

CONTENTS

Introduction and Definitions	3
Theme 1: Smoking and Tobacco Control	9
Theme 2: Alcohol and Substance Misuse	11
Theme 3: Physical Activity, Food and Nutrition	13
Theme 4: Mental Health & Positive Emotional Wellbeing	15
Theme 5: Injury Prevention	17
Theme 6: Tackling Poverty, the Economy and Wider Determinants of Health	19
Theme 7: Early years, Children and Young Families	23
Theme 8: Healthy Working Lives	26
Theme 9: Healthy Ageing	28
Theme 10: Health Improving Organisations	30
Appendix 1: Stakeholders	32
References	33

Introduction

This Joint Health Improvement Strategy sets out the strategic framework for improving health in Orkney. It has been developed in conjunction with Orkney Islands Council, Northern Constabulary and the Third Sector and demonstrates our local commitment and contribution to improving health and addressing health inequalities in Orkney. This document is based on national health strategies and the high level priorities which contribute to Orkney Community Planning Partnership's Single Outcome Agreement (SOA)²¹.

Orkney Community Planning Partnership is the local Community Planning Partnership (CPP) for the Orkney Islands. Its membership comprises representatives from key agencies and organisations from the public, community, voluntary and private sector which are active in the area. The mission of the Community Planning Partnership is to *“ensure that local organisations work together and with communities to improve the quality of people’s lives, provide better services, and create a shared vision for the future to which we can all subscribe”* (Orkney 2020 – Our Community Plan¹).

Within the Community Plan there are eight thematic groups -

- Health and wellbeing
- Housing
- Transport and travel
- Our environment
- Our economy
- Learning
- Culture
- Keeping Orkney Safe

There are also cross-cutting groups addressing Equalities, the Third sector and services for children and young people.

This Strategy will focus on Health and Wellbeing and will form the cornerstone of the work of the Healthy Communities group (a sub group of the Community Planning Partnership) in coming years. Improving health and wellbeing is a shared responsibility between statutory and voluntary organisations and the people of Orkney themselves. People expect to take some responsibility for their health and wellbeing but they also expect local agencies to play their part by developing services and an environment which supports and enables them to do this. All partners have a vital role in making sure public resources are used effectively to promote health and well-being and to support high-quality services.

Orkney Health and Care and the Healthy Communities group have responsibility for the health and well being agenda, and overseeing locally agreed objectives. Namely:

- To promote health equality
- To make healthier lifestyle choices easier choices

- To shift the balance of care and raise awareness of wider influences on health and wellbeing
- To challenge discrimination, promote diversity, and prioritise safety and support for the most vulnerable
- To take positive action to minimise the harmful effects of drugs, alcohol and smoking

As well as ensuring the outcomes relating to health and wellbeing incorporated into Orkney's Single Outcome Agreement²¹ are met.

Orkney Health and Care

Orkney Health & Care plays a key role in the improvement of the health and wellbeing of the people of Orkney. It is a partnership between Orkney Islands Council and NHS Orkney that aims to improve and develop social care, community health and wellbeing.

Orkney Health and Care provides the full range of social services previously provided by Orkney Islands Council, and a number of services previously provided by NHS Orkney. These are under the joint management of a single director accountable to the Council and NHS Orkney through the Board of Orkney Health and Care. The Board is composed of four elected members from the Council and four NHS Board Members. The role of the Board is to oversee the work and ongoing development of the partnership. More information on the management of Orkney Health and Care and its Board membership can be found on either the Orkney Islands Council or the NHS Orkney website.

As well as managing the full range of social work and social services for children and families, adults and services to the criminal justice system Orkney Health and Care manages a wide range of NHS services. These include

- General Medical Services
- Dental Health Services
- Community Pharmaceutical Services
- General Ophthalmic Services
- Community Nursing including District Nurses and Health Visitors
- Mental Health Services
- Child and Adolescent Mental Health Service
- School Health Services
- Services for Children with Complex Needs
- Community Child Health
- Maternity Services
- Sexual and Reproductive Health Services
- Learning Disability Services
- Services for people with Sensory and/or physical disabilities
- Services for Older people
- Community Assessment, Rehabilitation and Palliative Care
- Community access to outpatient and diagnostic service

•Drug & Alcohol Services

Although not responsible for acute hospital services, including acute medical and surgical services and cancer services, it works closely with these services to avoid delayed discharges, reduced unplanned admissions and to promote a joined up approach to health and care.

Given the breadth of services managed by Orkney Health and Care it is clear to see that it has a pivotal role to play in health improvement.

Why have a health improvement strategy?

When we think about improving health, NHS organisations such as hospitals and GP surgeries usually spring to mind, but improving health must be everyone's business. The staff from Balfour Hospital, local GP practices, dental practices and community based Allied Health Profession teams clearly have a defined role in treating illness and in preventing ill health. However, making really significant improvements to the health of people in Orkney requires collective action, over a long period of time, from across all society. That includes Orkney Islands Council, local businesses, the media, voluntary and religious organisations and the community. There are huge opportunities for local organisations to encourage and enable healthier lifestyles through their infrastructure and services, and through the dialogue they are able to have with local people.

The Healthcare Quality Strategy for Scotland², published in May 2010 by the Scottish Government recognised that “everybody delivering healthcare services in Scotland is motivated above all by the quality of service they provide in partnership with their colleagues, with patients and their families.” This should be built upon in Orkney by an increasingly integrated approach to service planning and delivery. This approach should recognise the need for a “whole system anticipatory care approach to delaying or preventing, slowing the progression and impact of ill health”² as well as the need for partnership working through the public and third sectors.

This strategy will provide all partners with:

- A common understanding of wellbeing, health and health improvement;
- An agreed vision and set of priority areas for co-ordinated action to improve health outcomes.

There are a number of national and local targets designed to monitor performance and outcome across many of these areas of working. Further details on the most current of these targets can be obtained through the Community Planning Officers. The predominant national outcome associated with this Strategy is “We live longer, healthier lives” and whilst action to improve health and wellbeing will cut across the role and remits of a range of local groups and organizations, from a community planning perspective this outcome target sits with the Healthy Communities Group for co-ordinated action.

What is wellbeing? What is health?

Wellbeing and health mean very different things to different people, depending on their age, occupation or social background as well as many other factors. When we talk about a person having a good quality of life or enjoying a high level of wellbeing, what we mean is that the person has the capability to do and be the things he or she values in life. A well being approach is centred in the person and his/her own priorities and perspectives taking account of their individual perceptions and experiences of life⁴.

How does health relate to wellbeing? Health is a broad concept which can embody a huge range of meanings, from the narrowly technical to the all-embracing moral or philosophical³. Some health professionals have tended to think of health in quite narrow terms, but The World Health Organization uses a broader definition that links it to wellbeing:

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity⁴.

What do we mean by health improvement?

Health improvement is a goal, not a field of activity. It is pursued through promoting good health, preventing ill-health and maximising the population health impact of treatment and care services. It is one of the goals of public health, and within the public health function, of health promotion. It should be seen as the main goal of health care services as a whole and the one single goal that unites the NHS, local authority and other partners such as the voluntary sector⁵.

Many social, economic, spiritual and environmental factors (known as the “determinants of health”) can have a *direct influence* on a person’s health and wellbeing. For example someone with a good income can afford a comfortable home and to get about to do the things they enjoy – the things most people value in life. But it can also *directly improve* their health by enabling them to make healthier choices about what to eat, where to live and what type of work to do. In this strategy health improvement activity will encompass:

Any action taken to address the underlying factors and lifestyle behaviours that directly improve physical, mental and social health.

To improve health and reduce health inequalities we need to consider all the determinants of health as shown in Figure 1.

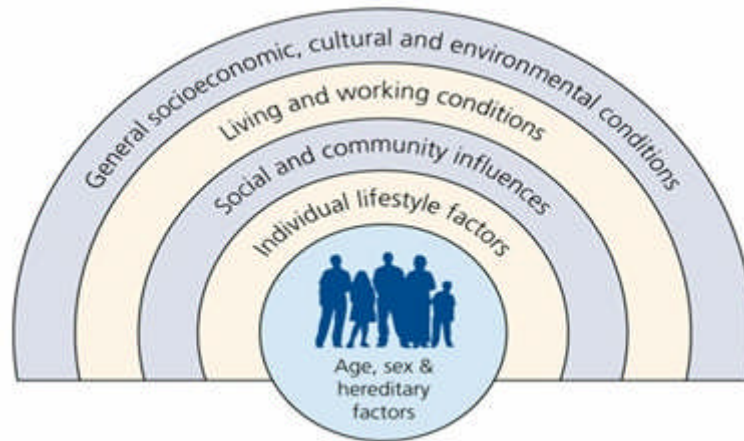


Figure 1. *The Determinants of Health (Dahlgren & Whitehead, 1991⁶)*

What do we mean by health inequalities?

Generally, the more affluent a person is, the better their health will be, so those who live in the most deprived areas suffer the poorest health. In Orkney, life expectancy is higher than in many other parts of the country however, Orkney's 2010 Health and Wellbeing profile⁷ published by the Scottish Public Health Observatory showed marked differences between the life expectancy of both men and women in different areas of Orkney, highlighting the inequalities that exist within our community.

One of the most commonly used tools to identify areas of multiple deprivation is the Scottish Index of Multiple Deprivation (SIMD). It is made up of a number of domains - income, employment, health, education skills and training, housing, geographic access to services and crime. The SIMD provides a relative measure of deprivation, allowing areas to be ranked from the most deprived to the least deprived. This can help with the targeting of interventions to reduce inequalities. Although the SIMD identifies small area concentrations of multiple deprivation examining the individual domains of SIMD can also be helpful in rural areas. In Orkney the most deprived areas based on the SIMD ranking are the Isles and West Kirkwall.

Health inequalities are also shared by groups of people who collectively experience other forms of discrimination and disadvantage, such as those with physical disabilities, learning disabilities, older people, those with mental health problems, looked after children and young care leavers and those who are homeless. Our challenge is to ensure that *everyone* in Orkney shares future improvements in health and that action is taken to reduce the widening health gap by targeting preventative action accordingly.

Who promotes health?

Naidoo & Wills (2000) suggest that identifying who promotes health depends on how it is defined. In line with the broad WHO definition of health which has been

adopted for this strategy, health is recognised as socially and economically determined, thus requiring a wide range of partners in order to promote health³.

The tree of health promotion, as developed by NHS Health Scotland and shown in Figure 2⁸, provides a useful illustration of a health-promoting framework. The roots of the tree suggest the necessity of understanding the underlying conditions that determine health and ill health, the trunk of the tree illustrates the importance of commitment to improving health and the branches describe key areas for health promotion activity⁸. The surrounding values and aims are integral principles of health promotion as defined by the World Health Organization in its strategy, Health for All.

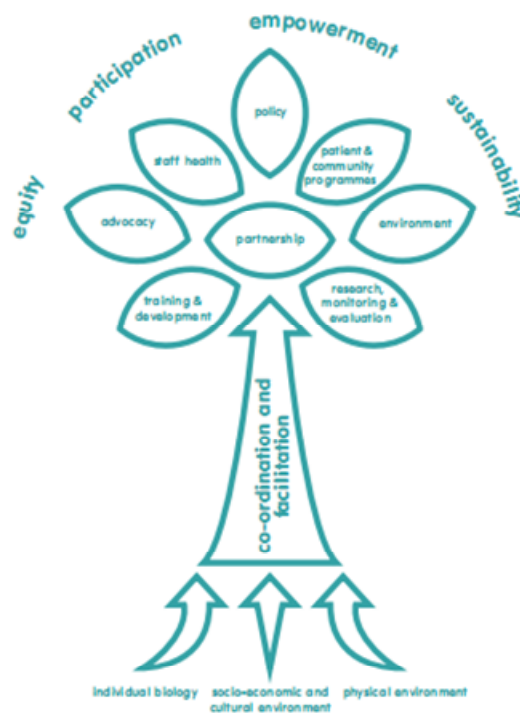


Figure 2: The tree of Health Promotion⁸

This diagrammatic representation highlights the inter-woven nature of health promotion and the necessity of co-ordinated action in a range of areas to produce overall improvement in the health of the population.

In a letter to all NHS Chief Executives in June 2009 the Chief Medical Officer explained, “for health improvement, local focus should be on identifying and agreeing local needs and priorities, and delivering activities and programmes to address these, through a locally agreed and systematic approach.”²⁰

This strategy seeks to lay out the local needs and priority themes which will require co-ordinated action by a range of agencies over the next 3 years to ensure an overall improvement to the health of those in our local communities.

Theme 1: Smoking and Tobacco Control

❖ *Why is this an issue for Orkney?*

Over the last 50 years, smoking has come to be recognised as uniquely dangerous and highly addictive, killing half of long term smokers before their time. In spite of that, smoking still remains one of the principal preventable causes of illness and premature death in Scotland⁹.

Smoking causes lung cancer, bronchitis, emphysema, heart disease, and cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

The most important risk factor which predisposes to intra-oral squamous cancer is cigarette smoking, followed by high alcohol consumption. Since the early 1970s, oral cancer incidence and mortality rates have been increasing, and it has become apparent that these increases are most marked in younger age groups. Oral cancer is twice as common in men as in women, and death from the disease is three times greater in the most deprived socioeconomic group compared with the least deprived.

Other important smoking-related diseases include angina, back pain, impotence, loss of vision and peptic ulcer.

In Orkney, an estimated 19.0% of adults smoke⁷, which is significantly better than the Scottish average. However, if smoking is to become a thing of the past, we need to shift the focus towards preventing children and young people starting to smoke in the first place⁹ whilst at the same time continuing to provide smoking cessation support to those who want to stop smoking.

❖ *What do we want to achieve?*

A reduction in the number of people in Orkney who smoke, or are exposed to passive smoking by increasing the number of successful quit attempts across Orkney – achieving a minimum of 40% of quits in our most deprived communities.

A reduction in the number of people who take up smoking.

❖ *What are the key strategic drivers?*

Scotland's Future is Smoke Free – A Smoking Prevention Action Plan (Scottish Government, 2008)
NHS Chief Executive's Letter (CEL 14(2008)) – Health Promoting Health Service

❖ *How will we work together and what will we do?*

Tackling smoking within our communities will require co-ordinated action by a range of local partners and the multi-agency Healthy Communities group is therefore ideally placed to provide leadership and an integrated approach to this work. We will focus on preventing the uptake of smoking and increasing the uptake of smoking

cessation support with a particular focus on targeting young people and pregnant women.

❖ *How will we address inequalities in our communities?*

By tackling smoking in the most disadvantaged local communities, providing equitable access to smoking cessation support and increasing efforts to raise awareness of the effects of smoking through the implementation of health promoting actions in all local areas although with a particular focus on disadvantaged and vulnerable groups.

Theme 2: Alcohol and Substance Misuse

❖ *Why is this an issue for Orkney?*

Orkney’s 2010 Health & Wellbeing Profile shows that the proportion of the population hospitalised for alcohol conditions is significantly worse (higher) than the Scotland average. There are also variations between areas in Orkney, with Figure 3 showing the data for East Kirkwall, the area which has the highest admission rate.

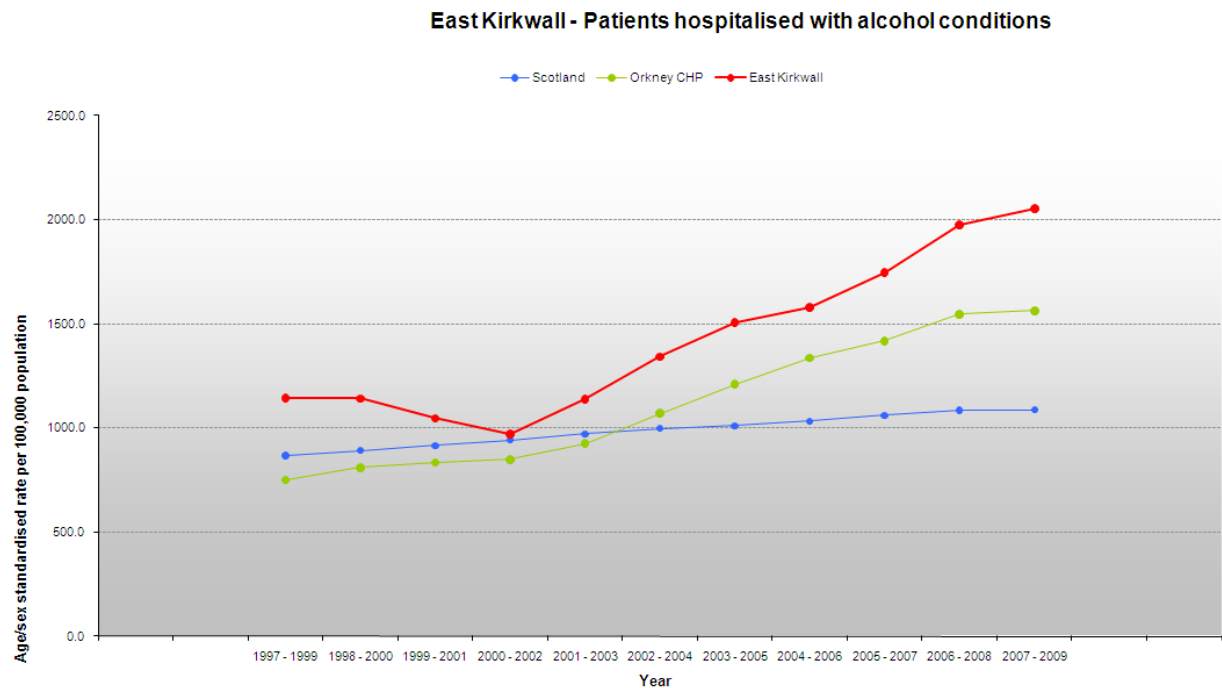


Figure 3: Patients Hospitalised with Alcohol Conditions⁷

❖ *What do we want to achieve?*

A reduction in the harm to the health of the people of Orkney caused through alcohol and substance misuse and in particular:

- A reduction in alcohol-related and attributable hospital admissions;
- Achievement of the Scottish Government target relating to the delivery of Alcohol Brief Interventions in 2011/12;
- Achievement of the objectives (intermediate outcomes) of the Orkney Alcohol and Drugs Partnership as stated in the 2009-12 ADP Strategy;

❖ *What are the key strategic drivers?*

Changing Scotland’s Relationship with Alcohol – A Framework for Action (Scottish Government, 2009)

NHS Chief Executive’s Letter (CEL 14(2008)) – Health Promoting Health Service
Orkney Alcohol and Drugs Partnership Strategy 2009-12

❖ *How will we work together and what will we do?*

Through the Orkney Alcohol and Drugs Partnership, multi-agency representatives from across Orkney will work together to ensure a co-ordinated approach to tackling the issues relating to misuse of alcohol in our community. The ADP will focus on the delivery of the ADP Strategy 2009-12 which prioritises its work around the 3 main themes of:

1. Education and Prevention
2. Supporting People Affected by Substance Misuse and
3. Treatment & Recovery

❖ *How will we address inequalities in our communities?*

In line with Scottish Government's Equally Well Implementation Plan we will:

Provide more positive activities for young people including improved access to existing facilities;

Work with the Orkney Community Safety Partnership to prevent and address anti-social behaviour;

Implement health promoting actions around brief interventions on alcohol misuse and directing patients to an appropriate service;

Work with colleagues across the Northern Community Justice Authority (NCJA) and locally through the NCJA Orkney Area Action Plan to ensure that offenders and ex-offenders have access to the health services they need and benefit from the same quality of service as the rest of the population.

Theme 3: Physical Activity, Food and Nutrition

❖ *Why is this an issue for Orkney?*

The 2010 Health & Wellbeing profile shows us that sporting participation levels in Orkney are lower than the Scottish average with 68% of adults participating in sporting activity⁷. Data collected by school nurses within all Orkney schools tells us that 31 % of Primary 7 children in 08/09 and 33% in 09/10 were overweight or obese and data for Primary 1 children is shown in Table 1 below.

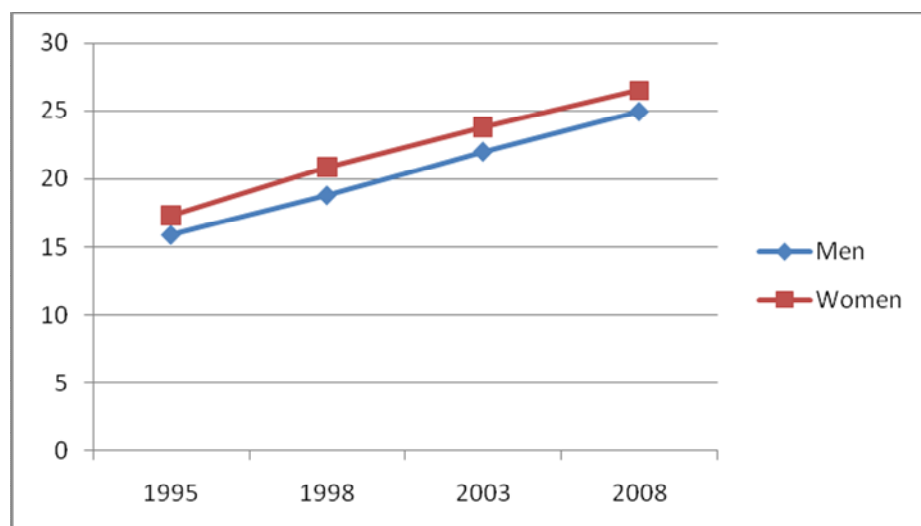
Table 1. Percentage of Primary 1 children who are overweight or obese in Orkney

YEARS	03/04	04/05	05/06	06/07	07/08	08/09	09/10
PERCENTAGE OF CHILDREN OVERWEIGHT OR OBESE IN PRIMARY 1	18%	15%	10%	11%	10%	21%	29%

(Source: NHS Orkney, Department of Public Health)

Nationally, Scottish Household Survey data shows that among men aged 16 to 64, the prevalence of obesity has risen from 15.9% in 1995, to 18.8% in 1998, 22.0% in 2003 and now to 24.9% in 2008. The equivalent figures for women are 17.3%, 20.9%, 23.8%, and now 26.5% as shown in Figure 4 below.

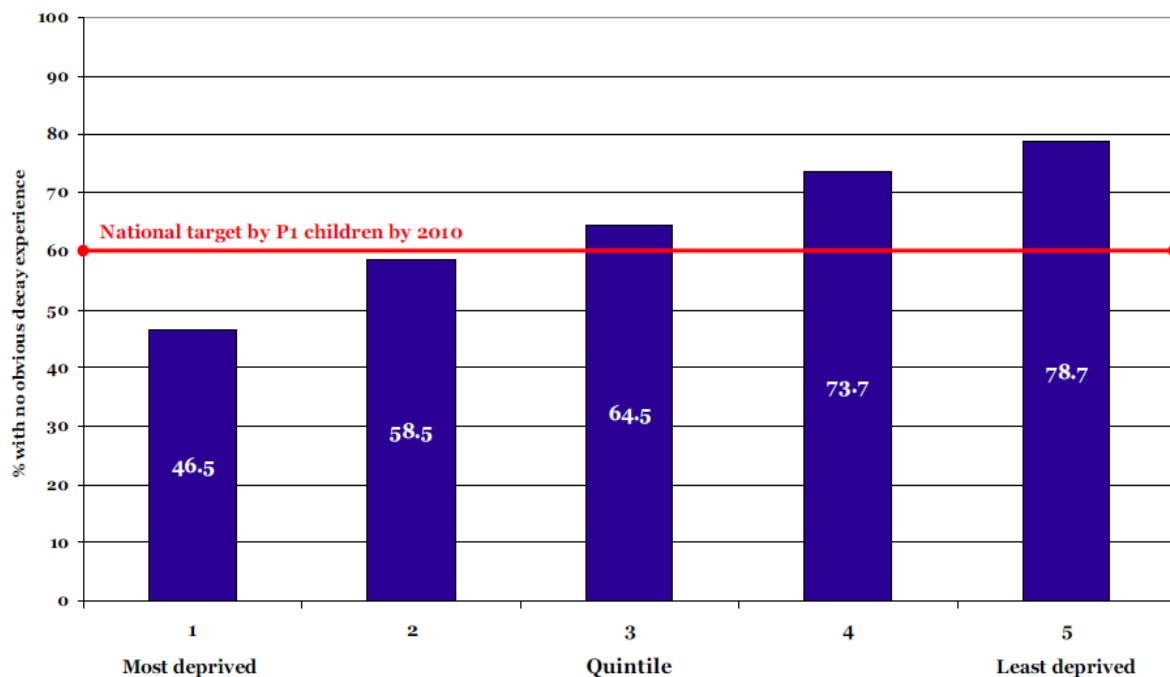
Figure 4: Prevalence of Obesity, 1995-2008 (Scottish Household Survey)



Eating a healthy diet can help reduce the risk of coronary heart disease, stroke, cancers, obesity, type 2 diabetes, high blood pressure, and osteoporosis. Obesity is now shown to be the most important preventable risk factor for cancer, for non-

smokers²³. Poor diet, alcohol consumption, smoking and poor oral hygiene also have a negative impact on oral health. There is a direct correlation between poor oral health and deprivation as shown in Figure 5 from the National Dental Inspection Programme of Scotland 2010 report²⁴. This shows that the proportion of Primary 1 children in Scotland with no obvious dental decay is highest in the least deprived group.

Figure 5. Proportion of Primary 1 children with no obvious decay experience by Scottish Index of Multiple Deprivation Quintile



❖ *What do we want to achieve?*

Increased levels of physical activity and a reduction in the rate of increasing obesity, particularly amongst children and those living in our most deprived communities.

❖ *What are the key strategic drivers?*

- Preventing Overweight and Obesity in Scotland: An Action Plan (Scottish Government, 2010)
- Improving Maternal and Infant Nutrition – A Framework for Action (Scottish Government, 2011)
- Let’s Make Scotland More Active (Scottish Executive, 2003)
- Active Nation – A Commonwealth Legacy for Scotland (Scottish Government, 2009)
- Curriculum for Excellence
- Forthcoming Dental Priorities Group Strategy (Scottish Government, 2011)

❖ *How will we work together and what will we do?*

With the Healthy Communities group linking with the Services for Children and Young People Development Group to provide strategic leadership a range of local

groups will take forward work around this theme area. The groups will range from those with a direct responsibility for improving health such as Orkney Health & Care to those who have a more indirect link, such as the Strategic Transport Forum. A recently formed multi-agency Active Orkney Group will focus on increasing levels of physical activity through innovative ways of joint working and the local implementation of Active Nation whilst the Healthy Weight & Nutrition Steering Group will focus on the development and implementation of a local Obesity Strategy and Action Plan.

❖ *How will we address inequalities in our communities?*

By concentrating our efforts in the most deprived areas of Orkney, and working to address the access issues experienced by remote and rural communities.

Well North, with its focus on preventing ill health and reducing cardiovascular risk in the 40- 64 age-group is a key programme directly tackling health inequalities which will be embedded across Orkney in coming years.

Theme 4: Mental Health and Positive Emotional Wellbeing

❖ *Why is this an issue for Orkney?*

The 2010 Health & Wellbeing profile shows us that in Orkney the number of deaths from suicide is in line with the Scottish average and the percentage of patients being described drugs for anxiety, depression or psychosis is less than the Scottish average⁷. However, ensuring our communities have good mental health and positive emotional wellbeing requires concerted effort at a multi-agency level recognising the range of factors which can have an impact on the maintenance and development of positive mental health.

❖ *What do we want to achieve?*

To ensure each person in Orkney lives in a culture and circumstances that result in the attainment of their optimum mental health.

- A reduction in the rate of common mental health problems in our community
- An increase in the rate of self-reported positive mental health.

❖ *What are the key strategic drivers?*

Choose Life Strategy – A National Strategy and Action Plan to reduce Suicide in Scotland (Scottish Executive, 2002)

Towards a Mentally Flourishing Scotland (Scottish Government, 2009)

The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (Scottish Government, 2005)

Mental Health Strategy for Orkney 2009-15 (Orkney Health & Care, 2010)

❖ *How will we work together and what will we do?*

OCCP believes the promotion of positive mental health and wellbeing is a strand which flows through the work of all thematic groups, however, the Healthy Communities group will take a lead on the co-ordination and delivery of actions as well as taking a health advocacy role in promoting the responsibilities of others around enabling positive mental wellbeing in Orkney.

❖ *How will we address inequalities in our communities?*

We will seek to address inequalities relating to mental health by targeting those who are most likely to be treated unequally:

- People with learning disabilities whose mental health difficulties may not be recognised or understood;
- Looked after children and young people and care leavers who have particular vulnerabilities;
- Those experiencing poverty and economic inequality;
- Those experiencing discrimination or facing stigma and prejudice, such as racism, homophobia, sexism and ageism.
- Those facing discrimination, prejudice and stigma because they have had or are experiencing a mental health problem or a mental illness¹⁰.

Theme 5: Injury prevention

❖ *Why is this an issue for Orkney?*

Data from Orkney's 2010 Health & Wellbeing Profile shows us that the rate of road traffic accident casualties is much higher in Orkney than the national average, yet it is still the lowest rate of the 3 island Health Boards⁷.

Falls represent the most frequent and serious type of accident for people over the age of 65 and in Orkney between 1192 and 1986 falls require hospitalisation per annum¹¹, which is much higher than the Scottish average rate⁷.

❖ *What do we want to achieve?*

A reduction in the harm to local communities through accidents and unintentional injuries through:

- Reducing the number of falls which result in injury and effective assessment, treatment and rehabilitation for those who have, or are at increased risk of falling.
- Reducing the number of annual road traffic accidents which result in casualties.

❖ *What are the key strategic drivers?*

The multi-agency nature of effective action against injuries is reflected in the many places accident and injury prevention appears within government and local policy. These include: transport, fire, health and safety and many other specific strategies.

Recent policy documents and initiatives relevant to Orkney are:

National Rehabilitation Framework (Scottish Executive, 2007)

Scotland's Road Safety Framework to 2020 (Scottish Government, 2010)

Falls Prevention & Bone Health Strategy (Orkney Health & Care, 2010)

❖ *How will we work together and what will we do?*

Through Orkney Health and Care we will implement the Falls Prevention & Bone Health Strategy (2010), adopting a multi-disciplinary, multi-agency approach and ensuring clear and effective care pathways are created to develop an effective tiered intervention that delivers a service to all that need and will benefit from it.

Through the local Road Safety Forum, action to address road safety issues will continue to be taken in line with local priorities and agreed plans and local action to address Community Safety issues will continue to be led by the local Community Safety Partnership.

❖ *How will we address inequalities in our communities?*

By providing universal access to services, through integrated working and co-located teams, the inequalities that exist in relation to access deprivation and rurality will be addressed.

By continuing to work across interagency boundaries, a proactive approach to education and prevention in relation to road safety and the prevention of accidents will be continued with an increased focus on targeting those who are most vulnerable or at increased risk.

Theme 6: Tackling Poverty, the Economy and Wider Determinants of Health

❖ *Why is this an issue for Orkney?*

Data from Orkney’s 2010 Health and Wellbeing profile shows that locally:

- 46% of children live in households which are dependent on out of work benefits or child tax credit – as shown below in Figure 6, this is in line with the Scottish average and much higher than the comparable rate in Shetland of 35.7%⁷;

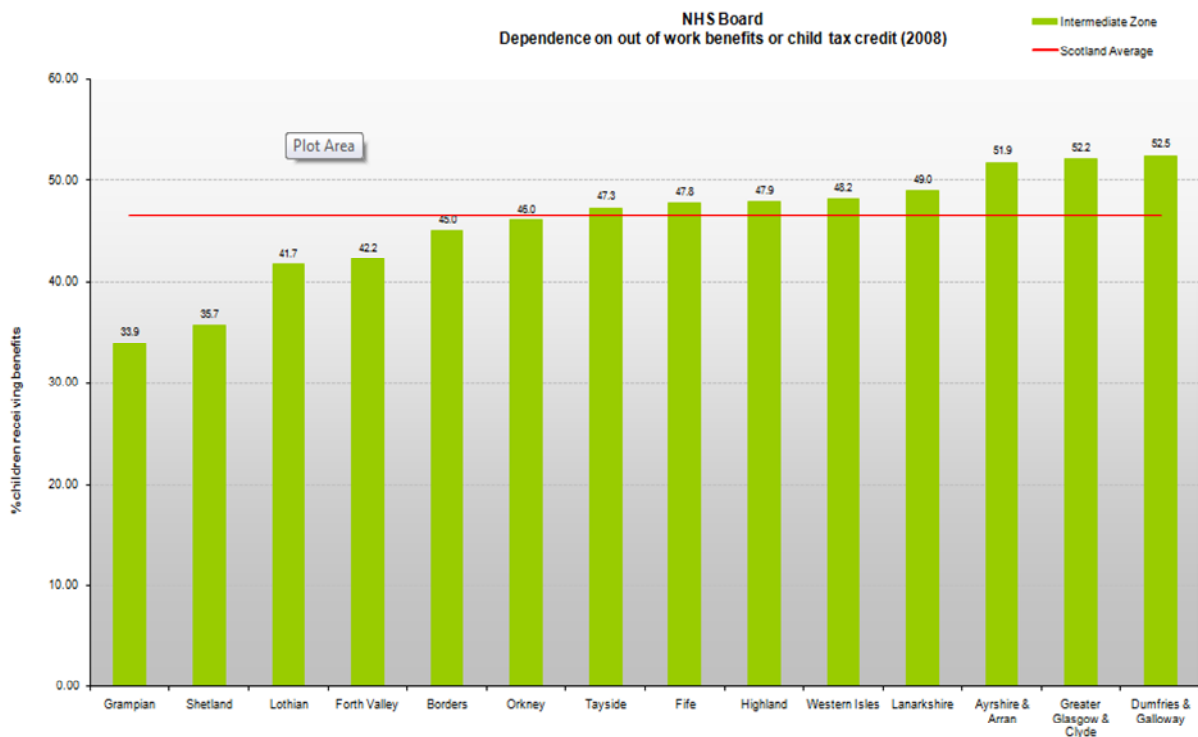


Figure 6: Dependence on out of work benefits or child tax credit (2008)

- 10.2% of the population is income deprived – this is lower than the national average but higher than the comparable rate in Shetland of 8.5%⁷.
- 67.2% of the population live in the 15% most “access deprived” areas in Scotland, ranking Orkney third worst in Scotland as shown in Figure 7⁷.

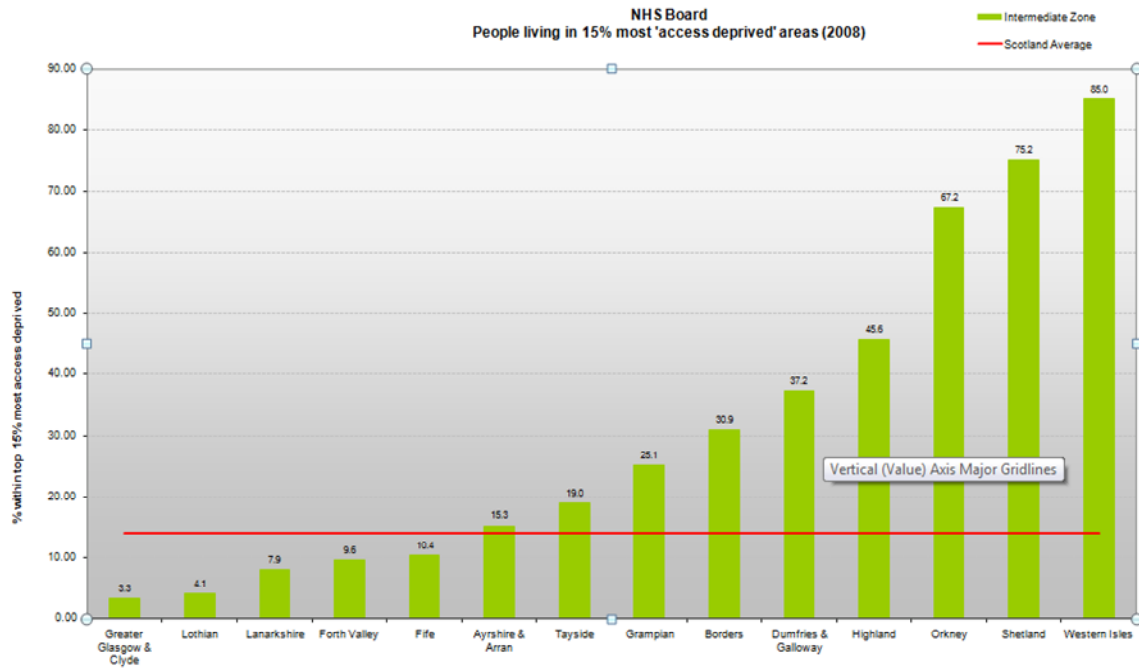


Figure 7: People living in the most access deprived areas of Scotland (2008)

Additionally, the 2008 Community Health and Wellbeing Profile stated that 13.0% of households within Orkney were experiencing extreme fuel poverty in comparison to the Scottish average of 5.9%¹².

In terms of economy, Orkney has had a traditional reliance on agriculture and fishing. However, over the last 20 years there has been a growth in employment in a number of economic sectors including manufacturing and tourism and more recently, food processing and renewable. At present Orkney has one of the lowest unemployment rates in Scotland however, local labour market data is beginning to show a worrying trend in increasing numbers of people out of work and seeking employment, particularly in the younger age ranges.

❖ *What do we want to achieve?*

Recognising the negative effects on health which have been evidenced to result from poverty, lack of employment and isolation we want to minimise damage to the health of our population through co-ordinated efforts to address these issues.

We want to ensure Orkney is economically strong, with sustainable communities which are supported through their surrounding environment and local services to maintain a good level of health.

❖ *What are the key strategic drivers?*

Covering this thematic area there are a vast range of policy and strategic drivers and far too many to include in the scope of this document. However, those listed below capture the key areas where our activity must focus in coming years to address the challenges associated with poverty, income inequality, unemployment issues and housing related issues such as fuel poverty, homelessness and living conditions beneath the tolerable standard.

Equally Well (Scottish Government, 2008)
Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland (Scottish Government, 2008)
Housing (Scotland) Act 2006
The Government Economic Strategy (Scottish Government, 2007)

❖ *How will we work together and what will we do?*

Through a range of multi-agency partnership groups such as the Housing Strategy Group and local Economic Forum we will support a range of co-ordinated local actions aimed at tackling poverty and economic issues in our communities.

Through the Employability Steering Group we will address specific barriers to employment and support the development of a local strategy with an action plan that includes key deliverables that will provide a range of employment supports and opportunities and reduce the need for and costs of social care services.

Through the More Choices More Chances action plan we will focus action where needed for young people who need particular supports to become economically active and successful.

Through the Healthy Communities Group we will engage with policy makers and planners in non-health related services to raise awareness of the links between health and its wider determinants, advocating for healthy public policy and health impact assessment to improve the life chances of those most at risk.

❖ *How will we address inequalities in our communities?*

Through increasing the local use of Health Impact Assessment as a means for identifying potential harm to health through policy decisions in other related areas we will aim to minimise negative effects on our local communities. We will continue to highlight the link between deprivation and poorer health outcomes and we will increase our focus on addressing health inequalities, through greater targeting of resources on services and environments that support disadvantaged people and communities.

Theme 7: Early Years, Children and Young Families

❖ *Why is this an issue for Orkney?*

Investing in the health and well-being of young people has immediate and long-term benefits. Within Orkney, one quarter of the population are aged between 0 and 24 years, and one sixth are aged between 0 and 14 years (Source: NHS Orkney, Patient Registrations, 2011).

The period between pregnancy and 3 years is increasingly seen as a critical period in shaping children's life chances, based on evidence of brain formation, communication and language development, and the impact of relationships formed during this period on mental health. It is therefore also a critical opportunity to intervene and break cycles of poor outcomes. (Scottish Government, 2008)

The health and wellbeing of a mother – during pregnancy and even before conception – is vitally important and needs to be more widely promoted, understood and supported. Critically, the need for secure bonding and attachment between a baby and their primary care-giver (usually its mother) is of fundamental importance.

Scotland's Chief Medical Officer set out the evidence of the connection between early years and a range of physical and mental health outcomes in 2006. He particularly emphasized the importance of pregnancy and parenting in defining health outcomes. Parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. We know that high-risk behaviour such as substance misuse, smoking and poor diet during pregnancy and the early years can have a serious impact on a child's health development and outcomes. Effective engagement with parents is an important first step in addressing problem, yet those parents most in need are often the least likely to access services.

Statistics show that our young people have levels of primary and secondary school attendance that are higher than the national average and greater levels of attainment in National Qualifications at S4 are also reported¹³.

6.0% of our young people, aged 16-19 years, are not in education, employment or training, which is lower than the national average and the crude rate of our children who are looked after by the local authority is 7.4 in comparison to the Scottish average of 13.8. However, our young people face issues relating to access with 67.3% living in areas which are within the most access deprived in Scotland and the rate of road traffic accidents involving children and young people is much higher than the national average¹³.

In terms of health, Orkney's teenage pregnancy rate is the lowest in Scotland and 14.1% of mothers smoking during pregnancy – much less than the national average of 22.6%¹³. However, childhood immunisation uptake rates are lower than the national average and the rate of alcohol related and attributable hospital admissions for those aged between 15 and 24 is considerably higher as shown in Figure 8below¹³.

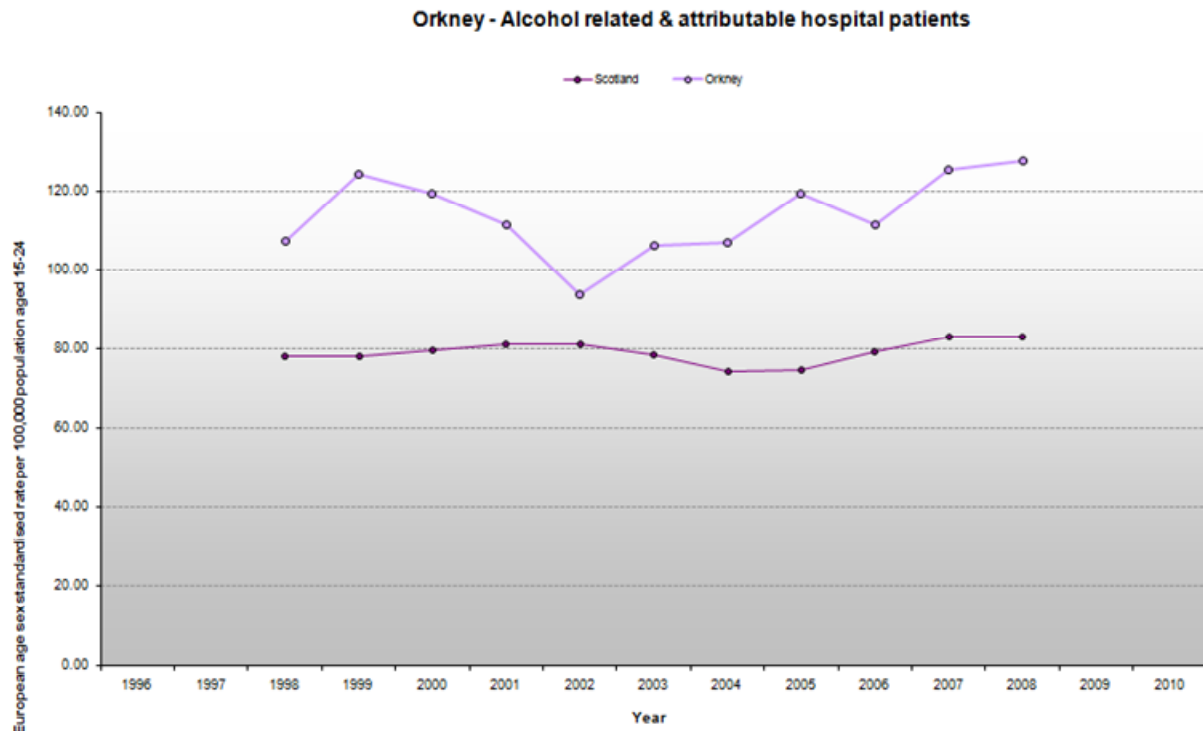


Figure 8: Alcohol related admissions, 15-24 years, Orkney and Scotland (1998-2008)¹³

❖ *What do we want to achieve?*

Healthy, confident and capable children and young people who have had the best possible start in life. We want:

To ensure all children and young people in Orkney have access to age and stage specific information relating to health and wellbeing.

To ensure co-ordinated health care provision for all children and young people across Orkney, which focuses on early intervention and getting it right for every child.

❖ *What are the key strategic drivers?*

Early Years Framework (Scottish Government, 2008)

A Refreshed Framework for Maternity Care in Scotland (Scottish Government, 2011)

Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance (Scottish Government, 2011)

Improving Maternal and Infant Nutrition – A Framework for Action (Scottish Government, 2011)

Health for All Children (Hall 4) – Guidance on Implementation in Scotland (Scottish Executive, 2005)

Getting it Right for Every Child (Scottish Government, 2008)

Respect & Responsibility: A Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005)

Curriculum for Excellence

Orkney's Integrated Children's Services Plan

Childsmile – National Programme to Improve Oral Health (Scottish Government, 2008)

❖ *How will we work together and what will we do?*

Through Orkney Health & Care we will target women pre and post conception in recognition of the significant contribution diet and nutrition will make to the growing infant in the longer term. In conjunction with the Childcare Partnership and the Services for Children and Young People Development Group we will develop services which support family learning throughout the early years and ensure early intervention should it be required.

Through working with key partners we will ensure children and young people are given opportunities to develop a range of skills and attributes that will enable them to pursue a healthy and active lifestyle as they grow into adulthood and beyond.

❖ *How will we address inequalities in our communities?*

By targeting support to those most in need we will ensure outcomes for children and young people are maximised and the gap between the most and least healthy is reduced.

Orkney's Integrated Children's Services Plan reflects the commitment to promote equality, inclusion and diversity in delivering services for children, young people and their families.

Theme 8: Healthy Working Lives

❖ *Why is this an issue for Orkney?*

An average of 85.9% of people living in Orkney are economically active, as per Table 2¹⁴ below and many people spend a large percentage of their lives within employment. It is widely recognised that being in employment has an important role to play in maintaining good health and positive mental wellbeing.

Table 2¹⁴:

Economically Active as % of (estimated) working age population

Year	Orkney (%)	Scotland (%)	GB (%)
July 2005-June 2006	87.4	79.5	78.4
July 2006-June 2007	83.7	80.0	78.6
July 2007-June 2008	87.3	80.0	78.8
July 2008-June 2009	88.1	79.7	78.9
Mean	85.9	79.8	78.7

Source: ONS

Data from the Office of National Statistics also shows that Orkney has a higher percentage of self-employed people than Scotland as a whole and a higher percentage of part-time workers, resulting in lower than average household incomes.

Being self-employed and, as is the case in many local agricultural holdings/small businesses, the sole or main employee can pose significant challenges in terms of sustaining positive long term health.

❖ *What do we want to achieve?*

To ensure all those who can are enabled to become economically active in Orkney, ensuring they can benefit from the sustained and improved health benefits which can result from being part of a supportive working environment.

- Greater integration across health and employability to ensure opportunities for improving the health of the working age population are maximised.
- Better engagement with small and medium sized enterprises to ensure that they are supported to optimise the health of their workforce which may result in increased productivity.
- An increased focus on primary prevention and early intervention as a means to addressing risk-taking health behaviours..

We also recognise the need to deliver appropriate services and support to people who suffer from health issues, helping them to remain in, or return to work quickly.

❖ *What are the key strategic drivers?*

Health Works: A Review of the Scottish Government's Healthy Working Lives Strategy (Scottish Government, 2009)

Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland (Scottish Government, 2011)

Action Plan for Improving Oral Health and Modernising NHS Dental Services: targets for adult dental registration and promotion of workplace oral health (Scottish Executive, 2005)

❖ *How will we work together and what will we do?*

Through joint working between the Employability Strategic Group and Healthy Communities Group (as detailed under Theme 6) we will undertake co-ordinated action to build a healthier and more resilient workforce which is fully capable of supporting the local economy.

❖ *How will we address inequalities in our communities?*

By ensuring universal access to services which can support and enable those who are not currently economically active to access the labour market, recognising the potential health benefits this will bring.

By ensuring appropriate support and services are available to support those with long term conditions to remain in work or return to work quickly.

Theme 9: Healthy Ageing

❖ *Why is this an issue for Orkney?*

The trend, within Orkney as elsewhere in the Scotland, is towards an ageing rural population that is particularly vulnerable to isolation and loneliness, and for whom it can be costly to deliver vital services. This is especially true for those older people in scattered and remote communities, such as the North Isles, who have low income, little or no family support and suffer personal isolation. The evidence clearly indicates that appropriate, well designed services which are accessible even for those older people living in very rural locations can have significant benefits for both service user and provider.

❖ *What do we want to achieve?*

By shifting the balance of care we will aim to improve the health and wellbeing of older people in Orkney by increasing our emphasis on health improvement and anticipatory care, providing more continuous care and more support closer to home.

An increase in healthy life expectancy and maintain or increase current levels of life expectancy within Orkney (Males – 75.7 years & Females – 81.2 years⁷)

An increase in the percentage of people with intensive care needs cared for in the home.

❖ *What are the key strategic drivers?*

Better Health: Better Care (Scottish Government, 2007)
Improving the Health and Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan (Scottish Government, 2009)
Reshaping Care for Older People (Scottish Government, 2010)
Action Plan for Improving Oral Health and Modernising NHS Dental Services: Registration Targets and Caring for Smiles Programme (Scottish Executive, 2005)

❖ *How will we work together?*

Through integrated service provision and co-located teams, Orkney Health & Care will provide a vehicle for health improvement in Orkney. Working alongside the Public Health Department and community planning partners, Orkney Health and Care will make every health care contact a health improvement opportunity, with an increased focus on an assets based approach to supporting communities.

❖ *What will we do to make a difference?*

We will develop services and resources that foster the health and self care of older people, enabling them to remain in their communities if they want to and only to enter residential or institutional care if they become very dependent.

We will recognise the particular health challenges that older people in remote and rural areas face in relation to accessing primary care and specialist services, mental ill health and access to residential services¹⁹ and tailor our health improvement work to address these needs.

Through the health improvement activities discussed in previous themes such as 7 and 8 we will aim to improve people's health during their younger years, recognising the positive effect that this will have on their health needs in later life.

❖ *How will we address inequalities in our communities?*

By ensuring older people in all areas of Orkney have equal access to primary care and specialist services.

By working to address the stigma associated with older people and highlighting the active contribution to society they make, through both paid and unpaid work, and caring for younger children and other older people.

Theme 10: Health Improving Organisations

❖ *Why is this an issue for Orkney?*

Within our organisations we have many contacts with patients, users of services and clients. Each of these contacts can be an opportunity for health improvement. In times of economic constraint public health programmes, which often show their benefit over a long time-scale, need specific care and attention to ensure continued and adequate funding. Failure to do so will risk widening of the health inequalities gap, and so active engagement of partners and the public is particularly vital at this time.

❖ *What do we want to achieve?*

Community planning partner organisations recognising their vital role in health improvement and delivering on health improvement as a core activity in conjunction with the community.

❖ *What are the key strategic drivers?*

- The Health Promoting Health Service (HPHS)¹⁵ promotes the concept that “every healthcare contact is a health improvement opportunity”. It focuses on the four principles developed by the World Health Organization for the Health Promoting Hospital Network¹⁶ of equity, participation, empowerment and sustainability. NHS Chief Executive’s Letter (CEL) (14)¹⁸ outlined interventions for health promotion in the acute care setting.
- These principles fit with the Scottish Government policy for health improvement and tackling inequalities. *Better Health Better Care*¹⁷ focuses on a reduction in inequalities, a “mutual NHS” improved access to services, and helping people sustain and improve health.
- The new Healthcare Quality Strategy² focuses on three strands namely patient-centeredness, clinical effectiveness and patient safety with underlying commitment to health improvement and public health strategies including Equally Well and pursuing a HPHS.
- The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 focuses on the development of schools as a healthy setting for living, learning and working through the Health Promoting Schools (HPS) initiative. The World Health Organization defines a health promoting school as “Striving to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.”²²

❖ *How will we work together?*

We will use the Community Planning Partnership and in particular the Healthy Communities group as a focus to drive forward the health improving organisation ethos.

By working in partnership we are able to use resources as effectively as possible to tackle health inequalities and improve health. To do this there is a need to ensure that these basic concepts are an integral component of everyday work. For example,

Health Impact Assessments can ensure that new policies adequately address the impact of policy on local health.

Community engagement is key to shaping local health priorities. The community should be supported to comment on and advise on needs, and to influence the development of policy. We need to ensure community enablement and promote co-production of services. Co-production will involve people planning services, and delivering services which do not need to be delivered by the traditional providers. In this way we can strengthen community networks and thereby improve community resilience

❖ *What will we do to make a difference?*

- Promote consultation and engagement with the public and partners
- Develop and build an understanding of the local need
- Move towards an ethos of co-production
- Explore new ways of working in partnership to deliver joint initiatives
- Ensure a clear understanding of how initiatives link together to achieve agreed outcomes
- Develop staff to effectively participate in health improvement
- Support staff by providing the tools/resources to undertake their public health function

❖ *How will we address inequalities in our communities?*

By actively raising the issue within the community planning partnership, focusing on outcomes and taking a whole-systems approach when decision-making.

Appendix 1: Stakeholders

The views of the following multi-agency groups were canvassed to inform the development of this Strategy:

Orkney Community Planning Partnership – incorporating the following thematic groups :

Housing Development Forum
Healthy Communities Group
Orkney Alcohol and Drugs Partnership
Employability Strategy Group
Services for Children and Young People Group
Childcare Partnership
Strategic Transport Forum
Heritage, Archaeology and Visitor Attractions Forum
Sports Forum
Arts Forum
Environment Partnership
Strategic Economic Forum
Community Economic Development Orkney Group
Isles Vision Group
Strategic Learning Forum
Orkney Learning and Guidance Forum
Orkney Equalities Forum
Third Sector Forum
Road Safety Forum
Community Safety Partnership

Orkney Health & Care

Sexual Health & Blood Borne Virus Strategy Group
Active Orkney Group
Healthy Weight and Nutrition Steering Group
Mental Health Strategy Group

References

1. Orkney 2020 – Our Community Plan, Orkney Community Planning Partnership.
<http://www.orkney.gov.uk/Council/O/Orkney-2020---Our-Vision---Community-Plan.htm>
2. The Healthcare Quality Strategy, NHS Scotland, 2010.
<http://www.scotland.gov.uk/Publications/2010/05/10102307/0>
3. Naidoo, J. And Wills, J. Foundations for Health Promotion, 2009. Bailliere Tindall, Elsevier, London.
4. Constitution (1948), The World Health Organization
5. Developing the Health Improvement Role of Community Health Partnerships, Scottish Executive, 2004.
6. Dahlgren, G. and Whitehead M. Policies and Strategies to promote social equity in health (1991) Stockholm: Institute of Future Studies
7. 2010 Health & Wellbeing Profile for Orkney CHP, Scottish Public Health Observatory, 2010. <http://www.scotpho.org.uk/profiles/>
8. Health Promoting Health Service, Health Scotland
<http://www.healthscotland.com/uploads/documents/4576-hphs%20intro.pdf>
9. Scotland's Future is Smokefree: A Smoking Prevention Action Plan, Scottish Government, 2008. <http://www.scotland.gov.uk/Resource/Doc/223415/0060163.pdf>
10. Equal minds, Scottish Executive, 2005.
<http://www.scotland.gov.uk/Publications/2005/11/04145113/51135>
11. Falls Prevention & Bone Health Strategy, Orkney Health & Care, 2010
12. 2008 Health & Wellbeing Profile for Orkney CHP, Scottish Public Health Observatory, 2010. <http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?IID=4346&slD=5625>
13. 2010 Children and Young People's Health Profile, Scottish Public Health Observatory, 2010. <http://www.scotpho.org.uk/profiles/>
14. Orkney Economic Review, Orkney Islands Council, 2010.
http://www.orkney.gov.uk/Files/Business-and-Trade/Economic_Review_2010.pdf
15. Health Promoting Health Service: <http://www.hphs.co.uk>
16. WHO Health Promoting Hospitals Network : www.euro.who.int/en/what-we-do/health-topics/Health-systems/public-health-services/activities/health-promoting-hospitals-network-hph
17. Better Health Better Care action plan, Scottish Government, 2007.
www.scotland.gov.uk/Publications/2007/12/11103453/0
18. NHS Chief Executives Letter (CEL) 14: Health Promoting Health Service, Scottish Government, 2008. www.sehd.scot.nhs.uk/mels/CEL2008_14.pdf
19. Black, K. Older People: Health Needs Assessment for Orkney, 2011.
20. NHS Chief Executives Letter (CEL) 26: Health Improvement and Community Health Partnerships Advice Note, Scottish Government, 2009.
<http://www.chp.scot.nhs.uk/wp-content/uploads/Health-Improvement-and-Community-Health-Partnerships-Advice-Note-CEL-26-2009.pdf>
21. Orkney Community Planning Partnership, Single Outcome Agreement 2008-2011. http://www.orkney.gov.uk/Files/Council/Publications/2008/OIC_Single_Outcome_Agreement_2008-11.pdf
22. World Health Organization, 2011. What is a health promoting school?
http://www.who.int/school_youth_health/gshi/hps/en/index.html
23. Department of Health, NHS Cancer Reform Strategy, 2007.
<http://www.nhs.uk/NHSEngland/NSF/Documents/Cancer%20Reform%20Strategy.pdf>
24. National Dental Inspection Programme of Scotland, Report of the 2010 Survey of P1 Children, 2010. Scottish Dental Epidemiological Co-ordinating Committee.
http://www.dundee.ac.uk/dhsru/scottishdental/docs/ndip_scotland2010.pdf