



Isle of Wight Public Health Annual Report 2009



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Foreword

As my Annual Report went to press last year we were celebrating 60 years of the NHS; this year we are watching the unfolding economic crisis and considering the impact on health services. Whatever the eventual outcome, in the immediate future the prevailing financial environment will bring additional pressures and challenges for Isle of Wight NHS and its partners within the Island Strategic Partnership.

This year there is a slight modification to the format of the Annual Report. Whilst the body of the Report includes an in depth study of selected topics, as in past years, the data supplement will not be produced as a stand alone document but embedded within the Joint Strategic Needs Assessment which is produced in association with the Director of Children's Services and Director of Adult Social Care from the Isle of Wight Council. The need to consider environmental sustainability alongside financial and clinical sustainability is addressed in the first chapter of this report. Other chapters cover mental health and the health needs of prisoners.

Considerable progress has been made on the recommendations made in last year's Annual Report. I am particularly encouraged by the early indications of success in our work to reduce inequalities in risk factors for cardiovascular diseases and look forward to following the longer term impact of this important work. As a direct result of the information presented last year children's health and wellbeing was made a priority for investment through the World Class Commissioning process and much action has followed though there is more to be done. Acknowledgement goes to the continuing work of the Health & Wellbeing Board championing areas of significant importance that impacts on individuals and communities.

I would like to take this opportunity to thank all those across organisations who have helped in the production of this Report, and commend the contents to you. I look forward to working with you all as we rise to the continuing challenge of improving health and reducing the inequalities in health of the Island population.

Dr Jenifer Smith

Director of Public Health & Chief Medical Adviser



Previous annual report topics, 2003 to 2008

Ageing	2003
Children and Young People	2008
Defining public health	2003, 2005
Demography	2005
Deprivation	2003, 2004
Emergency planning	2003
Health inequalities	2006, 2008
Health promotion	2003
Health protection	2003
Housing	2004
Influenza	2006
NHS 60 celebrations	2008
Obesity	2005, 2006
Prison health promotion	2009
Screening	2003, 2008
Sexual health	2006
Smoking	2004
Teenage pregnancy	2003
Vaccination	2004

Chapter 1: Towards Environmental Sustainability

Executive Summary: Key Points

- For the coming century, climate change is one of the biggest threats to UK public health.
- The Island's Strategic Partnership has committed itself to environmental sustainability in branding its strategy '*Eco Island*'.
- In Europe, the NHS is the largest public sector contributor to CO₂ emissions producing 18 million tonnes of CO₂/year. It is committed to reducing this by 26% by 2020.
- The Isle of Wight NHS has made the implementation of a sustainability programme a corporate objective for 2009/10. This chapter advocates that environmental sustainability should be an integral part of the programme.



View west towards Freshwater

1. Introduction

This chapter outlines why sustainable development is a critical issue for islands, underlines undertakings that have been made by the PCT to '*Eco Island*' and details commitments that have been made by the Department of Health on behalf of the wider NHS. Some who read this section may question whether, during times of economic hardship environmental sustainability can be afforded. Responding, it is pointed out that financial and clinical sustainability has been made a key PCT corporate objective for 2009/10. This chapter urges that longer term environmental and public health interests can make a substantial contribution to such an aim.

2. Isle of Wight sustainability issues

Water supply

The absolute necessity of providing a safe and sufficient water supply for Island residents and visitors has been recognised for over 150 years. Last century, each of the Island towns, through installing water treatment, managed to achieve a 'technical fix', but by the 1970s the Island faced a crisis in that there was insufficient water for the population. A giant reservoir was considered but rejected in favour of laying an under-Solent pipe which supplies 25-30% of the total public water supply to the Island. The remainder comes from boreholes mostly in the south of the Island and water taken out of the Eastern Yar river at Sandown. Universal water metering, pioneered on the Island during the 1980s, has reduced average water consumption by about 10%, but the Island remains dependent on its mainland supply. South East average consumption is 156 litres per person per day.

Food

Historically the Island was famed for its ability to provide the mainland with grain. However, as the importance of the Island as a tourist destination increased, its importance as an agricultural producer tended to decrease. This has meant that the Island is increasingly dependent on supermarkets supplied by lorries from the mainland with stocks that would last for only a few days at normal rates of purchase.

Domestic waste

The Island has for many years had schemes for recycling some of its domestic waste and has done better in this respect than many mainland authorities. However, the bottom line is that 40-50% of domestic waste still goes to landfill and, with large volumes of commercial waste also being landfilled, readily available capacity is fast filling up. It is anticipated that the existing landfill will be full by 2015.

In 2008, the first gasification plant in the UK became operational on the Isle of Wight. When fully commissioned the plant will turn the majority of the Island's household waste and some commercial waste into renewable electricity. The plant has a capacity of 2.3MW.

Clinical waste

St Mary's had a clinical waste incinerator until 1992 when a replacement, to meet new EU air quality standards, was deemed not cost effective. Since then clinical waste has had to be shipped to the mainland. In 2008, 33 tons was shipped at a cost to the PCT of £193,563.

Energy

The Island has not been self sufficient in energy since the first half of the nineteenth century when coal began to be imported to produce town gas and to be burnt in domestic grates. During the twentieth century imports of coal were supplemented and then overtaken by under-Solent gas and electricity pipelines.

At the same time during the twentieth century, the Island's wind, water and tide mills fell into disuse. However, recently the prospect of energy from renewable sources (wind, tide, solar and biomass) has been discussed and is being implemented on a small scale.

Should the Isle of Wight be self-sufficient?

It is suggested that many Isle of Wight residents are probably unaware of how dependent the Island is on the mainland for natural resources and waste disposal and would wish the Island to become as self-sufficient as possible, for example, by promoting local food production and producing more renewable energy on the Island.

3. Concepts and definitions

Ecological Footprint: This is a measure of human demand in respect to planet Earth’s ability to regenerate resources being consumed (e.g. fish stock, underground water reservoirs, rainforest etc) and Earth’s ability to render waste harmless. For 2005 it has been estimated that humanity’s total ecological footprint was 1.3 planet Earths - in other words humans are using up resources and accumulating waste 1.3 times faster than the Earth can renew them - a situation that will not be sustainable in the long term.

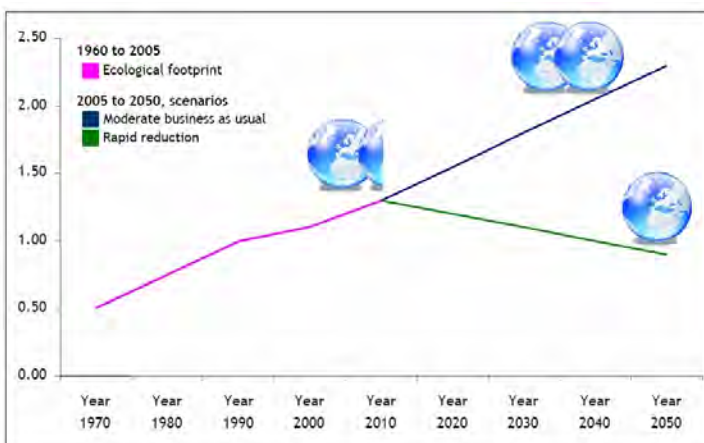
Figure 1: Ecological Footprint of Planet Earth and of Selected Regions and Nations



An Ecological Footprint can be calculated at regional and national level and this shows huge variation for regions, from 2.0 for the European Union to 0.5 for Latin America and the Caribbean. For countries the variation is even greater; from 17.8 for Kuwait to 0.4 for Canada with other smaller countries having even more favourable, sustainable ratios. However, the bottom line remains that for the whole of Earth, the ratio is an unsustainable 1.3 and if no corrective action is taken this is set to exceed 2.0 by the 2030s.

The Isle of Wight is unique for a local area in the UK in having its ecological footprint measured twice, using data from 1999 and 2003. The footprint increased slightly over this period from 4.63gha per person to 5.10gha per person (UK 5.45gha per person). The ‘Earthshare’ is 1.8gha per person, illustrating that the Island’s ecological footprint is more than 2½ times its sustainable level.

Figure 2: Global ecological footprint 1960 to 2005 with projections to 2050



Sustainable development:
“Sustainable development meets the needs of the present without compromising the ability of future generations to meet their own needs.”
 (The World Commission on Environment and Development for the UN).

Carbon footprint: It is perhaps a pity that the carbon footprint incorporates the same ‘pedal’ term as *ecological footprint* as it is not an index. Rather the carbon footprint is “the total set of greenhouse gas emissions caused directly and indirectly by an individual, organization, event or product” (UK Carbon Trust 2008). The carbon footprint is measured in tonnes of CO₂ and for sustainable development it has been estimated that the UK carbon footprint needs to be reduced by 80% over 1990 levels by 2050.

Figure 2: Total world CO₂ emissions during 2004 measured in Gt of CO₂

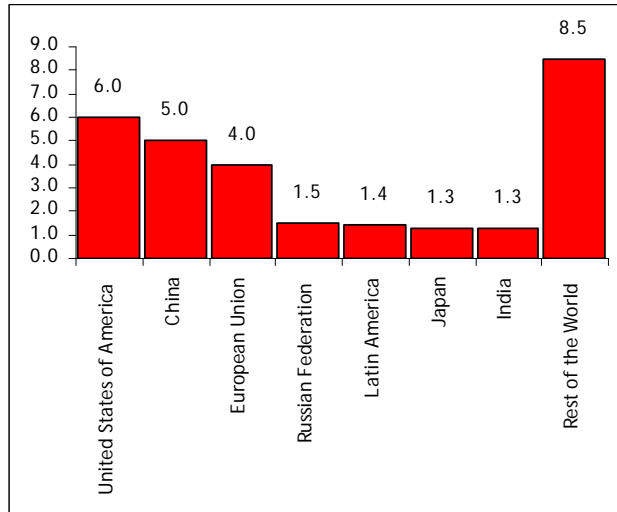
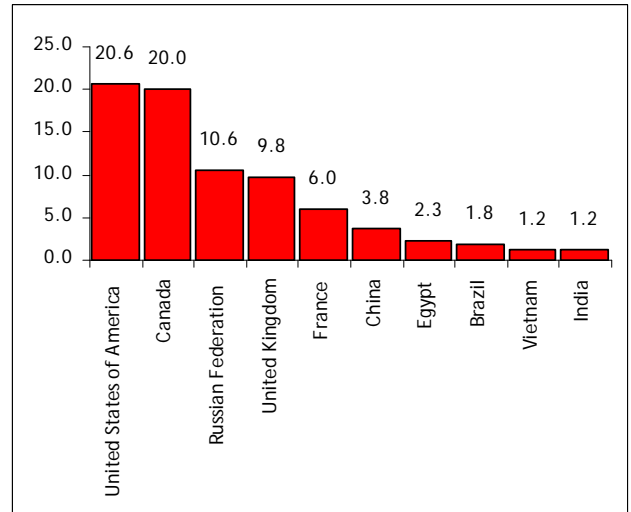


Figure 3: CO₂ emissions per capita in 2004 measured in tonnes of CO₂



The total country and per capita carbon footprints (figures 2 and 3) show a contrasting picture to the distribution of ecological footprints in that while North America has an ecological footprint of 1.4 (slightly above the global average), the United States is the leading producer of CO₂, and along with Canada has high per capita CO₂ production. The reason for North America’s relatively low ecological footprint is its compensating, large rural hinterland.

Coming close to home, the European Union is the world’s third largest producer of CO₂ and the United Kingdom’s per capita CO₂ production is an embarrassing 9.8 tonnes per person.

A slightly narrower definition of carbon emissions for local areas, comprising road transport, domestic and industrial and commercial emissions, shows per capita emissions for the Isle of Wight at 6.39 tonnes, compared with 8.02 tonnes for the south east region and a UK average of 8.78 tonnes (2006 figures).

Climate change: Evidence shows that due to human activities, particularly the burning of fossil fuels, greenhouse gases are accumulating and affecting our climate. The greenhouse effect of CO₂ is having widespread effects on our climate systems, in particular rising sea levels. It poses a threat to human health through extreme weather conditions, including heatwaves, storms, droughts and, paradoxically, floods. These will potentially lead to malnutrition, famine, displacement of communities, increased infectious disease, more respiratory diseases, skin cancer, and cataracts. Countries with poor ability to adapt will suffer the most, i.e. the developing world, but the vulnerable members of our community will suffer more - the very old and the very young. Being an Island reliant on tourism and agriculture, rising sea levels and floods could have disastrous effects on our economy and thus our community health as a whole.

4. Eco Island

Each district in England is obliged by central government to have a strategic partnership of its statutory, commercial, and voluntary and community organisations and for this partnership to produce a community strategy. For the Island, partners have agreed a document with a clear ambition - we will have *'the smallest carbon footprint in England by 2020'* and termed the strategy *'Eco Island'*.

"Eco Island is a broad based strategy for improving the social, economic and environmental sustainability of the Island. The strategy will build stronger, healthier communities with more opportunities for people to be involved in local life."



Headline Goals for Eco Island are:

A safe and well-kept Island. The Isle of Wight to have the lowest carbon footprint in England by 2020 and renew Island infrastructure to highest ecological standards.

A thriving Island. Develop new sectors of employment, creating a centre of excellence in renewable energies and generating capacity of over 100Mw of electricity by 2020.

A healthy and supportive Island. 20 per cent reduction in preventable deaths from tobacco, through the uptake of healthy active lifestyles.

An inspiring Island. The majority of Island children and young people make better than average progress in school and achieve results at 16 that place the Isle of Wight in the top 10 percent nationally.

5. How might environmental sustainability and human public health be synergistic?

- If an individual has a positive approach to environmental sustainable development they generally have a positive approach to public health issues and vice versa.
- Eating a healthy diet (five portions of fruit and vegetables a day, less fat and generally less meat) is compatible with reducing average energy consumption of agriculture, local food production and minimising food miles.
- Promoting sufficient exercise is a key public health objective. This can be advanced, for example, by walking for short journeys rather than taking the car.
- Investment in prevention promotes environmental sustainability and public health, for example, energy efficient new homes, reducing infectious disease through immunisation can reduce deaths from some cancers.
- Finally, avoiding damaging lifestyles favours the environment and individual health. Driving non aggressively, to speed limits, reduces fuel consumption and the likelihood of accidents.

6. NHS Carbon Reduction Strategy



Sustainable Development Unit

In January 2009, following extensive consultation, the NHS Sustainable Development Unit launched the NHS Carbon Reduction Strategy for England that made clear:

- In Europe the NHS is the largest public sector contributor to CO₂ emissions producing 18 million tonnes of CO₂ a year.
- This is composed of procurement 60%*, energy 22% and travel 18%.
- Despite an increase in efficiency, the NHS has increased its carbon footprint by 40% since 1990.
- The Climate Change Act commitment of a 26% carbon reduction by 2020 and 80% by 2050 is a huge challenge.

The strategy highlights ten key areas for action:

Procurement

- Organisations should minimise wastage at the buying stage.
- Work in partnership with suppliers to lower the carbon impact of all aspects of procurement.
- Make decisions based on whole life cycle costs.
- Promote sustainable food and nutrition throughout its business.
- The carbon footprint of pharmaceuticals within the NHS will need further research and action to produce significant reductions.

Energy and carbon management

- Organisations should review their energy and carbon management at Board level.
- Develop more use of renewable energy.
- Measure and monitor on a whole life cycle cost basis.
- Ensure appropriate behaviours are encouraged in individuals as well as across the organisation.

Travel and transport

- Organisations should routinely and systematically review the need for staff, patients and visitors to travel.
- Consistently monitor business mileage.
- Promote care closer to home, telemedicine, and home working opportunities.
- Provide incentives for low carbon transport.

Water

- Organisations should ensure efficient water use by:
 - Measuring and monitoring its usage
 - Designing it into building developments
 - Quick operational responses to leaks
 - Using water efficient technology
 - Avoiding the routine purchasing of bottled water

Waste

- Organisations should monitor, report and set targets on the management of domestic and clinical waste.
- Minimise the creation of waste in medicines, food and ICT.
- Review the approach to single use items versus decontamination options.

Finance

- Promote carbon literacy/numeracy.
- Ensure appropriate investment for a low carbon NHS and prepare for a carbon tax regime.
- Develop partnership working to deliver incentives, economies and training to support a shift in culture.

Organisational and workforce development expand box

- Every member of staff should be encouraged and enabled to take action in their workplace.
- Organisations should support their staff by:
 - Promoting increased awareness
 - Conducting behavioural change programs
 - Encouraging home working, low carbon travel and use of ICT
 - Ensuring sustainable development is included in every job description

Partnerships and networks

- Every NHS organisation should consolidate partnership working and make use of its leverage within local frameworks including Local Area Agreements, Local Strategic Partnerships and through Comprehensive Area Agreements.
- Every NHS region should promote and develop a regional network for sustainable development to ensure a broad consistent approach and an action plan across each region to tackle this agenda.

Governance

- NHS organisations should have a Board approved sustainable development plan.
- Healthcare regulators should consider sustainability and the environmental impact of services as an integral part of quality standards.

Sustainable built environment

- To be low carbon usage in every aspect.
 - Resilience to the effects of climate change
 - Energy management strategies
 - Transport, service delivery and community engagement
- A national taskforce should be created to develop a blueprint for optimum low carbon healthcare buildings.

* It should be noted that drugs and medical consumables are a large component of procurement and there is an ongoing need to minimise drug wastage and vaccinate as appropriate against infectious diseases to avoid illness/hospital admissions and calls on consumables. Screening for cancer likewise will tend to reduce hospital admissions.

The strategy concludes by suggesting that NHS Boards should:

- Create space for sustainability on the Board agenda.
- Confirm the designated Board lead for carbon reduction.
- Establish a Sustainability Group reporting to the Board.
- Translate Board policy into executive objectives.
- Empower staff to develop their own 'Low Carbon' culture.
- Communicate direction and sustained commitment with regular Board reviews and ensure carbon performance is mainstreamed in annual reports.

7. Measures to reduce the Isle of Wight NHS carbon footprint

The NHS on the Isle of Wight has had a pioneer role in reducing carbon emissions in that its new district hospital, opened on the St Mary's Hospital site in 1991, was the UK's first low energy hospital; constructed with a target of reducing energy expenditure by 50%.

The impetus for low energy hospitals had its origin in the fuel crisis of 1973 when NHS energy costs were approximately equivalent to the drugs bill and these costs were projected to rise steadily to the end of the century and beyond. In 1980 the Department of Health commissioned a multi-disciplinary team of professional consultants to carry out an in-depth study into ways of reducing energy consumption in new hospitals. They were briefed to investigate the purposes for which energy was used in a typical 300-bed hospital and to look at diurnal and seasonal variations in loads. The studies also included investigations into how energy consumption could be reduced by conservation measures and the potential to reclaim heat. An important part of the work was concerned with an assessment of the type and grade of energy used for various services, alternative methods of meeting the demands and how these might be combined in the development of an overall site energy strategy for a hospital.

In order to test the low energy hospital concepts, the replacement district hospital that was needed by the Isle of Wight was commissioned as a demonstration project including three years of detailed evaluation subsequent to the opening of the hospital.

Did it succeed in the short term?

The new St Mary's Hospital saved 35% energy during its first fully year of operation 1991 and 40% in the second. This further improvement was partly to be expected as experience was gained in the operation and use of the hospital. Modifications made eventually realised savings in the fuel bill of at least £100,000 per annum. In addition the hospital also made a significant contribution to the reduction of environmental pollution. The energy saved during the first year of operation was equivalent to a reduction of 900 tonnes in the emissions of carbon dioxide, which has been even greater in subsequent years.

Has it succeeded in the longer term?

Although the initial consumption targets were not met due to a change in balance between the use of fossil fuels with electricity, the factors in forming the consumption target, that is, cost and CO₂ emission, were achieved and exceeded. The project can then be considered successful in respect to these primary goals.

St Mary's Hospital has undergone improvement year-on-year since the start of monitoring in October 1991 as the systems have been modified and fine-tuned. Hospital staff have also had to gain experience in the systems and their operation to ensure adoption of the most beneficial strategy.

Improvement in overall performance has been achieved by changes and adjustments to the control system, but the greatest gains have been due to improved housekeeping. This underlines the importance of maintaining an awareness to avoid wasting energy. It also confirms how easy it is to acquire bad habits and the need to have in place sound energy management policies and practices.

Combined heating and power upgrade

There was a recent unexpected blip with the Combined Heating and Power (CHP) units when a series of breakdowns threatened to reduce the overall energy performance of the building. Last year the PCT made the decision to have the two CHP units fully refurbished (5 yearly) at a cost of approximately £60k in order to continue to enjoy a saving of over £10k per annum. New units were commissioned on 22 October 2008 and are working well.

An important part of this work is that the PCT continues to meet the exacting standard of Central Governments CHP Quality Assurance scheme and retains its energy tax exemption status issued by the Secretary of State. This lowers our liability to climate change tax, recognising our 'green' energy generation here on the hospital site.

It should be stressed that the vast chunk of improvements that would normally have been made had St Mary's been of a conventional design have already been designed out at the build stage. It is difficult therefore to make major improvements to the performance of the new St Mary's as previously discussed, however, technological developments since the 1980s has introduced a range of more cost efficient and energy saving devices that can now be retrofitted in order to make small improvements in the energy performance of the building.



COMBINED HEAT AND POWER GAS ENGINE

Steam decentralisation

At the beginning of January 2009, a scheme commenced, funded from the Government Energy and Sustainability Fund, to remove the old 'steam system' and improve energy efficiency. The scheme will introduce a range of energy efficient gas boilers in a number of buildings on St Mary's site as well as a renewable energy scheme in a part of the South Block.

New Energy Manager post

Earlier this year we saw the arrival of the PCT's first dedicated full time energy manager, this has provided a resource that can be used to educate and lead on specific reduction programmes and ensure that any opportunities to reduce utility consumption are taken forward. Many members of staff have by now had the chance to meet with him face to face in their departments or ward areas to discuss energy conservation, an educational leaflet has also been sent to all staff.

Alliance with Carbon Trust

In recent months, the estates department at St Mary's has gained the backing of a senior board member in signing up to the NHS Carbon Management Programme, an agreement that aims to achieve the ambitious energy reduction targets proposed by the Government's new 'Department for Energy and Climate Change'.



Although St Mary's main hospital is already very energy efficient, in order to make further energy savings, significant investment in the many older buildings will be needed, options could include to install more radical renewable energy systems such as solar panels, photovoltaic panels (PV) and air source heat pumps (ASHP).

Any new developments will be required to be designed with energy efficiency in mind.

These and many other ideas will be evaluated and agreed actions taken forward by a team of specialists that include the Carbon Trust and other related stakeholders at St Mary's hospital, this will be an ideal opportunity to compare and review the other buildings maintained by the estates department at St Mary's using the existing property appraisal.

8. Being open about the uncertainties, short-term costs and equality issues underlying environmental sustainability

Uncertain science

Some have made much of disagreements between individual scientists over climate change but then much of the detail in science is uncertain and science encourages debate. There is, however, broad agreement among scientific organisations that human activity is causing climate change and this will have a negative impact on future generations.

'If this 2°C warming is to be avoided, then our net annual emissions of CO₂ must be reduced by more than 50 percent within this century. With such projections, there are many sources of uncertainty, but none are known that could make the impact of climate change inconsequential.'

American Geophysical Union 2008.

'The most recent report of the Intergovernmental Panel on Climate Change confirmed that there is overwhelming evidence that humans are affecting the global climate and highlighted a wide range of (negative) implications for human health.'

World Health Organisation 2008

'There is now a scientific consensus that human activity is contributing to global warming. Climate change is likely to be one of the major challenges that humanity faces this century. It is important that we assess the possible health impact and take any actions that could minimise the consequences.'

Health Protection Agency 2008

Personal/individual time and effort

Although required individual effort might be small - remembering to turn off the computer rather than leaving it on standby, turning off lights when not needed, walking short distances rather than using the car - the more sustainable, low carbon option is seldom the easy option. New technology is likely to help but, most importantly, hearts and minds need to be won and individuals supported in making change.

Lifestyle

In addition to making more minor day-to-day changes, it is likely that lifestyle in developed countries will need to be moderated if global warming is to be curtailed and global inequalities reduced.

Increased costs during a given financial year

Apparent environmentally friendly measures need to be carefully costed, as initial capital costs can be high and the operating time to recover these costs unreasonably long. Nevertheless if the 'payback time' is shown to be reasonable then there is a need for statutory and other organisations to find the required investment, even though within a given year there are financial targets to meet.

Equity issues in respect to underdeveloped countries

The WHO has made clear:

'The impacts of climate change on human health will not be evenly distributed around the world. Developing country populations, particularly small Island states, and high mountain zones and densely populated coastal areas are considered to be particularly vulnerable.'

Finding ways to let underdeveloped countries develop so that lifestyles are more equitable globally, without adding to the global ecological and carbon footprints, is clearly going to be challenging.

9. Recommendations

- To designate a Board lead for environmental sustainability/carbon reduction and establish a Sustainability Group reporting through this lead to the Board.

- For the Sustainability Group to be tasked with producing a series of reports for the Board based on the ten Sustainable Development Unit key areas for action, giving an overview of each area and scoping options for improvement.
- To calculate a carbon footprint for the PCT and set a three to five year target for reduction.
- To work with the Local Authority in developing with staff a 'low carbon' culture (procurement of local food, improved energy efficiency, installation of renewable energy systems, workplace travel plan). Where appropriate staff will promote environmental measures to patients, for example, grants for home insulation to help the patient but also reduce Island carbon emissions.
- Take sufficient exercise. For short journeys, walk rather than taking the car.
- Investment in prevention. Energy efficient new homes, immunisation and vaccination and screening for cancer.
- Avoid damaging lifestyles. Driving non-aggressively to speed limits reduces fuel consumption and reduces accidents.

Chapter 2: Mental Health Promotion

“There is no health without mental health. Mental Health and Mental Wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and Nations, enabling people to experience life as meaningful and to be creative and active citizens”

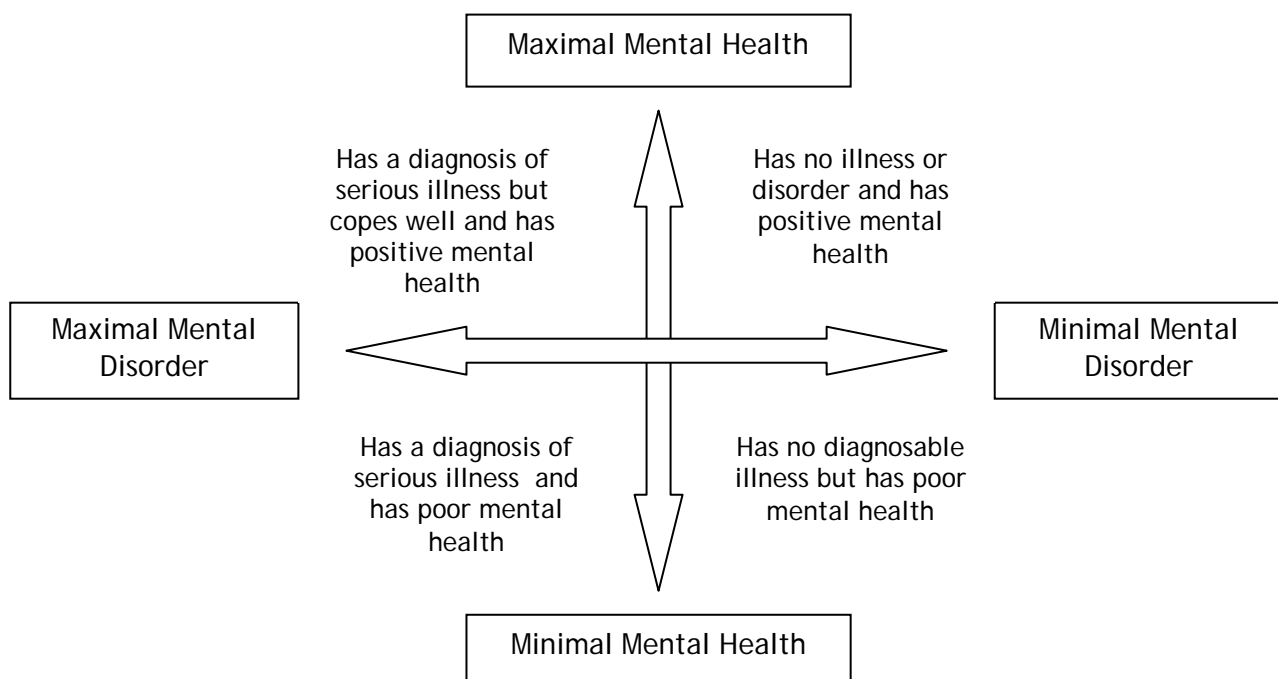
(WHO European Declaration on Mental Health 2005)

1. Introduction

Positive mental health and wellbeing cuts across all domains of public health. There is a substantial body of evidence indicating the relationship between positive mental health and improved outcomes for physical health, educational attainment, employment, parenting, relationships, crime and health behavioursⁱ. So whilst a commitment to promoting the positive mental health of a defined population is a worthwhile end in itself, it will also contribute to achieving a wide range of Public Service Agreement targets in health, education, neighbourhood renewal and community cohesion, crime, employment, culture and sport.

2. What is mental health?

The Health Education Authority defined mental health as “the emotional and spiritual resilience, which allows us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others’, dignity and worth.”ⁱⁱ Mental health is therefore a resource for living and as such is distinct from mental illness or disorder, although in the public consciousness the two are often seen to mean the same thing. An individual may have poor mental health despite having no diagnosable mental disorder, or an individual with a severe and enduring mental health disorder such as schizophrenia may have developed positive mental health and cope well with life events. Mental health has therefore been conceptualised as a continuumⁱⁱⁱ:



During the course of a lifetime an individual may move around the four quadrants of the continuum. It is estimated that one in four people will be affected by a diagnosable mental disorder in any one year^{iv} but many more will be affected by poor mental health. Poor mental health impacts enormously on every aspect of individual's lives and can be a major cause of long-term disability. Of the ten leading causes of disability worldwide, five are mental health problems with the most prevalent being unipolar depression^v which has led to depression being termed the "common cold of psychiatry"^{vi} as it affects one in ten in any year.

What is mental health promotion?

Mental health promotion is "any action to enhance the mental well-being of individuals, families, organisations and communities and a set of principles which recognise that how people feel is not an abstract and elusive concept, but a significant influence on health" (Friedli 2000^{vii})

Making it Happen (DoH, 2001) states that Mental Health promotion is essentially concerned with:

- How individuals, families, organisations and communities think and feel
- The factors which influence how we think and feel, individually and collectively
- The impact that this has on overall health and wellbeing

The Scottish Public Mental Health Alliance has identified the key protective and risk factors for mental health and wellbeing as follows:

Figure 1: Key protective and risk factors for mental health and wellbeing^{viii}

Level of influence and action	Protective Factors	Risk Factors
Individual	Meaningful role in society Self-esteem and confidence Resilience Adequate income, warm home Wholesome food Regular exercise	Living in poverty Inadequate social support Low self-esteem Poor interpersonal and social skills
Family	Planned parenthood Loving, supportive relationships Adequate income	Living in poverty Teenage parents Abusive/neglectful parenting Parental substance misuse
Work	Respectful and trusting work environment Clear expectations of role and accountability Balance between effort and reward perceived to be fair	Lack of autonomy Lack of security Low pay Discrimination
Community	High levels of interaction and good social support High levels of participation in community activity Influence over decisions that affect community Physically pleasant surroundings	Poor housing High crime rates Poor transport links Poor local services Lack of trust between people
Society	Inclusive and participative Tolerant and caring Equitable	Exclusive and intolerant (e.g. racism, ageism, sexism, homophobia, sectarianism) Inequitable

Mental health promotion involves activity that seeks to achieve one or more of the following outcomes:

- To promote positive mental health via increasing capacity of individuals, families, organisations and communities to enjoy protective factors
- To prevent negative mental health by minimising exposure to risk factors
- To facilitate early identification and access to appropriate sources of support whether this is formal mental health services, informal community and social support or self-help and self-care strategies

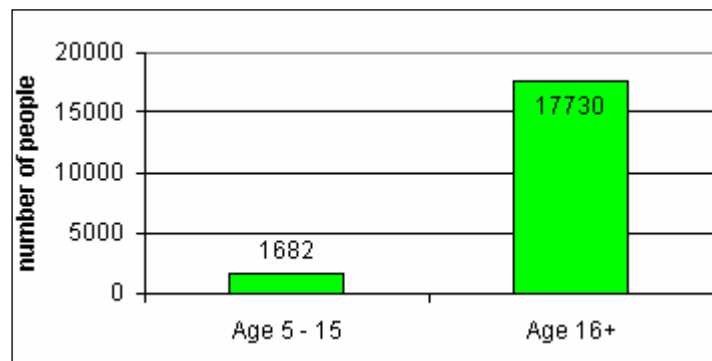
3. Mental Health and the Isle of Wight

It is very difficult to measure mental health/wellbeing levels in populations. For this reason the data used to monitor mental health, and that presented here, focuses on mental ill health. The most recent national surveys of mental *ill health* (2000 and 2004) suggest:

- 16.4% of adults aged 16-74 living in private households have a mental health problem. Of these 80% will be experiencing anxiety and/or depression^{ix}
- 9.6% of children aged 5-16 have a diagnosable mental health condition^x

Applying these findings to the Island's population provides the following estimated incidence of mental ill health^{xi}:

Figure 2: IW: Estimated numbers of persons with mental health problems (using 2006 mid year population estimate)

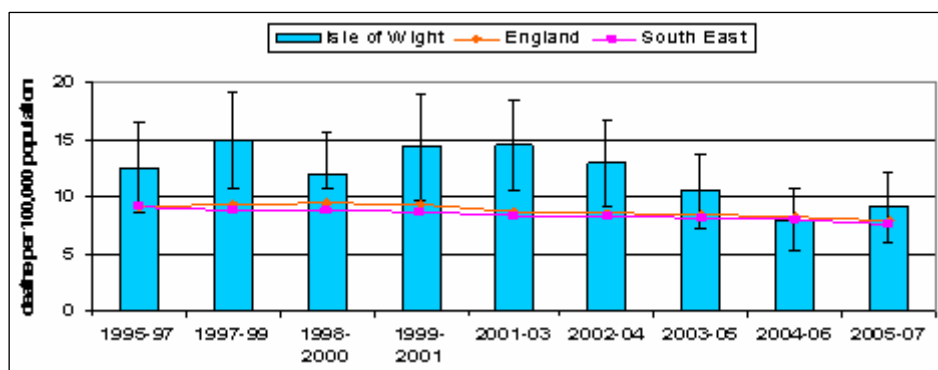


However it is important to recognise that this applies only to those individuals who would meet the criteria for diagnosis and as previously discussed an individual may have very poor mental health without ever meeting this diagnostic threshold. Hence the number of people experiencing poor mental health on the Island will be higher but cannot be accurately estimated.

Furthermore, it is very difficult to gather data at a local level and to compare estimates with other areas.

Because of these difficulties in obtaining meaningful comparative data, the government adopted the suicide rate as a “proxy” measurement representing mental ill health in 1999. The suicide rate is comprised of deaths where the inquest returns a verdict of suicide or undetermined injury, where intention to commit suicide cannot be ascertained. Caution needs to be exercised, however, when using the suicide rate to represent the mental ill health of a population, as not every individual who completes suicide has a mental illness. The latest suicide statistics on the Island are:^{xii}

Figure 3: Mortality from suicide and undetermined injury - directly age - standardised rate: Persons, all ages



In the recent past suicide rates on the Island have been of major concern, being significantly higher than both the National and South East regional rates. The smaller population on the Island does make the suicide rate highly susceptible to large fluctuations and so whilst the data shows the rate fell below the National and Regional rate in 2004-2006, it rose again in 2005-2007. Suicide thus remains a high priority for the Island, especially given the recent economic downturn. For more information on an historic full suicide audit undertaken on the Island see the IW Public Health Report 2007.

A further, arguably more meaningful, measure of mental ill health is the number of Incapacity Benefit (IB) Claimants. Until April 2008 IB was paid to working age people who were unable to work because they are sick or disabled. Mental Disorders is one of the six categories for which IB is paid.

The following data shows the growth in Incapacity Claims with a mental ill health diagnosis on the Island and compares the Island’s rate to the National and regional rates^{xiii}:

Figure 4: Incapacity benefits with a mental ill health diagnosis: Claimants as a % of the working age population

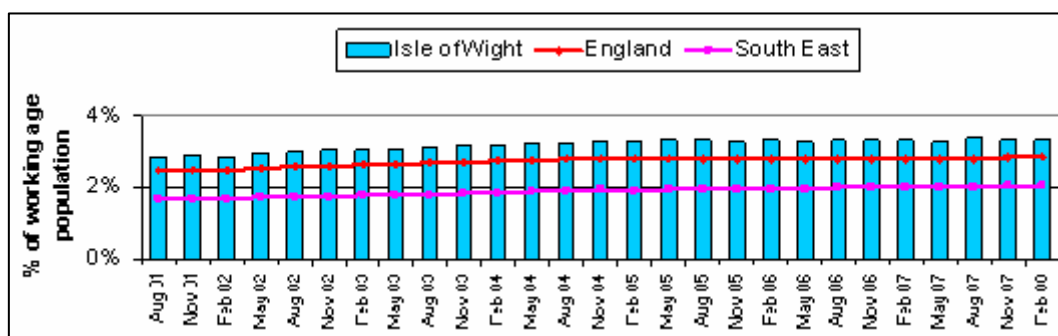
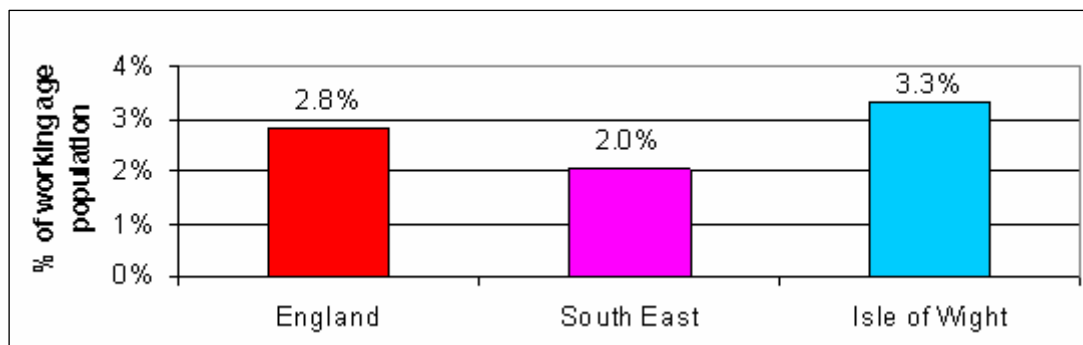


Figure 5: Incapacity benefits with a mental ill health diagnosis: Claimants as a % of the working age population: February 2008.



The Island rate is continually higher than that of England's and significantly higher than that of the rest of the South East region.

The data presented above is not intended to be comprehensive, but rather to give a flavour of the available evidence that points to poor mental health and mental ill health being significant issues for the Isle of Wight. It is for that reason that a Health Promotion Specialist (HPS) for Mental Health was appointed to Public Health in September 2008. What follows is a précis of the work undertaken to date and plans for future areas of work.

Evidence base and Policy context

The work of the Health Promotion Specialist for mental health is underpinned by the following key national policy drivers:

- National Service Framework for Mental Health, especially standard 1, Mental Health Promotion
- National Suicide Prevention Strategy
- Choosing Health: Making health choices easier
- Our Health, our care, our say
- Reaching out: An action plan on Social Inclusion
- Strong and Prosperous communities
- Working for a healthier tomorrow
- The Mental Health and Psychological Wellbeing of Children and Young People
- World Class Commissioning processes on the Isle of Wight

4. Public Mental Health priorities

Making it Possible: Improving Mental Health and Well-being in England (CSIP/NIMHE 2005) recognises the need for local priorities informed by local needs assessment to underpin local mental health promotion action. However, they claim a strong case based on National evidence for Public Mental Health action in the following 9 areas and this is supported by local epidemiology.

- Marketing Mental Health and increasing mental health literacy
- Equality and Inclusion
- Parents and Early Years
- Schools
- Employment
- Workplaces
- Communities
- Later Life
- Tackling violence and abuse

Furthermore the World Class Commissioning process on the Island has identified the following key priority areas for service development:

- Dementia services. Estimates suggest over 2,300 people over the age of 65 have dementia on the Isle of Wight and this is expected to rise as our population ages.
- Psychological Therapies. The IW Primary Care Trust's spend on antidepressants is the third highest in the South East. Providing talking therapies to individuals with mild to moderate mental health problems can enable people to recover more quickly and with less reliance on medication.
- Social Inclusion. During the consultation period of the Island's Joint Adult Mental Health Strategy (2008) it became apparent that social exclusion was a major issue for many with experience of mental health problems.
- Prison Mental Health services.
- Alcohol Services and dual diagnosis (mental health problem with co-morbid alcohol problems) the first priority is to provide information, education, and support for people who are drinking at hazardous and harmful levels to prevent development of alcohol dependence.

The Health Promotion Specialist for Mental Health (HPS MH) has developed action plans and work streams based on these identified public mental health priorities and the Island's World Class Commissioning priorities. Below are details of the work undertaken so far, its successes and challenges, and plans for future development.

Local Activity mapped to priorities

ACTION 1: Marketing Mental Health and increasing mental health literacy.

Marketing mental health equates to informing people and motivating them to look after and promote their own and other's mental health.

Mental health literacy is defined as "the knowledge and beliefs about mental disorders which aid their recognition, management and prevention" (Goldney et al, 2001)^{xiv} Mental health remains a taboo subject for many because of the stigma and discrimination which accompanies it. 9 out of 10 mental health service users have experienced discrimination because of their condition and 60% of employers would not consider employing someone with a mental health problem^{xv} Whilst negative stereotypes remain people experiencing symptoms of mental ill health are less likely to identify themselves to professionals and others and are therefore less likely to seek appropriate support. This can lead to individuals developing more severe symptoms and experiencing them for longer periods of time increasing their personal distress and impact on their personal and professional lives.

Men's Health Research Project

During 2008/9 a research project was commissioned by IOW Public Health with funding obtained from the Care Services Improvement Partnership. The project, undertaken by IOW Chamber of Commerce Chamber Health, explored the way in which men understand their mental health and the barriers that exist to accessing appropriate support when experiencing mental health problems. Focus groups were undertaken with a cross section of men and their views collected, analysed and major themes identified. The results have just been published.

The male participants all agreed that mental health was vital to good health and wellbeing but identified the following as significant barriers to positive mental health:

- Work was a particular stressor in the men's lives. Especially when a "competitive stress" culture existed where the expectations of employers for longer working hours, working at different sites and valuing high levels of stress amongst the workforce as evidence of productivity negatively impacted upon the men's mental health.
- Financial constraints, fear of redundancy and the experience of redundancy were noted as being particularly stressful and a risk factor for poor mental health.
- The men acknowledged the stigma that surrounds mental ill health as a major barrier to discussing mental health issues with employers and primary care professionals. The men felt they were more unlikely to visit a GP because of the particular concerns around confidentiality that exist in a small island community.
- The men would be more likely to seek medical advice around mental health issues if the service was anonymous and confidential and available outside of working hours, so as not to alert their employer to the issues they were experiencing.
- Literature around mental health issues would only be useful if it signposted to relevant local services and provided meaningful information.
- Self-help strategies were widely used amongst the men. However the most common mentioned were drinking alcohol and smoking more. There was knowledge amongst the men of more helpful strategies such as exercise and diversionary activities but these were less commonly used on a regular basis.

These findings will enable a mental health marketing campaign to be developed which is relevant to and accessible for, men on the Island and to encourage them to seek appropriate support when necessary. Furthermore they provide evidence to underpin other work streams being undertaken in mental health promotion in the forthcoming years.

Mental health first aid

The second major project in this area is the Mental Health First Aid initiative (MHFA) MHFA is a 12-hour training course developed by the National Institute of Mental Health England (NIMHE).



MHFA seeks to increase mental health literacy amongst participants.

Its primary aims are:

- Preserve life
- Provide help
- Promote recovery
- Provide comfort
- Reduce stigma of mental health

The HPS Mental Health completed the Instructors training in March 2009 and has just finished the first delivery of MHFA to OSEL enterprises, an organization supporting individuals with health conditions to obtain and retain meaningful employment.



Rachel McKernan with cohort 9 completing the MHFA instructor training.

Feedback from the National Evaluation of MHFA has shown the course not only enables people to recognize and respond appropriately when they encounter someone in mental distress but to also care proactively for their own mental health. Participants from OSEL said about the training:

"I will very much use this on a personal level"

"I now have the confidence to assess and deal with situations that may arise in my work"

"I will be less judgmental of people and their problems now"

Health Improvement Services are providing MHFA training at heavily subsidized rates throughout 2009 to organizations and businesses who can provide a training venue and who want to become positive about mental health in their workplaces and work practices. 5 presentations have been booked for the summer and it is planned to deliver it at least monthly throughout 2009/10.

ACTION 2: Equality and Inclusion:

This is a major priority identified through the World Class Commissioning process and one that is highly prioritised by health improvement services.



Time to Change

Social exclusion is a particular risk factor for mental health and wellbeing. Ironically those who experience mental health problems and use mental health services are at a significantly increased risk of social exclusion. One in three people who use mental health services will lose contact with friends and family following their diagnosis and the stigma and discrimination that surrounds their mental health diagnosis can be more debilitating than their actual mental health condition^{xvi}

Health Improvement Services are coordinating a local Time to Change Campaign that seeks to challenge the negative stereotypes that exist around mental health and to reduce stigma and discrimination. The National Time to Change campaign began in January with a social marketing campaign incorporating prime time television, national publications, bus and tube ads and media stunts. Further bursts of activity are planned for July and October when a "Get moving" campaign will focus on the benefits of physical activity for mental health and aims to involve 250,000 people around the country.

On the Island the campaign launched in St James' square on 24th January and was followed by a mental health fact/myth quiz at a local pub. Over 60 people participated in the quiz during the launch phase and it generated lively discussion. A recording was made of the launch and this will soon be available for viewing on the PCT's website where Time to Change has its own webpage.

The DVD was premiered at an open Time to Change public meeting at St George's stadium on May 18th. This event was attended by 40 people who heard about the national campaign and then participated in two workshops: one looking at ideas for a media stunt to tie in with the July burst of activity the other to look at ideas for Get Moving week in October.

The HPS mental health is working in partnership with the Physical Activity Lead in Public Health and IOW council leisure services to promote physical activity for positive mental health. Future developments include the wider promotion amongst primary care professionals of the Exercise prescription scheme for mental health conditions and the provision of Mental Health First Aid training for IOW leisure services staff.

Black and Minority Ethnic Community Development Worker for Mental Health

Health Improvement Services are supporting the work of the Islands Mental Health Black and Minority Ethnic Community Development Worker (BME CDW) with funding from the Chances for Change initiative. Robin Correa (BME CDW) has been in post since November 2007 within Mental Health Services and works to reduce the risk factors and enhance promotive factors for mental health amongst the Island's BME communities. In November 2008 funding was provided for a "Hearing Voices, Seeing Change" conference. This was attended by over 100 people from BME communities and Mental Health service providers from across Hampshire and the Isle of Wight and provided an opportunity for the BME community to influence service development and direction.

ACTION 3: Parents and Early Years

February 2009 saw the launch of a new supported baby and toddler group for mothers who are experiencing enduring mental health conditions. Mindful Mums came about because a local Mum and mental health service user was finding it very difficult to attend local baby and toddler groups because of stigma and a lack of understanding of the difficulties she faced. The mum and her occupational therapist, approached health improvement services for support to start their own group. The dream was to provide a safe place to socialize, provide and obtain mutual support and promote recovery. A partnership with Health Improvement services, IOW council Children's Centres and HomeStart IOW was developed. A central Newport Children's Centre was identified as a good venue and provided free of charge and HomeStart IOW provided expert advice on running baby and toddler groups for vulnerable mothers. IOW NHS PCT provided Mental Health expertise support of the group and Health Improvement Services provided start up funding, marketing and equipment.

The group started meeting in February with sessions led with support by the initial service user and a HomeStart volunteer. To date 7 women have benefited from the support the group offers and referrals from health professionals are growing. In April the group won a WightMinds Award for Excellence in Mental Health in recognition of the new opportunity it

has provided as well as the example it set of service users working in partnership with statutory and third sector agencies to improve services and the quality of life of people using them.

In the future it is planned to develop a Mindful Mums Kite Mark scheme. HPS Mental Health will offer Mental Health First Aid to all community toddler group leaders and staff and those groups that complete it will be able to use the mindful mums logo to indicate to mothers and health professionals that the needs of mothers with mental health problems will be recognized and they will be welcomed and supported to use the group. A service user will act in an advisory role, pointing out and offering advice to change discriminatory practice. In this way it is hoped that mothers will be able to access supportive and inclusive services in their local communities, avoiding unnecessary social exclusion and promoting the positive mental health of the whole family.



The Mindful Mums group receiving their WightMinds Excellence in Mental Health award, Monday 6th April 2009

ACTION 4: Schools

To date most activity has focused on adult mental health. However the HPSMH represents Public Health at the Child and Adolescent Mental Health Partnership Implementation group (CAMHs PIG) and also sits on the SEAL (social and emotional aspects of learning) steering group within Education.

The National Institute for Mental Health England (NIMHE) is currently developing a version of Mental Health First Aid for people working with Children and Young People and discussions have taken place with the commissioner for Extended schools to be able to offer this to school support staff once it is available nationally.

The HPSMH has also been involved in the development process of the new drug and alcohol strategy for schools and is looking at the possibility of utilizing the new LIFE channel provision at Medina School to develop a mental health promotion campaign in partnership with the students.

A mental health promotion stand including the Time to Change Campaign visited IOW college in February. Although this was intended as part of a healthy workforce day it received an incredibly positive response from the students who engaged with the activities and discussions with enthusiasm.



ACTION 5: Employment

Employment for people with mental health problems is a key issue for the Island as demonstrated by our significantly higher rates of IB claimants with a mental health diagnosis. Meaningful employment has been shown to be highly protective of positive mental health and to promote recovery in mental health service users. However stigma and discrimination often prevents people with experience of mental health conditions from obtaining and retaining work.

Employment and Mental Wellbeing Conference

In October 2008 Health Improvement services hosted the first Island Employment and Mental wellbeing conference. This conference brought together 92 delegates representing organizations, statutory and third sector, who work to support individuals with experience of mental health problems to gain and retain meaningful employment. Delegates heard from keynote speakers and also local mental health service users about their personal journeys back into work and the impact it made on their quality of life and recovery. Evaluation of the day highlighted a shared commitment to end employment discrimination for service users but highlighted a lack of knowledge of and joined up working amongst the wide array of services working on the Island to achieve this end.

Increasing Access To Psychological Therapy (IAPT) programme

The IOW has recently received funding from the DoH as part of the Increasing Access to Psychological Therapy Programme. The Island has obtained funding for 11 new Cognitive Behavioural Therapists within the Primary Care Mental Health Team. A major target of the new IAPT service is to support individuals currently on IB with a mental health diagnosis to return to meaningful employment. The HPSMH sits on the steering group for this project and fed back the findings from the evaluation of the conference to this group.

This led to the IAPT steering group undertaking a mapping exercise of all services working to this agenda and to the HPSMH developing a resource for practitioners detailing all services available on the Island and referral routes.

Employment and Wellbeing Network Event

This new practitioner resource was launched at an employment and wellbeing network event in March 2009. This brought together 59 practitioners from across the spectrum of services to network, share information, and resources and develops working relationships. Community activities that, whilst not directly working to support a return to work, but that allow self-esteem and confidence to be developed were also showcased and feedback from the event was incredibly positive.



Partners from "Drawing Ahead" - community art project, OSEL employment services, Not Just Enterprises, RNID, RCC volunteer project, & HP at network event.

ACTION 6: Workplace



Whilst meaningful employment has been evidenced as being a key protective factor for mental health, poor employment practices have conversely been evidenced as a key risk factor for poor mental health, and this was echoed by the findings of the men's mental health research project. Therefore it is important that work is undertaken promoting positive mental health in the work place.

Mindful Employers

Mindful employers is a scheme developed by employers for employers who want to be positive about mental health in the workplace. Stress is the number one reason for sickness absence in the UK and has also led to the phenomena termed "presenteeism" where workers are present at work but their level of productivity is greatly reduced due to the negative impact of stress upon their mental health^{xvii}

One element of the Mindful Employer initiative is the Charter for Employers who are Positive About Mental Health. The Charter contains a set of aspirations about employing people with mental health issues. It recognises that employers won't necessarily have things in place immediately. Signing up to the Charter shows that an employer wants to work towards the standards shown on it. By signing the Charter, employers are able to use the Mindful Employer logo on job adverts, letterheads, website etc and access support from Mindful Employers about developing positive work practices. Mindful Employers also make a commitment to adopt mentally healthy practices within the work place to reduce stress levels for employees.

On the IOW the HPSMH has been promoting Mindful Employers to local businesses. To date 4 Island businesses have signed the Charter. Discussions are taking place between Health Improvement Services and Chamber Health to become local Mindful Employer Partners, providing Island based support to Island Businesses who become Mindful Employers. This support will entail business advice from the Chamber of Commerce and free Mental Health First Aid training from HPSMH to all employers who sign the charter.

The PCT became the first Island Mindful Employer in 2008 and now includes a statement about welcoming applications from mental health service users in all job adverts.

ACTION 7: Communities

To date little targeted activity has been undertaken with local communities. However the MHFA initiative and Time to Change Campaign are both community orientated and aim to ensure that the communities within which we live are informed, inclusive and empathetic to the needs of individuals with mental health problems. The HPSMH has also provided support to the High Tide poets: a community-writing group for people with experience of mental health problems. This has involved providing support to obtain funding, developing new publicity for the group and financial support to host a creative writing day in June widening the group's reach and showcasing their work.

ACTION 8: Later life

The HPSMH has developed good working relationships with the HPS for older people and the Older Person's Mental Health Team and Dementia services. Evidence from the comprehensive suicide audit undertaken in 2006 indicated a growth in suicide rates in those over the age of 75 and further examination revealed fear of serious illness as a major risk factor. Dementia is undoubtedly of concern to many and is a major priority for the Isle of Wight as it's population ages.

Dementia Carers Group with onsite respite care

Caring for someone with dementia is a very difficult task. Support and self-help groups are invaluable in providing advice and personal support to carers and help to protect and support the carer's mental health. However, those carers caring for people most severely effected by dementia are often least able to attend support groups. For this reason Health Improvement Services have joined forces with the Island's Alzheimer's society and dementia carers group to provide funding to allow them to open a new monthly support group for dementia carers with onsite respite care so carers can attend secure in the knowledge that their loved ones are safe.

Enhanced Dementia Health Promotion Campaign

Health Improvement Services are also working in partnership with dementia services, the dementia carers group and the Alzheimer's society to develop an enhanced dementia campaign to mark Alzheimer's awareness week 5th -11th July. This will involve developing literature allaying fears about the inevitability of dementia, promoting protective lifestyle factors such as diet, exercise and mental activity, and informing the public about the new National Dementia strategy and statutory and third sector services that provide support on the Island.

ACTION 9: Tackling Violence and abuse

It is a commonly held misconception, perpetuated by unhelpful tabloid headlines, that people with mental health problems are violent and inherently dangerous^{xviii} In reality people with experience of mental health problems are more likely to be the victim of violence and abuse than the perpetrators^{xix} The MHFA and Time to Change initiatives already discussed aim to challenge this misconception. However there does still remain the increased risk of those with experience of mental health problems of self-harm and suicide. The following initiatives have worked to reduce these risks:

ASIST: Applied Suicide Intervention Skills Training

The Island has three qualified ASIST trainers. ASIST aims to provide members of the general public with the skills to recognize and respond appropriately if they encounter an individual with thoughts of suicide. This includes developing a safe plan to keep the individual safe until professional support can be obtained. Health Improvement Services have provided funding to run 5 presentations of this course over the past two years covering almost 90 members of the public. Evaluation has shown that participants highly valued the training and that it also challenged some of the negative attitudes that existed towards those who have attempted or contemplated suicide.

Participants on the Island said that they would definitely recommend the ASIST training to friends and colleagues for the following reasons:

Because they could be another person who could help save somebody else's life

It can help in almost any situation where somebody feels low or depressed. It could save a life.

It was easy and interesting to follow and will help everyone in their job or their life in general

Alcohol Harm Reduction

There is persuasive evidence of the extent to which the British public self medicates for stress, depression and anxiety with the increased use of alcohol^{xx} Paradoxically whilst immediate relief may be obtained there is evidence that long term use of this strategy increases symptoms and the risk of severe mental health problems and suicide. For this reason the HPSMH worked in partnership with the IOW Drug and Alcohol team on their "Know Your Limits" Christmas alcohol harm reduction campaign. This campaign involved a series of newspaper adverts and posters targeting particular audiences and largely mirrored the national campaign with a local interpretation. However, whereas the national campaign made no mention of mental health the local campaign included an advert and poster advising against the use of alcohol as self medication and showing the negative impact of excessive alcohol intake on mental health. The campaign ran over the weeks leading up to and following Christmas and New Year with the mental health component launching in January coinciding with the most depressing day of the year (19th January in 2009) The campaign was judged to have been very successful and was short-listed for a Government Office South East campaign of the quarter award. The newspaper advertisement is shown below:

Depressed? The Answer isn't at the bottom of a glass



Did you know...?

- * January is considered the most depressing month of the year.
- * If you feel down and drink symptoms of depression can worsen.
- * 70% of people who consider suicide have drunk alcohol beforehand.

KNOW YOUR LIMITS

TOP TIPS
for responsible drinking

- If you're feeling down, don't have a drink, talk to someone instead. Samaritans 08457 909090.
- Ask your doctor or chemist if it is safe to drink with medicine that you have been prescribed.
- De-stress with a walk or exercise, rather than a drink.
- Don't drink and drive. When caught you will be prosecuted.
- If you can't stop drinking get some help. Drinkline 0800 917 8282.

5. Recommendations

This chapter has given a précis of the work already started in promoting mental health on the Island. However there is still much more that could be done. All of the work streams previously mentioned will be continued or expanded. Additionally the following are recommended for 2009/10:

An action plan be developed to translate the vision contained within the successor document to the National Service Framework into operational policy for the Isle of Wight, alongside the first National Employment and Mental Wellbeing Strategy expected in the Autumn.

- Consider how to build effective partnerships with children's services to promote mental wellbeing in schools and other settings and encourage mental health literacy and skills for life.
- Incorporate the findings from the men's Health project in a mental health marketing campaign which will be equally accessible to men and women alike This should enable the new walk-in centre at St Mary's hospital to encourage men who otherwise would not seek professional support to access the advice and support they need when they need it.
- Opportunities should be sought for collaborative work, across physical and mental health so that mental health promotion will become a conscious consideration in all health promotion work.

6. Conclusion

Mental Health is a major issue for public health. Any initiative that seeks to promote the mental health of the Island's population will also achieve benefit in all other domains of public health because of the relationship between positive mental health and improved outcomes for physical health. The HPSMH has only been in post for 10 months and this chapter has reflected the work undertaken in that time and planned future development. It has been a period of intense activity incorporating both successes and challenges. Autumn 2009 will see the arrival of the replacement of the National Service Framework for mental health, and it is envisaged that mental health promotion will feature as a major priority within this new document. The challenge for the HPSMH will be to continue to build and consolidate the partnership working that has been developed to date and to translate the guidance coming from the DoH into meaningful mental health promotion activity at a local level.

Further information about mental health promotion or any of the specific projects mentioned above can be obtained from: Rachel McKernan HPSMH at rachel.mckernan@iow.nhs.uk or on 814282.

ⁱ Making it Possible: Improving Mental Health and Wellbeing in England (2005) National Institute of Mental Health England (NIMHE)

ⁱⁱ HEA (1997) "Mental Health Promotion: a quality framework"

ⁱⁱⁱ Mental Health first Aid, NIMHE/CSIP adapted from Tudor, K. (1996) Mental Health Promotion: Paradigms and Practice

^{iv} Goldberg, D.P., Gater, R.A. (1991) "Filters to care implications - a model", *Indicators of Mental Health in the Population* (eds. Jenkins, R. & Griffiths, S.) pp. 30-37. London: HMSO

^v World Health Organisation: www.who.int/mental_health

^{vi} Seligman, M. E. P. (1975). *Helplessness: On depression, development and death*. San Francisco: Freeman

^{vii} Friedli, L. (2000) "Mental Health Promotion: rethinking the evidence base", *Mental Health Review*, vol. 5, no. 3, pp. 15-18

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- viii Scottish Public Mental Health Alliance, 2002, p. 9, Table 1.1
- ix Office for National Statistics (2000) "Psychiatric Morbidity among adults living in private households"
- x Office for National Statistics (2004) "Mental Health of Children and Young People in Great Britain 2004)
- xi IOW Public Health Report Data Supplement 2008
- xii IOW Public Health Report Data Supplement 2008
- xiii IOW Public Health Report Data Supplement 2008
- xiv Goldney, R., Fisher, L. and Wilson, D. (2001) *Mental Health Literacy: an impediment to the optimum treatment of major depression in the community*, Journal of Affective Disorders, 64, pp. 277-84
- xv Stigma Shout survey 2008, Rethink.
- xvi Stigma Shout Survey 2008, Rethink
- xvii Dame Carol Black Review "Working for a healthier tomorrow" 2008
- xviii "What's the Story" resource for Media Editors, Rethink 2008
- xix MHFA, Presentation 1, NIMHE, 2006
- xx Cheers report, British Mental Health Foundation, 2006

Chapter 3: Advancing A Health Promoting HMP Isle of Wight



Executive summary: key points

- Prisons are an important part of Island life and the PCT has a duty to commission equivalent NHS services for prisoners. Recent clustering of the three Island prisons affords a unique opportunity for taking health improvement of prisoners and prison staff forward.
- It has been said that one of the most important aspects of health promotion is '*creating supportive environments that provide opportunities for positive health practices*'.
- Prison Health Performance Indicator 31 lays out a requirement for a multi-professional Health Promotion Action Group, a health promotion strategy and documenting evidence of activity/benefits.
- Prison Service Order 3200 mandates a *Whole Prison Approach* with a member of the prison Senior Management Team chairing the Health Promotion Action Group.
- Recommendations are made for establishing a Health Promotion Action Group, formulating a health promotion strategy and commencing the measurement of activity and benefits.

1. Introduction

Prisons have been part of the Island life since 1838 when a former military hospital was converted into HMP Parkhurst Prison (initially for boys destined for transportation to Australia). HMP Camp Hill was opened as a new prison by Winston Churchill in 1912 and in 1967, HMP Albany was opened as a 'new build' category C prison, although some former barrack buildings were reused for offices and stores. From 1st April 2009 the three Island prisons have been clustered under a single management team affording a unique opportunity for taking health improvement of prisoners and staff forward.

Over the last 4 years the Isle of Wight NHS has been increasingly closely involved in the healthcare of prisoners on the Island, under a duty to provide equivalent NHS services (see appendix A). This chapter outlines the current situation in relation to prison services and details a way forward for health promotion/improvement activity within this.

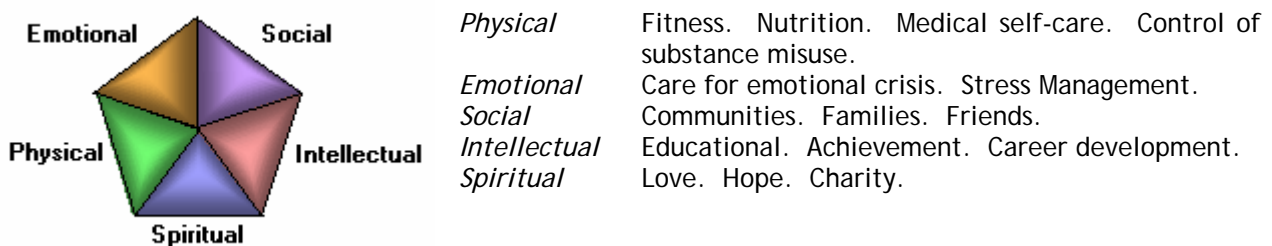
2. Defining Health Promotion/Improvement and NHS equivalence

What are Health Promotion/Improvement Services?

The American Journal of Health Promotion has the following definition and consideration of domains:

“Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, and become motivated to strive for optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and most importantly, through creating supportive environments that provide opportunities for positive health practices.”

Figure 1: Health promotion domains

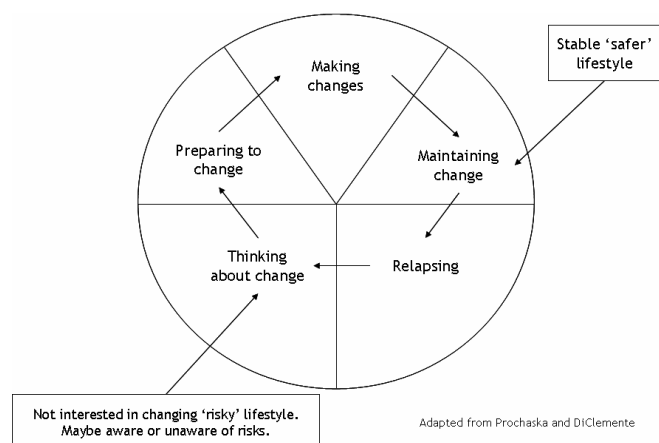


For some prisoners, prison is a more positive setting for one or more of the domains illustrated above, in contrast to the conditions they experienced in the community. For example, in prison, inmates are provided with three regular meals a day, they are sheltered from the elements and they are largely separated from substances of misuse (alcohol and drugs).

From a negative perspective, however, prisoners are separated from their families and friends and are in an environment where the countering of racism and bullying are ongoing challenges. For most prisoners, prison is a stressful environment and unfortunately suicide is an ever-present risk. Prisons provide intellectual and chaplaincy activities but generally prisoners spend many hours locked in their cells with little to do.

Figure 2: Cycle of change

Some inmates are prepared to use their sentence as an opportunity to improve their health, for example, to be vaccinated against hepatitis B or to quit smoking. Others, however, will not be ready to make a change. Providing opportunities for inmates to express an interest in lifestyle change is an important skill that should not be restricted just to healthcare staff at the medical reception to prison or to nurses and doctors in clinics (see section 4).



The cycle of change process is complex and can take time (see Figure 2). Therefore in order to facilitate behaviour change in prisoners, staff working with prisoners should have access to the same public health training and development opportunities as the wider workforce.

What constitutes 'equivalent NHS services'?

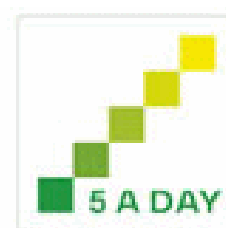
The PCT works under a duty to provide equivalent NHS services to prisoners. That is to say, within the constraint of maintaining security, prisoners are entitled to the same NHS services that they would have received in the community.

With respect to Health Improvement Services, the Department of Health has a comprehensive range of policy guidelines as detailed below:



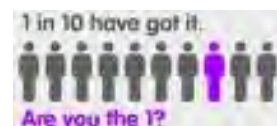
Tobacco: The Department of Health programme is split into six 'strands' which each contribute to an overall reduction in smoking, e.g. smoke-free enclosed public places and workplaces.

Five a day: The Government recommends an intake of at least five portions of fruit or vegetables per person per day to help reduce the risk of some cancers, heart disease and many other chronic conditions.



Healthy weight, healthy lives: Obesity is one of the biggest health challenges we face - almost 1 in 4 adults in England are currently obese. "Healthy Weight, Health Lives" supports the creation of a healthy society - from early years, to schools and food, from sport and physical activity to planning, transport and the health service.

Sexual health: The Department of Health is working to improve the sexual health of the population by reducing the prevalence of sexually transmitted infections and HIV, and improving the range, access and quality of service provision.



Alcohol misuse: Regular excessive drinking is a significant cause of acute and chronic ill health and affect people's families and careers as well.

Drug misuse: The government's ten-year drug strategy aims to restrict the supply of illegal drugs and reduce the demand for them. It focuses on protecting families and strengthening communities. The National Treatment Agency for Substance Misuse is a special health authority within the NHS, established in 2001 and which has IDTS as one of the work areas (see page x).



**National Treatment Agency
for Substance Misuse**

All of these are potential factors affecting the health of prison populations and need the same targeted health promotion/improvement strategies to be in place as those for the wider population.



3. Island partnerships and key guidance/performance documents

3.1 Isle of Wight Prison Strategic Partnership Board

The Prison Strategic Partnership Board (PSPB) was established in May 2007 as part of a formal agreement between the PCT and Isle of Wight prisons (clustered since 1st April 2009) to:

- Oversee the strategic direction of the services and decide on investment priorities.
- Take responsibility for the management of the Commissioning Fund.
- Monitor quality standards and take any action necessary.

The Board meets at least quarterly (currently monthly) and the chair rotates annually between the PCT Director of Commissioning and Governor lead for healthcare.

In addition to the PSPB, the PCT and Prison are also both members of the Island Strategic Partnership (ISP) with the Local Authority, Police and other Island leading organisations that oversee *'Eco Island'*, the Island's Sustainable Community Strategy (see Chapter 1).

3.2 Prison health performance indicator 31: Health Promotion Action Group

In 2005, ministers agreed that a set of indicators should be developed specifically to measure the quality of prison health services and to help achieve the objective of NHS equivalent standards. It is intended that the indicators should:

- Drive up performance towards equivalence of service with the wider NHS.
- Provide Quality Assurance for stakeholders.
- Integrate into mainstream performance systems.
- Strengthen local partnerships.
- Strengthen commissioning.
- Support the development of 'best practice' guides.

The 2009/2010 set of indicators includes indicator 31 on Health Promotion Action Groups. For a prison to be 'green' for this indicator, it needs to provide evidence that:

- a) There is a health promotion action group with membership drawn from the local health community including healthcare, catering, physical education, general education, substance misuse services, chaplaincy and mental health services.
- b) There is a health promotion strategy which specifically addresses (i) mental health promotion and well being (ii) smoking cessation/reduction (iii) healthy eating and nutrition (iv) healthy lifestyles including relationships (v) drug and other substance misuse.

- c) There is evidence of health promotion/improvement activity and benefits that could be measured through the collection of formal prisoner feedback, completion of smoking cessation programme, increase in demand for healthy food options, reduction in referrals for stress and anxiety support from mental health teams, increase in take up of CARAT and drug programmes, reduction in referrals for sleep disorders and general feedback from prison staff.

3.3 Prison Service Order 3200: Health Promotion

Prison Service Order 3200 was issued in October 2003 and set out a duty for Governors to:

- Build the physical, mental and social health of prisoners (and where appropriate staff) as part of a *whole prison approach*.
- Help prevent the deterioration of prisoners' health during or because of custody, especially by building on the concept of decency in our prisons.
- Help prisoners adopt healthy behaviours that can be taken back into the community upon release.



A Whole Prison Approach to promoting health has been defined as:

'While deprivation of liberty presents obstacles to health promotion, prison is also a unique opportunity and powerful setting within which to address health needs. A Whole Prison Approach involves all aspects of prison which touch on the wider determinants of health (such as education and life skills), while also addressing prisoners' health needs through health promotion, health education, patient education and prevention.'

Prisons are required to have:

- *'Clear line management arrangements in place which indicate an individual with explicit responsibility for leading health promotion work across the prison. The person could be drawn from the list below (it does not have to be a health care qualified person).*
- *There needs to be clear management and co-ordination mechanisms under the umbrella of existing local NHS health steering/partnership arrangements. Those with a legitimate interest in being involved in a "whole prison approach!" to health promotion as described in the Strategy should meet as a Health Promotion Action Group or Co-ordinating Committee, and are likely to include:*
 - *Member of the prison Senior Management Team (to be Chair)*
 - *Head of Prison Health Care*
 - *Health Promotion Lead for PCT*
 - *Prison Lead for the PCT*
 - *Co-opted members who are specialists in their field from across the prison*
 - *In addition there may be a need for wider linkages too, for example with local voluntary agencies or local Smoking Cessation Service.*

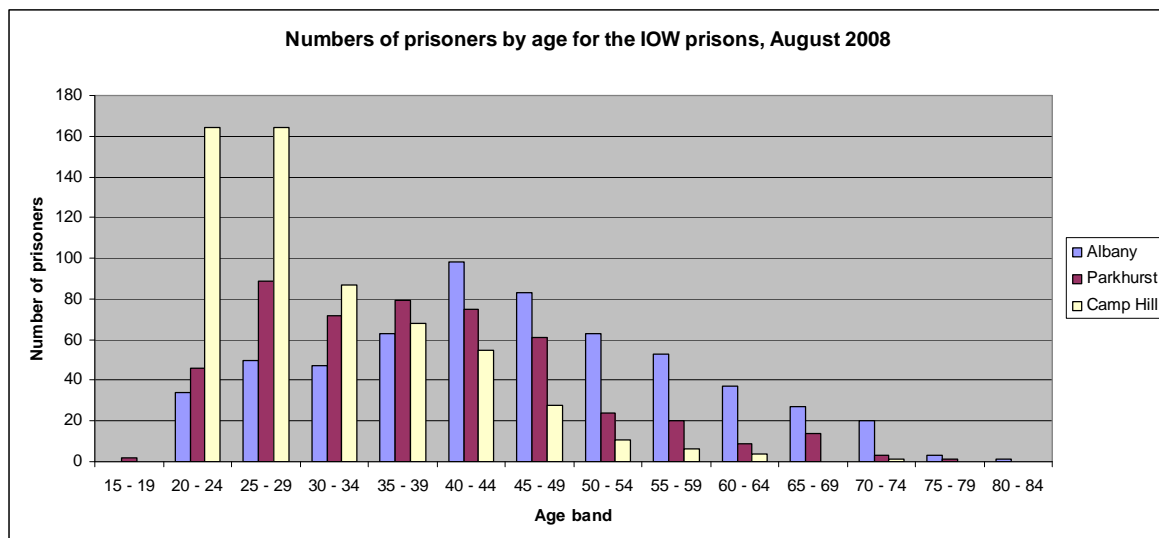
3.4 Nature of the three Isle of Wight Prison sites - Needs Assessment

A detailed Needs Assessment for the three Isle of Wight prison sites was published in January 2009 and included the following 'demographic' tables and figures:

Table 1: Description of the three Isle of Wight Prisons

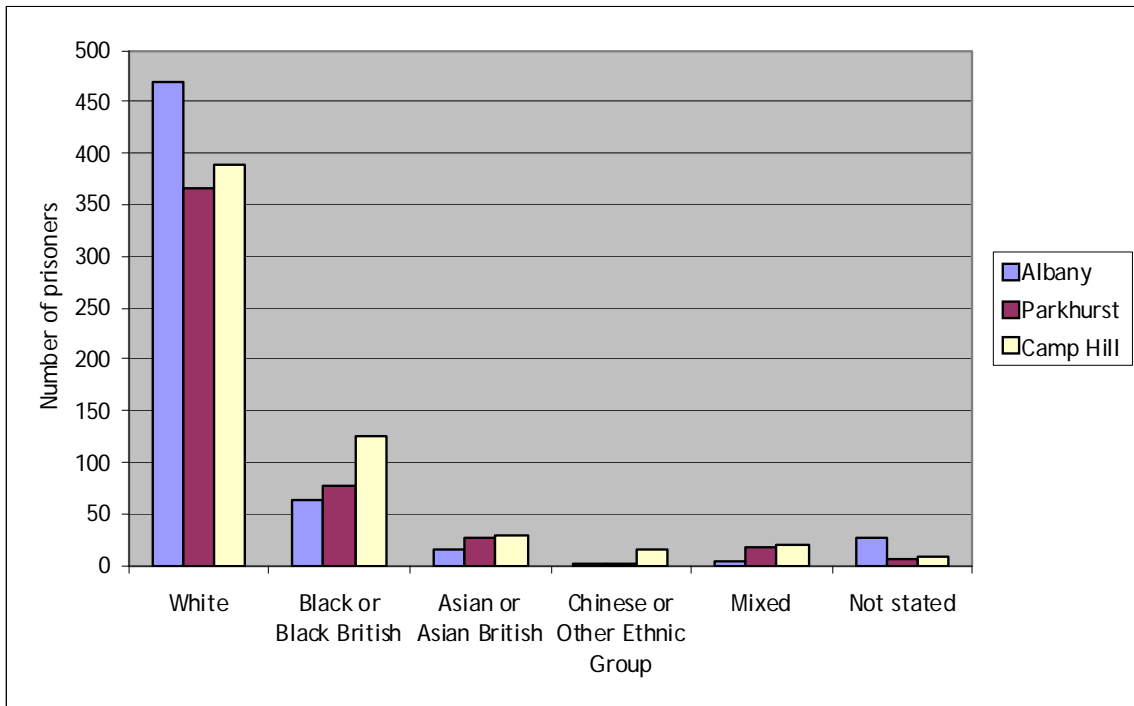
Sites	Albany	Camp Hill	Parkhurst
Category of prison	Cat. B training prison	Cat. C training prison	Cat. B training prison
Sex of prisoners	Male	Male	Male
Reception criteria	National resource for the Sex Offender Treatment Programme (SOTP). Sex offenders/vulnerable prisoners with sentences of 4 years or more.	Considered as taking the more challenging Cat. C prisoners	Sentence prisoners (including vulnerable prisoners) serving over 4 years; Stage 1 and 2 life sentence prisoners; IOW remand prisoners. Vulnerable prisoners are segregated in designated wings for their own protection.
Average monthly new receptions (Apr-Oct 2008)	21 (range 12-29)	105 (range 78-107)	28 (range 13-35)
Operational capacity of prison (CND)	566 (at 25/04/08)	595 (at 31/01/07)	497 (at 25/08/08)
Prison population (at August 2008)	579	588	495

Figure 3: Number of prisoners by age for the IOW prisons, August 2008



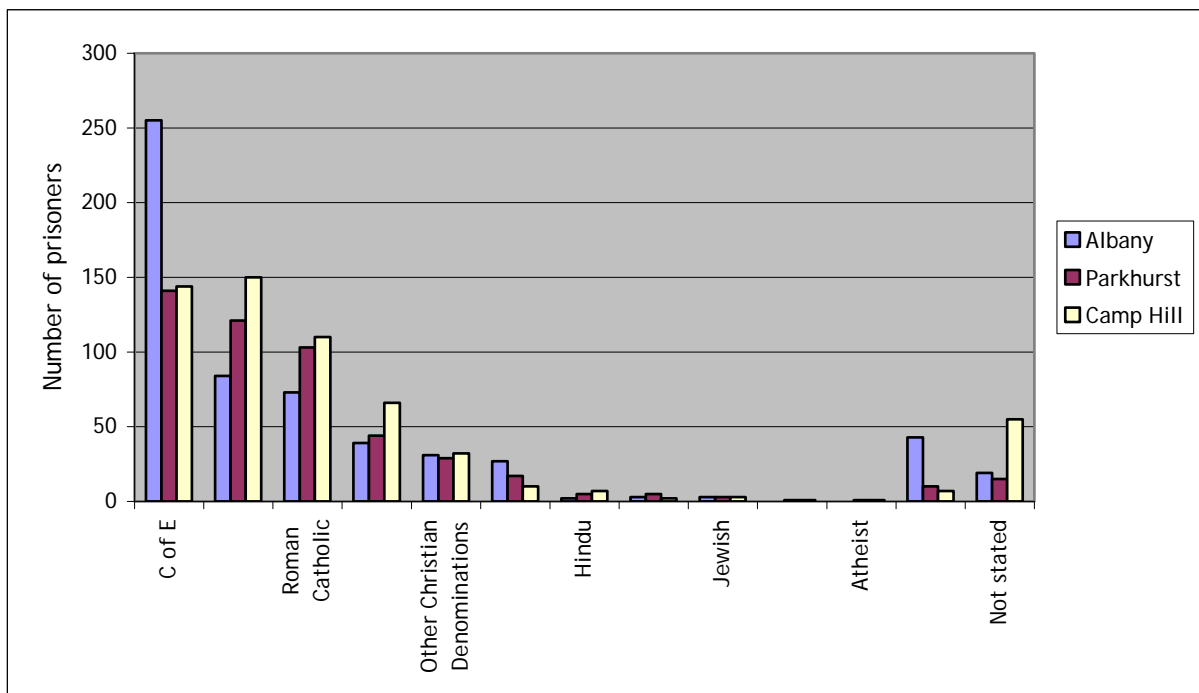
Camp Hill has the youngest and Albany the older segments of the HMP Isle of Wight prisoner population.

Figure 4: Ethnic groups within the three Isle of Wight Prison sites, August 2008



Minority ethnic groups constitute a larger proportion of the overall prison population compared with the Island population as a whole.

Figure 5: Prisoner faith affiliations for the three IOW prison sites, August 2008



All three prison sites have a wide mix of prisoner faith affiliation.

Figure 6: Main offence by IOW prison, August 2008

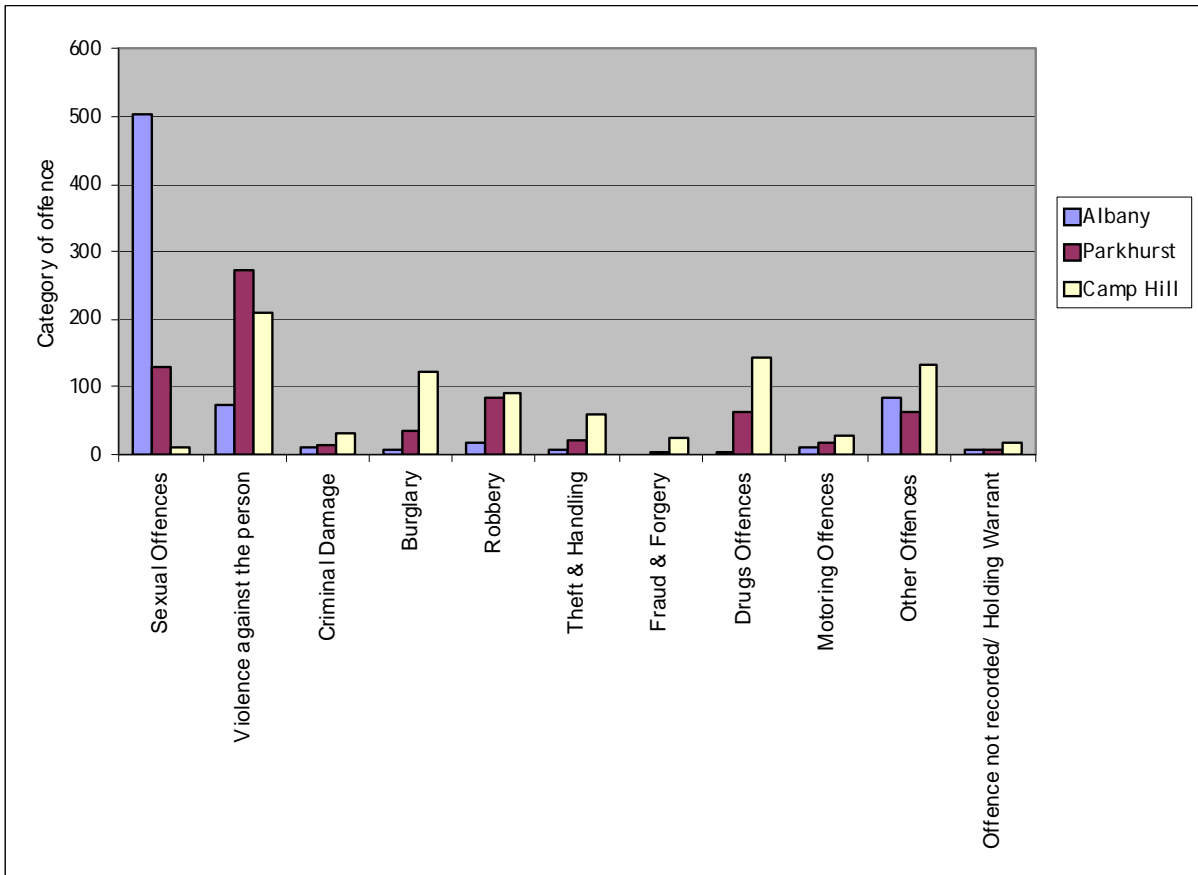
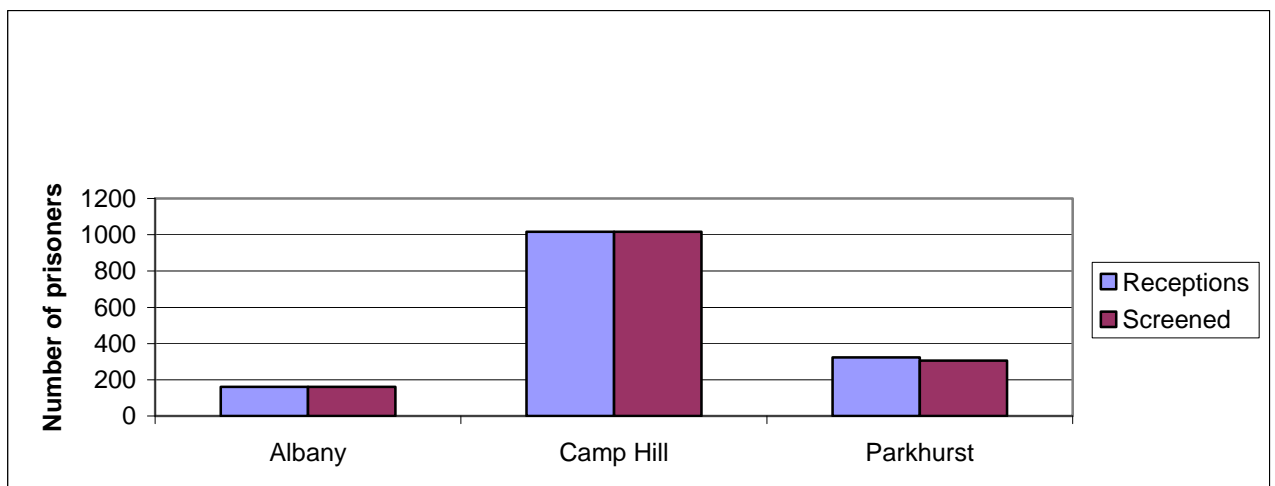


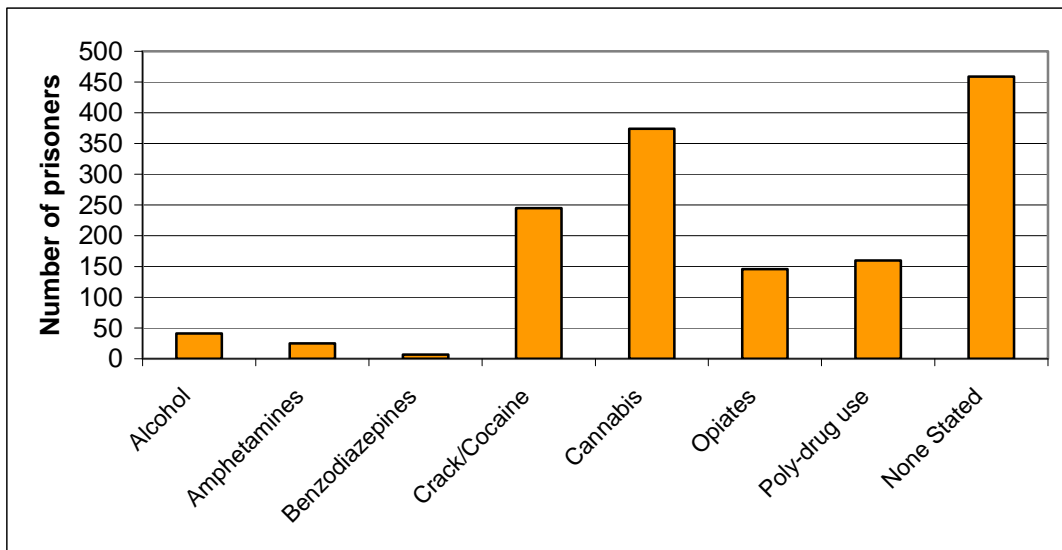
Figure 6 reflects the special national role of the Albany site in that it has a high prevalence of sexual offences but low prevalence of all the 'main offences' other than 'other'.

Figure 7: Number of receptions and number of these prisoners 'screened' for substance misuse May 08 to April 09 inclusive.



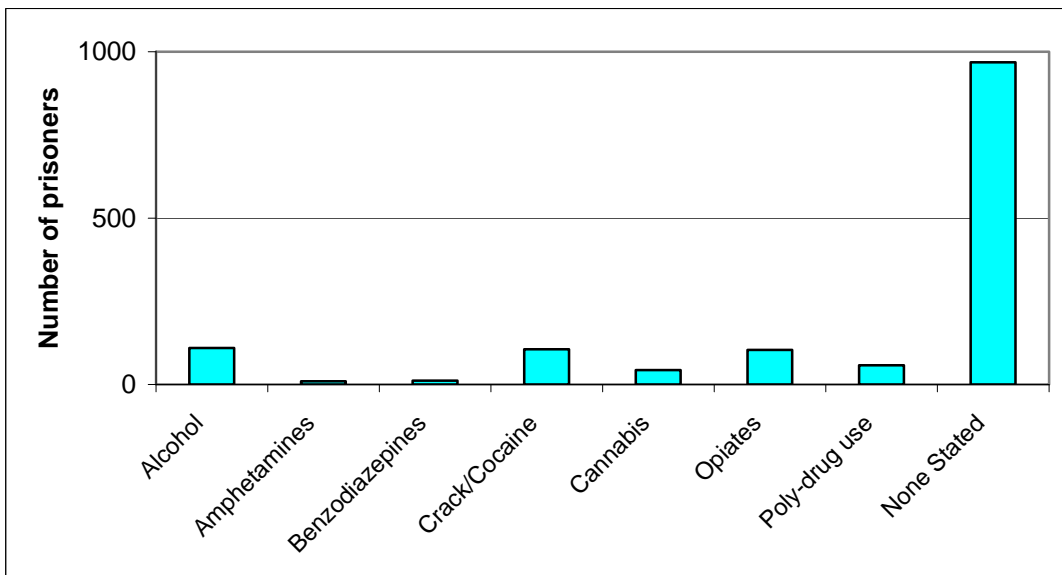
Camp Hill has many more receptions than Parkhurst or Albany. For all three prison sites, the number of prisoners screened by interview for drug misuse is close to 100% of receptions.

Figure 8: At 'screening', prisoners stated misuse drug of choice (May 08 to April 09 data aggregated for the three prison sites).



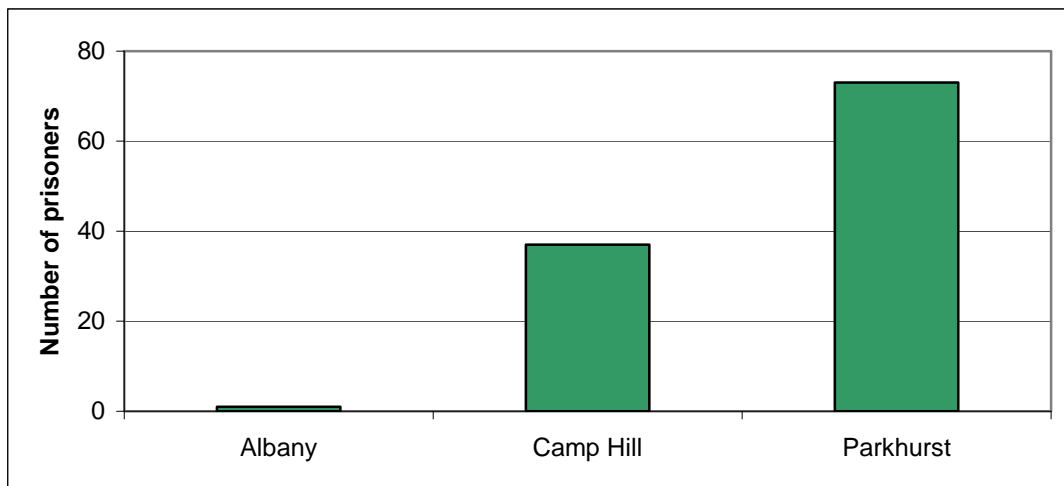
459 (32% of those prisoners screened) claimed they had no misuse drug of choice. The most popular drug of misuse is cannabis followed by crack/cocaine.

Figure 9: At 'screening', prisoners stated misuse drug causing them a problem (May 08 to April 09 data aggregated for the three prison sites).



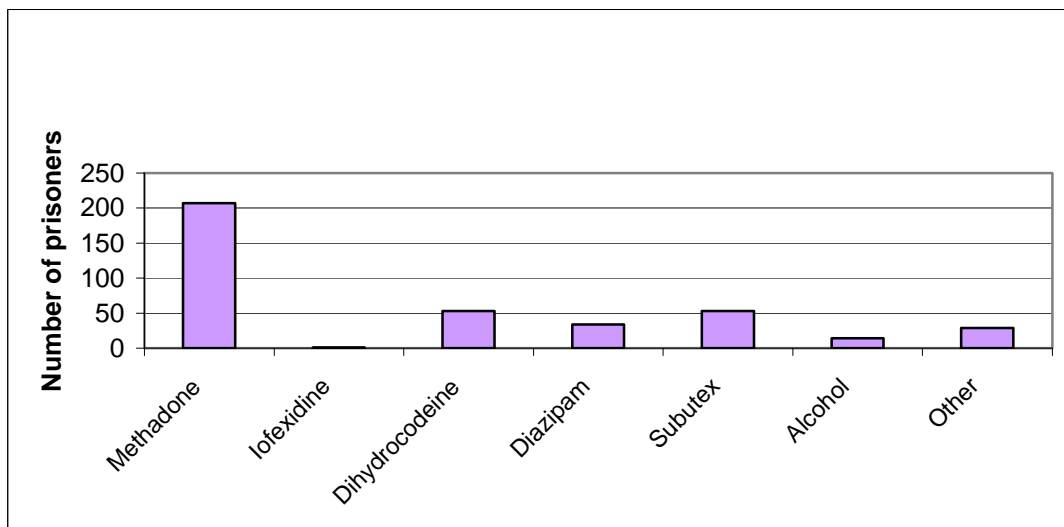
968 (69%) of prisoners claimed they did not misuse drugs (therefore were unlikely to require detoxification or to acquire a supply of the drug in prison through prescription or other means).

Figure 10: Number of prisoners starting detoxification by prison site during May 08 to April 09 inclusive.



Camp Hill has a moderate level of activity reflecting its challenging prisoner population. Parkhurst has the highest activity due to its remand function where it receives prisoners directly from the community.

Figure 11: Type of detoxification (May 08 to April 09 data aggregated for the three prison sites).



This chart underlines that the main drug problem for HMP Isle of Wight is opiates (methadone, subutex and dihydrocodeine). Alcohol and benzodiazepines (diazepam) are also problems.

Table 2: Expected vs. actual prevalence of chronic conditions

Condition	Expected number of prisoners in the IOW prisons with condition	Actual (recorded) number of IOW prisoners with condition in 2008				Ratio (Observed: Expected) (%)
		Total	Albany	Parkhurst	Camp Hill	
Asthma	240 ¹	168	76	35	57	70
COPD	142 ²	36	23	10	3	25
Diabetes	53 ³	57	34	15	8	108
Hypertension	377 ⁴	80	49	24	7	21
CHD	85 ⁵	46	32	11	3	54
Stroke/TIA	15 ⁶	15	10	4	1	100

Table 2 shows a breakdown of the chronic health conditions known to the prison primary care service compared to the number that might be expected. For example, during 2008, 57 prisoners were known to have diabetes, whereas the number expected (calculated based on the prevalence in the general population adjusted for the age/sex profile of prisoners of HMP Isle of Wight) was 53 giving an observed to expected ratio of 108%. The observed to expect ratio for hypertension was particularly low at 21%, which is of particular concern, as treatment of the condition can avert subsequent illness and premature death. However, as management/treatment of this condition can avert subsequent illness and premature death, and not all hypertension sufferers may be identified, this is still an issue of concern that needs to be addressed.

4. Prison wider public health workforce/partners

Outside of prison it has been realised that health professionals alone are unable to deliver the health improvement programmes and support that is required because they are limited in number and often not in a setting that is meaningful to individuals. Increasingly, health promotion specialists are training and facilitating other professionals, voluntary and community groups. In particular the DOH are promoting 'health trainers' and a successful programme is in operation on the Island.

Within the prison walls the primary care team (GPs, nurses and support staff) are well placed to identify inmates who have lifestyle and other risk factors and who are prepared for change (see figure 2). However, others can be trained to do this also.

5. Smoking cessation/tobacco control

A smoking cessation service started in the Isle of Wight prisons in 2004 when one of the prison pharmacy technicians (who is now the Public Health Quitting Service Manager) trained as a stop smoking advisor and commenced Stop Smoking courses for prisoners. Each course lasts seven weeks and participants meet weekly for a one and a half hour session. At the start of a course, up to 30 prisoners may enrol and as the course progresses inevitably prisoners are lost (from the course) but others succeed and quit smoking.

Courses are now run by the gymnasium staff (who have qualified as stop smoking advisors) at least one a quarter at each of the three prison sites.

Table 3: Smoking quitters within the prisons

	06 - 07	07 - 08	08 - 09 (Q1-3)	08-09 (projected)
Albany	4	16	33	44
Camp Hill	50	76	50	67
Parkhurst	24	22	11	15
Total	78	114	94	126

6. Healthy eating and nutrition

Public Health would welcome the opportunity to support healthy eating and nutrition within the prison environment. A Community Chef has undertaken some workshops with prisoners and this initiative could be developed further through partnership working with the Rural Community Council (RCC). The roll-out of the Department of Health's national campaign 'Change 4 Life', provides an opportunity to explore the possibility of adopting some of the key principles, like increasing the availability of fresh fruit as snacks, into the prisons.

7. Healthy lifestyles, including relationships

It may be particularly difficult to maintain a healthy lifestyle within the prison environment for both prisoners and staff, due to the necessity for security and the pressures on staff. However, prisons provide good facilities for prisoners to be physically active, but with a diverse population these do not always meet the needs of everyone. Through the exploration of a range of opportunities for alternative forms of activity support and training can be offered to staff and prisoners. These could include chair-based exercise, health walks, using step-meters, short mat bowls and Wii Sport.

The Disability Liaison Officer for the prisons has trained as a chair-based exercise instructor and she is providing weekly sessions for older prisoners. This initiative could be built on through offering further training to other interested prison staff, so that more classes could be offered. HMP Albany has been participating in a walking programme through the 'Walking the Way to Prison Health' Initiative, and further support could be offered to develop this scheme within the IW prison cluster.

Further challenges exist in terms of supporting prisoners to develop skills that will enable them to build positive relationships, which will support their health and wellbeing.

8. Drug and other substance misuse

Integrated Drug Treatment System (IDTS) seeks to improve and bring together into one system the planning and delivery of all drug treatment interventions, both clinical and psychosocial, so that they work together in the most effective and economic way, are experienced by the prisoner as one plan of treatment, and ensure uninterrupted continuity with community treatment at both the start and finish of custody.

Camp Hill has been selected for third wave funding and the other two sites (Albany and Parkhurst) have now been selected for wave four sites.

Key features of the implementation of IDTS are:

- The appointment of a Project Board comprising prison, PCT and DAT leads to oversee and direct implementation.
- The appointment of a project team and a project manager to be responsible for completion of key activities which will be recorded within a Project Initiation Document.

9. Mental health promotion and well being

Chapter 2 of this annual report outlines what mental health promotion is and how it is being taken forward within the general community. As appropriate and over time, the intention is to provide equivalent services within the prison.

10. Maintaining health improvement in prison and on release

Maintaining health improvement (e.g. abstaining from smoking once quit) is a challenge within prison as it is outside but maintaining health improvement in the immediate post release period is a unique challenge. The probation service plans with individual prisoners for their release. There are currently Health Trainers working within the probation service on the Isle of Wight who are in an ideal position to support continued health improvement with prisoners following their release.

11. Recommendations

- Building on discussion stimulated by this chapter, present a health promotion strategy for HMP Isle of Wight to the Prison Strategic Partnership Board for approval.
- Establish a Health Promotion Action Group to develop and oversee the implementation of the health promotion strategy including the measurement of activity and benefits.
- Facilitate and encourage staff development and training as part of the wider public health workforce, based on the Public Health Skills and Career framework competency and knowledge standards. In particular focus on training in behaviour change theory and practice.
- Link with the prison Primary Healthcare service over ways to maximise health improvement opportunities.
- Support other agencies already working in prison around the health promotion agenda, eg: Prison visiting, Age Concern, Citizen's Advice Bureau.

- Work closely with the Probation Service to enable transfer of lifestyle information and support on release to maintain the lifestyle changes former inmates have achieved. This should be linked to the existing Health Trainer Programme as appropriate.

Appendix A: Timeline for NHS involvement with the healthcare of prisoners

April 05	Second wave of PCTs taking over responsibility for commissioning prison healthcare.
April 09	Contract let for primary care services to Beacon Healthcare.
August 09	Anticipated TUPE of prison healthcare staff to the NHS.
August 09	Anticipated opening of new prison healthcare facility.

Chapter 4: Progress against recommendations made by the 2008 annual report

Cardiovascular disease prevention project (2008 chapter 2)

The 2008 Annual Report featured the start of a cardiovascular disease prevention project that among other objectives set out to invite individuals living in 12 target wards with high mortality rates for cardiovascular screening. Of 5,177 individuals invited who had not had their risk factor recently assessed, 2,606 attended for screening and were risk scored. Those individuals who smoked were offered support to stop and, as appropriate, individuals were referred to health trainers, offered vouchers to join weight management groups and encouraged to join health walks.

The project ran from January 2008 to March 2009. Data is still being analysed and detailed reports will follow. The lessons learnt will be important in targeting future inequalities work.

Screening (2008 chapter 3)

The chapter on screening gave an overview for the Island of the origins, recent development, current performance and challenges of the cervical, breast cancer, bowel cancer, obstetric ultrasound and diabetic retinopathy screening programmes. The chapter concluded with two recommendations:

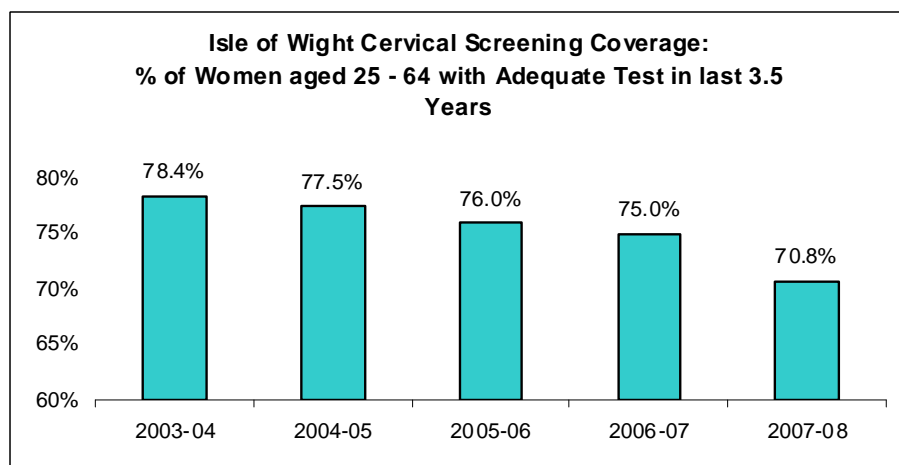
- *'The PCT should establish a district screening committee to meet quarterly and maintain an overview of the performance of established screening programmes and of plans to implement new programmes.'*
- *'Informed by forthcoming national research, public health together with primary care commissioning should formulate a plan for equalling or exceeding national screening uptake/coverage targets'.*

District Screening Committee

The Isle of Wight District Screening Committee has been established with representation from primary and secondary care reporting to the Commissioning Board. The Committee has met twice and has a programme of quarterly meetings.

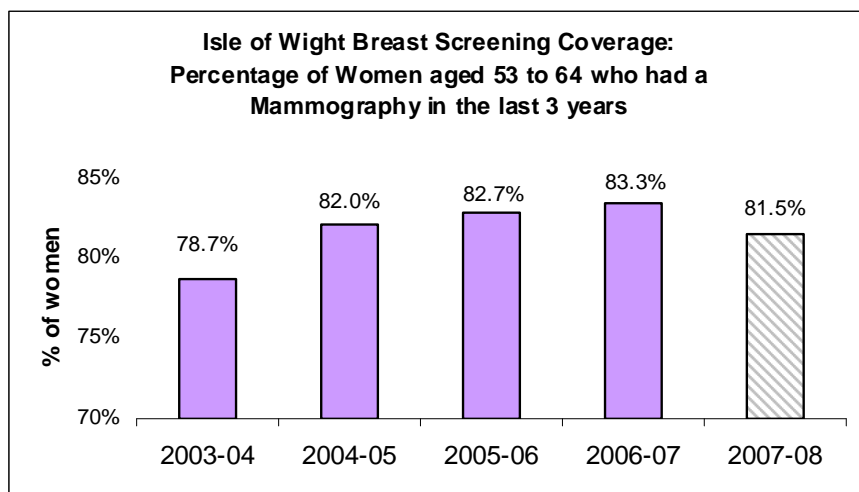
Cervical screening

The 2008 report noted as a significant public health concern a year on year decline in cervical screening coverage. The outturn for 2008/09 at 80.2% was better than expected (2006/07 81.8% and 2007/08 80.4%) but only just above the target of 80%.



Breast screening

In January 2009 the Breast Screening Unit was subject to a national programme quality assurance audit and performed well. However, attention was drawn to a fall in breast screening coverage (2007/08 figure was not available in time for the 2008 public health annual report). As for cervical screening, Island women need to be supported and encouraged in taking part in these screening programmes.



Fetal middle cerebral artery Doppler scanning

A St Mary's Hospital sonographer is currently training in Southampton in this technique. It is envisaged that this service will be implemented on the Island soon, including direct links with the Southampton Foetal Medicine Unit.

Bowel cancer screening

Bowel screening for the island population will commence later this summer. The necessary national accreditation of the St Mary's Hospital endoscopy facilities has taken place and the provider held discussions with the screening centre (Portsmouth Hospitals) to ensure clear, shared protocols are in place. Portsmouth Hospitals will provide the nurse counsellor support to the Island aligned with the screening endoscopy sessions.

Once our experienced endoscopists have successfully completed their clinical accreditation, the screening programme can commence.

The first part of the bowel screening programme for the Island will commence from the screening hub at Guildford, who will send out the initial testing kits to people aged between 60 and 69. The tests will be sent out over a two-year screening cycle, so not everyone will receive the screening test in the first year of the programme. Dependent on the result of the test for faecal occult blood (FOB), a small number of patients will then be invited to have a colonoscopy as a further test. It will be important to maximise uptake of the programme across all groups of invitees, in order to avoid exaggeration in inequalities in cancer mortality rates.

The PCT is planning to include prisoners in the screening programme. We are likely to be the first district to include prisoners, as the previous bowel cancer screening pilots have not done so.

Diabetic retinopathy screening

The 2008 report outlined the purpose and local arrangements for screening of diabetic Island residents for retinopathy and noted difficulties that had been encountered in establishing a call/recall system at Southampton. It is pleasing to be able to report that the targets for screening Island patients were met in 2008/09 but much still remains to be done to further improve the service while at the same time nationally and locally there is a steep increase in the number of diabetic patients (all of whom require screening).

Children and young people (2008 Chapter 4)



During the past year, significant work has been completed around children, young people, and their families.

- The Children's Trust has reviewed their Children, Young People and their family Plan (C&YPP), and has established both a joint preventative strategy and joint commissioning strategy. The Isle of Wight Council and its partners are implementing a Parenting Strategy to provide a framework to deliver services to parents and carers across the continuum of needs.
- The PCT's World Class Commissioning strategy's priority setting included children as one of their five priorities.
- It has established integrated pathways to ensure needs are properly assessed and gaps in services are addressed via commissioning and workforce development.
- The Parenting Strategy works through a range of settings and provides programmes and interventions designed to tackle underlying causes of poor outcomes in families.
- The strategy promotes early intervention and holistic approaches that address needs of the whole family and develops personalised packages of support.

Link to website is as follows:

<http://www.iwight.com/childrenstrust/Documentation/cypplan2.asp>

Progress against the following recommendations from 2008 report

Vulnerable children and young people

- *'To develop preventative services that looks at a whole family approach, leading to earlier intervention for children on the edge of care, and children at risk of offending.*
- *Respite services for children with disabilities to be strengthened.*
- *Develop more integrated working processes around families where domestic abuse is a factor and particularly focusing on children where registration and re-registration are linked to domestic abuse.'*

Progress

(Extracts from the C&YPP)

- The Local Safeguarding Children Board is well established with good cooperation, contribution and participation from other agencies.
- The information sharing protocol has been agreed by the Children's Trust.



- Multi-agency Common Assessment training has been rolled out across all partner agencies.
- There are improvements in the number of children being adopted.
- The stability of placements for looked after children are improving.
- A clear transition policy is in place for those with learning disabilities and a robust inter-agency process for identifying when families require more targeted support is in place.
- The percentage of initial assessments to referrals has more than doubled to 91.9%, which is excellent progress. The majority are timely and well focused.
- Good progress has been made regarding anti bullying. The strategy is now complete and the Children's Trust will be engaging with Head Teachers on the best approach to embedding it in all schools across the Island.
- More support for parents and carers to get involved in their children's education and in the shaping of services. This is intended to ensure that services are family friendly, that concerns about bullying are properly tackled, and that attainment levels increase.
- Special Domestic Abuse Courts are being piloted and will be launched this year.
- Health assessments for Looked After Children (LAC) have improved from 78% to 81.6 (82%), moving into the top banding.

Effective targeted youth support on the Isle of Wight will address the risk factors that may result in poor outcomes and will help build vulnerable young people's resilience. Targeted Youth Support is an integral component of locality working that is being implemented across the Isle of Wight.

- A range of measures to tackle poor behaviour and school exclusion, including continued development of behaviour partnerships, expansion of the use of acceptable behaviour contracts, expansion and innovation of alternative provision forms and a new programme aimed at re-engaging those not in education, employment to training in learning opportunities

The plan will develop the Child and Adolescent Mental Health Provision on the Island.

- The strategic aims are to ensure that provision is responsive, visible, accessible, community based and non-stigmatising services for children, young people, and their families. These services are being structured around other universal service provision.
- The plan ensures that services will work hard to improve transition between services and to improve the way in which they engage their users into shaping and developing their services and improve promotion of mental health services.
- The strategy ensures that they maintain a focus on the needs of children and young people in care and those with learning difficulties and disabilities.

Oral Health Promotion

'Work within the framework of the Children's Trust Preventative Strategy to develop sustainable oral health promotion programmes.'

Progress

- Further funding has been achieved to continue to deliver through the preventative strategy existing oral health promotion interventions.
- A pilot project will be delivered and evaluated in Ventnor around tooth decay and possible interventions that could be delivered through the Personal Dental Service.



Reducing Obesity

- *'Use the Children's Trust Preventative Strategy as a mechanism for focusing multi-agency work to prevent childhood obesity.'*
- *Support the development and implementation of a care pathway for the prevention and management of childhood obesity through effective integrated multi-agency Public Health and Commissioning programmes.'*

Progress

- The IWNHS Public Health department commissioned an independent needs assessment with funding from the Strategic Health Authority around childhood obesity. The draft report has been submitted to the Children's Trust to inform the development of a joint obesity strategy and action plan.
- The National Support Team for childhood obesity also visited the Island and their report and support will be used to develop the proposed strategy.
- Joint working has been developed through the Children's trust and leisure services to deliver pilot programmes addressing childhood obesity through the Manage, Exercise, Nutrition and Do it (MEND) programme.

Reducing smoking in young people

- *'Develop a network of smoking cessation advisors to offer support to young people who smoke.'*
- *Improve referral pathway of... to specialist smoking cessation services.'*

Progress

- A team of School Nurses are now trained as Level 2 Smoking Cessation Advisors. This enables easier access to nicotine replacement therapy and easier access to support.
- A designated specialist advisor is working closely with both school nurses and departmental heads. This action has enabled stop smoking support to be included in the general school timetable at one high school.
- Details of Stop Smoke Support availability is provided to head teachers, each school term, within their information pack.



Substance misuse

- *'Increase the availability of services to young people who misuse substances via generic services through increased education, awareness, good health promotion, and clear referral pathways.*
- *Identify improved signposting of young people by primary care services to the Get Sorted team.'*

Progress

- Regularly review linking young people into the condom scheme; promoting good health and recommending Chlamydia screening when young people are sharing risky sexual behaviour around their substance and alcohol.
- Linking young people into generic services to improve and enhance their lives, such as to a Connexions advisor and organising a One Card for a healthier fitness lifestyle.
- Addition of the A&E post has had a marked improvement with communication regarding the admissions of clients presenting with alcohol issues.
- Our relationship with Children's Ward continues to be excellent and we work with referrals from them.
- On a professional level working in the community at different events we have good relationships with the health promotion team within Public Health.



There is more work required on referral pathways into Child and Adolescent Mental Health Services.

Chlamydia screening

- *'Work with LA colleagues to develop an action plan to support the Local Area Agreement target to increase opportunistic screening across the Island.'*
- *'Develop a GP Locally Enhanced Service to reward opportunistic screening activity in the practice setting.'*

Progress

- Joint working across all partners including ConneXions and Youth Trust to facilitate a window competition within pharmacists for access to screening services.
- Working with Teenage Pregnancy Services to ensure opportunistic screening is available.
- A local enhanced service has been developed with GP's and is now in place and operating within all 17 practices.



Teenage Pregnancy

- *'Target young people at risk of teenage pregnancy in conjunction with Targeted Youth Services arrangements.'*
- *'Improving access to and extending young people's sexual health services.'*
- *'Improve performance management, data collection, and analysis of data.'*

Progress

- The teenage pregnancy strategy is a strategy led by the Local Authority, NHS PCT and the Voluntary and Community Sector, hosted by Children's Services within the Isle of Wight Council.



- By 2010, the strategy aims to reduce teenage conceptions by 45% and to reduce social exclusion amongst young parents by engaging teenage mothers in education, employment or training.
- The strategy aims to achieve its targets by:
 - Ensuring there is a skilled workforce
 - Facilitating quality assured sex and relationship education in and out of schools
 - Offering young people, friendly contraception and sexual health services
 - Raising the aspirations of young people
 - Working with parents to support them to communicate with their children about relationships and sex
 - Engaging young people in the development and review of activities

Commissioning Strategy 2008-2013

'Locally valued, clinically safe, financially sound'



IWNHS World Class Commissioning

Following the publication of the Joint Strategic Needs Assessment, Public Health report, Joint Area Review, the children and young people's plan, six areas of particular concern were identified:

- **Oral/Dental Health** - The PCT is commissioning significant additional general dentistry in 2008/9 increasing both the quality and location of NHS dental services on the Island. The PCT is committing non-recurrent funding over two years to pilot a family intervention targeting children and their families' long-term oral health.
- **Obesity** - Currently there is limited access to a community dietician to support primary care and investment is being made to address this over the next few years, both for individual work and for training of staff to support young people and their families.
- **Child and Adolescent Mental Health Services (CAMHS)** - Improvement in CAMHS is a high priority for the Island. The PCT and Local Authority have given significant support by the provision of four new primary care mental health worker posts (two funded by the PCT). In Specialist CAMHS a second child psychiatrist post has been agreed together with two in reach and outreach workers who will work across Specialist CAMHS, Children's Services. This will significantly improve capacity within these services. Practice Based Commissioning also supported the development of an under-13 counselling service during the year. Increased Access to Child and Adolescent Mental Health Services Access to primary care mental health services remains a focus for the island.
- **Risk-taking behaviour** - To support young people and to identify risk-taking behaviour at an early stage, new investment into the school nursing service will address some of these issues by working directly with young people within a school setting, and giving support to schools who have concerns regarding behaviours. The service will tackle smoking, alcohol, teenage pregnancy, along side sexual health, all of which is associated with poor emotional health and wellbeing.
- **Primary prevention** - Though the publication of the Child Health Promotion programme supporting the need for primary prevention programme there will be an increase in health visitors together with the employment of Nursery nurses which will enable a new way of offering the preventative programme.
- **Workforce development** - Workforce development and joint training programmes for all providers delivering services to children is important in ensuring initiatives are reinforced by all workers who meet children. Funding has been made available to ensure effective development of the workforce.