

OUR COMMUNITY'S HEALTH

GUIDANCE ON THE PREPARATION OF JOINT HEALTH IMPROVEMENT PLANS

1. INTRODUCTION

1.1 This guidance is intended to help Community Planning Partners prepare Joint Health Improvement Plans for 2002-03 and beyond. It is aimed at a wide range of organisations, including all the Community Planning Partners, all of whom have a role to play in improving health.

1.2 Health lies at the heart of most people's vision for their own lives and for the well-being of their community. Health is, therefore, one of the key themes of community planning. Joint Health Improvement Plans will be developed for each Local Authority area by Community Planning Partnerships. These Plans will set out objectives, strategies and actions for each partner organisation to improve health and reduce inequalities within the local population. Local joint planning, collaborative action and reporting to communities on progress will help to increase further the effectiveness of public health and health improvement actions and to promote understanding of and support for this agenda among communities across Scotland.

1.3 Joint working in this way is not new. In community care, for example, it is essential if people are to get the best results. Recent government initiatives and obtaining new powers have given greater priority to joint working and will extend its scope.

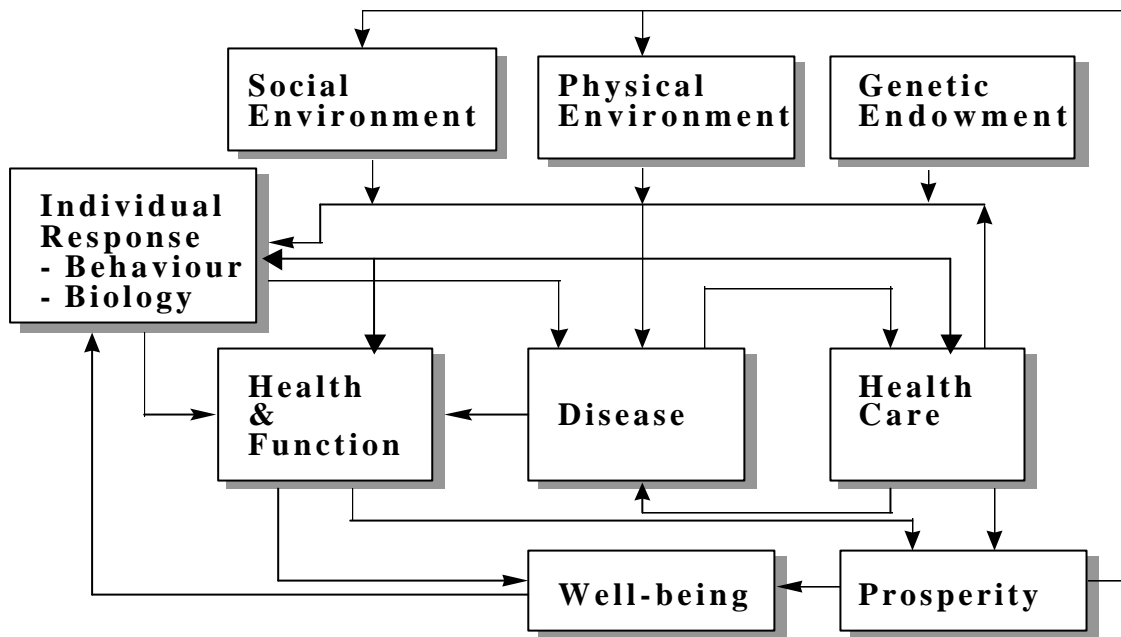
1.4 The Scottish Executive and the Convention of Scottish Local Authorities (COSLA) have worked together to produce guidance to help Community Planning Partners make a step change in their areas and as part of the Executive's drive to achieve a step change in Scotland's health. Separate guidance has been issued on the preparation of Local Health Plans.

2. WHAT IS HEALTH?

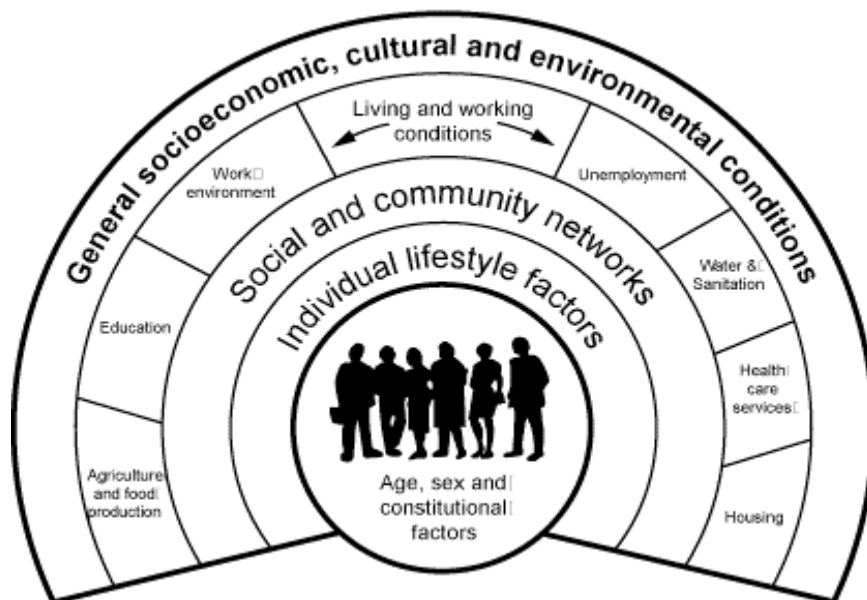
2.1 The World Health Organisation defines health as 'A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

2.2 Many things shape the health of people and communities. The Scottish Policy Framework '*Towards a Healthier Scotland*' says that health depends on life circumstances as well as lifestyle choices: decent housing and having a job make a difference as well as not smoking and eating a healthy diet. The diagrams in Box 1 sum up the many influences on health.

BOX 1: The Influences on Health



Why are some people healthy and others not? The determinants of health of populations." Edited by Robert G Evans, Morris L Barer and Theodore R Marmor. Aldine de Gruyter, New York, 1994



Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm: Institute of Futures Studies, 1991.

2.3 Because it is shaped by so many things, **health is everyone's business**. The NHS is a key player in health care and improving health, but is not the only organisation which has an impact on improving health. Government Departments, Local Authorities, other public agencies, employers, voluntary and community groups all have a part to play, and the NHS must work in partnership with all these parts of the local health system.

2.4 The local health system includes not just organisations but also communities and individuals. Their life circumstances, particularly where these are deprived, can reduce the capacity of communities to make healthy choices. Life circumstances are important determinants of health, along with lifestyle choices. The health and well-being of individuals and communities lie at the heart of many policies and actions. There is an especially strong link with social justice, since the well-being of communities is about reducing inequalities in health as well as improving overall health. The policy framework for Scotland set out in 'Towards a Healthier Scotland' (1999), emphasises this and the need to promote positive good health.

3. WHAT IS COMMUNITY PLANNING?

3.1 Community Planning is a **partnership** between the Local Authority, the NHS, other public agencies, employers, voluntary and community groups, service users and businesses. Collectively, they are the Community Planning Partnership. The Scottish Executive has made clear its commitment to working with, and within, Community Planning Partnerships to deliver a step change in Scotland's health.

3.2 The **purpose** of Community Planning is to make a difference by:

- committing the Partners to develop and deliver an agreed strategic vision for their community; and
- addressing key cross-cutting issues which affect the social, economic, environmental, health and other aspects of community well-being.

3.3 Community Planning is also a **process**. Tools, such as objectives, plans, targets etc, matter but the process of working together for the benefit of local people is what gives Community Planning meaning, leads to better service provision and improves the lives, including the health, of local communities.

3.4 The role of Local Authorities in Community Planning will be supported by a proposed new duty, underpinned by a general power to promote and improve the well-being of their areas.

- The duty will require Local Authorities to work in partnership with others to promote the well-being of their areas through Community Planning.
- The Scottish Executive requires NHS Boards to be active members of Community Planning Partnerships and will assess, through the NHS Performance Assessment Framework, the contribution they make.

- Proposals contained in the Local Government Bill scheduled to be introduced in Spring 2002 will include a duty on key partners, including NHS Boards, to engage in the Community Planning process.

4. MAKING IT HAPPEN

4.1 There is no specific blue-print for Community Planning: what matters is what works. Here is a general description of how you can make it happen.

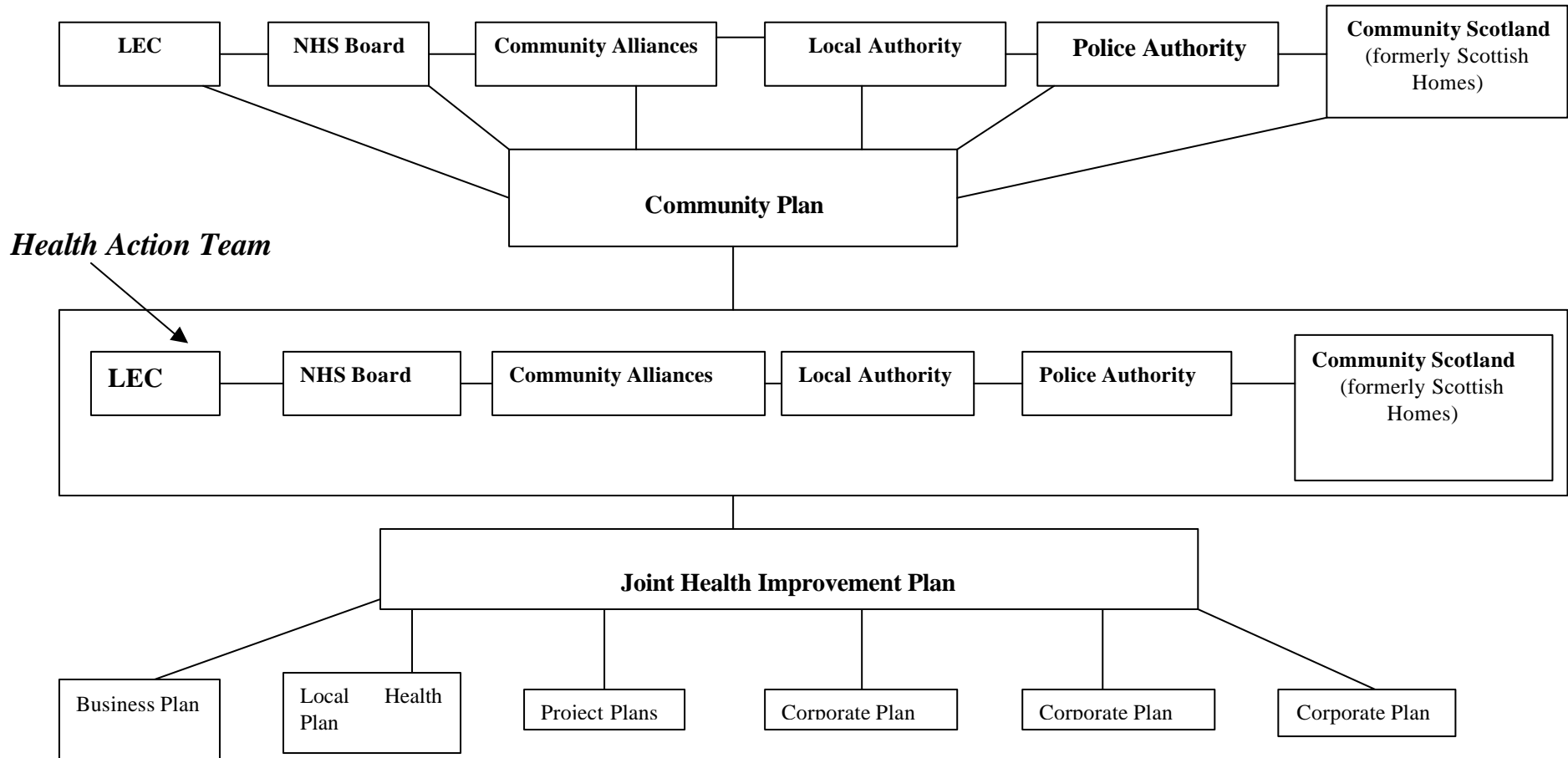
4.2 Although the same people may be involved in each of the groups within the process, each group will have clearly defined roles and remits which contribute to the overall Community Planning process.

- The **Community Planning Partnership** produces the Community Plan, which consists of vision, strategies, themes and shared objectives. The shared vision for health should be clearly expressed as a set of objectives. This set of objectives will be known as the **Joint Health Improvement Plan**. This could be a separate document, or a chapter in or annex to the Community Plan.
- Community Planning Partnerships will need to find ways to turn shared strategies and objectives into specific actions for each organisation to improve the health of the local population. In this guidance we assume that Partners will create teams to achieve this and we refer to these here as Action Teams. Action teams may be formal or informal, and they may be called by other names. It is likely there will be a number of Action Teams reflecting key strategic themes within the Community Plan, maintaining links with other Action Teams, establishing a monitoring and evaluation framework and reporting on progress to the community through the Community Plan.
- In this Guidance, we have assumed that there will be a Health Action Team, but that is not a requirement. What matters is that all these Teams share an appreciation that what they do impacts on health. Any specific objectives they make in this area should be cross-referenced to the Joint Health Improvement Plan. The challenge is to ensure that health improvement is both clearly articulated and integrated where appropriate. Most of the objectives and actions in the joint Health Improvement Plan will come from the Health Action Team, but some, as already indicated, may well be contributed by other Action Teams. The Plan should be cross-referenced to the work of other Action Teams which will impact on health. All organisations may have a role to play in all of the Community Planning Action Teams.
- **The Partner Organisations**, the individual organisations which make up the Community Planning Partnerships, carry the specific actions into their own organisational planning processes and ensure that they are carried out. For example, each NHS Board will be required to produce a **Local Health Plan** setting out the actions it will take to achieve both its own objectives, as set out in Our National Health and as agreed between Ministers, the Health Department and NHS Boards, (for example in relation to improving patient care and developing

hospital services), as well as the shared objectives in the Community Plan for each local authority area covered by that NHS Board. All partner organisations' corporate and business plans must commit their organisations to actions and outputs which will help to achieve the shared objectives in the Community Plan. The Diagram in Box 2 on the next page illustrates this integrated planning.

Box 2: Integrated Planning

This box provides a suggested model for how the whole Community Planning process might contribute to the improving health agenda. It should be noted that not all Community Planning partnerships will look like this – some may have additional/alternative partners, so this list of partners is not exhaustive, merely illustrative.



4.3 Local Authorities and NHS Boards will have to work together particularly closely to deliver this agenda. The Executive has supported the establishment of joint-funded posts in Local Authorities aimed at supporting the development and implementation of the Joint Health Improvement Plan through Council services. Partner organisations will also have to look at moving resources, for example the resources already made available to NHS Boards through the Health Improvement Fund, across traditional organisational boundaries to improve health, reduce inequalities and provide more effective services and care.

What should you and your Organisation do?

4.4 Your organisation will be responsible for delivering the actions with which you are tasked by the Health Action Team or other Community Planning Teams, although this may be achieved through collaborative working.

4.5 An example of some activities which might be undertaken in relation to chosen priority areas is set out at the end of this guidance.

5. WHAT KIND OF DIFFERENCE WILL WE MAKE?

5.1 There are various approaches to deciding which should be your priority areas for action:

- you might follow a **topics** approach, looking at coronary heart disease, stroke, cancer, mental health, diet, dental health, sexual health, physical activity, accidents etc; or
- a **settings** approach based on where people lead their lives, such as workplace, home, schools/colleges communities; or
- a **life stages** approach, looking at your community in relation to children, young people, people of working age or those past retirement age, agreeing exact definitions locally.

5.2 It is likely that your agreed priorities will cover a combination of these approaches. For example, you might agree actions to improve the dental health of children at school, home and in the community. By pursuing in this way you will be able to target specific, measurable health improvements, taking account, also, of qualitative measures and the overarching priority of life circumstances.

How much of a difference?

5.3 Good community planning objectives should be SMART: specific, measurable, achievable, relevant and timed. They should be objectives which everyone can sign up to, which have collective responsibility and where everyone can see progress being made. All the partners already agree that the Social Justice targets fit these criteria. Partnerships may decide to set the objective as a target – see Box 3. Community Planning Partnerships should help deliver national priorities and targets (those for improving health are set out in *Towards a Healthier Scotland*), through local action while also delivering local priorities based on local need. In many cases, of course, local and national priorities will coincide.

BOX 3

SETTING TARGETS: AN EXAMPLE

The Community Planning Partnership agrees the shared objective of delivering on the Social Justice targets. The **Health Action Team**, based on local community priorities and information about local morbidity and mortality in relation to homelessness, might well adopt one of the Social Justice targets as their ultimate aim:

- Social Justice Target No 12 – "No-one has to sleep rough".

The team needs to agree a target group, eg young people. The local situation needs to be assessed: what do the Local Authority homelessness strategies say about rough sleeping? What are the priorities in NHS Homelessness Needs Assessment and Action Plan for rough sleepers?

The team can then jointly set local targets for achieving the overall Social Justice target, with milestones mapped out along the way, which will provide intermediate targets.

5.4 In deciding how to deliver national priorities, Community Planning Partners will want to take account of local circumstances. By sharing data from local health surveys and needs assessments, they will know what and where local health needs are, what resources partner organisations can make available and what can be delivered that will make a real difference to local health. Achievements at this level will make a real contribution to achieving national targets, bringing two-fold benefits.

5.5 To this end, Community Planning partners should agree:

- the **focal points** for each priority area, ie where action should be concentrated to bring about changes in the planning or delivery of a service, programme or project in ways which are likely to result in improved health outcomes;
- the **key health improvement actions** to be taken in each focal point. For each action, the public health evidence base should be shown, as well as the services involved, the timescales and the indicators which will be measured to show progress to the intended health outcome; and
- the **resources** used, and the planned investment in, the priorities, focal points and key health improvement actions, including any funding from the Health Improvement Fund.

6. HOW WILL YOU KNOW IT'S WORKING?

6.1 A step change in health takes time to deliver. Ultimately, the objective is for more people to live longer, better lives and for there to be fewer early deaths, which will take anything from several years to a generation to achieve. While such objectives may be achievable only in the longer term, Partnerships should have more frequent milestones for these, against which progress can be measured annually. It may also be helpful to develop

intermediate indicators to take account of the broad determinants of health, such as the number of health promoting schools, levels of uptake of employment schemes or numbers of cycle tracks.

6.2 It is important to stay focused on the key **outcomes**, but Community Planning Partners also need to keep track of the **activities** and **outputs** of their organisations. The Partnership needs to be sure that these activities and outputs will be enough to help them hit their shared targets.

6.3 It is sometimes difficult to separate out activities, outputs and outcomes, so an example is given in Box 4.

BOX 4

EXAMPLES OF ACTIVITIES, OUTPUTS AND OUTCOMES

In relation to work around domestic abuse and health, a partnership group may describe different aspects of the work as follows:

- Raising awareness with young people and employers, training work or engaging in 'Zero Tolerance' work are examples of **activities**.
- A partnership strategy being produced, an organisation adopting a domestic abuse policy or more spaces in a women's refuge are **outputs**.
- More women presenting themselves at the refuge for help or men being criminally charged with assault are **outcomes**.
- Less women and children living in fear and therefore enjoying better physical and mental health is the overall intended **impact**.

Evidence and experience indicate the level of activity it takes to raise an issue such as domestic abuse into the consciousness of the general public, young people, employers, statutory agencies and women themselves. Knowing this from elsewhere, it is possible to estimate the level and time required of local activity which will generate some of the outputs suggested above. After some time, and in conjunction with sustained local activity, outcomes will be delivered.

Bringing it all Together

6.4 A table is provided at the end which shows briefly how the process of producing a Joint Health Improvement Plan within the Community Planning process might work.

7. CONCLUSION

7.1 In terms of Community Planning, health improvement can be approached in a number of different ways. It is essential, however, that it is integrated into every part of the Community Planning process. Similarly, all organisations involved in the process should recognise and accept their responsibility for making a positive impact on health and for playing an active part in determining priorities and action and in delivering shared objectives. The success of this process will be judged in the future by whether it has made a step-change in the health of communities across Scotland.

EXAMPLE

POTENTIAL CONTRIBUTIONS OF PARTNER ORGANISATIONS FOR ACTION ON PHYSICAL ACTIVITY

Organisation	Contribution (illustrative only)
Local Government	<ul style="list-style-type: none"> - transport – effective and accessible public transport services, safe travelling environments. - outdoor education – provision of activity for specific groups, eg elder rambles and access to other outdoor pursuits for older people. - leisure and recreation – promoting physical activity through pricing policy, use of SMART cards, parks and play areas. - education – walking buses, safer routes to school, provision for cyclists. - cultural services – through drama, dance and music. - social services – training for staff to allow them to promote physical activity with their client groups, eg frail elderly, people with learning difficulties. - human resources – through the promotion of SHAW and staff health. - planning – creation of environments which promote safe walking and play. - all services – support Paths for Health Initiative.
NHS	<ul style="list-style-type: none"> - coronary and respiratory rehabilitation services - services working with people with special needs - care of the elderly services - human resources - primary care services, eg exercise/activity on prescription - supporting activities within communities, eg Walk About a Bit, Fit Ayrshire Babies, SNAPPY (Fife), Guid Fettle (Borders).
Voluntary Organisations	<ul style="list-style-type: none"> - physical activity will be an issue for specific groups either from a medical or environmental standpoint - significant issue for groups relating to mental health - much of current activity relating to both sport and youth organisations depends on a strong volunteer base.
Local Enterprise Companies	<ul style="list-style-type: none"> - the promotion of physical activity can be seen as part of developing a healthy workforce. Links with Scotland's Health at Work Scheme could be associated with encouraging good business practice.
Other Organisations	<ul style="list-style-type: none"> - Housing Associations and how 'new build' will influence physical activity. - Scottish Natural Heritage re access to the countryside and outdoor recreation. - Partnership Groups coming together to support new developments such as The Paths to Health Initiative which is funded by the Paths for All Partnership, British Heart Foundation, Health Education Board for Scotland, Scottish Natural Heritage and the New Opportunities Fund.

What	Who	Where
<p>Promote subsidised after-school and leisure activities; improve engagement with young people in an informal education setting; establish Council-run Internet Cafes which link to the NHS; consider use of arts and culture to address/discuss issues</p> <p>Ensure transport is available at times which make services accessible for young people.</p>	<p>HAT with Local Authority Community Services Department</p> <p>HAT with local transport companies/other private transport initiatives, such as those funded by SIPs.</p>	<p>Local departmental service plan</p> <p>Business plans/ community business plans.</p>
<p>Ensure there is support for young people in new tenancies (lifeskills development, including sexual health work).</p> <p>Will open a drop-in centre for young people, providing health and other advice, activities and a place to relax.</p>	<p>HAT with LA Housing Department and Housing Associations.</p> <p>HAT with Anyshire Voluntary Council.</p>	<p>Local departmental plans/ corporate plans.</p> <p>Project plan.</p>
<p>Provide sexual health training for 5 school nurses.</p> <ul style="list-style-type: none"> - Public Health Practitioners to help young parents with parenting skills BEFORE pregnancy. - Provide support through staff and funding to drop-in centre. - Full-time Sexual Health Co-ordinator to be appointed to support the development of many of the above initiatives. - Ensure sexual health services are appropriate for young teenagers (redesign if necessary). - Ensure access to contraception. 	<p>HAT – Anyshire NHS Board.</p>	<p>Actions included in Local Health Plan for Anyshire.</p>

This is not an exhaustive list but is illustrative only.

Community Planning Partners	Report on activities, outputs and outcomes.	From activity and output monitoring work carried out by Community Planning Partners and by health outcome monitoring by LA and NHS Board through Lifestyle Surveys.
Community Planning Partners	Report on progress – could form part of next year's Community Plan.	Report to the community on what has been achieved. Feeds into next set of objectives.