

Dear Colleague

Health Improvement and Community Health Partnerships Advice Note

This letter is to provide updated advice to NHS Board Chief Executives and Directors/General Managers of Community Health (and Social/Care) Partnerships (CHPs) on the role of CHPs in improving health and reducing health inequalities in the context of the Single Outcome Agreement process.

Of particular importance is the status of the Joint Health Improvement Plan (JHIP) as described in the Community Health Partnerships and Health Improvement Advice Note of March 2005. Single Outcome Agreements identify high level joint outcomes for a Community Planning Partnership (CPP). These high level outcomes need to be supported by more detailed planning 'below the waterline'. For health improvement, the focus should be on identifying and agreeing local needs and priorities, and delivering activities and programmes to address these. This will require a locally agreed and systematic approach. Specific production of a JHIP may be of value to community planning partners, but should not be considered a priority in its own right. Health improvement plans, if produced, do not need to be submitted to the Scottish Government.

Background

Accompanying this letter is an Advice Note for Health Improvement and Community Health Partnerships. This supersedes the Community Health Partnership Health Improvement Advice Note issued in 2005.

The new Advice Note summarises the current policy context for health improvement, the background to the Single Outcome Agreement approach to Community Planning, the need for partnership working to deliver collaborative gain, the benefits of an outcomes focussed approach, and provides links to additional resource.

Of particular note is the advice on Joint Health Improvement Plans (JHIPs). The process of planning effectively with community planning partners should be treated as a priority, whilst the production of a JHIP, while it may be of value, is not.

CEL 26 (2009)

Date 23 June 2009

Addresses

For action

NHS Board Chief Executives
Directors/General Managers
Community Health (and
Social/Care) Partnerships

For information

NHS Directors of Public
Health
NHS Health Promotion
Managers
Local Authority Chief
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Delivery for improving health and reducing health inequalities must be tackled across all community planning partners, as is required of CHP Schemes of Establishment. Health Improvement is not a specific activity, but is a result of concerted activity across all functions of a CHP, its partners and with the communities served.

The CHP has a key leadership role within its CPP, in coordinating activity to improve health and reduce health inequalities to improve the health and wellbeing of individuals, communities and the population as a whole.

Yours sincerely

Harry Burns

Enc.

**Health Improvement
& Community Health Partnerships
Advice Note**

June 2009

Health Improvement & Community Health Partnerships:

Advice Note

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CHP Health Improvement Group

The CHP Health Improvement Group was originally formed as a subgroup of the National CHP Development Group. The National Development Group was wound up in 2005, following the implementation of the Development Programme and associated activities. The subgroup has continued to meet as the CHP Health Improvement Group. Although the group has no formal status it has provided a useful forum for parties involved in the development of policy for the CHP role in improving health.

The members of the Group are drawn from representatives of the following organisations:

NHS Health Scotland Healthy Sectors Team and Learning and Workforce Development
Scottish Government Health Improvement Strategy Division and Primary Care Division
NHS Education for Scotland (NES)
Community Health Exchange (CHEX)
Directors of Public Health Group
Association of Community Health Partnerships
Scottish Health Promotion Managers Group

1. Introduction

This advice is for CHP Managers and staff engaged in planning for and delivering services for improving health and reducing health inequalities. It is intended to provide an update on the current policy context, outline the key principles for reducing health inequalities and improving the health of the nation, and to signpost further advice, support and relevant tools.

Community Health Partnerships (CHPs)¹ have a central role in improving health across Scotland. This role was mapped out in the Community Health Partnership (CHP) Health Improvement Advice Note 2005, which also considered action to reduce health inequalities. However, the publication of the Scottish Government's strategy for a healthier Scotland, *Better Health, Better Care: Action Plan* (BHBC), has prompted a review of advice for CHPs.

The CHP Health Improvement Group has produced this advice note to provide up-to-date information to support delivery for health improvement across public and voluntary sectors. It is designed to reflect the impact of the current approach to performance management for health improvement, as well as to clarify the role of the CHP in delivering outcomes for health improvement in the context of local public sector planning, priority setting and governance arrangements.

The Scottish Government has reaffirmed that its top priority for health is to reduce health inequalities. The Ministerial Task Force on Health Inequalities published its report, *Equally Well*, in June 2008. This sets out a range of recommendations for actions to reduce health inequalities and to tackle the causes of health and social inequality. In December 2008 the Implementation Plan for *Equally Well* set out the specific actions and activities that are, or will be taken forward on the recommendations of the Task Force.

Equally Well also recognised that there are a broad and complex range of factors that can lead to health inequalities which include socio-economic status, but also personal characteristics, such as someone's age, gender, sexual orientation or ethnicity or factors which can disadvantage them in society including disability. These factors need to be considered systematically in all work to tackle health inequalities. CHPs, as with all other parts of the NHS, must undertake Equality Impact Assessments routinely in the development of new, or revision of existing policies or functions.

In 2008, the Scottish Government also published its frameworks for reducing poverty and for Early Years. These, together with *Equally Well* aim to tackle

¹ Note: Community Health Partnerships and Community Health and Care/Social Care or Local Health Partnerships are referred to as 'CHPs' throughout this document.

poverty, deprivation and health inequalities through interconnected national and local action.

CHPs are key players in the delivery of local services to address major drivers of health inequality. Improving health and reducing health inequalities requires implementation across whole NHS system, alongside co-ordinated action with partner organisations. CHPs need to collaborate with their community planning partners to identify their communities' needs and priorities, and to agree plans and programmes of activity to address these.

Directly, or through third parties such as third sector bodies, CHPs will ensure activities deliver on health improvement HEAT targets and on outcomes in Community Planning Partnership Single Outcome Agreements (SOAs).

Previously, local plans for health improvement have been captured in a Joint Health Improvement Plan (JHIP), although this did not have a statutory basis. The need to plan jointly in order to deliver health outcomes effectively remains, but the emphasis must be on effective, collaborative identification of local needs and priorities and agreed programmes for meeting these, rather than on producing a JHIP to a centrally specified format or timetable. The joint planning mechanism is for local partners to determine, with local, outcome focussed plans 'below the waterline' of the SOA.

Key changes since 2005 Advice Note:

- 1. Single Outcome Agreements** – Now form the basis for agreement between the Scottish Government and Community Planning Partners on priority outcomes;
- 2. Equally Well** – Report from the Ministerial Task Group on Health Inequalities. Implementation Plan sets out priority actions for reducing health inequalities;
- 3. Scottish Government's National Priorities** – Sets out the purpose, key priorities, objectives and measures for the Government and public sector delivery in Scotland;
- 4. Health Improvement Performance Management framework** – Takes an outcomes approach to delivery for health improvement priorities;
- 5. Better Health, Better Care** – Sets out the Scottish Government's priorities for Health;
- 6. HEAT Targets** – Performance measurement targets for area NHS Boards.

Find out more:

Scottish Government Purpose and Strategic Objectives

www.scotland.gov.uk/About/purposestratobjs

CHP Health Improvement Advice Note, 2005

www.shed.scot.nhs.uk/chp/CHP_Health_Improvement_AdviceNote_040305.pdf

Better Health, Better Care: Action Plan

www.scotland.gov.uk/Publications/2007/12/11103453/0

Health in Scotland 2007: Annual Report of the Chief Medical Officer

www.scotland.gov.uk/Publications/2008/11/26155748/0

Scottish Budget Spending Review, 2007

www.scotland.gov.uk/Publications/2007/11/13092240/0

Equally Well: Report of the Ministerial Task Force on health inequalities

www.scotland.gov.uk/Publications/2008/06/25104032/0

Equally Well Implementation Plan

www.scotland.gov.uk/Publications/2008/12/10094101/0

Early Years and Early Intervention: A joint Scottish Government and COSLA policy statement

www.scotland.gov.uk/Publications/2008/03/14121428/0

Achieving our Potential: A framework to tackle poverty and income inequality in Scotland

www.scotland.gov.uk/Publications/2008/11/20103815/0

HEAT Targets

www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets/Health

SOA – guidance document

The guidance document was produced by Audit Scotland, COSLA, the Scottish Government, Improvement Service and SOLACE for the format and development of Single Outcome Agreements. It also includes the menu of local indicators.

www.improvementservice.org.uk/core-programmes/single-outcome-agreements/

2. Policy Context

The overall **Purpose** of the Scottish Government is “to focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth”. The Scottish Government’s economic strategy includes a purpose target of ‘increased healthy life expectancy in Scotland over the period from 2007 to 2017’. Delivery of this purpose is encapsulated in five **Strategic Objectives** – Wealthier and Fairer, Smarter, Healthier, Safer and Stronger, and Greener.

The ‘Healthier’ objective is to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

The Scottish Government’s Purpose is underpinned by national outcomes, including “We live longer, healthier lives” and “We have tackled the significant inequalities in Scottish society”. Achievement of these outcomes is measured by a set of national indicators²

Better Health, Better Care and health improvement priorities

Better Health Better Care: action plan (BHBC) (December 2007) sets out the Scottish Government’s vision for health services for the next five years. Its three main components are: health improvement; tackling health inequalities; and improving the quality of health care.

BHBC commits to improving health through stepping up efforts to improve lifestyle choices that impact on health.

To reduce health inequalities it sets out plans to significantly extend anticipatory care approaches, such as ‘Keep Well’, and develop early intervention programmes which invest in the health of pregnant women, babies and young children, to break the link between early life adversity and adult disease.

BHBC also sets out a range of measures designed to improve the quality of the NHS, supporting the provision of local care wherever possible, embedded in communities and tailored to people’s needs. It gives a commitment to care that is quicker, safer, and more efficient and effective than ever before.

Community Health Partnerships’ key role is to deliver healthcare through developing collaboration between health professionals and communities, developing networks of people and Health Care Workers, Social Workers, independent contractors, Specialists, Housing and Voluntary Sector organisations.

² <http://www.scotland.gov.uk/About/scotPerforms/outcomes/healthierlives>

Equally Well

Equally Well (June 2008), outlines the latest evidence on the key health inequalities found in Scotland. The report makes recommendations to challenge the increasing gap in health inequalities in Scotland, requiring action across government at national and local level, in partnership with the NHS, employers, the third sector and other community planning partners.

The Equally Well Implementation Plan (December 2008) sets out the key actions that are required and the agencies involved.

The plan identifies examples of key actions for CHPs to enable them to contribute to reducing health inequalities:

- Range of actions to improve mental health and wellbeing;
- Support vulnerable families with very young children;
- Community nursing role in supporting looked after and accommodated children;
- Nursing support for schools to deliver the Curriculum for Excellence health and wellbeing outcomes and meet children's health needs through an integrated approach;
- Establish working links with local colleges;
- Promote health benefits of employment and support patients and customers to remain in or re-enter work;
- Encourage "social prescribing", for example of physical activity;
- Drug and alcohol services, planned and delivered as part of local Alcohol and Drug Partnerships;
- Targeted health checks and anticipatory care;
- Improve access to primary care and other health services for vulnerable groups;
- Manage the development of professional roles and skill mix in the workforce;
- As a commissioner and funder of Third Sector and community-led activities that promote health and tackle the underlying causes of health inequalities;
- Promote equality and eliminate discrimination in service provision;
- Engage the community on planning and delivering of CHP services;

- Promote and facilitate the partnership approach locally, within the overall community planning arrangements;
- As a large employer of staff and an investor in the local community;
- Update their Scheme of Establishment and operating plans to incorporate critical action on both causes and consequences of health inequalities; Action must align with community planning outcomes and support the SOA;
- Track progress towards short-term and intermediate health inequalities outcomes.

Test sites have been established to deliver local examples of the Equally Well recommendations. Public services in each area will improve both the reach and impact of local services within existing resources, taking the opportunity to use ideas from frontline staff who deliver services and from the people who use them.

The test sites aim to transform and redesign public services, to improve client pathways through services that have a big effect on their health and wellbeing. The test sites are exploring joined-up local service responses to health inequalities.

Learning and knowledge exchange are vital for the test sites. An Equally Well learning network for the test sites has been established, which will encompass:

- traditional network and learning systems;
- bi-monthly events with key workshop themes for action learning;
- rapid dissemination/ I.T. solutions.

An online learning community will to encourage rapid sharing of learning is expected to go live in the summer of 2009. There will be wider dissemination of lessons from the test sites through a range of communication approaches.

Find out more:

Scottish Government Economic Strategy

www.scotland.gov.uk/Publications/2007/11/12115041/0

Better Health Better Care: Action Plan

www.scotland.gov.uk/Publications/2007/12/11103453/0

Community Regeneration and Tackling Poverty Learning Network

www.scotland.gov.uk/Topics/Built-Environment/regeneration/pir/learningnetworks/cr

Keep Well

NHS Health Scotland's site on the Keep Well programme
www.healthscotland.com/Prevention-2010.aspx

Equally Well Implementation Plan

[/www.scotland.gov.uk/Publications/2008/12/10094101/3](http://www.scotland.gov.uk/Publications/2008/12/10094101/3)

Equally Well Supporting Papers

www.scotland.gov.uk/Publications/2008/06/09160103/0

Equally Well Test Sites

www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewtestsites/testlocationsandthemes

Glasgow Centre for Population Health

Policy Briefing for CHPs and CHCPs
www.gcph.co.uk/content/view/131/126/

Health Promoting Health Service Framework

www.healthscotland.com/documents/1945.aspx

Shifting the Balance of Care

www.shiftingthebalance.scot.nhs.uk/

Scottish Government Equally Well Website page

www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/Q/editmode/on/forceupdate/on

Scottish Community Empowerment Action Plan- Celebrating Success: Inspiring Change

www.scotland.gov.uk/Publications/2009/03/20155113/16

Equality & Planning Directorate, NHS Health Scotland

<http://www.healthscotland.com/about/equalities/index.aspx>

Equality & Human Rights Commission

<http://www.equalityhumanrights.com/en/Pages/default.aspx>

3. Strategic Planning for Outcomes

In November 2007, the Scottish Government and COSLA entered into a Concordat that established a new relationship between central and local government. A focus of this relationship is the Single Outcome Agreement (SOA). The new approach is intended to simplify the accountability process between central and local government, removing separate funding streams and reporting mechanisms. Instead of reporting input, outputs and process detail, the SOA is a set of strategic local outcomes. The SOA will have a strategic focus; be made up of actual outcomes for local communities; be evidence based; capable of delivery; and promote continuous improvement. To deliver on the strategic outcomes Community Planning Partnerships will need supporting delivery plans or programmes, with appropriate performance management systems.

The first round of SOAs, for 2008-09, was between Scottish Government and each local authority or Community Planning Partnership. Around half of these were partnership documents. The SOAs for 2009-10 are all negotiated as agreements between Scottish Government and Community Planning Partnerships. The SOA process requires the involvement of local NHS Boards and CHPs in collaboration with their community planning partners to identify local priorities and needs that are evidence informed, and to agree which strategic outcomes should be prioritised for their particular local area. The SOA will capture the high level local outcomes that will be a consequence of the CPP partners' activities.

Strategic planning for outcomes

Achieving strategic outcomes requires a common approach to be taken. NHS Health Scotland has led work on developing an effective approach to health improvement performance. Common terminology includes:

- **Health outcomes** – changes in life health status of individuals, their communities and the population as a whole or changes in the social, cultural, environmental, and economic factors that affect health;
- **Performance measurement** – the application and use of indicators and measures to assess the performance of delivery organisations;
- **Inputs** – the financial, human, and material resources used;
- **Outputs** – the products, goods and services which result;
- **Reach** – the uptake or use of outputs;
- **Outcomes** – the likely or achieved short-term and medium-term effects of the outputs on users/beneficiaries.

Implications for CHPs

Planning and delivery of health improvement is a key area for delivery set out in the Statutory Guidance in 2004, requiring that Schemes of Establishment would give the structure for the CHP that was 'designed with local population health improvement placed at the heart of service planning and delivery. Improving the health of local communities requires a multi agency response and CHPs (based around a defined population) will be well positioned to make a significant contribution to improving the health of their local communities, especially the most disadvantaged communities.³ This health improvement role, especially for disadvantaged communities, should be considered key to all aspects of CHPs' service planning and delivery and not just the remit of one discipline.

The key feature of planning for outcomes is that service delivery should be driven by local needs and priorities. These in turn need to be agreed in collaboration with other community planning partners.

Undertaking Equality Impact Assessments on all policies and planning will ensure that the needs of the diversity of your population are considered routinely and systematically. Equality Impact Assessment should be outcomes focussed, rather than process driven.

HEAT targets are important performance measures for Health Boards and CHPs. However, most health improvement HEAT targets are not outcomes. HEAT is principally the performance management and improvement framework for the NHS and is largely about what the NHS can deliver to contribute to broader outcomes, it is not expected that all the HEAT targets will feature in an SOA.

The health improvement performance management (HIPM) approach takes outcomes as the starting point for planning and work backwards to identify the outputs and inputs which are required, and who should be responsible for their delivery.

Case Study: Aberdeenshire CHP are taking forward joint outcome focused planning with the Council and other agencies. As a pilot area for health improvement outcome planning, supported by Health Scotland, an integrated implementation tool was developed and piloted with the Local Community Planning Groups (LCPGs). Outcomes of this approach are still in early stages, however benefits have been highlighted. The LCPGs found the integrated tool useful in defining the different contributions of the various partners towards the agreed outcomes. Partners also found the outcome planning process useful for building capacity and awareness of in the broad range of roles that their organisation does in fact contribute to improving health.

³ Community Health Partnerships, Statutory Guidance, Scottish Executive Health Department, 2004 <http://www.sehd.scot.nhs.uk/chp/Pages/CHPfinal%20guidanceOCT2.pdf>

Tools to support outcome planning

Appropriate tools and models include logic models, results chains, logical frameworks, and outcome mapping amongst others. For an example of a logic model structure, please see Appendix 1.

There are many uses for logic models, but the process of stakeholders working together to develop a logic model helps clarify at the outset the key ingredients of a programme (inputs, activities/outputs, target group and reach), what it is seeking to change and whether the pathways proposed are plausible and logical in light of the current evidence base, best practice or previous experience.

It also requires consideration of the policy context in which the programme takes place and of the assumptions that are being made about the need (e.g. scale and size of the problem), the way the programme will work, and the external factors that will also affect the achievement of the outcomes.

The health improvement performance management approach uses the **outcomes triangle** developed by the Scottish Government. This sets out high level population outcomes and intermediate associated behaviour and risk factor outcomes, followed by the short term outcomes that relate directly to the service that is delivered. A **results chain** is then developed that links the outcomes to actual activities on the ground, and draws on the evidence base to substantiate that those activities do impact on the identified chain of outcomes.

Examples of both of these are shown in Appendix 1

NHS Health Scotland are currently developing a programme to support capacity in outcome planning for health improvement and health inequalities. For more details, follow:

www.healthscotland.com/topics/settings/local-government/SOA-tools.aspx

Find out more:

Equally Well Outcomes Framework

<http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewimplementationplan/outcomesframework/Q/editmode/on/forceupdate/on>

Glasgow Centre for Population Health

A programme of work looking at evidence base and exploratory studies of CHP/CHCP roles in addressing health inequalities.

<http://www.gcph.co.uk/content/view/24/40/>

Health Improvement Performance Management Review

Describes the process to develop outcome models for priority topics for Health Improvement.

<http://www.improvementservice.org.uk/health-improvement/health/tools-for-soa-processes/>

Outcome Planning and Performance Management

<http://www.healthscotland.com/scotlands-health/evaluation/planning/index.aspx>

Logic Models

www.healthscotland.com/scotlands-health/evaluation/support/logic-models.aspx

Improving Health and Wellbeing: Developing an integrated approach through Community Planning

www.improvementservice.org.uk/health-improvement/health/community-planning-partnership-consultancy/cpp-consultancy-work-reports.html

Improvement Service – guidance document

The guidance document was produced by Audit Scotland, COSLA, the Scottish Government, Improvement Service and SOLACE for the format and development of Single Outcome Agreements. It also includes the menu of local indicators.

www.improvementservice.org.uk/core-programmes/single-outcome-agreements/

1. Review of Health Improvement Performance Management
2. **Event report.**
3. <http://www.rocketsciencelab.co.uk/hipm/index.htm>

Equality and Diversity Impact Assessment

EQIA toolkit

www.scotland.gov.uk/Publications/2005/02/20687/52421

4. Planning for Local Delivery

Current Statutory Guidance⁴ for CHPs highlights that they are expected to improve the health of local communities with local partners by tackling inequalities, promoting policies, and designing and delivering appropriate services to address poverty and deprivation within community planning frameworks.

Local Authorities play an important role in improving the health and wellbeing of the communities they serve by creating the facilities and environments for communities to prosper. They directly influence the life chances of communities through decisions around town planning, transport, education, housing and employment opportunities.

Local Authorities also have a role in improving health and other outcomes for individuals such as Looked After Children and Young People, school children and older people in care. As such, the Local Authority is an important partner for the CHP. Partnership working is essential to ensure shared local priorities, planning and delivery and efficiency in terms of public sector shared service and join up.

Partnership Planning

Any joint planning has to be done in the context of the SOA as this establishes the high level outcomes for the work of the Community Planning Partnership. The focus will be on delivering outcomes that link to the overall National Performance Framework, with flexibility in terms of local priority setting, using local indicators. It is important to note that an SOA is not a plan and inclusion in an SOA is not a measure of status of an issue or activity. The SOA is a strategic document of outcomes which will need underpinned by a whole range of activities.

Collaborative Gain

One of the key purposes of Partnership planning is to achieve benefits arising from Collaborative Gain.

The Local Government Improvement Service has defined Collaborative Gain as:-

"a situation where partnership working brings about 'added value' benefits, which would not have been achieved by the individual partner organisations operating on their own (*More than the sum of the parts*'). These benefits might include, for example, enhanced outcomes for service users / communities or efficiency gains for the partners themselves."

⁴ <http://www.chascp.org/Documents/CHPfinal%20guidanceOCT2.pdf>

Such collaboration may be a one-off event, time limited, task-limited, or continuing. It may include sharing information and knowledge, preparing plans and strategies, co-ordinating operational activity, solving problems or developing opportunities.

In contrast, if all that is achieved by partnership working is simply to aggregate what would have been achieved via the individual partners' activities, then there is no Collaborative Gain. Indeed, in such situations, there is actually likely to be negative value, due to the costs involved in collaboration.

It is important that when using tools for identifying different partner contributions towards an outcome that the overall, collaborative outcome is not lost sight of. When tools for planning are used there must be a clear link from the activities of an individual organisation to the high level collaborative outcomes.

HEAT targets

HEAT targets (also see page 12) are used for the performance management of NHS Boards. CHPs will have a role in delivering services that contribute to their Board achieving its targets.

When CHPs are planning their outcomes and activities with their community planning partners they will need to consider opportunities for collaborative gain that will benefit achievement of the HEAT targets and also how their delivery towards HEAT targets can contribute to achieving other, shared outcomes.

However, it is important to recognise that HEAT targets will not necessarily have direct links to outcomes captured in the SOA.

Case Study: Teenage pregnancy and breastfeeding in Perth and Kinross CHP

A community based service supported by the Public Health Link Nurse (PHLN) and the community midwifery service. Pregnant teenagers and mums are referred by the midwife and attend weekly sessions run in a local church by the PHLN. Input to these sessions is also made by a broad range of staff including, Social Workers, Welfare rights staff, Dental Health clinicians and literacy workers. With no mothers previously recorded as breastfeeding in the Letham/Hillylands area, an increase in breastfeeding was a key outcome of this work and of the 47 girls who delivered, 26 initiated breastfeeding and 22 were still breastfeeding at 10 days. Referrals were also made for smoking cessation, dentistry and literacy support.

Beyond HEAT

In line with the broader agenda of *Better Health, Better Care*, CHPs have a role in achieving improvements in health beyond the HEAT targets. For example, areas such as mental health and wellbeing, obesity in adults and sexual health are not currently measured in HEAT, but have important contributions to health improvement.

Case Study: A motivational coaching pilot for behaviour change in Perth and Kinross CHP involved a Health Care Assistant and a Technical Support Worker – OT to act as coaches, supported by case managers, in both urban and rural GP practices. The sessions focused on supporting clients to recognise their reasons for particular health related behaviours and to raise motivation to change before signposting to mainstream services. Positive behaviour change was noted in approximately 90% of participants.

CHPs and Community Planning Partnerships

CPPs reflect the boundaries of the 32 Local Authorities in Scotland and local authorities have a statutory duty to initiate, maintain and facilitate the community planning process. Often, a CHP may have a lead in planning and delivering activities to improve health with other community planning partners contributing. The CHP's leadership on health improvement in the Community Planning process is seen as key, as almost all the outcomes in the National Performance Framework require partnership working.

Case study: East Glasgow CHCP's money advice service is an example of a partnership approach for health improvement and health inequalities. A successful model has been developed to deliver money advice services to the most vulnerable client groups within the CHCP, involving home visits, open access surgeries and targeted events. The contract for providing these advice services was awarded to the Greater Easterhouse Money Advice Project (GEMAP). Over 7 years the service has successfully raised £7,604,615 in unclaimed benefit and has supported clients to reschedule £930,288 of debt. Development of an income maximisation project via a housebound chronic disease management pilot has also been established.

Case study: North Lanarkshire Council provides a Keep Well phone line through the council's existing call centre. This enables the service to be more flexible, with a dedicated telephone number and access to out of hours advice. In addition, direct referral has been established to the council's leisure faculties, offering free passes to Keep Well patients for eight weeks, followed by a further eight weeks at half price.

There will be many examples where the Local Authority is leading on activities that will improve the health and wellbeing of local communities. Regeneration of the most deprived communities and improving people's employability are good examples of this, but the CHP has an essential partnership role to contribute to the overall strategy. There may well be areas where the council has a lead, for example in tackling fuel poverty, but the CHP plays an important partnership role in delivering or commissioning delivery of services to improve the health and wellbeing of individuals.

Case study: Angus Council. Fighting Fuel Poverty and the role of health care staff

Fuel poverty is a serious issue for older people and families with young children, leading to health issues associated with cold and damp conditions. Angus Council has taken the lead in their area by developing a Fuel Poverty Referral Network. This includes training for health and social care staff to enable them to recognise signs of fuel poverty in homes they visit. They can then refer to council officers who provide specialist advice on maximising energy use, property care and repairs, sourcing grants to reduce fuel poverty and so reduce associated health inequalities.

Case study: Work in West Lothian council has resulted in the decision for the Community Planning Partnership not to produce a JHIP; instead they will produce plans that connect to the SOA, based on the process of logic modelling and achieving outcomes for people.

Third Sector organisations and health improvement

CHPs need to ensure strong and effective methods of engaging with, and involving, local communities throughout health improvement planning and delivery.

Building strong and trusted partnerships with the Third Sector can provide a CHP with routes into patient groups and other communities which may not respond to more traditional approaches of engagement, such as invitations to local public meetings.

Organisations in the Third Sector enable communities to both focus on health issues identified by themselves and address those prioritised by CHPs. In addition to encouraging and sustaining healthy lifestyles, they support people to participate in and influence the services that directly affect them. There is evidence to show that added value is gained through effective partnership working with the Third Sector, with proven contributions such as:

- bridging gaps with services responsive to need and targeted at specific communities and client groups;
- reach out and engagement with those people who have not previously accessed mainstream services, e.g. BME communities;
- developing patient-centred services;
- addressing lifestyle-related health issues;
- sustaining community-led health;
- building on local knowledge and skills to inform the design and implementation of services.

Evaluation and research have shown that Third Sector organisations have enhanced health improvement by contributing to:

- better understanding of local health issues;
- better understanding of health improvement outcomes through the participation of community members, patients and service users;
- potential for new services responsive to identified need;
- supported access to mainstream services for all people;
- stronger engagement between Third Sector organisations and public sector health agencies;
- involvement in more long-term change for improved health and quality of life;
- fresh ideas, new solutions, new contacts;
- stronger social networks.

Third Sector organisations hold a wealth of knowledge, expertise, skills and contacts for engaging with patient interest groups, community-led organisations and social enterprise networks.

Healthy Communities: Meeting the Shared Challenge - this national programme is now in its final year (2009-10). The Support Programme, co-ordinated by Health Scotland and delivered by Scottish Community Development Centre is helping CHPs to adopt community-led approaches to health improvement. This approach is concerned with supporting communities experiencing disadvantage and poor health outcomes to identify, define and take action on what is important to them about their health and wellbeing. The Support Programme is working with CHP staff and their partners to embed the approach into local decision-making structures.

Commissioning Third Sector organisations to meet CHP priorities

Many Third Sector organisations that deliver activities or services that meet needs for improving health or reducing health inequalities face challenges in maintaining sufficient income to sustain their activities. Given the evidence for the efficacy of using the Third Sector to develop and deliver services that meet the health improvement priorities for CPPs, CHPs should consider how they can commission these services on a contractual basis.

Scottish Government guidance on public sector contracting outlines the use of contracts in this manner. Community benefits clauses can be included in public contracts to provide for wider social benefits.

The Scottish Government is working with COSLA, the Improvement Service and NHS Boards to establish a network of Third Sector champions across the public sector, linking with the volunteering champions network being established by the Boards. The Scottish Government will also ensure that public sector purchasers have appropriate training in the use of community benefit clauses.

The Scottish Government intends to publish a practical guide to commissioning public services, aimed at frontline service commissioners who are involved in the design of service specifications and contracts.

For further information and useful contacts, please see Appendix 2.

Data to support planning at CHP level

Much information is collected in local areas and the national repository for small area data is **Scottish Neighbourhood Statistics**. The **ScotPHO** website contains a wealth of information on a growing number of health topics: behaviours, clinical risk factors, life circumstances and population groups. Much of this is presented at a national level but is relevant to informing understanding of health challenges and opportunities.

ScotPHO also provides community health and wellbeing profiles CHP areas and will be updated annually. The profiles provide detailed summaries of health and determinants and highlight health inequalities, as well as trends in key indicators.

The Information Services Division (ISD) holds extensive information on the priority areas, often at national or NHS Board level, but with increasing amounts being presented at CHP level. NHS Health Scotland is working with partners to provide a range of public health intelligence, mostly at national level but also relevant to informing understanding of local health challenges and opportunities. Where there is no local data, national data can often be combined with a knowledge of local demography and socio-economic circumstances to inform local action.

NHS Health Scotland is also currently developing profiles for children and young people for each CHP area in Scotland, and these will be published during 2009.

In 2009 a report will be made available on the ScotPHO website describing the diversity of Scotland and the health improvement issues for each equality group to inform debate and policy. The data will be at national level, it will require local knowledge to apply in specific CHPs. This information is important for carrying out statutory Equality Impact Assessment.

Health Scotland's evidence and evaluation teams have compiled information for each of the health improvement priority areas. This includes Scottish commentaries on National Institute of Health and Clinical Excellence (NICE) guidance, research publications and evaluations of national demonstration projects. Each of the programmes on topics, settings and life stages also map out evidence of each respective area. See the [Health Scotland](#) website for links to relevant priority areas.

ScotPHO issues weekly news alerts of new developments in population health intelligence, statistical publications and releases.

The link for registration is: www.scotpho.org.uk/SP_Registration.asp

The current HEAT targets for health improvement are as follows:

- 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.
- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010.
- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009/10.

Find out more:

Collaborative Gain

Improvement Service information on collaborative gain

www.improvementservice.org.uk/core-programmes/improving-outcomes/collaborative-gain.html

Collaborative Commissioning

Report on Collaborative Commissioning

www.socialeconomyscotland.info/scvo/content/501.asp

Commissioning Public Services

The Good Practice Principles of Commissioning

<http://www.socialeconomyscotland.info/scvo/content/forms/library.asp?contwentiid=500&DocStr=|349|>

'Employability Framework – Partnership Case Study – Working for Health in Greater Glasgow'

Part of wider Care Careers initiative in NHS which aims to provide access, support and training to help people develop career in NHS

www.scotland.gov.uk/Resource/Doc/917/0033749.doc

Employability and health

'Workless Client Group – Background information on characteristics and geographic breakdown'. Chapter 5 covers the links with health problems

www.scotland.gov.uk/Resource/Doc/917/0039905.pdf

Fairer Scotland Fund

www.scotland.gov.uk/Topics/Built-Environment/regeneration/fairer-scotland-fund

Glasgow Centre for Population Health

Projects including a CHP monitoring framework for health inequalities, GP social prescribing pilot and a primary care response to inequalities and mental health

www.gcph.co.uk/content/view/24/40/

Meeting the Shared Challenge

Capacity building programme on community led health.

www.scdc.org.uk

Public Social Partnerships pilot

Pilot on development of public-social partnerships based on public procurement opportunities

www.socialeconomyscotland.info/scvo/content/pilot/438.asp

Scottish Council for Voluntary Organisations

To find contacts for local Council's for Voluntary Service or Volunteer Centres

www.scvo.org.uk/cvsnetwork/Home/Home.aspx

Standards for Community Engagement

Applying the National Standards for Community Engagement to Developing Health and Community Care Policies and Services

www.healthscotland.com/documents/1407.aspx

The Poverty Site

The UK site for Poverty and Statistics

www.poverty.org.uk/summary/scotland.htm

The Poverty Alliance

Information on community profiling and research on issues including health

www.povertyalliance.org/html/information/definitions.htm

Voluntary Health Scotland

Report on the role of the voluntary and community sector in health improvement within Community Health Partnerships

www.vhscotland.org.uk/library/vhs/role_vcs_health_imp_chp.pdf

Workforce Plus

Scottish Government employability framework

www.scotland.gov.uk/employabilityframework

Planning and evaluation support:

Evaluation Support Scotland

Provides practical access to resources and tools to build evaluation and learning into funding and policy making

www.evaluationsupportscotland.org.uk

Health Impact Assessment Network

Detail and documents on Health Impact Assessments, the network and case studies of HIA work related to housing and transport

www.healthscotland.com/resources/networks/shian.aspx

LEAP for Health

The LEAP for Health framework for those working in community health settings to plan and evaluate their partnership work

www.healthscotland.com/documents/308.aspx

RE-AIM

A systematic way for researchers, practitioners, and policy makers to evaluate health behaviour interventions

www.re-aim.org/2003/FAQs_basic.html

Profiles and data sources:

Local Annual NHS Board Public Health Reports

Profile and data on local population.

ScotPHO

Summary data and statistics with background information, interpretation, policy notes, commentaries on data sources, references and links to further information for a wide range of topics relating to health

www.scotpho.org.uk

Greater Glasgow & Clyde profiles:

Similar to the general Scot PHO profiles but same set of indicators are provided for smaller areas within each community

www.gcph.co.uk/content/view/85/72

Scottish Neighbourhood Statistics:

Small area statistics including information on health, education, poverty, unemployment, housing, population, crime and social/community issues at data zone.

www.sns.gov.uk

Information Services Division:

www.isdscotland.org/isd/401.html

Fife Regeneration Tracking Study

Provides background to Fife longitudinal regeneration tracking study - measures effects of regeneration on health and wellbeing across five communities.

www.nhsfife.scot.nhs.uk/nhsfifetraining/Import_Files/Fife%20Regen%20HWStudy.pdf

5. Workforce Development for CHP Health Improvement

'A Force for Improvement: The Workforce Response to Better Health, Better Care' highlights the focus on public health, illness prevention and health improvement within CHPs and CPPs and the ongoing implications this has for the shape of the workforce.

The CHP workforce needs to include training skills and a clear role to develop health improvement and Health inequalities practice. NHS Health Scotland's Learning & Workforce Development Team provides support for six of the health improvement HEAT targets through a mixture of training for trainers programmes, eLearning, networking to share good practice and supporting training infrastructure development. The focus is primarily on: Alcohol Brief Interventions; Breastfeeding; Child Healthy Weight; Coronary Heart Disease (through Keep Well); Suicide Prevention and Tobacco. There is also support for the implementation of other key national strategies such as 'Towards a Mentally Flourishing Scotland' and 'Healthy Eating, Active Living'. The aim is to strengthen local NHS workforce development systems to develop the knowledge and skills of the workforce who are required to meet these targets.

Underpinning this is delivery of a training programme of critical core skills and knowledge such as health behaviour change, health inequalities, equality & diversity, health improvement and leadership. Specifically targeted at CHPs, NHS Health Scotland's Leadership for Health Improvement Programme is designed to strengthen capacity for leadership in health improvement, and is based on a well-evidenced model combining leadership, health improvement and improvement systems within the context of distributed leadership.

The Health Improvement Trainers Scotland (HITS) network was launched in January 2008 and provides an opportunity to develop local trainers and make the most of training resources across the health system. The online support for these programmes will enable workforce development leads in CHPs to access information on training opportunities more efficiently.

CHPs also need to be an exemplar employer in promoting the health and wellbeing of its workforce. CEL(2008)14 (March 2008) sets out requirements for action in the acute sector of NHSScotland to develop a health promoting health service. This includes a requirement to work towards a Healthy Working Lives award. CHPs should consider the action they can take to promote and improve the health of their workforce, including attaining a healthy working lives award.

CHPs should also consider the potential impact that they can have on health inequalities through their recruitment practices, including recruiting staff from economically inactive groups. Supporting people back to work contributes to reducing health inequalities and most Health Boards already run healthcare

academies to provide this support. CHPs should take advantage of these when recruiting.

Find out more:

Local NHS Board Public Health/Health Improvement training programmes

A Force for Improvement: The Workforce Response to Better Health, Better Care

<http://www.scotland.gov.uk/Resource/Doc/257644/0076455.pdf>

Frontline Leadership and Management

www.nes.scot.nhs.uk/business_administration/management_development/frontline_leadership/default.asp

Health Scotland learning opportunities

www.healthscotland.com/learning/index.aspx

Improving Health: Developing Effective Practice

http://www.healthscotland.com/learning/courses-and-conferences/Improving_Health_Developing_Effective_Practice.aspx

Leadership for Health Improvement Programme

www.healthscotland.com/learning/courses-and-conferences/leadership-for-health-improvement.aspx

Meeting the Shared Challenge

www.scdc.org.uk/shared-challenge

NHS Leadership Development Framework

www.scotland.gov.uk/Publications/2005/06/28112744/27452

NES Health Inequalities Learning Resource

www.equalityinhealth.scot.nhs.uk

Public Health courses – a searchable database

www.healthscotland.com/learning/continual-professional-development/index.aspx

Public Health Skills and Career Framework

www.skillsforhealth.org.uk/page/about-us/news-articles/public-health-skills-and-career-framework

4. Glossary of Abbreviations

BHBC: Better Health, Better Care

CEL: Chief Executives' Letter

CHP: Community Health Partnership

CPP: Community Planning Partnership

FSF: Fairer Scotland Fund

GES: Government Economic Strategy

HEAT: performance management framework for NHS, Health Improvement, Efficiency, Access and Treatment

HIPM: Health Improvement Performance Management framework

HITS: Health Improvement Trainers Scotland

HPHS: Health Promoting Health Service

HPS: Health Promoting Schools

ISD: Information Services Division

JHIP: Joint Health Improvement Plan

LHIP: Leadership for Health Improvement Programme

NES: NHS Education for Scotland

NPF: National Performance Framework

PPF: Public Partnership Forum

ScotPHO: Scottish Public Health Observatory

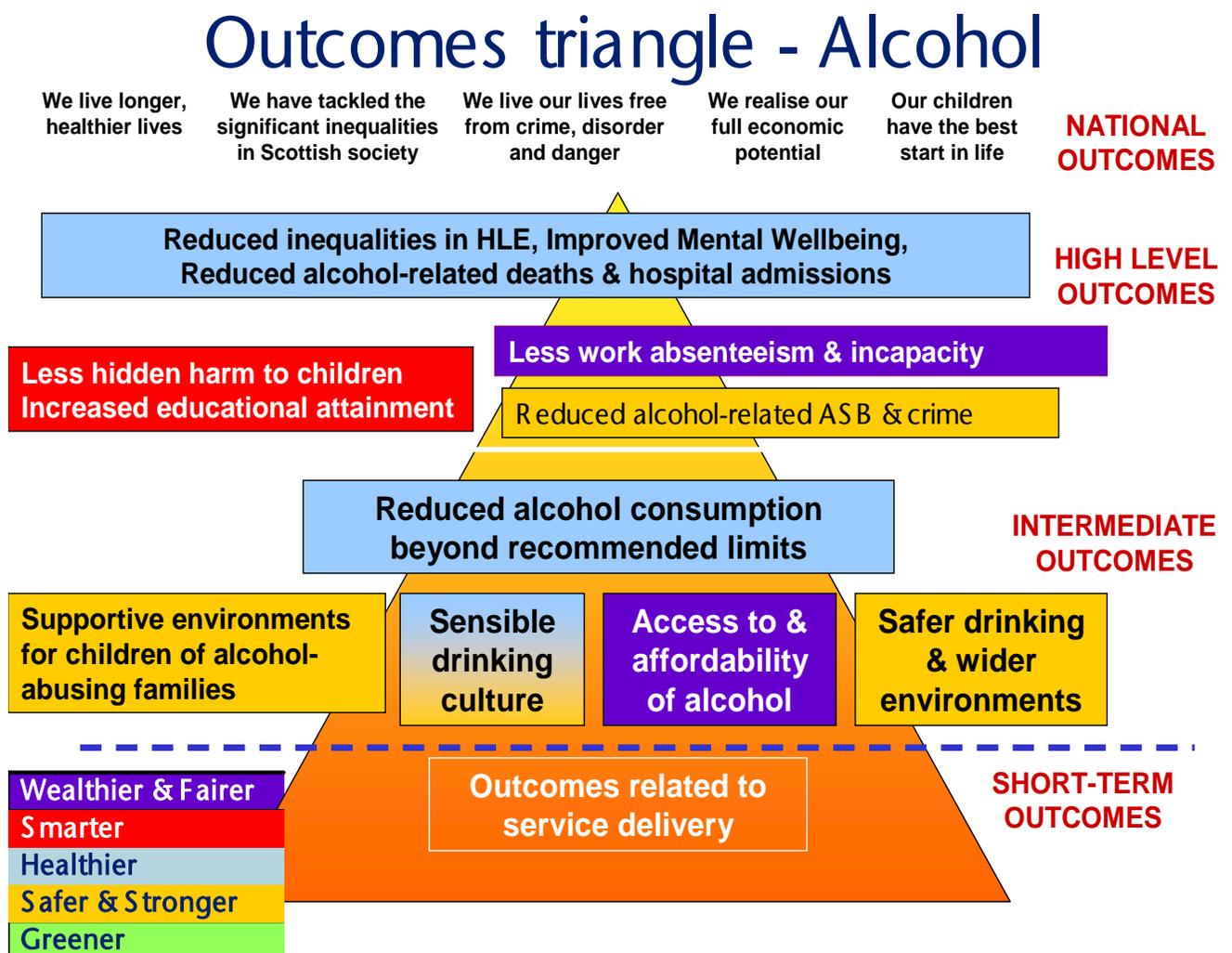
SOA: Single Outcome Agreement

VCS: Voluntary and Community Sector

Appendix 1: Outcome planning models/tools

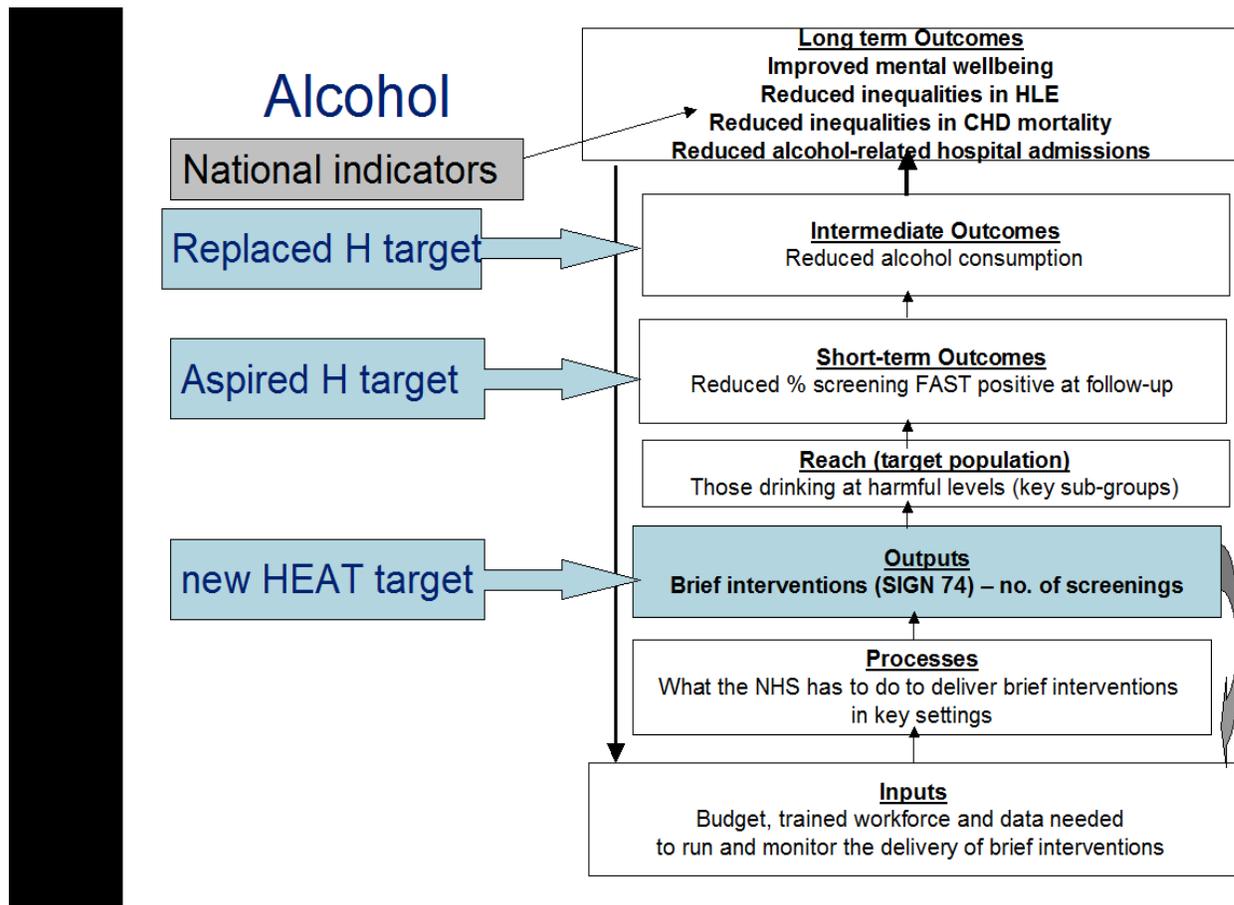
Outcomes triangle: Alcohol

The outcomes associated with the different Scottish Government priorities are colour coded. Therefore, the relevant outcomes for 'Wealthier and Fairer' is access to and affordability of alcohol, and the intermediate outcomes for 'Healthier' are reduced alcohol consumption beyond recommended limits and access to treatment services. The diagram demonstrates short term outcomes related to service delivery, for use in local planning, but, as shown, linked to the longer term, higher level outcomes.



Results chain: Alcohol

The results chain links activities, which are evidence-based, to the overall chain of outcomes. This enables an organisation to describe its particular contribution to a shared outcome for health improvement. Developing a results chain is useful once an outcome has been agreed and interventions related to this outcome are being planned. However, it is important that, where there is more than one results chain contributing towards a longer term outcome, that these are considered together to ensure that opportunities for collaborative gain are not missed.



In this case, the recommended HEAT target is a reduction in the numbers screening fast positive at follow-up, which is a short-term outcome directly attributable to the service (brief intervention) delivered by the NHS. Due to variation in delivery of brief interventions for alcohol across Scotland, data limitations, definitional issues and the lack of guidance on follow-up, an interim target (based on an output) was chosen in the first instance.

1. **Both these models provide a sequence that end in desired outcomes, including evidence-based activities which contribute to the overall outcome. The strength of using these models together is that the**

outcomes triangle shows the broader partnership effect and the results chain links activities and their required inputs to the overall outcomes.

Appendix 2: Useful contacts

Local contacts to support health improvement planning:

- Departments in local NHS Boards for Public Health, Information Services, Planning and Health Improvement;
- Community Planning Partners.

The following contacts may be helpful to CHPs when working in partnership with the voluntary sector.

Scottish Council for Voluntary Organisations

Useful background information about the size and diversity of this sector can be found on the SCVO website of the (SCVO).

www.scvo.org.uk

Council for the Voluntary Service (CVS)

Your CHP area will have a local Council for the Voluntary Service (CVS), which is an important source of local information about the sector. The SCVO co-ordinates a CVS network, which consists of 56 independent organisations, which provide a range of development and support services to community and voluntary organisations across Scotland. CVS activity is supported by the Scottish Government and local authorities, as well as by trading income and funding from a wide range of sources.

www.scvo.org.uk/cvsnetwork/Home/Home.aspx

Volunteer Development Scotland

For more information about the health improvement role of volunteering, visit Volunteer Development Scotland

www.vds.org.uk

The following networks and agencies provide information, good practice models and networking opportunities to strengthen partnership working between CHPs and community and voluntary sectors.

Voluntary Health Scotland

VHS have published two CHP Advice Notes 'Involving the Voluntary Sector' (VHS, December 2004) and 'Further Advice on the role of the voluntary and community sector members of CHPs' (VHS, June 2007). Both can be found on the VHS website: www.vhscotland.org.uk

Community Health Exchange (CHEX) is a national network of organisations across Scotland. CHEX is funded by Health Scotland with a focus on community-led and community development approaches to health improvement.

It provides a wide range of information, training and support to community-led health organisations, including Health Issues in the Community.

www.chex.org.uk

Community Food and Health Scotland

This organisation supports initiatives in low-income communities which help people take up a healthy diet.

www.communityfoodandhealth.org.uk

Community-Led Supporting and Developing Healthy Communities Task Group

For more information about the work of the group, visit:

www.healthscotland.com/settings/community-voluntary-publications.aspx

The following websites offer useful information on the voluntary and community sector's work on health improvement.

Scottish Community Development Centre

www.scdc.org.uk

This site provides details of the 'Healthy Communities: Meeting the Shared Challenge' programme, which aims to promote a community-led approach to health improvement and addressing health inequalities and developing local capacity to implement the approach.

Long Terms Conditions Alliance

The LTCAS aims to bring together voluntary and community organisations across Scotland to give a national voice to ensure the interests and needs of people living with long-term conditions are addressed.

www.ltcas.org.uk

Scottish Health Council

SHC's role is to ensure that NHS Boards take account of public views when they make decisions about Scotland's health services.

www.scottishhealthcouncil.org.uk

Lothian Community Health Projects' Forum

The forum is a registered charity, which aims to support the work of Community Health Projects across Lothian.

www.lchpf.co.uk

Commissioning Services from the Voluntary Sector

'Community Benefit in Public Procurement' Guidance note

This guidance note includes the use of 'community benefits' in public sector procurement.

www.soctland.gov.uk/Resource/Doc/116601/005331.pdf

The note draws on findings of the Scottish Government's pilot Community Benefits in Procurement Programme.

www.scotland.gov.uk/Resource/Doc/212427/0056513.pdf

SENScot

SENScot's role is to recognise the contribution of individual leaders / social entrepreneurs, in tackling injustice and to support them and their endeavours.

www.senscot.net/view_res.php?viewid=7155

Case studies demonstrating social enterprises' contribution to the delivery of healthcare and health improvement services are at:

www.senscot.net/docs/healthcasestudiespdf.pdf

Scottish Council for Voluntary Organisations

'Tendering for Public Sector Contracts' Scottish Government, Fourth Sector Development and Equal' (2007)

www.scvo.org.uk

Equal Social Economic Scotland Development Partnership

This website contains a wealth of resources for social economy organisations and social enterprises.

<http://www.socialeconomyscotland.info/scvo/content/>

Community Business Scotland (CBS) Network

This organisation's aim is to promote, encourage and support the principles and practice of community owned and controlled enterprises, enabling local communities to become more self reliant and sustainable.

www.cbs-network.org.uk

Community Enterprise in Strathclyde (CEIS)

CEIS offers programmes of support and finance for social enterprises, and delivery of innovative employability programmes to help people back to work.

www.ceis.org.uk

Social Firms Scotland

SFS aims to grow the Social Firm sector in Scotland to increase employment opportunities for severely disadvantaged people.

www.socialfirms.org.uk