Healthy
Clare

Healthy Clare Strategic Plan

2019-2021

TABLE OF CONTENTS

Foreword....i
Executive Summary....ii

1 Chapter 1 **International Policy and Practice – Trends and Considerations.** 1

2 Chapter 2 **National Policy and Practice – Trends and Considerations**....7

3 Chapter 3 **Local Profile, Policy and Practice**....15

4 Chapter 4 **Current Provision of Services and Infrastructure**....25

5 Chapter 5 **Consultation**....29

6 Chapter 6 **Three Year Strategic Focus, Action Plan and Sustainability**....31

7 Chapter 7 **Delivery, Monitoring, Review and Evaluation** 35

LIST OF FIGURES

Figure 2.1 **Environmental and Social Determinants of Health**....7
Figure 2.2 **The Four Central Goals of Healthy Ireland**....8

STRATEGIC PRIORITY ACTIONS

Physical Activity....33
Mental Health & Wellbeing....33
Healthy Weight....33
Sexual Health....33
Tobacco Free....33
Drug & Alcohol Related Harm....33

ENDNOTES....36

FOREWORD

The **Healthy Clare Strategic Plan** represents the commitment of Clare LCDC to support the delivery of a range of activities that will underpin the health and wellbeing of the people of County Clare.

The determinants of health and well-being are many and their interactions complex. They encompass physical, psychological, social, economic, environmental, political and cultural factors.

This strategy focuses on the social and environmental determinants of health and well-being. The Action Plan identifies a number of community-based activities that will impact positively on people's lives in terms of their physical, mental and sexual health and which will also challenge and combat the negative effects of tobacco, alcohol and other drugs.

The action plan aims to exploit the synergies of inter-agency co-operation and community engagement where goodwill and collaboration will generate new activities and enhanced outcomes.

By delivering activities together in a spirit of learning and development, this strategy and action plan will both challenge and, at the same time, address many of the social and environmental determinants of social inequality and deprivation to the benefit of communities and individuals alike.

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EXECUTIVE SUMMARY

Vision for a Healthy Clare: Where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Over the past number of years significant work has been undertaken, in consultation with the public, in developing national policies and plans. These include, but are not limited to, Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical Activity Plan (2016), A Healthy Weight for Ireland Obesity Policy (2016), Reducing Harm, Supporting Recovery- a health lead response to drug and alcohol use in Ireland (2017), National Get Ireland Walking Strategy (2017), Connecting for Life: Strategy for Suicide Prevention (2015-2020) and the National Positive Ageing Strategy (2013).

There is national recognition that these policies and plans have to be integrated and implemented at local level. The Healthy Cities and Counties initiative is being pursued by local authorities around the country. The process in Clare is being led by the Clare Local Community Development Committee (LCDC) through the establishment of a Healthy Clare Working Group.

The Clare Local Community Development Committee (LCDC) is ideally placed to understand local needs and issues, as well as the assets and networks unique to Clare to promote and improve the health and wellbeing of people living in County Clare. The action plan contained within this strategy is a local plan that realises and assists in the implementation of the national priorities of; Physical Activity, Mental Health, Healthy Weight, Tobacco Free, Sexual Health, and the Prevention & Reduction of Alcohol related harm.

Health is a personal, social and economic good, a healthy population in Clare is essential to allow people to live their lives to their full potential. A healthy population is also a major asset for our society; therefore the Healthy Clare Strategy aims to improve the overall health and wellbeing of the County's population. This means that all sectors of society need to be proactively involved in improving the health and wellbeing of our population.

When a person experiences health problems, suffers illness or has a disability, the loss of health and wellbeing affects every part of their life and those around them. A person's health and wellbeing can be influenced by; economic status, education, housing, the physical environment in which people live and work. It can also be affected by policy decisions taken by Government, the individual choices people make about how they live, and the participation of people in their communities.

Through the process of extensive consultation with key stakeholders the six national priority themes were examined. The outcome of the consultation identified there were 2 key priority areas of Mental Health & Physical Activity for Clare. The Healthy Clare Strategy will focus on these areas as a priority as well as the delivery of actions in the other areas of Healthy Weight, Sexual Health, Tobacco Free and Drug & Alcohol related harm.

The Healthy Clare Working Group will identify the actions to be pursued over the next three years and identify the organisations in the county that are best placed to lead out on these priority areas. Work plans of local agencies have been examined to identify relatable actions to the priority areas of the Healthy Clare Strategy. In some cases the lead agencies will need to connect with other agencies in order to achieve these actions. It is equally important that actions within the strategy are looked at on a whole of county basis.

It is hoped that by connecting with their local communities, the people of Clare will make healthier lifestyle choices that will influence their own health and the health of their families. This strategy is the first step towards a collaborative approach to a healthier Clare and one that can be built on through learning and experiences into the future.

1 CHAPTER 1 INTERNATIONAL POLICY AND PRACTICE - TRENDS AND CONSIDERATIONS.

1.1 INTRODUCTION

The World Health Organisation (WHO) strategy; *Health 2020*, recommends that government leaders and policy-makers should establish governance mechanisms that foster inter-sectoral co-operation among government departments, national and local institutions, experts, civil society and, where appropriate, the private sector[i]. This partnership approach is reflected in the Healthy Clare Strategy. The promotion of healthy citizens, communities and societies is embodied in the United Nations Sustainable Development Goal Three, 'Good Health and Wellbeing.'[ii]Moreover, The WHO Constitution enshrines that the highest attainable standard of health is a fundamental right of every human being[iii]. Countries, including Ireland, committed in the United Nations 2030 Agenda[iv] to invest in health, achieve universal health coverage and reduce health inequalities for people of all ages and abilities.

This chapter identifies the main international policy and practice frameworks that are relevant to the formulation and delivery of the Healthy Clare Strategy. It deals sequentially, with six themes as follows:

1. Physical Activity;
2. Healthy Weight;
3. Tobacco Free;
4. Sexual Health;
5. Prevention and Reduction of Alcohol-Related Harm; and
6. Mental Health.

It is evident within this strategy, as indeed from all international experience, that all aspects of health are inter-related. Therefore, a strategy to promote health gain in one area is likely to have a positive effect in several other areas too. The association between physical activity and mental well-being represents a case in point. The international evidence also points to the merits of bespoke interventions that take into account factors such as local geography and demographics (particularly age), gender and socio-economic group. The latter is particularly relevant given the correlation between socio-economic deprivation and poor health. In addition, organisations with a global reach such as the World Health Organisation, consistently refer to the importance of robust data and ongoing review and monitoring – of interventions and of public health and wellbeing.

1.2 PHYSICAL ACTIVITY

The World Health Organisation declares that physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure. The WHO notes how physical activity is integral to general health and wellbeing, including mental health. It is therefore integral to any health promotion strategy, including preventive measures. According to WHO studies, physical inactivity (a lack of physical activity) is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately 30% of ischemic heart disease burden. A WHO discussion paper on physical activity, issued in April 2018 states that:

"Regular physical activity is a well-established protective factor for the prevention and treatment of the leading non-communicable diseases (NCD), namely heart disease, stroke, diabetes and breast and colon

cancer. It also contributes to the prevention of other important NCD risk factors such as hypertension, overweight and obesity, and is associated with improved mental health, delay in the onset of dementia and improved quality of life and well-being."[v]

This statement underscores how investments in the promotion of physical activity can reduce costs and avoid problems in other fields. Increased physical activity in the population leads to social and community benefits, as people participate in community-based sporting and recreational activities and support one another in being more physically active and healthy.

Exercise, is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective.

International experience[vi] points to the importance of education and awareness raising in encouraging citizens to incorporate physical activity into their daily lives. The promotion of exercise also requires education, but it also implies that public bodies, including local authorities and schools invest in the infrastructure and personnel that are required to enable citizens to take regular and systematic exercise. The WHO and European Frameworks, as well as Irish policies and practices in this field note the need for age-related stratified approaches. The WHO[vii] recommends that:

- Children and youth aged 5–17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily and most of the daily physical activity ought to be aerobic;
- Adults aged 18–64 should accumulate at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous intensity aerobic physical activity throughout the week or an equivalent combination of moderate and vigorous intensity activity; and
- Older adults should accumulate at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.

Irish and international research shows that a large proportion of the population is not attaining the WHO targets. In our western society, the predominant barriers include age (physical activity declines as people get older), environmental and structural factors such as poor weather, limited time, work pressures/ demands, childcare commitments, limited access to exercise facilities as well as psychological factors[viii]. These studies underscore the importance of integrated approaches to health promotion in terms of simultaneously enabling physical activity and the strengthening of healthy communities. Indeed, Ireland's National

Sports Policy (2018 – 2027) sets out the need to promote physical activity across ages, economic or social circumstances and ethnic backgrounds.

The *National Sports Policy* defines 'recreational sport' as "all forms of physical activity which, through casual or regular participation, aim at — (a) expressing or improving physical fitness and mental wellbeing, and (b) forming social relationships".

This European Framework, to which Ireland subscribes, forms part of, and contributes to the WHO Global action plan for the prevention and control of non-communicable diseases 2013–2020, which was endorsed by the 66th World Health Assembly in resolution WHA66.10 in May 2013. One of its nine global targets is a ten percent reduction in insufficient physical activity by 2025. The action plan associates the promotion of physical activity with reducing levels of obesity, diabetes and heart disease.

They add that physical activity promotion needs to take place in the workplace and in social and recreational settings. As is the case with the WHO frameworks, there is specific and repeated reference to the role of schools and youth organisations in encouraging children to be fit and active, with specific interventions required to enable walking and cycling to and from school and social events. Among the examples cited is that of the 'walking bus,' whereby parents walk a group of children to and from school. Sports clubs and recreational facilities also merit investment in the promotion of physical activity, but these investments need to be accompanied by animation and capacity-building, so as to enhance the role of civil society in promoting physical activity and healthy societies. Collaboration between communities, local government and health-sector professionals is essential.

1.3 HEALTHY WEIGHT

Adopted by the World Health Assembly in 2004, the *WHO Global Strategy on Diet, Physical Activity and Health*[ix] outlines ways in which government and other public bodies can support healthy diets and regular physical activity. The Strategy states that physical inactivity is associated with obesity, which is in turn associated with cardiovascular diseases and diabetes. Therefore twin-pronged strategies are needed, that promote both healthy eating and physical activity. In response to rising levels of obesity, the Strategy calls for specific actions "to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive, and actively engage all sectors, including civil society, the private sector and the media"[x]. As with the promotion of physical activity, the WHO advocates inter-agency and collaborative approaches, as well as interventions at all geographical tiers, including at community level. It recommends that public bodies prioritise those most affected by poverty and social exclusion.

Schools are specifically mentioned for the roles they play in promoting healthy eating, physical education and awareness-raising – both among children and parents / guardians. The WHO documentation also notes the importance of preventive approaches, so that healthy eating and healthy weight become social norms – associated with healthy behaviours and attitudes. It refers to the role of health professionals in enabling citizens to manage their health through health education and the regular monitoring of blood pressure, cholesterol and body-mass index (BMI). The WHO envisages a particular set of roles for civil society, including:

- Advocacy of healthy eating;
- Physical activity;
- Information dissemination;
- Promoting the availability of healthy food;
- Campaigning; and
- Piloting actions – putting knowledge into practice.

The private sector is also identified as a strategic partner in the promotion of healthy eating and healthy weight, through producing higher-quality foods, ensuring consumers are better informed, undertaking responsible marketing, and sourcing materials locally; this avoids food miles and supports local economic development.

1.4 TOBACCO FREE

The *Warsaw Declaration for a Tobacco-free Europe* and the *European Strategy for Tobacco Control* represent key elements in the international fight against smoking and smoking-related diseases[xi]. Ireland is frequently cited in the international literature on smoking prevention, and this country's leadership in introducing a smoking ban in workplaces is widely lauded. The literature notes that the introduction of effective tobacco control measures requires a broad range of policies, including those relating to price, availability, distribution, awareness raising, information and education, among others. The WHO European Strategy for Smoking Cessation Policy[xii] notes that eliminating tobacco use among adults will have immediate effects in respect of public health, while convincing young people to avoid tobacco consumption will have more medium to long-term economic and social benefits. This Europe-wide strategy identifies the following mass population approaches to promoting tobacco free societies:

- Raising taxes – it suggests that for every 10% increase in the price of tobacco, there is a 4% decline in consumption;
- Regulations on exposure to environmental tobacco smoke;
- Mass media campaigns;
- Telephone help lines;
- Scientific endeavours; and
- Tobacco dependence treatments.

The global literature on tobacco-free societies assigns more responsibilities to national, rather than local governments, given the formers' role in setting pricing and considering governments' abilities to engender large-scale attitudinal change. Local authorities are identified as among the public bodies that can support national-level action, through local by-laws and by promoting best practice within their own realms in line with national frameworks. Local Government is an implementing partner with other statutory bodies in respect of several policy areas, some of which are relevant to the promotion of a tobacco free society. Partner agencies include the HSE and education providers among others. Interventions also need to ensure that smokers are encouraged to quit, and that quitters are enabled to remain tobacco free.

1.5 SEXUAL HEALTH

The *Global Health Sector Strategy on Sexually Transmitted Infections 2016–2021 - Towards Ending STIs* (2016[xiii]) refers to the 2030 Agenda for Sustainable Development, and specifically its objectives in promoting health and wellbeing. The Strategy advocates a public health approach, based on the following pillars: "Standardized, simplified protocols and guidance; integrated people-centred health services; decentralized service delivery; a focus on equity; community participation; the meaningful involvement of people most affected by sexually transmitted infections; leveraging public and private sectors; ensuring services are free or affordable; and moving from an individual clinical focus to population-based national plans"[xiv].

Under SDG 3 (Ensure healthy lives and promote wellbeing for all at all ages), the following objectives (as articulated by the UN), may be identified as having a particular relevance for the promotion of sexual health – to be achieved by 2030:

- end the epidemic of AIDS; and
- ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health international strategies and programmes.

The Strategy states that individual countries need to identify those populations most at risk of contracting STIs, namely those who have the greatest numbers of sexual partners (e.g., sex workers and their clients). It also notes that particular population cohorts tend to be more vulnerable than are others, most notably young people and adolescents, women, mobile populations, children and young people living on the street, prisoners, drug users and people affected by conflict and civil unrest.

It expresses as its goal, "ending sexually transmitted infection epidemics as major public health concerns."[xv] The strategy outlines what it terms a 'public health approach', the principles of which could be applied not just to promoting positive sexual health, but also to health and wellbeing more generally. These are:

- Standardised, simplified protocols and guidance;
- Integrated people-centred health services;
- Decentralised service delivery;
- A focus on equity;
- Community participation;
- The meaningful involvement of people most affected by sexually transmitted infections;
- Leveraging public and private sectors;
- Ensuring services are free or affordable;
- Moving from an individual clinical focus to population-based national plans.

1.6 PREVENTION AND REDUCTION OF DRUG AND ALCOHOL-RELATED HARM

The World Health Organization (WHO) notes that interventions targeted at vulnerable groups can prevent alcohol harm. It also contends that policies and interventions covering the whole population, while having a protective effect on vulnerable populations, also reduce the overall level of alcohol problems in society. Community-based actions can have significant impacts in relation to several aspects of public health.

T*he Global Strategy to Reduce the Harmful Use of Alcohol*[xvi] (2010) provides a portfolio of policy options and interventions that is intended to promote, support and complement relevant actions at local, national and regional levels. These are further operationalised in the *European Action Plan to Reduce the Harmful Use of Alcohol 2012-2020*[xvii], which sets out the following action areas:

- Leadership, awareness and commitment;
- Health services' response;
- Community and workplace action;
- Drink–driving policies and countermeasures;
- Availability of alcohol;
- Marketing of alcoholic beverages;
- Pricing policies;
- Reducing the negative consequences of drinking and alcohol intoxication;
- Reducing the public health impact of illicit alcohol and informally produced alcohol; and
- Monitoring and surveillance.

The Action Plan, like so many others in health-related areas, cautions against sectoral or standalone approaches to addressing issues. It states that effective policy needs to ensure:

- integration of alcohol polices into broad economic and welfare policies, contributing to the effective development of societies' social, health and economic well-being;
- coherence and 'joined-up' action(s) between different government departments and sectors;
- coherence and involvement of public and private actors alike;
- integration of alcohol policy measures into all actions that promote wellbeing and healthy lifestyles;
- the provision of incentives, as well as disincentives, for individuals and families to make more healthful choices when it comes to the use of alcohol; and
- tackling the demand side and responding to the role that alcohol plays alongside other factors in people's lives.

1.7 MENTAL HEALTH

The *WHO Mental Health Action Plan 2013-2020* conceptualises mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[xviii]. The Action Plan sets forth four over-riding objectives in respect of mental health:

- more effective leadership and governance for mental health;
- the provision of comprehensive, integrated mental health and social care services in community-based settings;
- implementation of strategies for promotion and prevention; and
- strengthened information systems, evidence and research.

In outlining the global situation on mental health disorders, the WHO Action Plan makes it clear that mental health and wellbeing is determined by social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community and social supports. It identifies population cohorts who are particularly exposed to, and at risk from mental ill-health. These include persons with disabilities, asylum seekers and refugees, prisoners (and ex-prisoners), transgendered persons, those experiencing discrimination, persons with disabilities, homeless persons and those exposed to abuse, conflict or violence. It also notes that exposure to adversity at a young age can have a detrimental impact on a person's mental health. Children and adolescents with mental health challenges are more likely than are other population cohorts to be exposed to substance misuse.

1.8 CONCLUSION

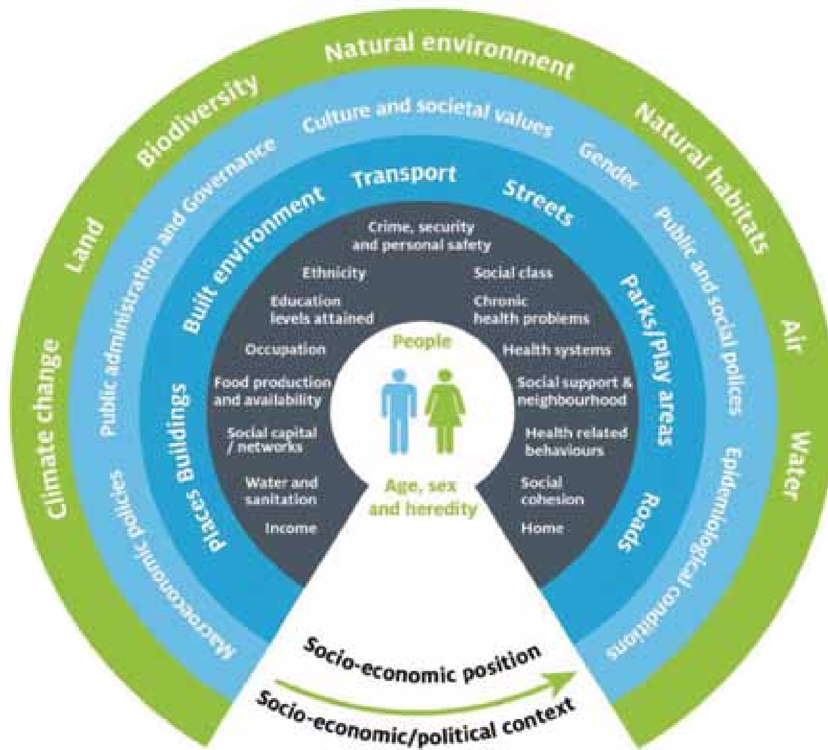
In light of the international literature, policies and practices in respect of health and wellbeing highlights the increasing body of evidence supporting the promotion of preventive strategies, community and local-level interventions and integrated and bespoke approaches that take a holistic view of the person in the context of his / her environment. The international evidence underscores the mutually-reinforcing linkages and relationships between the six Healthy Ireland themes. It also emphasises the significance of promoting wellbeing, quality of life and equality in enhancing health services and in improving public health.

2 CHAPTER 2 NATIONAL POLICY AND PRACTICE - TRENDS AND CONSIDERATIONS

2.1 INTRODUCTION

A broad understanding exists that health inequalities are caused as much by issues that relate to where you live, the types of relationships you have, the degree of education and opportunity available to you as well as the employment options open to you. **Figure 2.1** provides a context for health inequalities. It highlights very clearly that responsibility for health and wellbeing lies not with any one organisation, but is best promoted though collaborative, inter-agency approaches, drawing in the wide range of community assets, both social and physical.

Figure 2.1 Determinants of Health (Adopted from Dalgrhen and Whitehead, 1991, and Grant and Barton, 2006)



Against this backdrop of health inequalities, Healthy Ireland was launched in 2013 and is guided by a strategic plan titled Healthy Ireland –A Framework for Improved Health and Wellbeing 2013[xix]. It articulates four central goals for improved health and wellbeing (**Figure 2.2**). These goals underpin the Healthy Ireland vision and embrace an all of society approach.

FIGURE 2.2 THE FOUR CENTRAL GOALS OF HEALTHY IRELAND

As a government-led initiative, whose vision is an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society, Healthy Ireland promotes a partnership approach that reaches beyond Government. Identified in this strategy is the key role that local authorities play in the delivery of the Healthy Ireland vision. The vision is that "Local health partners will engage with local authorities in their work to address local and community development, with the aim of co-ordinating actions and improving information-sharing for improved health and wellbeing" in Ireland.

The national context for Healthy Ireland as it applies to Local Community Development Committees advances across six key healthy themes or priorities; Physical Activity, Healthy Weight for Ireland, Tobacco-Free Ireland, Sexual Health, Reducing Harmful Alcohol and Drug Use, and Mental Health.

2.2 PHYSICAL ACTIVITY

Ireland's National Sports Policy (2018 – 2027) reflects the principles and practices espoused in the international and European frameworks, as presented in Chapter 1. In addition, it specifically acknowledges the "vital role" of Local Sports Partnerships increasing participation levels in sport and physical activity, especially among those sectors of society that are currently underrepresented in sport. The Policy states that a key priority of the Local Sports Partnership's is to "continue to support a sustainable level of development within the local sport infrastructure, through support to clubs, groups, coaches and volunteers." Their efforts in engaging with 'hard to reach' groups complement those of local authorities, whose responsibilities include the maintenance of public spaces (e.g., parks, playgrounds, roadways) in which physical activities take place. In addition, local authorities support and enable physical activity specifically and healthy communities generally through the planning process and investments in infrastructure. Local authority engagement with other agencies and with civil society, through arrangements such as the Children and Young People's Services Committees (CYPSCs) and Local and Community Development Committees (LCDCs) increases the potential for partnership working and the promotion of physical activity in tandem with other aspects of health and wellbeing.

The following table synthesises the main Key Performance Indicators (KPIs), baselines and targets in respect of increased participation as set out in Ireland's National Sports Policy (2018-2027). These note the age and gender-related aspects of promoting physical activity:

Key Performance Indicators	Baseline	Target
Increased number of adults regularly playing sport (excludes recreational walking)	43%	50%
Elimination of active sport participation gradient between men and women;	4.5%	0%
Reduced levels of adult sedentarism	22%	15%
Increased number of children regularly playing sport	TBD	TBD
Increased number of adults regularly involved socially in sport through volunteering, club membership and/or attendance	45%	55%

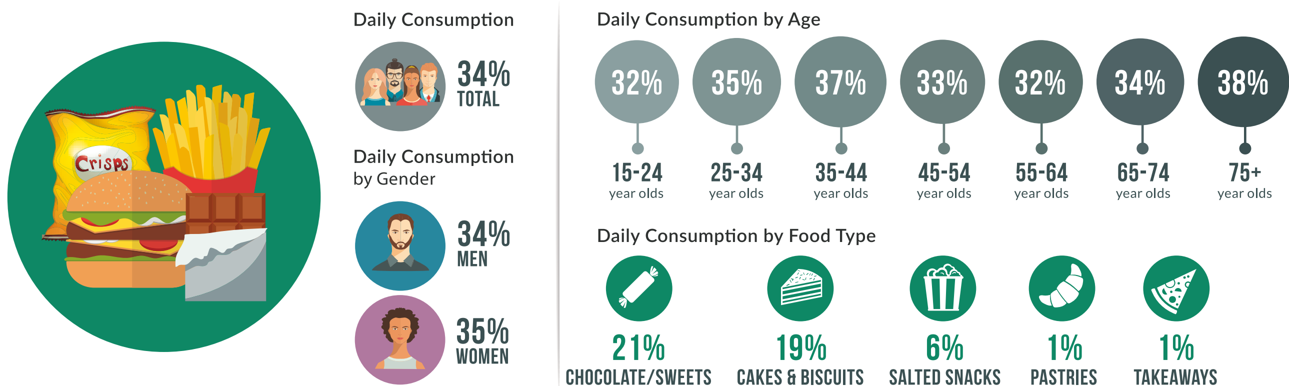
In setting out these targets, the policy notes the baseline data, issues and achievements, as recorded by the Irish Sports Monitor[xx]. This rolling monitor of levels of physical activity is based on data that is systematically collected by Ipsos MRBI. The survey data show progressive increases in the levels of physical activity and a narrowing of the gender gaps over recent years. However, the figures also reveal that those with a long-term illness or disability are less likely than others to participate in sport, and that persistent social gradient remains, with lower levels of sports participation among those who are unemployed, those on lower incomes and those with no third level education. The Irish Sports Monitor notes the association between physical activity and the formation of social bonds, and it states that advocates facilitating people to participate by "making investments that deliver sports facilities and resources through club and community structures and ensure that the availability of these are effectively communicated to those to whom they may appeal.[xxi]

2.3 HEALTHY WEIGHT

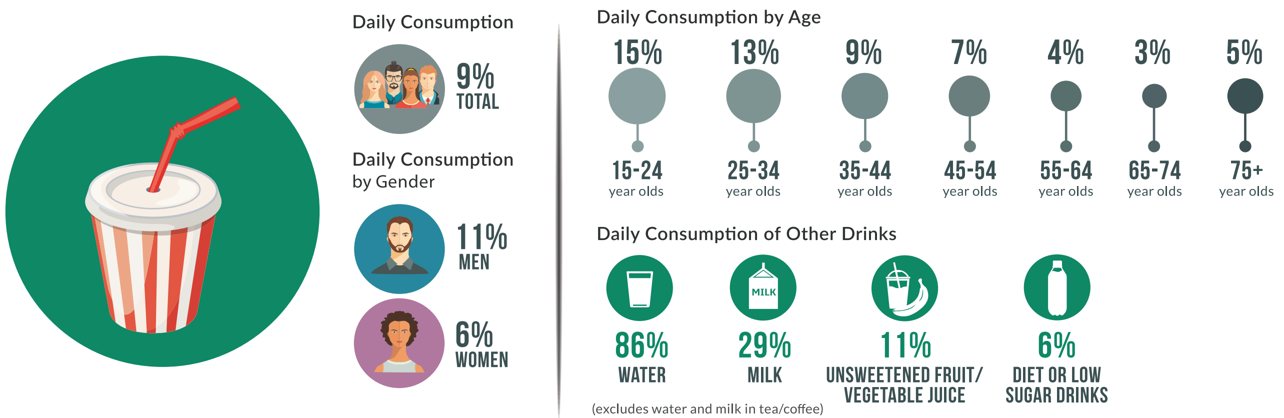
The government's strategy *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025*[xxii] begins by citing the WHO in recognising that weight is associated with multiple factors including the environment, access to healthy affordable food, physical activity, exercise and leisure activity, cultural and societal norms, education and skill levels, genetic makeup and lifestyle choices. It concurs with the WHO view on the importance of a cross-sectoral and multi-agency approach, as well as community involvement.

CONSUMPTION OF UNHEALTHY FOODS (sweets, cakes and biscuits, salted snacks, pastries and take-aways)

Unhealthy foods consumed at least once a day



Source: Healthy Ireland Survey 2017



Source: Healthy Ireland Survey 2017

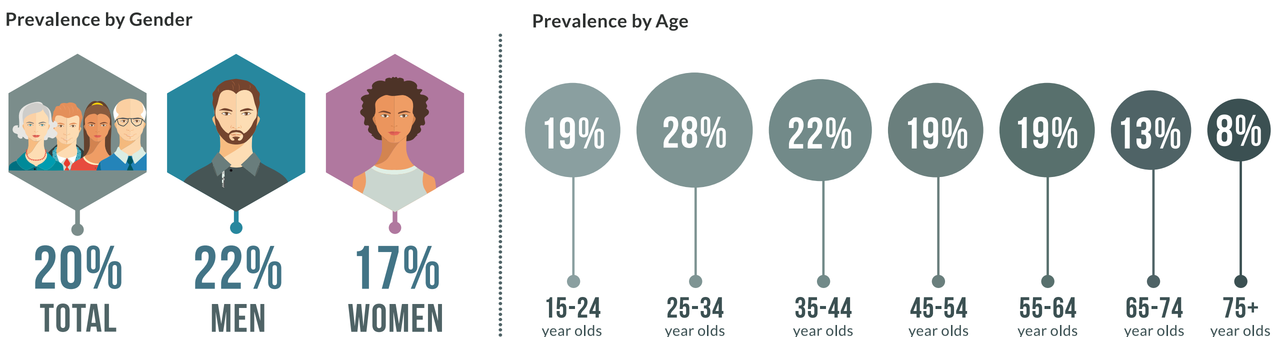
The action plan aims to increase the number of people with a healthy weight and to set Ireland on a path where healthy weight is the norm. There is a focus on children and families and is prevention-focused, with an emphasis on targeting inequalities. The Plan includes strategic actions relevant to the work of the LCDCs and local authorities. These include:

- The provision of access to drinking water in public parks, recreation & community spaces (action 1.4);
- Implementation of the National Physical Activity Plan (action 1.8);
- Scaling-up community-based programmes focusing on disadvantaged areas to enhance knowledge & skills on healthy eating and active living (action 9.2); and
- Maintaining and enhancing community gardens in urban & rural areas (9.2).

The government strategy notes that addressing the growing obesity problem needs to emphasise preventive, rather than reactive approaches. It also recognises that "Those living in disadvantaged circumstances, certain ethnic/cultural minority groups and people with a disability are most at risk"[xxiii]. This acknowledgement further highlights the need for health-related interventions to dovetail with the promotion of social inclusion and to respond to the specific needs, concerns and experiences of distinctive population cohorts.

2.4 TOBACCO FREE

The 2017 Healthy Ireland Survey shows a decrease with regard to the smoking population on earlier findings[xxiv]



Source: Healthy Ireland Survey 2017

The Tobacco Free Ireland Policy, published by the Department of Health in 2013 aims to reduce the prevalence of smoking in Ireland to 5% by 2025. Protecting children and de-normalising smoking are high level priorities in the Tobacco-Free Ireland Policy and in the Action Plan published in 2015. Local authorities are identified as important partners in implementing the Tobacco-Free Ireland Policy and in implementing three key actions in the national action plan: These are as follows:

- Promote tobacco free campuses for all health care, governmental and sporting facilities in consultation with key stakeholders (action 7.5).
- Further develop the tobacco free playgrounds initiative by way of voluntary measures or by the introduction of bye-laws (action 7.6) and
- Promote tobacco free environments, including public spaces and campuses and in particular, in parks and beaches (action 7.7).

2.5 SEXUAL HEALTH

Ireland's *National Sexual Health Strategy, 2015 – 2020*[xxv] is the first nationally coordinated approach to sexual health and wellbeing in Ireland. This strategy aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.

The Strategy prioritises eighteen actions for immediate commencement across clinical services; supports with regard to education, especially in supporting parents, teachers and youth workers; it advocates for greater communication and information; and for governance and structures for its implementation nationwide. It refers specifically to "universal access to services at a local level through primary care structures and NGOs"[xxvi].

The Strategy is very clear on the association between sexual health and mental health, and it notes the importance of promoting healthy and responsible attitudes and behaviours. It notes that, "sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence"[xxvii]. The Strategy encourages interventions and practices that promote positive mental health and wellbeing. It specifies the need for partnership approaches – involving parents, schools and communities.

Among the specific interventions that arise from both the international and national reviews, frameworks and policy guidelines are: the promotion of positive mental health and wellbeing; the advancement of Relationships and Sexuality (RSE) Education – not just in school, but also through families and communities; the celebration of diversity, tolerance, respect and expression and ensuring preventive approaches to sexually-transmitted diseases. Community-based work in promoting diversity and self-expression serves to deliver goals in respect of mental and sexual health. In addition, sexual health strategies need to provide for dignity in the care of those affected and their families. The relationship and sexuality RSE programme in post-primary schools and Youthreach centres is available based on demand in Clare. A HSE Foundation Programme in sexual health promotion is available as a national sexual health training programme. There is also National Youth Council of Ireland training to staff from local services. The Foróige Real U Training Programme for leaders who work with young people. Of value also, is Street Art Workshops focussing on the theme of relationships & sexuality. These are available for youth services and Youth Reach Programmes. GOSHH (Gender, Orientation, Sexual Health, HIV) operate a service of targeted and general support in the area of sexual health for all ages in society.

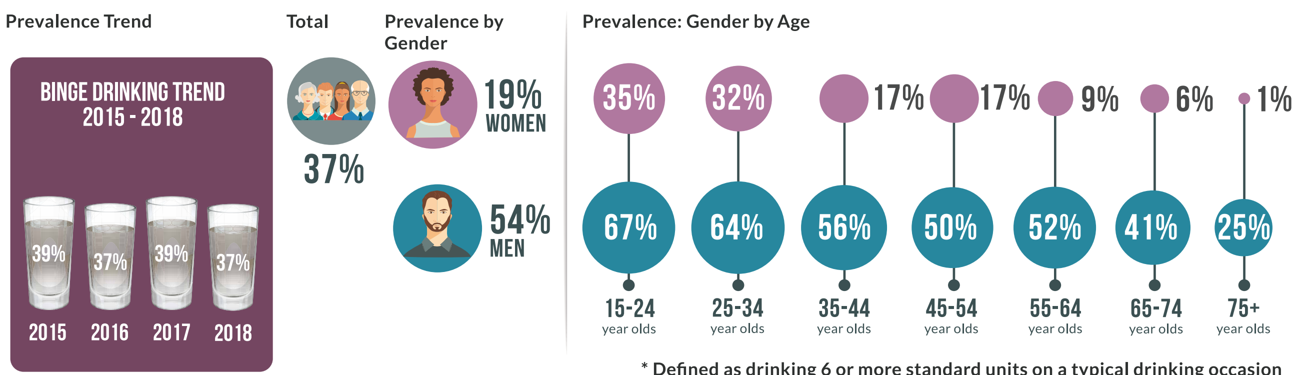
2.6 REDUCTION OF DRUG AND ALCOHOL-RELATED HARM

National policies and approaches are set out in the overarching strategy *Reducing Harm Supporting Recovery 2017-2025*[xxviii], and seek to promote prevention, at a young age, through support programmes and education. This framework supports rehabilitation and recovery, addresses the harms of drug markets, supports families and communities and recommends evidence informed policies and actions. The work programme is developed in support of the Midwest Regional Drug and Alcohol Forum (MWRDAF), a multi-agency committee set up to address drugs and alcohol misuse. The MWRDAF operate from an annual Action Plan.

The Mid-West Regional Drug and Alcohol Forum and Local HSE Health Services play a significant role in delivering on the national-level recommendations in respect of reducing the abuse of drugs and alcohol. The importance of community level action is also relevant, and the national strategy recommends that, "communities should be supported to develop the evidence-based skills and methodologies to implement community mobilisation programmes with a view to increasing public awareness and discussion of alcohol problems, and to build community capacity to respond to alcohol problems at a local level. This should be done within the existing networks of community development projects and services"[xxix].

A *Steering Group Report on a National Substance Misuse Strategy*[xxx], prepared for the Department of Health, sets out the pertinent issues and trends in relation to alcohol misuse in Ireland. The Report notes that:

- Alcohol plays a complex role in Irish society;
- Alcohol can act as a gateway drug, leading to more serious dependencies and addictions;
- Binge drinking is increasingly common in Ireland;
- There has been a shift in the point of sale – from pubs to off-licences and supermarkets;
- Alcohol-based promotions are normalising alcohol as a product;
- Irish adults drink in a more dangerous way than do persons in any other country, and while levels of consumption have declined since 2000, they are double those of 1960;
- Irish children are drinking from a younger age and are drinking more than ever before; and
- Alcohol marketing leads to young people commencing drinking at a younger age and drinking more.



Source: Healthy Ireland Survey 2017

Recognising the damage alcohol does to the Irish economy, society and communities, the Steering Group Report outlines ways in which public policy and the actions of agencies can bring about a reduction in alcohol consumption and misuse. These include:

- Regulating price and supply;
- Preventing abuse by: delaying the initiation of alcohol use by children and young people through assisting their personal development and through the development of alternative activities for children and youth;
- Providing a national recovery-based treatment and rehabilitation service built on quality standards which actively promotes and encourages early intervention to accessible services; and
- Ensuring the availability of valid, timely and comparable data on alcohol use and its related outcomes to inform policy development and service delivery to address issues pertaining to alcohol use.

While these actions relate primarily to national government and to agencies with a dedicated health brief and budget, there is also clear scope for local government and other public bodies to engage in preventive approaches, particularly in education, awareness-raising and providing support for community-based interventions and projects. These are relevant in giving effect to the aforementioned approaches to promoting mental health and sexual health, as there are clear correlations between the abuse of alcohol and other drugs and mental ill-health[xxxi].

For the first time in Irish State history the Government has passed public health legislation that will address issues relating to the sale and consumption of alcohol. The legislation passed in October 2018 provides for changes such as **minimum pricing on alcohol**, **restrictions on advertising** and **additional warning labels** on alcohol products. Local Authorities along with local Joint Policing Committees will support implementation at local level.

2.7 MENTAL HEALTH

'A Vision for Change' is the National Policy for mental health in Ireland – published by the government in 2006, it sets out the roadmap for the provision of mental health services in Ireland[xxxii]. The Vision for Change Policy outlines a framework for building mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illnesses.

Connecting for Life - Ireland's National Strategy to Reduce Suicide 2015-2020 puts mental health front and centre of its strategy. It articulates a vision of "An Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing".[xxxiii] It cites research that demonstrates an association between suicide/ self-harm, mental ill-health and social deprivation.

This Strategy notes mental ill-health, suicide and self-harm are more likely to affect particular population cohorts such as young people, unemployed people and marginalised groups like men living in rural communities, members of the Traveller Community and survivors of institutional sex abuse. While the prevention of suicide and self-harm calls for medical responses; it also requires social and community–led interventions.

These national and regional visions, objectives and frameworks call for actions and interventions to counteract the increasing levels of loneliness and isolation that are affecting our society, and to engender instead increased levels of social capital (particularly bonding and bridging capital). This requires investing in and supporting community development and the provision of accessible services at community level. In addition to supporting group / organisational development and capacity-building, actions need to provide for safe, open, accessible, welcoming spaces in communities, where people can get together and support one

another. In rural areas, the maintenance of services is important, particularly for the elderly and the youth, and those who lack independent modes of transport. In urban areas, a greater degree of specialisation will be possible in providing for a greater range and diversity of social outlets.

2.8 CONCLUSION

Healthy Clare is about giving effect to the vision, goals and objectives set out in the international and national frameworks and guidelines. The Healthy Clare Strategy will take the lessons from international best practice and will have regard to, comply with, and give effect to national policies through bespoke interventions and actions. This implies tailoring actions to suit the Clare context and taking cognisance of where agencies / partners have the capacity to co-deliver.

3 CHAPTER 3 LOCAL PROFILE, POLICY AND PRACTICE

3.1 INTRODUCTION

There is already a great deal of activity underway in Clare across the six health priority areas that are required in this strategy. The Agency Services across the themes show multiple organisations active in each health area, most of whom are publicly funded. Their areas of expertise span sport, the arts, culture, business, health and education. The majority of activities address the social determinants and are sometimes voluntary in nature at community level.

3.2 POPULATION

County Clare has a total population of 118,817 (2016). The county's population has increased by 7.1% since 2006. However, population growth has been concentrated in the southeast of the county. Meanwhile, much of West Clare has been losing population over several decades. Rural decline and the structural weaknesses in the towns of Kilrush and Kilkee are evidenced by an ageing of the population and by higher levels of deprivation and social exclusion.

3.3 AGE

Age is associated with several health-related variables. The Census of Population data reveals that County Clare has the ninth oldest population of the thirty-one local authority areas in Ireland (Table 3.1).

Table 3.1: Average Age of Population 2011 to 2016

Both genders	2011	2016
Kerry	38.5	40.2
Mayo	38.6	40.2
Leitrim	38.4	39.8
Roscommon	38.4	39.7
Sligo	37.9	39.2
Cork City	38.7	39.1
Dún Laoghaire-Rathdown	38.2	39.0
Tipperary	37.4	38.6
Clare	**36.9**	**38.5**
Ireland	36.1	37.4

Source: CSO Data, 2016

Between 2011 and 2016, the average age of persons in Clare rose from 36.9 years to 38.5 years – almost one full year older than the State average. Within the county, the oldest populations are in rural West Clare and in the centres of towns.

% of People Aged Over 55 yrs per Electoral district (ED), 2016
No. of people aged 55yrs + in Clare = 31,701. (27% of total population)

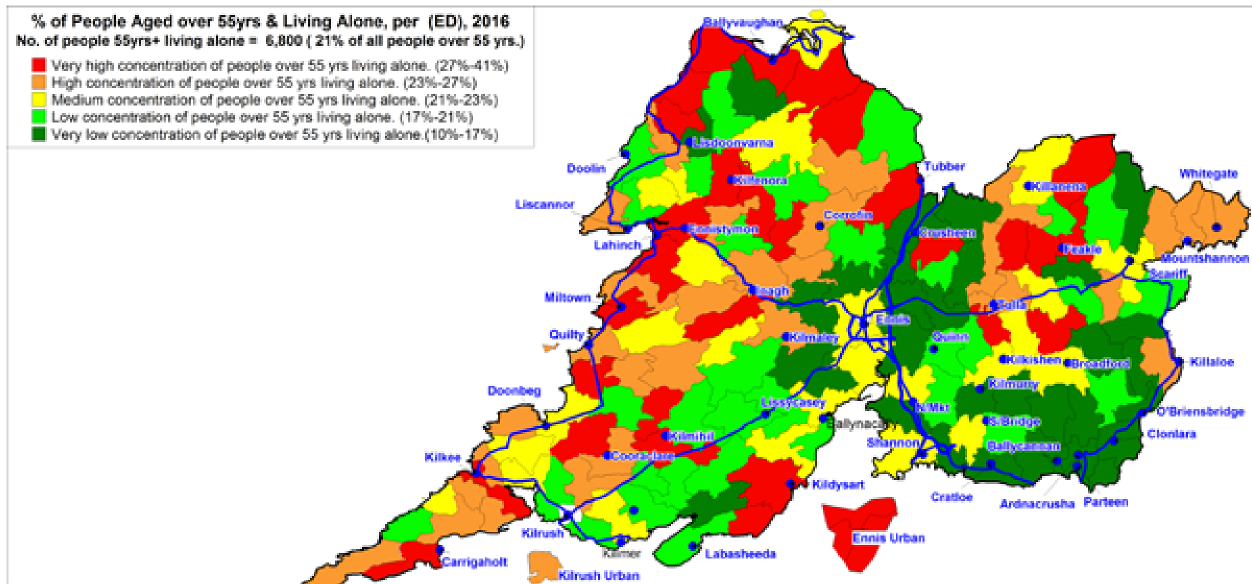
Source: CSO Data, 2016

In contrast, the southeast of the county and the town peripheries tend to have younger populations. CSO data also show that the population of County Clare is ageing at a faster rate than the State average (Fig. 3.4).

Fig 3.4: Projected Population from 2011 (M1, M2, M3) (Thousand) by Age Group and Year Method - M1F2, Both sexes (Thousand)

Source: CSO Data, 2016

In addition, the proportion of older persons who live alone is shown in the table below.



Source: CSO Data, 2016

3.4 AFFLUENCE AND DEPRIVATION

Affluence and deprivation are significant determinants of health and well-being. Financial means and supports influence the types of services people can access; more affluent persons have shorter waiting lists with which to contend, and they have a greater choice of health-care options. They also have longer life expectancy and are less susceptible to chronic and debilitating health conditions. In contrast, those on low incomes tend to be sick more often. They also tend to have poorer diets and are less able to afford aspects of healthy lifestyles (e.g., gym membership, wholesome foods or specialist diets).

The Haase-Pratschke Index is used by public bodies in health, education and other sectors to identify areas of greatest need. The index reveals that the overall level of affluence / deprivation in County Clare is similar to Ireland as a whole. Clare exhibits a clear east – west gradient, with the west of the county being more disadvantaged and the east being more affluent than average. The only area of notable affluence is in the urban zone around Ennis.

South-West Clare, including the Loop Head Peninsula, the towns of Kilrush and Kilkee and the surrounding rural areas are the parts of County Clare that exhibit the highest levels of deprivation (Fig. 3.8).

Fig. 3.8: Affluence and Deprivation, as measured on the Haase-Pratschke Index in County Clare, 2016 (at ED Level)

Source: Pobal Maps

In addition, two of the four Electoral Divisions (EDs) in Ennis Town record considerable levels of deprivation, and there are further concentrations of deprivation in other urban neighbourhoods in Newmarket-on-Fergus and Shannon.

One-in-eight persons in County Clare (12.5%) live in an ED that is classified as 'deprived' or 'very deprived.' A further, more sizeable proportion of people (28.5%) live in areas that are below average on the affluence and deprivation index (Table 3.17).

Table 3.17: Distribution of Population by Band on the Haase-Pratschke Index in County Clare, 2016

Label	No. Persons	% of County Population
V. Deprived	7,426	6.2%
Deprived	11,067	9.3%
Below Average	33,897	28.5%
Above Average	50,649	42.6%
Affluent	15,191	12.8%
Very Affluent	587	0.5%

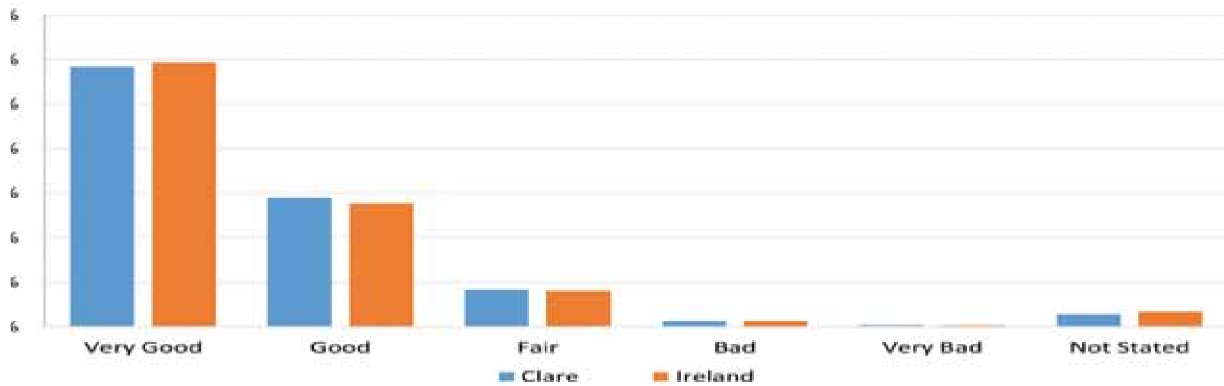
Source: Pobal Maps

When the County Clare data on affluence and deprivation is analysed over time (since 2006), it shows that deprivation is persistent; those areas that were classified as deprived and below average ten years ago continue to be the most deprived areas in the county. These areas also manifest the highest levels of self-declared health problems. Therefore the prevention of ill-health and the promotion of health and wellbeing need to be pursued in tandem with advancing social inclusion.

3.5 HEALTH STATUS

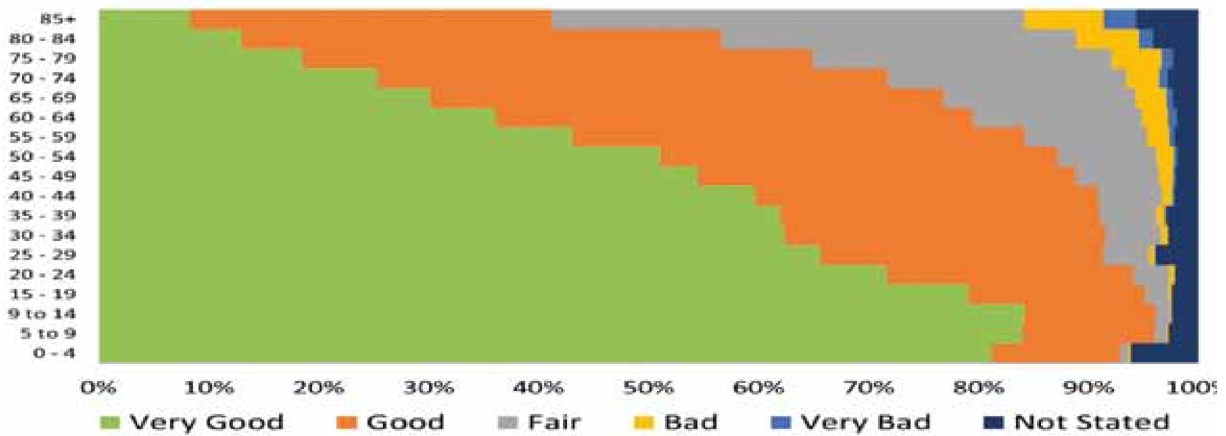
Recent Censuses of Population have included a specific question on health, with citizens being asked to assess their own level of health on a scale ranging from very good to very bad. The overall results for County Clare are broadly similar to those for the State (Fig. 3.1), with almost ninety percent of people stating that their health is either 'very good' or 'good.' A gender-based analysis of the responses reveals no notable differences between males and females. However, geography and age (Fig. 3.3) emerge as determinants, with rural residents and younger people being more optimistic about their health status.

Fig. 3.1: Self-Declared Health Status, Clare and Ireland, 2016



Source: CSO Data, 2016

Fig. 3.3: Health Status by Age Cohort in County Clare, 2016

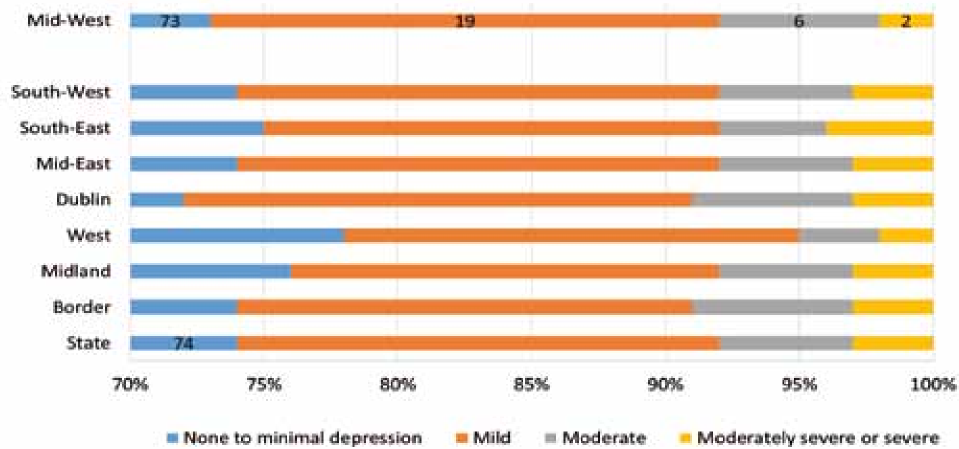


Source: CSO Data, 2016

3.6 MENTAL HEALTH

The closest geographical reference for Mental Health data in County Clare is that of the Mid-West Region (this also includes Limerick and North Tipperary). The most recent survey data suggest that the region has a slightly above-average preponderance of mental health cases (Fig. 3.5).

Fig. 3.5: Mental Health Status of the Population by Region, 2015



Source: Irish Health Survey, 2015

Locally, actions are guided by Local Suicide Prevention Strategy; *Connecting for Life Midwest 2017 - 2020*[xxxiv]. This strategy for the Midwest aims to improve the understanding of, and attitudes towards suicidal behaviour, mental health and wellbeing in the region. It works to support local communities' capacity to prevent and respond to suicidal behaviour. It also targets approaches to reduce suicidal behaviour and improve mental wellbeing amongst priority groups. It further aims:

- To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour;
- To ensure safe and high quality services for people vulnerable to suicidal behaviour;
- To reduce and restrict access to means of suicidal behaviour; and
- To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Collaboration with, and actions delivered by community-based organisations (including schools, GAA clubs, farming organisations, Travellers and Voluntary bodies) are integral to promoting preventive approaches to mental health and to reducing the suicide rate. Persons living in direct provision, Travellers, those subject to stigmatisation based on sexual orientation, persons living alone (particularly in rural areas) and farmers, face particular challenges as social structures in rural areas are under pressure due to cutbacks to public services and centralisation.

3.7 ABILITY/ DISABILITY

The most recent Census of Population returns reveal that, in County Clare, there are 15,369 persons with a disability representing almost 13% of the population. (Table 3.4).

Table 3.4: People with Disabilities, 2016

	With a Disability			With a Disability		
	Males	**Females**	**All Persons**	**% of Males**	**% of Females**	**% of All Persons**
Ireland				13.23%	13.77%	13.51%
Clare	7,481	7,888	15,369	12.73%	13.14%	12.94%

The rate is higher for females than males; this is associated with longer life expectancy among females. Most people with a disability have more than one condition, with the most common forms of disability being 'a condition that substantially limits one or more basic physical activities' (Table 3.5).

Table 3.5: Persons with a Disability by Gender and Type of Disability in County Clare, 2016

	Both genders	Males	Females	% (both genders)
Both genders	118,817	58,785	60,032	
Total persons with a disability	**15,369**	**7,481**	**7,888**	**12.9%**
Other disability, including chronic illness	6,988	3,108	3,880	5.9%
A condition that substantially limits one or more basic physical activities	6,542	2,808	3,734	5.5%
Difficulty in participating in other activities	5,576	2,492	3,084	4.7%
Difficulty in working or attending school/ college	5,163	2,474	2,689	4.3%
Difficulty in going outside home alone	4,410	1,846	2,564	3.7%
Difficulty in learning, remembering or concentrating	3,750	2,061	1,689	3.2%
Difficulty in dressing, bathing or getting around inside the home	3,414	1,484	1,930	2.9%
Psychological or emotional condition	2,739	1,265	1,474	2.3%
Deafness or a serious hearing impairment	2,467	1,340	1,127	2.1%
An intellectual disability	1,574	986	588	1.3%
Blindness or a serious vision impairment	1,275	655	620	1.1%
Total disabilities	**43,898**	**20,519**	**23,379**	

The prevalence of disability is strongly correlated with age; just over five percent of children have a disability, while almost thirty percent of persons aged over sixty-five have a disability (Table 3.6).

Table 3.6: Persons with Disabilities by Age Cohort in County Clare, 2016

Age Cohort		2011	2016
0 to 14	Population with a Disability (Number)	1,394	1,404
	Population with a Disability as % of relevant age group (%)	5.3%	5.5%
15 to 24	Population with a Disability (Number)	1,099	1,232
	Population with a Disability as % of relevant age group (%)	8.0%	9.0%
25 to 39	Population with a Disability (Number)	1,872	1,871
	Population with a Disability as % of relevant age group (%)	7.4%	8.5%
40 to 65	Population with a Disability (Number)	3,855	3,952
	Population with a Disability as % of relevant age group (%)	11.8%	11.4%
65+	Population with a Disability (Number)	6,267	6,741
	Population with a Disability as % of relevant age group (%)	36.6%	32.5%

There are also geographical variations within the County, with the west having higher levels, and the town of Kilrush emerging as having the highest rate of all towns in Clare

3.8 CARERS

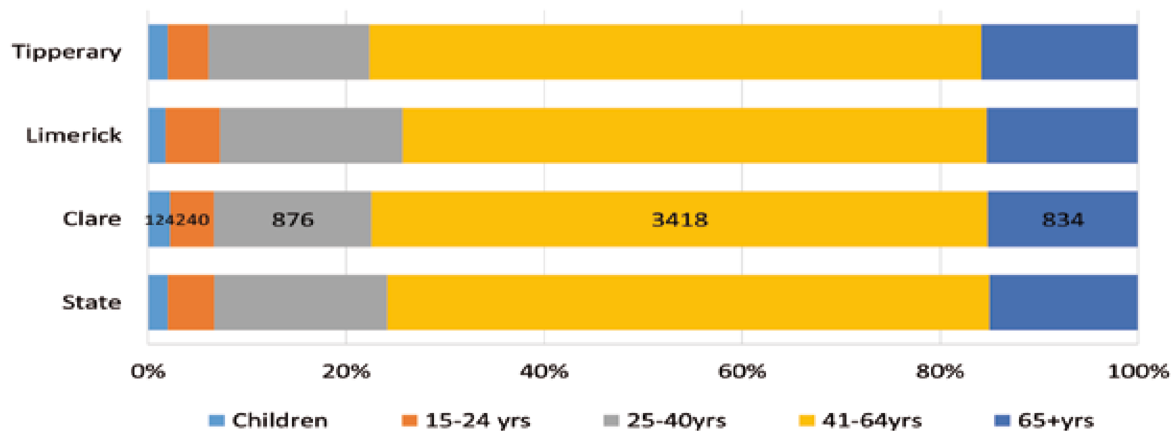
Carers represent a very significant cohort of health-care workers, albeit that almost all are home-based, voluntary and are looking after relatives. In County Clare, there are 5,492 carers, who devote an average of thirty-seven hours to caring activities per week (Table 3.8).

Table 3.8: Carers by Hours spent caring and Gender in County Clare, 2016

	Both genders	Males	Females
All carers	5,492	2,136	3,356
1-14 hours unpaid help per week	2,411	981	1,430
15-28 hours unpaid help per week	910	367	543
29-42 hours unpaid help per week	402	141	261
43 or more hours unpaid help per week	1,131	393	738
Not stated- hours unpaid help per week	638	254	384
Total Hours Unpaid Help per Week	177,521	62,137	115,384
Average Hours Unpaid Help per Week	36.6	33	38.8

The vast majority of carers are females, aged 41 to 64 years of age (Fig. 3.6). The Census of Population data reveals that there are 124 children and 834 persons aged 65+ availing of caring activities. Respite provision is particularly important for the latter cohort.

Fig. 3.6: Carers by Age Cohort, 2016



3.9 CHILDREN AND YOUTH

International experience demonstrates the importance of children having advocates and additional supports in enabling them to access and negotiate health services. In Clare the *Children and Young People's Services Committees (CYPSC)* operate at local level with the responsibility to plan and co-ordinate services for children and young people. Information and data gathered in the Summer of 2018 will inform the forthcoming 3 year Children and Young People's Plan (CYPP) which will address the needs of young people and families. In quantifying health needs among children and young people, it is important to look beyond the headline indicators associated with physical conditions. Proxy indicators are important, particularly in establishing the extent of mental health issues and general well-being.

In County Clare, rates of absenteeism, suspension and expulsion in both primary and post primary schools are below the provincial and State averages. Although the absolute numbers of children affected may be small, they are not insignificant; almost one-in-seven post-primary students was absent for over twenty days during the past academic year.

3.10 HEALTH SERVICE PROVISION

Data on health service provision reveals considerable financial investment, on the part of the State, in providing medical services. Almost one-in-three persons (41,508) in County Clare holds a GMS medical card, with the highest proportions (within age cohorts) being among those aged 75+ and 5 to 11 years of age.

The HSE has contracts with 135 health-care providers (54 GPs; 40 pharmacists; 28 dentists and 13 optometrists) in County Clare. The University of Limerick Hospital in Ennis is Clare's largest hospital and the only one with surgical facilities. The University of Limerick Hospital Group has reconfigured acute hospital services in recent years; acute emergency care services are now provided in the Emergency Department of the UL Hospital in Dooradoyle, with a Local Injury Unit and a Medial Assessment Unit located in Ennis Hospital. A range of primary health care services exist in Clare and at community level are very important in maintaining population health at local level. These services range from Community Nursing, Physiotherapy, Occupational Therapy, Mental Health Services, Counselling in Primary Care and Home Help Services.

3.11 CONCLUSION

The data presented in this chapter provides evidence to guide targeted interventions in enabling local-level action in the context of the overarching international and national frameworks presented in chapters one and two. In the County Clare context, embedding health principles within the broader suite of actions and strategies delivered by local government and other public bodies is key. It also implies engagement with communities and investment in accessible infrastructure, amenities and capacity.

Interventions in County Clare need to be holistic and integrated – recognising that health is multi-faceted and that intervention in one area has implications and impacts in other areas. The inter-agency collaboration that is being advanced through the LCDC will need to underpin the delivery of Healthy Clare.

The demographic and socio-economic data for County Clare and feedback through the stakeholder consultations identified specific population cohorts and geographies that merit particular targeting, support and investment. For instance, South West Clare has the most extensive area of deprivation in the Mid-West Region. Rural decline can have negative consequences for mental and sexual health. Older people are also particularly affected, and the isolation and loneliness they experience are exacerbated by rural decline and reductions in public service provision in rural areas.

The population cohorts with the greatest needs include younger people, particularly those in disadvantaged areas – specifically rural West Clare and the neighbourhoods in East Clare that have above average levels of deprivation. They also include older people, especially those who live alone or with another older person (for whom they may be a carer). Both cohorts have particular needs in respect of mental health. With respect to the youth, there is a need to invest in confidence-building actions and the promotion of positive mental health. Such interventions are essential in progressing towards the promotion of positive sexual health. Among older people, mental health strategies ought to focus on enabling them to overcome isolation and a sense of loneliness, and there is a need for investment in community development, capacity building and social spaces.

4 CHAPTER 4 **CURRENT PROVISION OF SERVICES AND INFRASTRUCTURE**

4.1 INTRODUCTION

The evidence highlights that there is work going on in all health priority areas in Clare and that there is a multiplicity of activity across many fields of expertise, both by publicly funded organisations as well as by voluntary and community groups. Physical activity is well advanced, by the dedicated resource of the Sports Partnership and through the work of the Sporting Community. However, there remains significant numbers of population and individual communities who have not yet experienced the same level of engagement. There is a need for continued and enlarged activity across all health themes.

4.2 THE TARGET GROUPS:

In determining a way forward to initiate activity with certain groups, the following communities can be identified based on the evidence presented earlier in this document. The strategy is therefore concerned with issues of:

- Older People
- People with a disability
- Carers
- Children & Youth
- Traveller & Roma Communities
- Adults, children and young people who are overweight and young people in deprived areas
- Substance abuse and misuse as it relates to the whole population

4.3 CURRENT PROVISION OF SERVICES

If we are to promote and develop a greater understanding of the Healthy Ireland Policy Priorities in Clare, consideration should be given to the geographic spread of the population across the county. The requirement to target where the need is greatest, may offer the best value for money in the first year of Healthy Clare. There are many actions under this strategy that require little funding, more a willingness to participate and advance information at local level.

Some organisations are delivering on national health strategies and are mandated to, but not all. The opportunity for collaboration and partnership is strong and evidence of that approach can be seen across all the themes. This evidence is set out in section 4.3.1 to 4.3.6 below.

4.3.1 PHYSICAL ACTIVITY

There are nine key organisations currently delivering actions under this priority theme in the county. Their combined output results in approximately forty-three actions at local level.

The key provider in Clare under this theme is Clare Sports Partnership who work within a number of identified target populations in order to increase or sustain levels of sport and physical activity participation amongst those populations and groups. Intervention activities range from introducing their participants to social activities such as walking or cycling, to working in partnership with local agencies or communities to set up clubs that cater for minority sports.

Clare County Council is delivering activities through its public infrastructure of sports and recreation facilities, libraries and parks.

Clare Youth Service is delivering support and programmes for young people and schools (especially DEIS Schools) right across the county.

The Youthreach projects also work intensively across Clare and offer targeted support to early school leavers. Clare Local Development Company remains an enabling entity and actively addresses issues of local community development. Sporting Organisations, clubs, community groups are active across the community and the impact of the clubs across GAA, FAI, and Rugby related fields is to be noted and commended for the wide-ranging and diverse nature of the offering.

4.3.2 HEALTHY WEIGHT

There are eight key organisations currently delivering actions under this priority theme in the county. Their combined output results in approximately thirteen actions at local level. The continued promotion of healthy eating programmes is currently being delivered through: schools; Library service; Clare Youth Service; HSE West Health Promotion & Improvement Services; Community Area Medical Officers; Public Health Nursing Services; Community Nutrition & Dietetic Services.

The sharing of expertise in the future, through collaboration and partnership, will allow for a greater degree of consistent health benefits to be realised.

4.3.3 TOBACCO FREE

There are five organisations currently delivering actions under this priority theme across the county. Their combined output results in approximately nine actions at local level. There is a reliance on HSE West Health Promotion & Information as the main deliverer in this field and an opportunity to widen collaboration exists.

The HSE provides a Free Smoking Cessation service in Clare- smokers can self-refer or be referred via their GP or any Healthcare professional. Clare Education and Training Board as well General Practitioners (GP's) and the Professional Development Service for Teachers (PTSD) are very active in this area. Of significant note is the delivery of the Social Personal Health Education Curriculum (SPHE) in primary and secondary schools which includes a module on tobacco use.

4.3.4 SEXUAL HEALTH

There are currently eleven organisations working in this area whose work is underpinned by thirteen actions listed in the tables. There is an over-reliance on the SPHE programme in Schools to deliver information and dialogue for young people. There are currently a limited number of organisations delivering targeted content. It is anticipated that this will change in future years with the impact of the national Sexual Health Strategy which was launched in 2015, however a key provider is Clare Youth Service who is delivering programmes in Ennis, Kilrush & Shannon. There appears to be an underinvestment/under-activity in this area. A notable resource exists in Limerick based GOSHH (Gender, Orientation, Sexual Health, HIV) who are active in Clare. Information requests to GOSHH come not just from young people, but from all age cohorts. GOSHH has the ability to detail strong associations between sexual health and mental health. There appears to exist a language/conversation and potential competency deficit among parents in this area. Greater emphasis and support is needed in this area and a strategic mind set applied to its development at local level. The HSE Health Promotion & Improvement Services in partnership with GOSHH provide the 'Foundation Programme in Sexual Health' for professionals with an interest in promoting sexual health in their work. The Foundation Programme in Sexual Health is free of charge.

4.3.5 DRUG & ALCOHOL RELATED HARM

There are currently seven organisations active in Clare with fourteen actions underway or due to take place in 2019. The range of services highlight a regional plan being delivered at local level. The provision of youth led alcohol and drug free spaces and activities for young people is provided by Clare Youth Service and are evident in Ennis, Shannon and Kilrush. However targeted prevention projects are concentrated in Ennis. Parent support groups for families struggling with addiction appear concentrated in Newmarket on Fergus.

The HSE Mid West Community Drug and Alcohol Service works closely with the Mid-West Regional Drugs and Alcohol Forum. Funded projects such as treatment and Detox centres are available as part of the strategic plan of the Midwest Regional Drug and Alcohol Forum.

4.3.6 MENTAL HEALTH & WELLBEING

There are thirty organisations active in this area in Clare delivering approximately fifty-nine actions in the county.

There appears to be few targeted approaches with regard to the travelling community currently. There is a needs assessment underway in the county which will form the basis for interventions into the future and this is led by the Traveller Support Unit at the HSE. There is a 60% focus on Ennis, Clarecastle, Sixmilebridge, as the core concentration of Traveller families but requirements are needed in the rest of the county also.

There are opportunities to support Roma communities, young people from marginalised areas, people with disabilities and older people with regard to issues of isolation.

The evidence of action and work across the Healthy Ireland Priority themes as evidenced by the Agency Services Tables, highlights the very real need for a partnership structure or forum that can co-ordinate and share information as well as expertise, to help develop sustainable approaches to health and wellbeing in the county. The lack of this structure accounts for an information gap and consultations revealed the very real need to know who is working in the area of health and wellbeing in the county. It is also very important that the public understand the level and scale of interventions that are underway or required. This will be a critical component of the work of Healthy Clare.

4.4 POTENTIAL FUNDING STREAMS FOR DELIVERY OF THE STRATEGY IN CLARE

The following government departments provide a range of funds that support the Healthy Ireland agenda:

- Department of Health,
- Department of Transport Tourism & Sport,
- Department of Children and Youth Affairs,
- Department of Education & Skills,
- Department of Rural & Community Development.

In addition, the following agencies/organisations support the Healthy Ireland agenda through their work:

- Age & Opportunity
- Clare County Council
- Clare Immigrant Support Services (CISC)
- Clare Ladies Cycling Club
- Clare Local Development Company
- Doras Luimní
- Mid-West Regional Drug & Alcohol Forum
- Erasmus
- Go For Life Programme
- Healthy Ireland/ Department of Health
- HSE Health & Wellbeing Division/ HSE Health Promotion & Improvement
- HSE Midwest Community Health Organisation (HSE Primary Care, HSE Social Inclusion)
- Irish Heart Foundation
- Irish Justice System
- Local Enterprise Office
- Pobal
- Solas- through Limerick and Clare Education & Training Board
- Sport Ireland
- TUSLA
- Youth Work Ireland

The Healthy Ireland fund is administered through Pobal across local authorities by application from each county's LCDC structure. It is anticipated that the core funding for the Healthy Clare Strategy implementation will be allowable through this scheme. Multiple agencies and organisations who are active across the health priorities may apply annually for this funding to progress their programme of work which further enhances the delivery of the national strategy at local level.

The Healthy Clare Strategy will work within current funding structures and aim to access new support where possible.

5 CHAPTER 5 CONSULTATION

5.1 METHODOLOGY

The Steering Group: The consultation phase, which informs this strategy, was led by a steering group, established by the Local Community Development Committee. It was made up of representatives from the HSE, Clare County Council, Children & Young People's Services Committees (CYPSE), and Clare Sports Partnership. A consultancy practice was engaged under contract to research and inform the strategy.

The Agency Services Tables: This comprehensive, though not definitive, listing of activity across the six health themes in Clare formed the groundwork for the consultation phase and allows for the identification of significant operators, services, resources and information relevant in the county.

Key Operators: Key organisations working within the public sector whose personnel have expertise across the Healthy Ireland themes were consulted. Contact was made with all members of the LCDC.

Key Meetings: A series of meetings took place with key stakeholders operating across the health themes. This enabled the gathering of information which informed the strategic insight required for the development of the strategy. It also led to evidence that the targeted groups under consideration were indeed in need of support with regard to the social determinants of health. Conversations with representatives from Clare County Council, members of the LCDC, the HSE, Clare Sports Partnership and Clare Youth Service were initiated early on in the process. Following on from the mapping phase of activities across the health themes, additional conversations and meetings identified opportunities as represented in the strategic actions within this document. It further allowed a greater understanding of activity underway and an identification of key activists and support organisations.

A Public Call: A public call through print and broadcast media for ideas and recommendations with regard to the strategy was made. Feedback received indicated the need for greater awareness and a marketing campaign for Healthy Clare. Information, online resources and opportunities to address health themes will form part of the work plan for Healthy Clare and are outlined in the Three Year Strategic Focus and Action Plan in Chapter 6.

It became self-evident that the key factor over-riding all health themes was the requirement for positive mental health. National and local authorities have identified particularly vulnerable groups which include; persons living in direct provision, Travellers and those subject to stigmatisation based on sexual orientation. Persons living alone, particularly in rural areas, are also vulnerable and farmers face particular challenges in rural areas.

A Focus Group Consultation Session for Publicly Funded Organisations:

This workshop style event was held in Ennis in June 2018. Information relating to issues of affluence and deprivation based on self reported health statistics in Clare was presented. Organisations present included Clare County Council, Health Service Executive, Tusla, Clare Local Community Development Committee, Clare Sports Partnership, Clare PPN, Limerick & Clare Education & Training Board, Local Enterprise Office, Clare Local Development Company, Clare Youth Service, Shannon Chamber, Family Resource Centres, Professional Development Service for Teachers, Clare Libraries, GOSHH, Ennis Mental Health Association, Mental Health Ireland, Clare Arts Office, Clare Education Centre, Clarecare, CYPSC and Clare Haven.

Workshop participants recorded that there were no surprises in the demographic and socio-economic data, and that these serve to affirm them in the work they are already doing. The data provided further emphasis

of the linkages between health and wellbeing and the merits of investing in communities and social / community development in underpinning the Healthy Clare Strategy.

The workshop offered opportunities to engage, to understand to a greater extent the degree of work taking place in the county across the health themes and the scale of opportunity that exists for continued and further collaboration in this area.

SUBMISSION OF ACTIVITY IDEAS:

A call for participation and the submission of actions in the form of collaborations took place during the consultation phase. These submissions form the basis of the action plan for 2019-2021.

- Consultation methodologies included bi-lateral communication by email and/or meeting. The requirement for desk based research informed the strategy as well as telephone and face to face communications
- A presentation of findings to the members of the Clare Local Community Development Committee also took place. Issues of prioritisation and discussion across the health themes took place.

5.2 KEY CONCERNS TO BE ADDRESSED

The recommendation is that an integrated approach to health and wellbeing should be developed in Clare. That all priority health themes should form the work plan of Healthy Clare but that a greater emphasis is placed on physical activity and mental health as a predominant driver with regard to the holistic health of people. The overarching ambition is for good physical and mental health and the inter-relatedness of these health themes is obvious and transparent.

One theme benefits another which is evidenced when exercise benefits feelings of mental wellbeing. This in turn is enhanced by good food with smoke and drug free lifestyles. The area of sexual health is hugely important with regard to relationships and connectedness and its intrinsic value to positive mental health. Mental health covers issues of isolation / connectivity, strengthening social capital and equipping communities with the skills and abilities to support one another.

Based on evidence from GOSHH and the current mapping of publicly funded activity in the county, all age profiles would benefit from information & support with regard to sexual health. The need to develop collaborations and communications with regard to this health theme are of a more urgent nature than in the other health themes.

Investing in the psychological health of the population, particularly that of young people provides a foundation and a basis for positive and healthy relationships throughout life.

5.3 CONCLUSION

With the scale of promotion required to work significantly across six health themes and to provide meaningful delivery under national guidelines, it is recommended that Healthy Clare prioritise two health themes in its first three year phase from 2019-2021. The evidence suggests that the themes most suitable for prioritisation are Increased Levels of **Physical Activity** and improved **Mental Health**.

6 CHAPTER 6 **THREE YEAR STRATEGIC FOCUS, ACTION PLAN AND SUSTAINABILITY**

6.1 INTRODUCTION

In consideration of the geography of the county and the need to address any imbalance in terms of access, the recommendation is that the west of the county be looked at so that a greater degree of activity might take place in this area. Targeting areas of deprivation with priority health actions is a way forward. Feedback suggests that specific strategic actions should refer to the six health priorities of Healthy Ireland and relate to an *all of County approach* in terms of general development and promotion.

The work programme will be broken into a broad range of opportunity, which will embrace over time;

1. Promotions and evidence-based actions, guided by the Healthy Ireland Policy Priorities and other relevant Government Policies
2. Infrastructural development where necessary and in association with the mandate of the Local Authority
3. Equipment and facilities required to support the development of wellbeing in society
4. Advocacy with regard to collaboration and partnership. Consolidating this approach will be a key strategic intent for Healthy Clare.

There is a requirement to continue the conversation among agencies. However, the approach is one of responsibility, reporting, integration, collaboration and communication across the health themes.

6.2 THE KEY CONCERNS

There is a very real need for promotion of Healthy Clare as an instrument for change. This will remain a key requirement of the strategy going forward. Public understanding of the national Healthy Ireland framework is limited and the need to develop a communication plan around Healthy Clare will remain a priority.

6.3 IDENTIFIED LEVELS OF AWARENESS AND CURRENT PROVISION

There are significant agencies and service level agreements in place in County Clare between the HSE and providers of service through health related themes. Examples include service level agreements with Clare Sports Partnership and GOSHH (Gender, Orientation, Sexual Health, and HIV) in Limerick. There are significant online resources available across the health themes which will benefit from targeted promotions to specific areas and to specific cohorts of people in Clare. These include:
(www.yourmentalhealth.ie)
(www.hse.ie/eng/health/hl/yoursexualhealth)
(www.getirelandactive.ie)
(http://www.services.drugs.ie/)
(www.quit.ie)
(www.spunout.ie/health/article/healthy-weight)

6.4 A THREE YEAR STRATEGIC FOCUS

The vision for Healthy Clare is where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility. This supports the overall vision of the Clare Local Economic and Community Plan (LECP) which guides economic & community development in Clare. In SCO4 of the LECP, the intention is *to improve the well-being and quality of life of the people of the County especially of those who are most vulnerable*. Under q4.7 the LECP supports the improvement of the Health and Wellbeing of the population of the County.[xxxv]

In stating the strategic intent for Healthy Clare in the county it can be said that this strategy advocates delivery of Healthy Ireland goals under priority health themes and actions. It advocates for those who experience health inequalities and is also cognisant of the wider Clare population.

6.5 HEALTHY CLARE ACTION PLAN 2019-2022

Two health themes have been developed as Strategic Priorities in the Action Plan for the period 2019-2021. These priority themes are Physical Activity and Mental Health. An Annual Plan of actions will be developed under these priority themes. A smaller number of actions will form part of the Action Plan under the health priorities of Healthy Weight; Sexual Health; Tobacco Free and Drug & Alcohol Related Harm.

6.6 CONCLUSION

The Clare Local Community Development Committee (LCDC) is committed to ensuring the sustainability of this strategy and the actions presented here. Therefore, the strategy has been devised through partnership and extensive stakeholder consultations, with the result that partners are fully committed to the process and have ownership of the strategy. Their participation and commitment provide strong underpinnings that will enable the rollout of the various actions in a timely manner.

The sustainability of the strategy is also underpinned by research and a strong evidence base. These ensure that resources will be directed and targeted at the appropriate areas and population cohorts. Clare County Council and its partners are committed to ongoing monitoring, review and evaluation, thereby ensuring the continued growth of the evidence base, and a refresh and updating of strategies and actions, as may be required.

STRATEGIC PRIORITY ACTIONS

Further to the significant work that has been undertaken over recent years, through the national policies and plans of; Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical Activity Plan (2016), A Healthy Weight for Ireland Obesity Policy (2016), Reducing Harm, Supporting Recovery- a health lead response to drug and alcohol use in Ireland (2017), the National Get Ireland Walking Strategy (2017), Connecting for Life Strategy (2015-2020) and National Positive Ageing Strategy (2013), there is national recognition that these policies and plans have to be integrated and implemented at local level.

The Clare Local Community Development Committee (LCDC) through the establishment of a Healthy Clare Working Group will develop the strategic actions illustrated below into specific actions, as set out under the national priorities of; Physical Activity, Mental Health, Healthy Weight, Tobacco Free, Sexual Health, and the Prevention & Reduction of Alcohol related harm.

The Annual Work Plans will be developed and agreed in consultation with key lead organisations. The Clare CYPSC, through actions identified in the Clare Children and Young People's Plan, will provide coordinated, interagency support, for strategic delivery of these actions pertaining to 0-24 year olds that are also aligned to the five Healthy Ireland outcome areas.

PHYSICAL ACTIVITY:

Healthy Clare will address the key policy actions from the *National Physical Activity Action Plan*, where Local Authorities /LCDCs and other key local stakeholder groups are named as lead or a key partner in implementing actions.

MENTAL HEALTH:

Healthy Clare will address the key policy actions that are most relevant to the work of the *Connecting for Life Mid-West* Implementation Group for suicide prevention and other key local stakeholders relating to Mental Health and wellbeing.

HEALTHY WEIGHT:

Healthy Clare will focus on the key policy actions from *'A Healthy Weight for Ireland'* and work with organisations at strategic and implementation level so that healthy weight is prioritised as a key health theme during the delivery phase of this strategy.

SEXUAL HEALTH:

Healthy Clare will address the key policy actions from the *National Sexual Health Strategy* where key local stakeholder groups are named as lead or key partners in implementing actions relating to Sexual Health.

TOBACCO FREE:

Healthy Clare will address the key policy actions from the *Tobacco Free* Ireland Plan, to promote Tobacco Free initiatives at local level through strategic collaborations between support providers.

DRUG & ALCOHOL RELATED HARM:

Healthy Clare will support the implementation of the key policy actions from the national response to drug and alcohol use *'Reducing Harm, Supporting Recovery'*, that are most relevant to the work of the Mid-West Regional Drugs & Alcohol Forum and other key local stakeholders.

7 CHAPTER 7 DELIVERY, MONITORING, REVIEW AND EVALUATION

7.1 DELIVERY

The Local Community Development Committee (LCDC) of County Clare will:

- approve the Terms of Reference, Membership and Independent Chairperson of the 'Healthy Clare Working Group'
- oversee the delivery of the Healthy Clare Strategy and Action Plan
- approve projects for Healthy Clare Funding
- finalise the Healthy Clare Working Group's Annual Work Plan for the following year
- review the delivery of the Healthy Clare Working Group's Annual Work Plan at midyear and year-end

The **'Healthy Clare Working Group'** will:

- deliver the Strategy and Action Plan
- prepare an Annual Work plan with quarterly targets at the end of each year and submit to the LCDC
- monitor the work plan delivery and report their review to the LCDC twice annually
- undertake project appraisal for Healthy Ireland Funding and submit to the LCDC for formal approval
- achieve membership of the Healthy Cities and Counties Network

The governance structure is set out below:

7.2 MONITORING

The Working Group will monitor the delivery of the Work Plan and will report to the LCDC at Mid-Year and End-Year.

7.3 REVIEW

The LCDC will review performance at Mid-Year and Year-End and will convey to the Working Group any amendments it sees necessary.

At the end of the year, the Working Group will present an Annual review to the LCDC along with the following year's finalised Work Plan.

7.4 EVALUATION

This strategy is strongly focused on responding to local needs in light of relevant International and National Policy Frameworks and the Clare Local Economic and Community Plan (LECP).

Consequently it will be evaluated in terms of delivering on its overall objectives as set out in national policy and the local LECP. The evaluation will be both qualitative and quantitative and will take place at the end of three years. In order to assist with this work a representative survey of 1,000 households 'health and well being' will be undertaken at the beginning of the strategy.[xxxvi]

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COMHAIRLE CONTAE AN CHLÁIR
CLARE COUNTY COUNCIL

An Roinn Sláinte
Department of Health

pobal
government supporting communities

Clare Sports Partnership

CYPSC

LCDC
Coiste um Fhorbairt Pobail Áitiúil an Chláir
Clare Local Community Development Committee