1. PURPOSE OF REPORT

1.1 The purpose of this report is to update Cabinet on progress of the Community Health Improvement Partnership (CHIP) following the mainstreaming of the initiative in 2008 and completion of the second year of the Service Level Agreement between East Ayrshire Council and NHS Ayrshire & Arran.

2. BACKGROUND

2.1 The Community Health Improvement Partnership (CHIP) was established in 2001 to directly address health inequalities within East Ayrshire’s most deprived communities with a particular emphasis upon coronary heart disease.

2.2 The Community Health Improvement Partnership is managed by the Council’s Leisure Development Services section within the Department of Neighbourhood Services. The other services in this section include Community Play Development; Sports Development and Children’s Health Development (Recreation Partnership Service). Working together all of these provide a coherent, whole population approach to improving health and wellbeing, and reducing health inequalities within East Ayrshire Communities.

2.3 In 2008, following seven years of temporary external funding, CHIP was mainstreamed by East Ayrshire Council and NHS Ayrshire & Arran. The funding arrangements with NHS Ayrshire & Arran necessitated the development of a Service Level Agreement which has now been in operation for two years.

3. PROGRESS / PERFORMANCE 2009-10

3.1 The Service Level Agreement incorporates a range of services which specifically address the priorities of the East Ayrshire Improving Health and Wellbeing Action Plan and deliver the most sustainable health benefits for residents. A summary of performance in each service area is outlined in the following section:

3.2 Healthy Communities and Workplaces

3.2.1 The CHIP Van continues to be an important first point of contact with individuals in terms of anticipatory care. There has been an increase of over 200 people using the CHIP Van since last year and in the main CHIP Van visitors tell us that they use the van to gain peace of mind in relation to health concerns.
The underachievement of workplace activity attendances was largely due to reluctance of companies to buy in the Health Works package and/or give up time in the working day for checks. We are, however, working with Diageo in the near future to deliver an intensive staff health input and continue to do things like promote Keep Well through the global email system.

### 3.3 Lifestyle Referral Scheme (LRS)

3.3.1 In the last year the number of individuals referred to this service increased by nearly 200 and referrals were received from every GP practice in East Ayrshire in addition to other medical professionals. The Lifestyle Referral Scheme (LRS) operates a holistic approach to improving health and wellbeing addressing all lifestyle factors as opposed to only exercise prescription. The programme focuses on behaviour change and recently a snapshot evaluation of those completing a year’s involvement in the service indicated:

- 97% used other CHIP Services as prescribed by the LRS consultant
- 88% had achieved some (61%) or all (27%) of the goals set for them since referral; and most importantly
- 83% intend to continue with the range of activities upon leaving the LRS

### 3.4 Programmes to treat specified Illnesses, Long Term Conditions and the Frail Elderly Population

3.4.1 A range of interventions have been delivered including provision of rehabilitation and confidence building for patients with Chronic Obstructive Pulmonary Disease (COPD), Cancer and Multiple Sclerosis as well as prevention and rehabilitation programmes for the frail and elderly population more susceptible to falls. Performance in 2009-10 represents an increase of over a thousand on last year.

<table>
<thead>
<tr>
<th>Target</th>
<th>Performance</th>
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<tbody>
<tr>
<td>3,000 attendances through outreach services such as CHIP van, events &amp; groups</td>
<td>4,446 attendances via outreach services</td>
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<tr>
<td>500 attendances through workplaces</td>
<td>364 attendances at workplace activities</td>
</tr>
<tr>
<td>700 new referrals per year</td>
<td>1,109 new referrals</td>
</tr>
<tr>
<td>Minimum of 900 classes per year</td>
<td>747 classes delivered</td>
</tr>
<tr>
<td>8,000 attendances per annum</td>
<td>11,321 Attendances at classes</td>
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</table>
The target of 900 classes per year has been unrealistic from the outset, it amounts to around 18-19 classes per week and is really unachievable. However, more positively the numbers attending classes this year is over 1,000 more than performance in 2009/10 and in terms of actual delivery some classes span up to 3 hours and therefore whilst the target for classes was not achieved the number of class hours increased to 1,004 in this period.

### 3.5 Equalities

3.5.1 In 2009-10 a new approach to Men’s Health Promotion successfully engaged men who had never before participated in a health related programme and feedback from this sector will result in more changes in the year ahead. Similarly, the methods of involving the homeless population have been developed to reach a wider section of the community including working with voluntary sector partners.

<table>
<thead>
<tr>
<th>Target</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Support 3 wellbeing events held within Kilmarnock Prison - 200+ attendances per visit</td>
<td>2 events supported</td>
</tr>
<tr>
<td>Deliver 10 health awareness sessions within homeless facilities - 50+ attendances per year</td>
<td>12 sessions delivered</td>
</tr>
<tr>
<td>Deliver 4 week-long Men’s Health Events - 300 participants per year</td>
<td>4 events delivered</td>
</tr>
<tr>
<td>Provide information on healthy living at 2 mental health events</td>
<td>3 events supported</td>
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The failure to meet the prison target was due to a clash of dates between the first event of the year and Play Day – the CHIP Van went to Play Day and it was not possible to arrange an alternative prison visit.

In terms of Men’s Health, different men participated for the first time; that is because a wide range of community outlets were utilised to promote the service i.e. B&Q, Homebase and a couple of Public Houses as a pilot. It should be noted, however, that a high percentage of people we work with through Allies and the Homeless units are male.

### 3.6 Healthy Eating

3.6.1 A range of healthy eating interventions are delivered within the community including Cookwell, cookery demonstrations, healthy buffets and weight management sessions. The focus across all of these is on awareness raising and providing practical input to promote healthy food purchase and preparation.
### 3.7 Keep Well

#### 3.7.1 Following completion of year one of the SLA in 2009, NHS Ayrshire & Arran as commissioners requested an addendum to the agreement requiring CHIP to deliver specific elements of ‘Keep Well’ a national anticipatory care programme targeting those aged 45 - 64 years living in the 0-15% most deprived data zones.

<table>
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<tr>
<th>Target</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Deliver a minimum of 25 programmes / events focussing on healthy eating including Cookwell, healthy buffets &amp; weight management programmes</td>
<td>25 healthy eating sessions</td>
</tr>
<tr>
<td>100 days per year of outreach visits by the CHIP van will be allocated to Keep Well Communities including:</td>
<td></td>
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<tr>
<td>- offering a minimum of 600 Keep Well checks to people who have not received one</td>
<td>14 days were allocated during Feb - March 2010</td>
</tr>
<tr>
<td>- monitor uptake of offers and review at end of 1st quarter</td>
<td>1,700+ households offered health checks</td>
</tr>
<tr>
<td>2 health and activity classes will be delivered per week for adults with a learning disability</td>
<td>14 health checks have been completed</td>
</tr>
<tr>
<td>5 walking groups per week will be delivered within Keep Well communities</td>
<td>5 walking groups delivered</td>
</tr>
</tbody>
</table>

#### 3.8 Healthy Weight Community Pathfinder – “C’mon Catrine”

#### 3.8.1 This National Pathfinder was awarded to East Ayrshire in June 2009 with a remit to tackle obesity and poor health within the community using a coherent whole population approach. The main progress to date is listed below:

- Consolidation of the multi-agency steering group and development of a second tier Community Network;
- Extensive audit of community activities and resources and Identification of key groups and champions in the community;
- Door step awareness raising and evaluation;
- Secured further funding for community health literacy programme;
- Hosting a community celebration;
• Production of a single leaflet incorporating all community provision; and
• Whole class fitness and wellbeing testing across 6 stages of the local primary school

3.8.2 The Scottish Government has appointed a national evaluation team and early feedback in relation to East Ayrshire progress is positive especially in relation to partnership commitment to the programme. Locally mechanisms for evaluating the impact of the pathfinder are now in place including logic models for key service areas; baseline information in respect of the range of programmes and activities available to the community and the numbers of people utilising these; and baseline data covering physiological and mental wellbeing amongst primary school pupils.

4. OUTCOMES / IMPACT

4.1 The services of CHIP have been specifically developed to improve health and wellbeing and reduce health inequalities within East Ayrshire Communities. As such the service specifically contributes towards achievement of local and national outcomes of the Single Outcome Agreement.

4.1.1 National Outcome 6 - ‘We live longer healthier lives’
• The achievement of personal short and medium term health goals with support from lifestyle referral scheme indicating positive behaviour change
• Improved confidence, independence and resilience amongst older people as a result of participation in exercise and wellbeing interventions including Class Diamonds

4.1.2 National Outcome 7 – ‘We have tackled significant inequalities in Scottish society’
• Improved quality of life of those suffering long term conditions including Cancer, COPD and MS as a result of specific exercise programmes
• Increased awareness through ongoing support to improve personal health and wellbeing amongst the homeless population including uptake of physical activity

4.2 In 2009, the work of CHIP was highlighted within the Audit Scotland Best Value 2 Pathfinder Audit in respect of joint working in delivery of health improvement to areas. The focus of this report was very much on impact and outcomes, and the difference the council and its partners make for local communities.

5. FUTURE DEVELOPMENT AGENDA

5.1 The services of CHIP will continue to take an outcome focused approach to reducing health inequalities and improving the health and wellbeing of our most
vulnerable groups. In developing the service the following are priorities in the year ahead:

- Enhance the work with the Long Term Conditions Collaborative and Community Rehabilitation staff in relation to Shifting the Balance of Care.
- Further enhance partnerships to focus on the frail elderly population as part of the national drive to reshape the care of the elderly.
- Develop CHIP services in line with the Council’s role as a corporate parent with a specific focus on care leavers in support of the Social Work sustainability agenda.
- Further develop services which directly influence the adoption of healthy lifestyle choices in order to combat the increasing trend in overweight and obesity levels amongst the adult population as part of the national obesity route map.

5.2 The Service Level Agreement between East Ayrshire Council and NHS Ayrshire & Arran has now entered its final year and whilst funding was confirmed by both parties on a permanent basis it is imperative that priorities for service delivery over the next three years are identified early.

5.3 To this end, the Committee of East Ayrshire Community Health Partnership (CHP) at its meeting of 18th May 2010 also considered the contents of this report and agreed the following:

- Note the progress of the Community Health Improvement Partnership in respect of all aspects of the SLA and particularly in relation to new areas of work;
- Receive a further report at their meeting on August 23rd 2010 with recommendations of partnership priorities beyond 2011 and the process for development of a refreshed Service Level Agreement

5.4 At present, a four-yearly review of the East Ayrshire Community Plan is ongoing and the findings of this, with particular reference to the theme of Improving Health and Wellbeing, will support the identification of future service priorities.

5.5 As agreed by Cabinet at its meeting of 19th May 2010 the CHIP is included within the review of Fairer Scotland Fund services. Fairer Scotland Fund provides £112,500 to support these services with NHS Ayrshire and Arran providing £130,000 and East Ayrshire Council £24,500.

6. RISK ASSESSMENT

6.1 The health and safety risks associated with the work of CHIP are minimal. All working practices are risk assessed in line with authority regulations and the principles of managing safely including driver training, lone working arrangements and non-violent crisis intervention. Additionally all staff delivering intensive physical activity are appropriately qualified and only specialist staff are deployed to work with those with specific medical conditions.
7. LEGAL / AUTHORITY IMPLICATIONS

7.1 In order to secure mainstream funding a Service Level Agreement between NHS Ayrshire & Arran and East Ayrshire Council is in operation, a copy of this is available as part of the background papers.

7.2 The Service Level Agreement has been approved by Legal Services within both NHS Ayrshire & Arran and East Ayrshire Council and is subject to annual reporting through the Council Cabinet and the Committee of the Community Health Partnership.

8. FINANCIAL IMPLICATIONS

8.1 There are no further financial implications associated with this report.

9. POLICY / COMMUNITY PLANNING IMPLICATIONS

9.1 The Services of CHIP have been designed to reflect the most significant priorities of key national and regional strategies as they relate to the population of East Ayrshire including the National Physical Activity Strategy, Improving Scotland’s Health – The Challenge, Ayrshire & Arran Primary Prevention Strategy, Ayrshire Cancer Prevention Strategy, the Equally Well Implementation Plan and most recently the Scottish Government’s Obesity Route Map.

9.2 CHIP delivers directly on aims one, two and five of the Improving Health & Wellbeing thematic Action Plan of the East Ayrshire Community Plan and contributes to achievements of national outcomes 6 and 7 as part of the Single Outcome Agreement. The service is represented on the Community Health Partnership Officer Locality Group (Adults) and all appropriate sub-groups.

10. CONCLUSION

10.1 The CHIP Service has performed well against all original targets set in the SLA and has adapted to incorporate several new areas of work in response to identified need. The work of CHIP is clearly outcome focused and now boasts an increasing range of evidence to suggest that services are having a clear positive impact, particularly on our most vulnerable groups.

11. RECOMMENDATIONS

11.1 It is recommended that Cabinet:

(i) Note the progress of the Community Health Improvement Partnership in respect of all aspects of the SLA and particularly in relation to new areas of work;

(ii) Remit to the East Ayrshire Community Health Partnership Committee to review and approve the future service priorities in line with the four-yearly review of the community plan and utilise this prioritisation process
to inform the Fairer Scotland Fund aspect of the Council’s Strategic Review of Revenue budgets; and

(iii) Otherwise note the contents of the report

Elizabeth Morton
Depute Chief Executive/Executive Director of Neighbourhood Services

7th June 2010
EM/JAG/AB/CF

LIST OF BACKGROUND PAPERS

1. Community Health Partnership Committee Report - Year 2 SLA Progress - 17th May 2010
2. East Ayrshire Council Cabinet Report - Year 1 SLA Progress - 17th June 2009
5. Community Planning and Partnership Board Meeting - Fairer Scotland Fund - 6th March 2008
7. Service Level Agreement with NHS Ayrshire and Arran – March 2008
8. Addendum to Service Level Agreement with NHS Ayrshire and Arran – Nov 2009

Any person wishing to inspect the background papers listed above should telephone 01563 578178 and ask for John Griffiths, Head of Leisure Services

Implementation Officer – (john.griffiths@east-ayrshire.gov.uk)