activities within the FSF element of the SOA**

Improving health is not the remit of any one individual, agency or organisation but using the social model of health is something that everyone is able to do. The following describes organisations and structures where the work is specialised. Health and wellbeing will cross cut with all other templates.

Public Health and Strategic Planning

Currently there are 7 regional health improvement strategies with action plans in place:

- building healthy communities
- breast feeding,
- food and health,
- physical activity,
- healthy working lives,
- mental health and wellbeing,
- tobacco control
- and sexual health.

In addition there are regional programmes for early years, older people and education and young People.

Each strategy and regional programme has been developed through multi-agency working. Links exist to the FSF priorities particularly to health and wellbeing, child & young people's health, and building social capital.

ADAT

The region's alcohol, drug and treatment programme sits within the Public Health and Strategic Planning Directorate. ADAT does not provide services directly but has a co-ordination, commissioning and planning role.

Local Health Partnerships

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Each locality has a health improvement plan in place developed through multi-agency working. These plans are led by health improvement teams based with the four localities. This work is very variable and includes locality based walking schemes, increasing fruit and vegetable consumption through improving supply and working with targeted groups such the homeless.

Much of this work is well established and ideally placed to link to the FSF. Enhancement rather than duplication of these activities is crucial to make the most of FSF.

Role of the Local Authority

The ‘power of wellbeing’ lies with the Council as they affect mostly the wider determinants of health through education and training or environmental health. Past programmes such as the Community Regeneration Fund and Working for Families have had a key role in improving health and wellbeing.

Area Resource Centres – ideally placed to work with people living in disadvantaged circumstances.

Third sector

Virtually all third sector activities will contribute to improving health and wellbeing even if their aims do not appear associated with health as they generally foster empowerment and/or community development approaches. (Examples here could be organisations such as the National Schizophrenia Federation, Accessible Transport, Food Train, advocacy projects, Kaleidoscope, Turning Point, Women’s Aid).

2. Gap analysis (client group/service)

Evidence from ‘Where do our Deprived People Live¹’ 2007– a public health report that demonstrates 80% of people living in deprived circumstances live outside known areas of deprivation.

Evidence from the 2007 Lifestyle and Wellbeing Survey² that reports includes:

- over-weightness and obesity continue their upward trend
- people feel slightly less positive about their mental health than in 2000
- people who are unemployed or who are permanently ill/disabled are at very significant disadvantage for virtually everything studied and , levels of education are linked to both health and wellbeing.

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Health and Wellbeing Action Plan

community

planning

implementing a
shared vision with
communities in
Dumfries and Galloway

Evidence from Equally Well³ 2008 reports that the poorest in Scotland die earlier and have higher rates of disease, including mental illness. On p25 it says '*It (FSF) aims to help people towards and into employment and also addressing the problems faced by those for whom work is not a realistic option. It is a catalyst to encourage local agencies to use their mainstream budgets and services to get better outcomes of all kinds for the most deprived people in tier area*'. This document clearly reports on programmes of work that it expects to see Local Authorities, NHS Boards, special Boards such as NHS Scotland developing in the future – these will be for:

- Early years and young people,
- Tackling poverty and increasing employment
- Harms to health and wellbeing: alcohol, drugs and violence
- Health and Wellbeing (see below for more detail)

Health and Wellbeing

Health services are important in tackling health inequalities but must act in partnership with other agencies

Children's health, 'killer' diseases such as cardiovascular disease and mental health and wellbeing are priority areas for addressing inequalities in healthy life expectancy

More needs to be done to help vulnerable people access health services

Anticipatory care, particularly targeting deprived communities, should help reduce inequalities

With Inclusion in Mind

This report⁴ highlights the importance of mental health and wellbeing and that societies response to mental illness has an impact on health outcomes. This is supported by 'Equally Well' as it makes clear links to improving wellbeing and mental health.

References

1. *Where Do Our Deprived People Live* 2007 Directorate of Health and Strategic Planning
2. *Dumfries and Galloway Wellbeing and Lifestyle Survey* 2007 Directorate of Public Health and Strategic Planning
3. *Equally Well* 2008 Scottish Government
4. *With Inclusion in Mind* 2007 Scottish Government
5. *Community Consultation Framework* 2008 RPS Planning and Development

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