

East Renfrewshire Community Health and Care Partnership

Health Improvement Plan 2006/7

1. Introduction

In October 2004, the Scottish Executive published statutory guidance on the establishment of Community Health Partnerships (CHPs). The guidance outlined the key functions of a CHP which included the following:

“CHPs....will play a pivotal role in delivering health improvement for their local communities.”

In East Renfrewshire, the Community Health and Care Partnership (CHCP) is being formed bringing together local health care services and East Renfrewshire Council-run social work services. The CHCP will lead the health and social care aspects of community planning and be responsible for ensuring public participation.

This paper sets out the priorities and areas for action identified by the wider health improvement workforce within East Renfrewshire. These actions were primarily identified through a Health Improvement Development Event described below and a subsequent range of meetings with additional stakeholders and the Health Improvement Planning Group.

2. Health Improvement Development Programme

Background

The Scottish Executive made funding available to all health boards to cover the costs of a development programme. This development programme was originally piloted in West Fife LHCC in 2004, commissioned by the Scottish Executive and positively evaluated by Skills for Health (www.skillsforhealth.org.uk). This funding opportunity allowed every emerging CHP the opportunity to focus on its health improvement role and specifically, to develop an action plan.

The East Renfrewshire CHCP Development Group welcomed the opportunity to have a local development programme focusing on the health improvement role of the CHCP. The East Renfrewshire CHCP programme was supported by NHS Greater Glasgow via the Health Promotion Department and the Primary Care Organisational Development Department.

i) Planning meeting

The programme was organised and facilitated by a planning group comprising the following members:- Julie Murray, Anna Baxendale and Tim Eltringham (East Renfrewshire CHCP Development Group); Carole Whitelaw (Public Health Practitioner); Kerry McKenzie (Health Improvement Development Officer, East Renfrewshire Council) and Gerry Hope (Manager, Organisational Development Team, NHS Greater Glasgow).

The planning group decided that key partners needed to take forward health improvement strategically as well as those individuals working in health improvement at an operational level in East Renfrewshire would be invited to attend the event. A list of those who participated in the event is attached as Appendix 1.

ii) '24 hour' event

The event took place at the Beardmore Hotel, Clydebank on the 22/23 August 2005. The programme is attached as Appendix 2. The event set out to:

- develop a shared understanding of the CHCP and its health improvement function;
- recognise the contribution of different roles and organisations to health improvement;
- develop the quality of existing partnerships and develop new relationships;
- develop collectively clear health improvement priorities for East Renfrewshire.

iii) Follow-up session

Following the '24 hour' event, the planning group met to reflect on the outcomes of the event and produce the health improvement action plan of East Renfrewshire CHCP. Jeannie Mackenzie (Quality Improvement Officer, Education Department, East Renfrewshire Council) and Liz Holms (Health Promotion Manager, NHS Argyll & Clyde) participated in the follow-up session

3. Community Planning Context and Regeneration Plan

The CHCP action plan for health improvement has to further expand on the existing health improvement strategic direction set out within the initial Joint Health Improvement Plan (JHIP), East Renfrewshire Community Plan and East Renfrewshire Regeneration Plan. The overarching strategic priorities for health improvement are:

Community Planning in East Renfrewshire

The East Renfrewshire Community Planning Partnership brings local communities, the voluntary sector and public sector agencies together to improve how local services are delivered.

The Community Planning Partnership was established in 1999 and the first East Renfrewshire Community Plan – "All Together" was published in June 2000. This set out how the community planning partners would work together to achieve community planning aims. A one-year review was published in 2001 and All Together was updated in 2002.

The following organisations are part of the East Renfrewshire Community Planning Partnership:

- East Renfrewshire Council
- NHS Argyll and Clyde
- NHS Greater Glasgow
- Strathclyde Police
- Strathclyde Fire and Rescue
- Scottish Enterprise Renfrewshire
- Communities Scotland
- Scottish Water
- Strathclyde Passenger Transport
- Voluntary Action East Renfrewshire

There are four policy theme groups within the East Renfrewshire Community Planning Partnership:

- **Community Care and Health**

This theme looks at the health of communities, both physically and mentally, and the freedom of individuals from poverty and other forms of health inequality.

- **Safe Communities**

This theme looks at ways to ensure that high quality services are delivered within a society where everyone feels safe in their communities and their homes.

- **Environment**

This theme looks at ways of improving and sustaining the unique quality of East Renfrewshire's environment including housing for the benefit of all, now and for future generations.

- **Education and Lifelong Learning**

This theme looks at opportunities for the people of East Renfrewshire to work towards their personal goals in relation to jobs and learning.

East Renfrewshire Joint Health Improvement Plan

As part of the community planning process in East Renfrewshire, a joint health improvement plan (JHIP) will be produced. The JHIP is a plan that details the actions that community planning partners will carry out to improve the health and well-being of communities and to address health inequalities. The revised JHIP will provide the strategic focus for health improvement planning and activity and determine programmes of activity.

East Renfrewshire Regeneration Plan 2005-2008:

A Strategic Approach to Tackling Deprivation and Disadvantage

A Regeneration Plan has been developed by the East Renfrewshire Partnership to tackle poverty in key areas across East Renfrewshire. A detailed socio-economic analysis of East Renfrewshire was carried out which identified four priority areas in communities within Barrhead, Neilston, Mearns and Thornliebank.

The Plan is built around ten key outcomes that reflect the needs and priorities of local people. It aims to alleviate poverty in two main ways – by helping people into jobs and training, to give them the means to lift themselves and their families out of poverty, and to improve the health circumstances of the most vulnerable. In addition the Plan will also focus on creating safer and more attractive communities by tackling issues such as crime, anti-social behaviour and environmental issues.

- **The health improvement outcomes are as follows: Improve access to a range of local health services.**
- **Improve the health circumstances of vulnerable groups.**
- **Improve mental health and tackle substance misuse.**

4. Health Improvement Action Plan Outline

The action plan is organised around the key themes emerging from the development programme.

Theme	Rationale	Outline	Lead
To establish clear strategic direction for Health Improvement with ER CHCP	In order to progress the health improvement agenda, it is recognised that a strategic group to lead health improvement planning is required accountable to the CHCP SMT and CHCP Board.	<p>The proposed Health Improvement Strategic Group will be:</p> <ul style="list-style-type: none"> • directly accountable to the CHCP Committee; • responsible for the development of the Joint Health Improvement Plan (JHIP); • responsible for monitoring the implementation of the JHIP; • responsible for the 'health' theme of the Regeneration Plan; • responsible for the allocation and monitoring of the Health Improvement Fund and other health improvement funding streams; • strategically linked to the other Community Planning themes; • strategically linked to other CHCP planning groups; • responsible for overseeing the development of Health Connect (healthy living centre). <p>Membership of the Group will take account of appropriate representation from community planning partners and the Area Forum structure. In addition, membership will reflect the priority themes of the East Renfrewshire Regeneration Plan.</p> <p>The Group will meet every two months.</p>	Head of Planning and Health Improvement

<p>To develop the Health improvement workforce within ER</p>	<p>An initial mapping exercise has identified a substantial health improvement workforce within East Renfrewshire. This can be summarised into two groups:</p> <ul style="list-style-type: none"> • those with a <i>dedicated</i> or <i>significant</i> health improvement role, where main focus of remit is to specialise in and deliver health improvement work; • those with a <i>contributing</i> health improvement role, where health improvement is not explicitly described within remit. 	<p>A combination of these posts is based within the CHCP and also external to the CHCP. In order to strengthen the workforce, the following actions will be undertaken:</p> <ul style="list-style-type: none"> • identify and develop roles and remits in relation to health improvement both internally and externally; • develop competencies for health improvement at each and every level in the CHCP and partners based on Skills for Health National Occupational Standards for the Practice of Public Health; • undertake a training needs assessment and offer development opportunities and personal development planning; • develop local learning networks to support individual / team learning plan based on health improvement priorities; • establish health improvement responsibilities throughout the wider workforce through inclusion in Key Result Areas KRAs and through the role of the Professional Executive Group (PEG); • support existing local public health networks and establish new networks, where appropriate, from within and beyond the CHCP to support communication and facilitate programme delivery in partnership, working closely with the East Renfrewshire Community Planning Area Forums and Public Partnership Forum (PPF). • establish links with area-wide public health networks to access support and resources to improve effectiveness (training, specialist expertise, information services, library, research and evaluation). 	<p>HI Manager</p> <p>HI Manager</p> <p>HI Manager</p> <p>HI Team</p> <p>HI Manager / Head of Planning and Health Improvement / HI Team</p> <p>HI Manager/ HI Team</p>
<p>To continue the ongoing organisational development programme</p>	<p>It is important that the organisational development priorities for health improvement are viewed as a subset of the overall East Renfrewshire CHCP Organisational Development Plan, in order to ensure that health improvement is seen as an integral part of every individual's work and for health improvement to be regarded as a key component in measuring the success of the CHCP.</p>	<p>The organisational development priorities are:</p> <ul style="list-style-type: none"> • to define the health improvement vision and priorities for the CHCP through the leadership of the CHCP Senior Management Team; • to create a culture supportive of health improvement across staff groups and individuals within the CHCP and amongst partners through team-building, KRAs and operational / service plans; • to develop appropriate mechanisms to monitor and measure achievement of health improvement outcomes via team performance measures. 	<p>CHCP Director/ Head of Planning and Health Improvement HI Team</p> <p>CHCP SMT</p> <p>CHCP SMT</p>

To develop a HI Communication plan	The development of a robust communication plan is a priority for the CHCP at large, requiring to facilitate both internal communication and information exchange linked to ongoing organisational development of the CHCP and external communication with partners and communities, supporting the community engagement strategy and wider public relations dimensions of CHCP activity.	A specific focus on key health improvement themes identified from the JHIP will be included in the CHCP communication plan and form the basis for: <ul style="list-style-type: none"> regular information exchange on health improvement activity for staff, partners and the public; planned opportunities for public and community comment and feedback on health improvement activity via the PPF; local multi-media campaigns to raise awareness of health issues and health improvement activity. 	HI Manager / HI Team
To maximise the HI action undertaken within the CHCP	The event highlighted the need to undertake a detailed assessment of current health improvement activity. The process will entail the consolidation of themes, actions and commitments within existing plans e.g. Regeneration Plan, Children Services Plan, Community Safety Plan. This assessment will inform the allocation and continuation of resources and effort and will outline tangible health improvement priorities for the CHCP. It will require a tailoring of national and local priorities to meet the needs of local communities, local circumstances and address health inequalities. This will form the basis of the Joint Health Improvement Plan (JHIP) and will be led by the Health Improvement Strategic Group.	The assessment of current health improvement activity and resource prioritisation to redevelop the ER JHIP The development of health improvement programmes around the following themes: <ul style="list-style-type: none"> Health inequalities and diversity Health topics Life circumstances and regeneration Life stages Health care services (wider context will include links to GMS Contract) 	Head of Planning and Health Improvement / Health Improvement Strategic Group. HI Team
To ensure robust Community engagement mechanisms for HI are established within the CHCP	The development of the Public Partnership Forum (PPF) will allow service users, carers, members of the local community and voluntary organisations to comment, influence and advise on the development of health and social care issues and services within the CHCP. The planning event highlighted the additional components of community development and patient focused public involvement	The action required to develop this agenda includes: <ul style="list-style-type: none"> facilitation and support for the capacity of the PPF network and Executive Group to address health improvement; alignment of the emerging PPF with community planning area forums to ensure the involvement of key target groups such as young people or older people; ensuring that a strong community development approach underpins health improvement activity and the work of the wider CHCP. 	HI Team Community Resources Manager HI Team / Head of Planning and Health Improvement

	(PFPI) that needs to be developed to achieve meaningful community engagement in all aspects of HI	<p>Further consultation with local communities will need to be a priority to ensure the effectiveness of the PPF and a person specification for potential nominees will need to be developed. The PPF will be in place by April 2006 with the three key functions being to:</p> <ul style="list-style-type: none"> • work with the CHCP to inform local people about services; • engage local service users, carers and the public in discussion about priorities for improving services; • support wider public involvement in planning and decision-making. 	Head of Planning and Health Improvement
To maximise the use of Health intelligence within CHCP planning for HI	<p>Surveillance and assessment of the population's health and well-being must underpin both the development and the monitoring of health improvement priorities in East Renfrewshire. Access to a range of local health profile information and data sets will assist with measuring the impact of the CHCP on improving health and tackling inequalities. A priority will be to consolidate the local health and wellbeing data collected by both health board areas.</p>	<p>A profile of the CHCP will be established and this will include a <i>population</i> view (demographics, health indicators, etc) and a <i>provider</i> view (service activity data).</p> <p>A number of health improvement outcomes will be identified, linked to both performance assessment and service planning objectives. The local profile dataset will provide monitoring and intermediate health outcome data to describe impact and effectiveness of health improvement activity with specific consideration to health inequalities.</p>	<p>HI Manager / Planning Manager</p> <p>Head of Planning And Health Improvement</p>

Timescale

In order to progress activity, the following steps will be taken:-

- establishment of the Health Improvement Strategic Planning Group by April 2006
- integration of Health Improvement Team by April 2006
- development of specific and detailed action plan by June 2006

5. Next steps

The action plan has been developed at the inception of the CHCP and is presented as an initial outline that will be developed and refined in the coming months principally by the Head of Planning and Health Improvement, the Health Improvement Manager and the Health Improvement Team. The wider development and implementation of the action plan will be overseen and directed by the Health Improvement Strategic Planning Group that will be established as a sub-structure within the CHCP.

Development of the plan will further accommodate the needs of staff and partners as well as further reflecting local health improvement priorities within the communities of East Renfrewshire. The plan will need to evolve to accommodate the local application of national priorities, and an early indication of potential health topics are appended. There is also a need to review the proposed actions in the light of local demographic and health statistical data, which has not been undertaken to date.

Appendix 1: Delegate List

Name	Post	Organisation
Gerry Hope	Facilitator	NHS
Julie Murray	Head of Strategy & Development	ERC
Kerry McKenzie	Health Improvement Development Officer	ERC
Anna Baxendale	Health Promotion Manager	NHS
Carole Whitelaw	Public Health Practitioner	NHS
Tim Eltringham	Joint LHCC General Manager	NHS
Veronica Anderson	Community Health Worker	ERC
Liz Holms	Senior Project Manager	NHS
Jamie Reid	Community Planning Co-ordinator	ERC
John Kinloch	Community Resources Manager	ERC
Melanie Small	BefriendER Co-ordinator	Voluntary Action
Dr Edward Castle	GP	Eastwood LHCC
Dr James McRitchie	GP	Levern Valley LHCC
Mark Mulhern	Dialogue Youth Officer	ERC
Eleanor Thomson	Community Safety Manager	ERC
Jeannie MacKenzie	Quality Development Officer, Health Promoting Schools	ERC
Angela Pryde	Physiotherapy Team Leader	NHS
Frances Downer	Lead Nurse	NHS
Fiona Love	Practice Nurse	NHS
Judith Ferguson	Health Visitor	NHS
Shirley Robertson	District Nurse	NHS
Marie Hedges	Project Co-ordinator, Health Connect	ERC
Ian Miller	Pharmacist	Munro Pharmacy
Katrina McFarlane	Oral Health Promoter	NHS
Cllr Roy Garscadden	Elected Member	ERC
Cllr Daniel Collins	Elected Member	ERC
Cllr George Napier	Elected Member	ERC
Ken McKinlay	Head of Service, Culture & Sports	ERC
Rina Duff	Team Leader, School Nursing Service	NHS
June Findlater	Service Manager - Older People	ERC
Eleanor Boyd	Team Leader, Mental Health	ERC
Pauline Allan	Senior Clerical Assistant	ERC
Anne Dean	Staff Forum Representative	Eastwood LHCC

Appendix 2

Developing the health improvement role of East Renfrewshire Community Health and Care Partnership (CHCP) event

22 / 23 August 2005, Beardmore Hotel, Clydebank

Programme

Monday 22 August

- 12.30pm Lunch
- 1.30pm Introductions and aims of workshop
- 2.00pm Setting the context: the CHCP, community planning and community engagement
- 2.30pm Overview of health improvement roles and contribution
- 3.00pm Health improvement - current activity
- 4.00pm **Break**
- 4.15pm Health improvement priorities in East Renfrewshire
- 5.45pm Quiz
- 6.30pm **Finish**
- 7.30pm Dinner

Tuesday 23 August

- 9.00am Review of day one
- 9.30am What makes health improvement work (or not)?
- 10.15am **Break**
- 10.30am What will we do to make it happen?
- 11.30am Next steps
- 12.30pm *Lunch and Close*

Appendix 3

Health Improvement Priorities for Community Health Partnerships

Introduction

The development of Community Health Partnerships (CHPs) will undoubtedly transform the way health improvement programmes are delivered across Greater Glasgow.

The Health Promotion Department currently relies on the integration of 3 strands of health promotion activity; topic priorities (principally policy led), population group priorities (policy and locally led) and geographical priorities (community needs led). This approach relies heavily on the ability of Health Promotion Officers to tailor national and local priorities to meet the needs of local communities, local circumstances and address health inequalities. This requires considerable skill, experience and local intelligence. A successful approach is dependant on communication and joint working internally within Health Promotion Department to ensure all 3 strands collectively create a comprehensive approach. The devolvement of health promotion staff across the wider NHS system will increase the challenge in continuing to achieve this approach.

In addition, the Health Promotion Department recognises that our contribution to health improvement is only part of a much wider effort across a multitude of agencies, communities and individuals. Substantial networks and partnerships at all levels have been created to support all health promotion programmes. These relationships require recognition and preservation as we move forward into new ways of working.

To support this transition and marry further area-wide (Greater Glasgow and Glasgow City) working with local CHPs, key priorities have been identified from the most relevant strategic plans including 'Scotland Health, the Challenge' 2003 as well as other key National and local for plans Health Promotion programmes. Highlighted activity relates to areas where CHPs and the collective Health improvement workforce should undertake to influence local direction and implementation in light of local needs.

Topic Programmes

1. Tobacco Control and Smoking

Lead drivers: A Breath of fresh air for Scotland (2004), GG NHS Smoking Policy and Glasgow Tobacco Strategy, Glasgow Community Planning Partnership (2004).

- awareness training for managers on implementation of NHS Smoking policy
- provision of smoking cessation services in line with existing Glasgow model
- undertake a local leadership role through local media on harmful effects of tobacco
- support prevention programmes in local schools and youth services
- support smoke free implementation across local agencies and venues

In CHPs out-with Glasgow City the emphasis should be on the development of a tobacco strategy.

2. Nutrition - Food and Health

Lead drivers: Eating for Health: Meeting the challenge (2004), Food and Health Framework, Glasgow Healthy Cities Partnership. GG NHS Weight Management Strategy

- Development of weight management programmes in the community (Level 2 Glasgow Weight Management Service)
- Continuation and development of Weaning Fares (First Food Programme)
- Development of local Food and Health strategies (based on Glasgow Food and Health Framework)
- Implementation of new pre-five guidelines within pre-five units

In CHPs out-with Glasgow City the emphasis should be on the development of a strategic approach to food & health issues including community dimensions.

3. Physical Activity

Lead drivers: Let's make Scotland more Active (2003), Let's make Glasgow More Active, Physical activity strategy for Glasgow, GG NHS Weight Management Strategy, CHD /Stroke Strategies

- Local consultation on Glasgow's draft physical activity strategy and development of implementation approach. Area PA teams being established by local CLS staff.
- Support and NHS representation on local Active School steering groups in Glasgow City and 4 other joint local authority areas
- Coordination and delivery of physical activity training for local NHS, Council and voluntary sector staff in conjunction with local PA teams.
- Link Live Active exercise referral scheme into wider CHP operations to promote local service delivery and joint working

In CHPs out-with Glasgow City the emphasis should be on the development of a strategic approach to physical activity issues. Many LA strategy groups already in place.

4. Community Safety and Injury Prevention

Lead drivers: Local Authority Community Safety Partnership strategies. Glasgow City Community Plan: Keep Glasgow a Safe Place, Glasgow Housing Association strategy.

Glasgow City

- ♦ Establish lead for community safety within CHPs and develop links with Community Safety Fora
- ♦ Develop action within CHP HI plan in line with Glasgow City Community Plan: Keep Glasgow a Safe Place, theme including Anti Social Behaviour / Violence Reduction and Vandalism agenda's.
- ♦ Undertake actions to support the Glasgow Housing Association strategy commitment to home safety and older people
- ♦ In collaboration with Community Safety Fora identify and support local Home safety / Road safety / Fire safety priorities.

Other local Authorities

- ♦ Establish lead for community safety within CHPs and represent NHS within Community Safety Partnership and appropriate sub-groups.

- Support to Community Safety Partnerships to address Anti Social Behaviour / Violence Reduction and Vandalism agenda's through CHP HI plan and local action.
- Support to Community Safety Partnerships to address Accident / Injury Prevention for Yong Families through CHP HI plan and local action.
- Support to Community Safety Partnerships to address Accident / Injury Prevention for Older People. agenda's through CHP HI plan and local action.

5. Oral Health

Lead drivers: Improving Oral Health and Modernising NHS Dental Services (2005), GG Oral Health Strategy, Food and Health Framework, Glasgow Healthy Cities Partnership.

- Continued development of OHAT community based approach to oral health and implementation of the oral Health strategy on a local basis.
- Ensure oral health is a priority when locally implementing Hall 4 guidance and the risk assessment of vulnerable families.
- Undertake oral health improvement training for key professionals and lay workers
- Support inclusion of Dental representation CHP (PEG) and develop strategic planning for oral Health within CHP.

6. Heart Health

Lead drivers: GG CHD Strategy, Stroke Quality Assurance Framework

- Establish formal links between the Managed Clinical Networks & CHP Health Improvement planning structures
- Develop the Health Improvement role of key CHP staff in relation to the primary and secondary prevention of CHD, Stroke and Diabetes
- Develop links with CHP patient public forums and MCN PFPI structures
- Integrate delivery of Chronic Disease management programme and local health promotion services

7. Cancer prevention

Lead drivers: Cancer in Scotland: Action for Change, NHS GG Cancer Plan

- Develop a local Health Improvement role in relation to primary prevention of cancer and in supporting breast and cervical screening programmes.
- Develop the Health Improvement role of key CHP staff in relation to cancer patients being managed increasingly by the primary care team and support secondary prevention of Cancer
- Strengthen communication links with Regional Cancer Advisory Group Primary care group and contribute to the use of the IT knowledge portals for the PC teams
- Develop public knowledge of cancer, ability to recognise the early signs of cancer and confidence in seeking help and support thereafter through the development of better information services for the public
- Strengthen communication between NHS and community regarding cancer and specifically develop links with voluntary sector

8. Alcohol and Drugs

Lead drivers: Greater Glasgow Corporate Action Plan on Drugs and Alcohol; Tackling Drugs in Scotland - Action in Partnership; National Plan for Action on Alcohol Problems; Greater Glasgow Health Board Alcohol Strategy Implementation Plan; Greater Glasgow Health Board

Hepatitis C Strategy; Hidden Harm – Responding to the Needs of Children of Problem Drug Users; Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse.

- Support community and service user contribution to planning and decision-making through active membership of local drug/alcohol or addiction forums and other local mechanisms.
- Lead the development and evaluation of local community based services that
 - Build resilience amongst children and young people
 - Support people who have had drug / alcohol problems to enter or re-enter education, training or employment
 - Undertake harm reduction activity in relation to drugs and alcohol
- Coordinate and communicate the CHP service response to the 'Getting our Priorities Right' and 'Hidden Harm' documents on meeting the needs of children and young people affected by parental/ carer drug and alcohol problems.
- Develop and deliver action plan on the implementation of SIGN guideline 74 within the CHP on the management of harmful drinking and alcohol dependence in primary care.
- Undertake alcohol and drug training for key professionals within the community.
- Through active membership of Local Authority Substance Misuse Forums / Planning and Implementation Groups on drugs and alcohol, deliver local actions on prevention and education, protection and controls, communities and communication agenda.

9. Child and Youth

Lead Drivers:

Overall: For Scotland's Children, individual local authority Children's Service Plans, all relevant topic strategies (e.g Tobacco, Oral Health, Sexual Health); Child Protection plans, national young carers strategy (due Sept 05)

Schools: Being Well Doing Well (Health Promoting School Framework), How Good is Your School, Integrated Community Schools, and Additional Support for Learning

Looked After and Accommodated: local authority Children's Service Plans, Learning for Care, (new joint assessment tool imminent)

Statutory Health setting: Walk the Talk; GGNHSB strategic work on youth health services, local needs assessments/youth consultations

Informal Youth Sector: Step it Up, National Youth Work Strategy (due Sept 05), Best Value Review of GCC Youth Services

Informal Children's Sector: Child Protection linked legislation, range of topic-based strategies (e.g Oral Health, Mental Health), Regulation of Care (Scotland) Act 2001 and National Care Standards: early education and childcare up to 16 2005

Key Priorities for Action:

- Schools: Establishing coherent linkage between school health service and Health Development Officers linked to school clusters; Ensuring all CHP based workers support all Health Promoting School approaches particularly through contributing to 'Health Steering Groups' and through supporting HPS schemes (e.g Glasgow Healthy Schools); ensure CHPs provide the most appropriate and proactive representation at Joint Planning Fora and Integrated Support Teams in New Learning Communities and their equivalents (and also in SEN sector); ensure CHPs understand the broader HI interventions delivered within school environment (e.g School Counselling, Peer Support, Class Moves, etc)
- Looked After and Accommodated: ensure locally based Children's Services and HI staff prioritise the LAAC and Care Leavers population
- Statutory Health: Develop consistent services and involvement mechanisms for young people

- Informal Youth: Develop capacity in the CHP system to support statutory/voluntary youth workers/volunteers as HI 'workforce' (in GCC this involves responding to the next phase of the Best Value Review of Youth Services)
- Informal Children's Sector: Ensuring the Children's Services and HI teams are aware of/engaged with and actively resource the range of statutory, voluntary and community sector agencies that support parents/children/young people
- General: Ensure that the CHP profiles the area in relation to population group types and likely linked need (e.g Black and Minority Ethnic, Asylum Seeker, Youth Homeless, LAAC, etc); ensure CHPs have adequate child/youth health base-line data from which to measure progress in relation to HI; ensure all staff involved in Children's Services Team understand HI approaches (perhaps through attendance at proposed EY/Child/Youth HI Course); ensure all HI staff understand Children's Services systems, planning, approaches, priorities

10. Early Years

Lead drivers: Children's Services Plans, Draft Integrated Strategy for the Early Years, Health for All Children (HALL 4), GGNHS Breastfeeding Strategy

- Implement and monitor GGNHS Breastfeeding Strategy 2005 – 2010, in line with the European blueprint for action on the protection, promotion and support of breastfeeding
- Implement and monitor the guidelines on Health for All Children – offering advice, training and support to all staff working in the early years field
- Develop and implement a strategic framework for Family Learning Centres that increases the use of evidence based practice
- Black and Ethnic Minority Families – priority areas: antenatal services and nutrition
- Develop and implement Childcare Partnership Strategy with Local Authorities

11. Men's Health

Lead drivers: Scottish Executive (Well Man Funding) and Joint Party screening programme agreement, Equal Opportunities Commission Duty of Care – Gender (pilot), Local Health Needs Assessments

- Raise awareness of gender-based health issues and develop appropriate interventions in a range of settings including schools, workplaces, prisons and wider communities e.g.
 - Gender and addictions pilot
 - Gender and mental health pilots
 - Co-partner and Management Group member – Thrive Counseling Service
 - National Healthy Working Lives pilot
 - Local group support and development
 - Training
 - Schools development work
 - Community discussions/seminars/workshops
 - Workplace discussions/seminars/workshops/resource development
- Co-ordination of the Scottish Executive funded Glasgow Wellman Pilot Programme across Greater Glasgow NHS Board
- Promote national activity and Glasgow-based work through membership of Men's Health Forum Scotland's Operational Management Group
- Work to challenge widely accepted negative outcomes of socialised masculinity (violence, abuse)

12. Mental Health

Lead drivers: National programme for Improving Mental Health and Well-Being, Mental Health Act, Child and Adolescent Mental Health Strategy

Key Areas for Action

- Reduce stigma of mental ill health amongst key groups and settings
- Improve awareness and training in relation to mental health and well-being amongst key groups and settings
- Promote community based approaches that promote recovery
- Support and co-ordinate approaches to suicide reduction with local authority partners
- Support mental health within local workplaces through employment and employer practice
- Support linkage between mental health services and community services and organisations to develop capacity of the community to support mental ill health.
- Promote mental health amongst Children and young people in line with CAMHS strategy
- Promote mental health in later life through a whole population approach to health

Ensure that these aims are supported by and support an equalities approach that may include specific initiatives

13. Sexual Health

Lead Drivers: Respect and Responsibility - Action Plan and Strategy for improving Sexual Health In Scotland, Strategic Framework to Improve the Sexual Health of Gay and Bisexual Men in Greater Glasgow, Teenage Pregnancy Steering Group, Relationships and Sexual Well-being of People with Learning Disabilities, Sexual Health PIG

- Establish links between Sexual Health PIG and associated substructures and CHP Health Improvement leads
- Support policy implementation for CHP Learning Disability Services
- Training Support for CHP health improvement staff
- Support for CHPs on roll out of Teenage Pregnancy (including schools development) programmes
- Support for CHPs on roll out of Gay Men's Strategy
- Support for CHPs on HIV prevention initiatives for African Communities
- Work with newly emerging Sandyford Community Hubs and local health improvement staff to take forward Sexual Health Improvement initiatives in CHPs

14. Locality Based Programme

Lead Drivers: 'Scotland's Health the Challenge', 2003, 'Closing the Opportunity Gap', Local Social Inclusion Partnerships.

Local Programmes will reflect the main themes and priorities within the draft consultation Community Plan and Regeneration Outcome Agreement, but local programmes and work will vary depending on the needs and priorities identified by the local community. Work will encompass a range of programmes and priorities including:

- Children and Families
- Youth
- Healthier Lifestyles
- Addictions (Smoking, Alcohol, Drugs)
- Mental Health
- Transport

- Poverty

There are currently 8 area based Social Inclusion Partnership (SIPS) and 3 thematic SIP's operating within Glasgow city, with parallel structures in other local authority areas. Over the last five years the area based SIP's have encouraged and co-ordinated joint working at the community level, targeting resources and funding at addressing social exclusion in the most deprived areas, specifically the 15% worst deprivation index areas. The future of these partnerships is an integral part of the on-going discussions in relation to Community Planning and will form the core of the structures that will be established to drive regeneration agenda across the City. CH& SCP' will assume the statutory responsibility to participate in local Community Planning Partnerships in Glasgow and working through these partnerships to meet the Social Justice requirements set out in 'Closing the Opportunities Gap' 2003 and reflected in Community Plans.

The draft consultation Community Plan for Glasgow together with the draft Regeneration Outcome Agreement forms the basis of an action plan for targeted regeneration and tackling social exclusion. There are five themes covering Working, Learning, Safety, A vibrant Glasgow and Health, which encompass a range of objectives and which inform local strategies and programmes of work. As part of this the CH & SCP will be required to engage in aspects of physical and social regeneration, anti-poverty work and employment activity, involving a range of partners. Local strategies and programmes will be required to build on a sound evidence base and analysis of need. They will also seek to build on existing partnership structures and good practice built up not just in relation to programme delivery, but also the need to consolidate and develop approached to working based on community development and effective engagement.

15. Workplace Programme

Lead Driver: Healthy Working Lives Strategy. This National strategy aims to integrate Occupational Health, Health & Safety and Health Promotion. The newly established Centre for Healthy Working Lives hosted by Health Scotland has recently appointed a director to take forward the strategic elements of the strategy. The strategy includes Scotland's Health at Work award scheme. The Scottish Executive set the targets for the scheme and aims to engage 40% of the Scottish workforce by 2006 in SHAW with a particular focus on small and medium sized enterprises.

Key Priorities

Integrate the three strands of workplace health across Greater Glasgow through,

- High-level support for the Glasgow Healthy Working Lives Steering Group
- Proactively recruiting workplaces to Scotland's Health at work scheme to meet o the Scottish Executive targets for Greater Glasgow.
- Ensuring that Health at Work is reflected in Community Plans.
- Provide quality training for work places across Greater Glasgow.
- Provide quality resources for workplaces across Greater Glasgow.

16. Training and Development

Lead Driver **Learning Together** the learning and development policy for NHS Scotland established the principle of personal development plans for each member of staff working in the NHS in Scotland. This policy document directed NHS libraries to serve the needs of all members of the NHS family and many NHS libraries are now established as learning centres as well as knowledge management for clinical effectiveness.

Agenda for Change the NHS pay review scheme has a competence base supported by a knowledge and skills framework this framework is currently being implemented for the NHS across the UK.

In order to improve the health of an individual or population, NHS Greater Glasgow and its partners require a knowledgeable, competent and effective workforce. The majority of NHS and local authority professionals are required to demonstrate participation in continuing professional development (CPD) activities these are often related to specialised areas of practice.

Contributing to the on going development of NHS greater Glasgow's workforce are a range of national and local support programmes.

National occupational Standards for public health practice have been introduced and form part of the Organisational Development Project health Improvement in Community Health Partnerships for which this toolkit is an additional resource. A voluntary register has been established for public health practice requiring individuals to demonstrate competence across a range of standards.

NHS Scotland has been instrumental in establishing a framework for the Health Promoting Health Service with an emphasis throughout on inequalities in health, participation, empowerment and sustainability. The framework is underpinned by training courses and resources with new standards to be published following pilot work across NHS Scotland.

The Health Promotion Department of GGNHSB provides a programme of generic training Designed to support the practice of health education and health promotion for the purpose of improving health. Courses cover the core principles and skills at an introductory/intermediate level along with areas of personal development associated with managing projects and working in partnership. This programme is under continuous review and will evolve to meet the challenges of new ways of working for the public health workforce across NHS Greater Glasgow.

17. NHS greater Glasgow Library Information & Learning Services

Libraries, Information & Learning Services are available over 11 sites to all staff and students working in within the NHS in Greater Glasgow. Each Library provides a variety of resources, services, training and support to fulfil the information needs of the users. In addition two of these services Sandyford Library and the GGNHS Board, Public Education Resource Library are open to the public. The development of the NHS Scotland e-library now allows staff to get the latest research and recommendations to their desktop at point of need.