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| HIGH LIFE HIGHLAND REPORT TO BOARD OF DIRECTORS28 AUGUST 2024 | AGENDA ITEM REPORT No HLH / /24 |

## **HEALTH AND WELLBEING PROGRESS UPDATE - Report by Chief Executive**

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| **Summary**The report provides an update on health and wellbeing activity in High Life Highland. Some examples of the work which has taken place to support health and wellbeing in Highland communities are included within the report.It is recommended that Directors note and comment on the update and progress made to date.  |

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| **1.** | **Business Plan Contribution** |
| 1.1 | High Life Highland’s (HLH) purpose is Making Life Better. The HLH Business Plan contains eleven Business Outcomes which support the delivery of this purpose, and this report supports the following highlighted outcomes from the Business Plan:1. Seek to continuously improve standards of health and safety.
2. Commit to the Scottish Government’s zero carbon targets and maintain the highest standards in environmental compliance.
3. Use research and market analysis to develop and improve services to meet customer needs.
4. **Increase employee satisfaction, engagement and development to improve staff recruitment and retention.**
5. **Improve the financial sustainability of the company.**
6. **Value and strengthen the relationship with THC.**
7. Develop and deliver the HLH Corporate Programme and seek to attract capital investment.
8. Use research and market analysis to develop and deliver proactive marketing and promotion of HLH and its services.
9. Initiate and implement an ICT digital transformation strategy across the charity.
10. **Develop and strengthen relationships with customers, key stakeholders and partners.**
11. **Deliver targeted programmes which support and enhance the physical and mental health and wellbeing of the population, and which contribute to the prevention agenda.**
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| **2.** | **Background** |
| 2.1 | Since the inception of HLH in 2011 health and wellbeing has been fundamental to the organisation. Embedding health and wellbeing at the heart of service delivery continues to serve the organisation well. The health and wellbeing work supports not only the financial sustainability of HLH but also in delivering social aims, making life better in a way which is life-changing to many of the participants in the programme.  |
| 2.2 | The health and wellbeing work significantly contributes to HLH’s commitment to value and strengthen its relationship with The Highland Council (THC) by supporting it to achieve strategic priority outcomes such as improving quality of life and making a positive difference to the lives of people in Highland communities. |
| 2.3 | HLH is also making life better for people by working together with other significant strategic partners, such as NHS Highland (NHSH), to improve physical, mental and social health and wellbeing of people - providing universal services with added intensive support for vulnerable groups (proportionate universalism) and helping to reduce health inequalities. |
| 2.4 | The health system is complex with many different departments and services which lead on different parts of care – it is vital for HLH to continue to resource the mechanism for maintaining, growing and strengthening the strategic links with the NHS in order to achieve its business outcomes and social aims.  |
| 2.5 | A summary of some of the health and wellbeing work is given below. |
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| **3.** | **Active Health Activities** |
| 3.1 | The *Active Health* programme has been created and grown since HLH was established in 2011. The programme provides a wide range of opportunities for people affected by or at risk of long-term health conditions to keep well in Highland communities. |
| 3.2 | The *Active Health* programme includes a wider range of different activities, including: cardiac rehabilitation, cancer rehabilitation, falls prevention exercise, Parkinson’s exercise, pain management, and the *You Time* programme which is aimed at older adults to help keep people keep physically and mentally well and socially connected. |
| 3.3 | The *Active Health* programme supports HLH’s endeavours to reduce health inequalities by applying the proportionate universalism standard – whereby resourcing and delivery of universal services are at a scale and intensity proportionate to the degree of need. |
| 3.4 | During the 2023 calendar HLH had over two and a half thousand individual people take part in the *Active Health* Programme. Over one thousand eight hundred of those people are full paying *high****life*** members (equating to circa £720,000 of income per annum), there are also five hundred and twenty seven Pay As You Go members and three hundred and seven Budget members who take part in the Active Health programme.  |
| 3.5 | The income associated with the *Active Health* programme represents a significant contribution to the overall income generated by HLH and without the continued focus to sustain and develop the *Active Health* programme there is a risk that this income stream will be lost to HLH. |
| **4.**  | **GP MAP Roll Out** |
| 4.1 | Building on the success of the *Active Health* programmes outlined above HLH has recently broken new ground in NHS primary care by developing a new service with General Practitioners (GPs). |
| 4.2 | Local GP practices are the main point of contact for general healthcare in Scotland. They support people to get the right kind of care when needed and are usually made up of multi-disciplinary teams which could include: GPs; Advanced Nurse Practitioners; General Practice Nurses; and Physiotherapists. |
| 4.3 | It is a significant development for HLH to be operating in the GP space and this will require ongoing resource and focus to ensure appropriate growth from the current eleven active practices to all practices in Highland to ensure the work is scaled. |
| **5.** | **Parkinson’s Exercise** |
| 5.1 | Since 2017 HLH has provided support for people affected by Parkinson’s Disease through regular exercise classes which are available across the Highlands. This work has been supported by NHSH and Parkinson’s UK (Scotland). The impact of the work can be viewed in [this three minute video](https://www.youtube.com/watch?v=WN5-x9NhFAk). |
| 5.2 | It is now well understood that if people can keep active it can significantly improve functional capacity, fitness and quality of life as well as reducing the risk of ill health, disease recurrence, deterioration of condition, risk of falling and even acute hospital admissions whilst also helping to manage symptoms. |
| 5.3 | During the COVID-19 pandemic HLH swiftly pivoted to providing ongoing support to people affected by Parkinson’s including online, live interactive classes, plus personal contact by phone and email from HLH specialist exercise instructors to help participants to keep well by providing specifically tailored information such as how to exercise safely at home, as well as how to access resources on topics like how to eat well.  |
| 5.4 | HLH currently offers eight Parkinson’s Exercise classes per week across the Highland area, these are attended by over ninety people who attend the classes regularly. The classes continue to make a big difference to people’s lives.  |
| **6.** | **Reducing Health Inequalities** |
| 6.1 | People in lower socio-economic groups are more likely to have long-term health conditions, and these conditions tend to be more severe than those experienced by people in higher socio-economic groups. Deprivation also increases the likelihood of having more than one long-term condition at the same time, and on average people in the most deprived fifth of the population develop multiple long-term conditions 10 years earlier than those in the least deprived fifth. ([The Kings Fund, 2022](https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities#:~:text=Inequalities%20in%20long%2Dterm%20health%20conditions,-Long%2Dterm%20conditions&text=People%20in%20lower%20socio%2Deconomic,in%20higher%20socio%2Deconomic%20groups.)) |
| 6.2 | HLH offers a variety of targeted, physical and social activities to help address health inequalities in a programme called Dynamic Wellbeing which supports people with a range of long-term health conditions including (but not limited to): arthritis; chronic pain; type 2 diabetes; and neurological conditions. |
| 6.3 | Dynamic Wellbeing focusses on what people are physically able to do rather than the health condition they have been diagnosed with, providing a holistic and inclusive programme which enables improved physical and mental health outcomes. On average seventy six people take part in Dynamic Wellbeing each month and this number is expected to rise as sign-posting from health professionals has begun to increase. |
| **7.** | **Growing Links with Secondary Care** |
| 7.1 | A further new development for HLH in working with secondary care (specialised healthcare usually based in a community health setting or a local hospital) is an opportunity to collaborate with physiotherapy services, through two new routes:1. Community Appointment Days
2. Links with Physiotherapists and HLH exercise instructors
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| 7.2 | Community Appointment Days (CAD) are being designed in response to increasing complexity, demand and waiting times in the NHS. Physiotherapists routinely signpost patients to other services but there are barriers to engagement and a new innovative model of care is required with engagement with our partners is necessary to provide patients with the care they need. |
| 7.3 | The CAD model has been tested in Lanarkshire which resulted in a successful significant reduction in waiting times and waiting lists for the NHS with a significant increase in participation at local leisure facilities. Plans are in development to deliver CAD through events, initially in Inverness and Lochaber Leisure Centres operated by HLH with scope to scale to more centres thereafter. |
| 7.4 | Alongside CAD, NHS Highland and HLH are collaborating to support Physiotherapists and HLH exercise instructors to work more closely together by streamlining the transition from physiotherapy to HLH community based services to ensure the best possible use of resources and outcomes for patients, this work is being driven by NHS Highland’s Lead Physiotherapists and HLH’s Head of Health and Wellbeing. |
| **8.** | **Supporting Efficiencies in NHSH** |
| 8.1 | Within the Scottish Government’s Preventative and Proactive Care Programme there is a drive towards supporting people who are currently on NHS waiting lists. It is understood that support is vital for citizens themselves and to maximise the sustainability, efficiency, and effectiveness of NHS services.  |
| 8.2 | There is strong evidence that people who may have been waiting long periods of time for their appointments are at risk of deconditioning or experiencing deteriorating mental and physical health which can lead to longer recovery times, worse health outcomes and in some cases cancellation of appointments due to modifiable risk factors having not been adequately addressed, for example before surgery.  |
| 8.3 | A focus on “waiting well” is to switch from a passive period of waiting to a time where proactive action can take place, both by the person and the health system. For some people, this may help keep them in a stable position of health and for others, they may optimise their health to a point which leads them to delay or remove the need to join or stay on a waiting list.  |
| 8.4 | It is recognised that health boards cannot succeed with a “waiting well” approach in isolation and leisure trusts have been identified at national and local level as key stakeholders to support the development of holistic “waiting well” service. |
| 8.5 | HLH is currently in discussion with NHSH’s Waiting Well Visioning Group and locality service redesign teams to start the process of collaboration to ensure that patients across Highland can be supported to wait well. This is expected to contribute towards more efficient delivery of NHS services whilst resulting in increased in demand with appropriate associated income streams for HLH services in Highland communities.  |
| **9.** | **Funding Arrangement with NHS Highland** |
| 9.1 | The jointly funded Health and Wellbeing post is about to become vacant and there is discussion between NHSH and HLH on the continuation of the post.  |
| **10.** | **Implications**  |
| 10.1 | Resource Implications – there are no additional resource implications arising from this report. |
| 10.2 | Legal Implications - there are no new legal implications arising from this report. |
| 10.3 | Equality Implications – there are no new equality implications arising from this report. |
| 10.4 | Risk Implications – there are risks associated with paragraph 9.1 with potential impact on: (i) income as outlined in paragraphs 3.4 and 3.5; and (ii) services asoutlined in this report. At this stage, however, there has been a positive indication on the part of NHS Highland of a desire to maintain and strengthen the partnership.  |

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| **Recommendation**It is recommended that Directors note and comment on the update and progress made to date.  |

Designation: Chief Executive

Date: 14 August 2024

Author: Lynn Bauermeister, Head of Health and Wellbeing

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