

**COMMUNITY HEALTH PARTNERSHIPS
AND
HEALTH IMPROVEMENT**

**Advice Note prepared on behalf of the Scottish Executive by the
Community Health Partnerships Development Group Sub-Group on
Health Improvement.**

Advice Note

HEALTH IMPROVEMENT - the role of Community Health Partnerships

Current policy places the Community Health Partnership (CHP) at the heart of health and social care delivery and redesign. Improving health is a core, cross-cutting priority against which CHPs will be assessed. This note provides additional advice and sources of information for CHPs and is the result of work done by the CHP Development Group Sub Group on Health Improvement. It should be viewed as part of a wider programme of support for CHPs on improving health and tackling inequalities. It should be read in conjunction with the CHP statutory guidance published in October 2004, other Advice Notes developed for CHPs and the update from the Scottish Executive and COSLA on delivery of the health improvement challenge (published in June 2004). Information on these and other key policy documents and sources of advice are listed in the Information and Resources section at the end of this paper. Forthcoming advice on Promoting Mental Health and Preventing Common Mental Health Problems and a review by NHS Health Scotland of evidence and action on tackling health inequalities will be important companion documents.

This note is intended to help CHPs

- **take action** to reduce health inequalities
- **prioritise** health improvement
- **plan** for health improvement
- **strengthen** partnership working
- **build capacity and resources** for health improvement
- **integrate** improving health activity across all functions/services.

Health in Scotland

Whilst Scotland's health is improving overall in general terms, with increasing life expectancy and fewer deaths from the 'Big 3' killers (CHD, Stroke and Cancer), we need to increase the rate of improvement. The Scottish population still experiences poorer health overall (as measured by, for example, life expectancy) when compared with the rest of the UK and Europe. In addition, the 'health gap' between the most and least deprived groups in our society is growing and this is a major cause for concern.

There is much that needs to be done to address this at various levels and to deliver population health improvement. Improving health is one of the 12 key priorities for the NHS in Scotland. The Scottish Executive and COSLA have also agreed that work to tackle health inequalities should be given high priority by all CHPs.

CHPs will have a key role to play and will be expected to work with their local communities and partners to

- prevent ill health (primary prevention)
- identify and treat physical and mental health problems (secondary prevention)

- ensure 'reach' to those most at risk of ill-health (physical and mental) and who have the poorest life circumstances
- be creative in refocusing delivery of services and initiatives to improve access to and uptake of services to ensure equity of health outcomes
- ensure that work to achieve health improvement is integrated into the work of all those involved in the CHP.

Action to Reduce Health Inequalities

The Scottish Executive attaches the highest priority to closing the opportunity gap in Scotland, including tackling inequalities in health. *Closing the Opportunity Gap* (CTOG) has established cross Executive targets and the Scottish Executive Health Department intends to produce more detailed advice on tackling health inequalities, focusing on the contribution that community planning partners and the NHS in particular can make.

The overall target is to reduce health inequalities by increasing the rate of improvement across a range of indicators for the most deprived communities in Scotland by 15% by 2008. Progress will be measured across six indicators that should be reflected in each Joint Health Improvement Plan and these are

- coronary heart disease mortality in people under 75 years
- cancer mortality in people under 75 years
- adults smoking
- smoking during pregnancy
- teenage pregnancy (aged 13-15 years)
- suicide in young people (aged 10-24 years).

Considerable progress has been made in the last five years in addressing social exclusion and inequalities in Scotland. This has been achieved through a wide range of initiatives aimed, for example, at reducing child poverty, youth and long-term unemployment, homelessness, improving nursery provision, facilities in schools and care of elderly people. However, recent data on the health of the nation from the 2004 Constituency Health and Well-being Profiles and Community Profiles (NHS Health Scotland), Healthy Life Expectancy (ISD), the Scottish Multiple Index of Deprivation 2004 and the Inequalities Working Group Report (Scottish Executive, March 2004) suggests a mixed picture in terms of measurable improvements in health. [assume hyperlinks or web addresses provided for all of these docs – if not we can provide]

Life expectancy for both men and women has increased overall. This is due in part to a decline in deaths from heart disease and stroke (men and women) and lung cancer (men). Much of this improvement can be attributed to the decline in adult smoking rates over the last 30 years. However, 'healthy life expectancy', which is calculated by combining actual life expectancy with measures of disability and self-perceived health, has not increased over the same period. Also, both life expectancy generally and death rates from heart disease, stroke and lung cancer in particular, have been improving more rapidly among the more affluent than the disadvantaged – contributing to a widening inequalities gap.

Regarding mental ill-health, the number of prescriptions for anti-depressants has trebled in Scotland over the last ten years, costing around £60 million each year.

Around 30 per cent of all GP consultations in Scotland involve a mental health problem. By 2020, depression is expected to be the second most prevalent illness, not just in this country, but worldwide. People living in more deprived areas are nearly one and a half times more likely to suffer from a mental health problem than those living in an affluent area.

Suicide rates and the incidence of deliberate self-harm have also increased in Scotland, where suicide rates are nearly twice as high as England and Wales. In the most deprived areas of Scotland twice as many suicides occur as in the least deprived areas. In young people aged 10-24 the risk of suicide is four times greater in the most deprived areas in comparison to the most affluent.

If we are to close this gap between the most and least advantaged in Scottish society and still achieve 'health for all' we need to

- create health, through the reduction of illness and disease by addressing the individual, social, environmental and structural factors that impact on health
- improve health over the entire lifecourse, taking into account different needs at different stages of life.
- work in partnership across all boundaries, adding value to each sector's role
- ensure tailored and targeted access to services and facilities by those most in need..

CHPs can contribute to reducing health inequalities by

- measuring health and health needs and identifying those geographical areas, groups and individuals with the greatest inequalities
- working with patients, service users and the wider public to design health and social services which 'reach' – addressing unmet need to make a difference
- ensuring equity of outcomes, not just equity of access, so working to deliver optimum treatments to the most deprived communities and groups in their area
- working with community planning partners to design services and interventions which meet the needs of particular groups (eg homeless people, minority ethnic groups, people with disabilities, people with severe mental illness)
- taking a community development approach to empower communities and encourage participation.

The way CHP services are planned, organised and delivered should reflect the twin aims of providing health and social care and improving health. This means that the ethos or culture of the CHP should reflect the World Health Organization's definition

of health as being not merely the absence of disease but encompassing social, physical and mental aspects; its approach to health promotion of enabling individuals and communities to take control over and improve health; and take account of its underpinning principles:

- **Equity** – no individual or group is discriminated against and inequalities are reduced by ensuring that equitable or *positively targeted* health and social care resources and services are provided by the CHP
- **Participation** – collaboration and co-ordinated work can achieve far more than work done in isolation. Working with patients, staff, other partners and agencies and communities in the planning and delivery of services and health care needs to be encouraged. This will help to ensure that resources are shared, responsibilities negotiated and incentives provided for more joint working. The Public Partnership Forum (PPF) will have a major role to play in ensuring this
- **Empowerment** – enabling people to increase control over and improve their health and to develop the knowledge, skills and motivation necessary to make healthier choices and to use available support
- **Equality and diversity** – developing services which are sensitive to people’s basic rights, culture base, religious beliefs, gender, ability, sexual orientation, age and needs
- **Sustainability** – ensuring and involving all of the CHP in negotiating and establishing its health improvement goals. Health improvement needs to be at the centre of everyday business at every level, with explicit commitment from staff at every level.

Health improvement is pursued both through wide-ranging health promotion effort, aimed at promoting good health and preventing ill-health, and through maximising the population health benefits of treatment of ill-health.

World Health Organization - definition of Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

(Ottawa Charter attached as Appendix 1.)

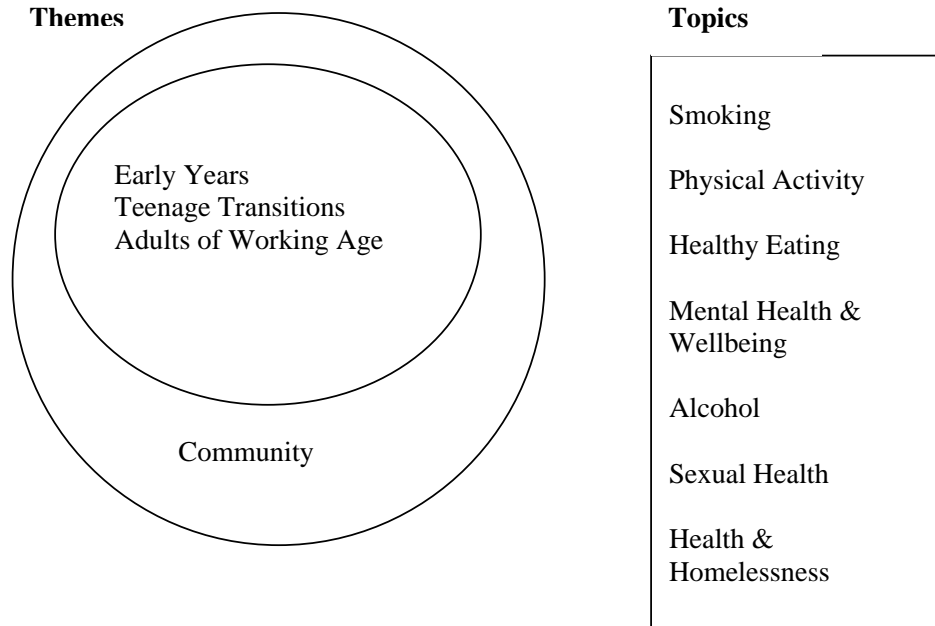
Establishing priorities for Health Improvement

All staff working within CHPs will be familiar with the range of health and social policy developments over the last five years which have provided the impetus for driving forward the health improvement agenda and the basis for the development of Community Health Partnerships. Key developments have included:

- The NHS duty to promote health (*The NHS in Scotland: A Plan for Action, A Plan for Change*, 2002)
- Statutory powers to local authorities to promote wellbeing (*Local Government Act, Scotland*, 2003)
- Recognition of the impact of life circumstances on health and the relationship with health inequalities (*Towards a Healthier Scotland*, 1999)
- The development of a framework for focused and coordinated action to improve health (*Improving Health in Scotland: The Challenge*, 2003).

It will be important that local priorities for improving health should reflect locally identified need **and also** reflect the national policy drive for improving health. CHPs are well placed to play a key role in developing an approach that seeks to address the life circumstances, lifestyle and health priorities identified nationally.

A structure for setting priorities for overall goal of health improvement is provided in *Improving Health in Scotland: The Challenge*. This sets out 4 priority themes based on key age groups (early years, teenage transition, and adults of working age) and a key setting (community), together with 7 special topic areas. These themes and topics require a range of actions to be implemented at national and local level covering life circumstances, lifestyles and priority health issues in order to improve health and reduce inequalities. Underpinning all action is the need to narrow the inequality gap.



Example

Enabling increased physical activity in middle-aged men will contribute to an improvement in physical and mental health for that group. Action could include

- developing more ‘walkable’ communities that encourage physical activity as part of everyday living
- offering information and support using the opportunities offered by screening or initiatives to promote physical activity with individuals;
- working with local enterprise and benefits offices
- considering the types of activities that may appeal to this group and barriers that may exist to current participation
- linking with local workplaces.

The partnership will together be able to identify the kinds of contributions that could be made so that specific issues can be addressed in a coordinated way within the wider context of, for example, improving men’s health in the community.

CHPs are not the only means for taking forward *The Challenge* priorities. However they are a key vehicle and are extremely well placed to work with the community to identify appropriate and sustainable approaches within the local community planning context. They can also play their part in supporting the delivery of these priority themes and topics, taking action to improve the well-being, life circumstances and lifestyles of local communities.

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Planning for Health Improvement

Joint Health Improvement Plans (JHIPs) for each local authority area are developed by local authorities, NHS Boards and other partners within the Community Planning Partnership. CHPs will be important partners in shaping future development and delivery of these plans within the Community Planning framework.

CHPs will be expected to identify the health needs of their local populations, particularly those most at risk of ill-health and develop, monitor, deliver and review programmes to address these needs.

Future guidance on outcomes, indicators, monitoring and a range of evidence-focused interventions for CHPs will be developed by NHS Health Scotland, COSLA and partners over the next few months but the following provides a potential structure for developing services and health improvement programmes that reflect both the priorities of *The Challenge* and the need to focus on inequalities.

Whilst CHPs will have flexibility to tackle local health issues, they will be expected to work with partners to build on existing health promotion work and develop programmes which will impact on the health of

- **children under five and their families**
- **teenagers**
- **adults of working age.**

Children under five and their families - early years

We need to give children the best start in life and prevent exposure to hazards or the development of behaviours that will have a negative impact on health.

Whilst rates of smoking during pregnancy have been declining, large numbers of babies are being exposed during pregnancy to tobacco, alcohol and other drugs used by their mothers, with potentially major consequences for their immediate and future health and development (BMA 2004, Hidden Harm 2003). At present, about a quarter of all women in Scotland smoke during pregnancy, affecting more than 12,000 children each year. Passive smoking by children in the home is also associated with higher rates of sudden infant death, respiratory infections and asthma. It has been estimated that as many as 10% of children in Scotland have one or both parents with major drug or alcohol problems, with serious implications for the children's physical and mental health and development both during pregnancy if the mother is involved and potentially throughout childhood thereafter (Hidden Harm 2003).

The majority of babies in Scotland are breast-fed for far shorter periods than is now recommended, if at all, also compromising their health and development. Many infants are weaned onto a diet that quickly establishes a pattern of excessive calories, sugar, fat and salt and insufficient fresh fruit and vegetables, increasing the risk of obesity, diabetes and other conditions. The oral health of many children is poor due to a combination of insufficient fluoride, excessive dietary sugar and limited dental hygiene.

We need to support an increase in protective factors, such as early bonding and attachment with at least one significant adult carer and intervene early in support of the prevention and treatment of post-natal depression. CHPs will be expected to implement Hall 4 recommendations and, working within the Children's Services Planning framework, across different sectors, e.g. leisure and recreation services, and with local action teams and networks, CHPs may wish to develop sustained programmes of action covering, for example:

- **pre and post-natal maternal substance misuse**
- **maternal mental health**
- **breastfeeding, weaning and early diet**
- **oral health**
- **parenting and support for parents**
- **physical activity and promoting 'active play' for the under-fives.**

Teenagers

The teenage years and transitions experienced by young people, including physical, social and emotional, and progression through the school years can impact negatively on both short and long term health. Coping with change, developing resilience, negotiating relationships and successful decision-making all have the potential to reduce the likelihood of developing health damaging behaviours.

Although smoking rates among boys have fallen, they remain high among girls (about 25% of 15 year olds (SALSUS 2002 & 2004). Many teenage smokers show signs of addiction to nicotine after only a few weeks or months. Regular drinking and binge drinking have become more common over the last decade. A small, but significant

proportion of teenagers go beyond experimenting with illegal drugs and develop dependence and other serious problems. Young people who have behavioural or educational difficulties or live in unstable family settings are more likely to use multiple substances and to develop serious problems as a result of substance use (Crome et al 2003).

Whilst rates of teenage pregnancy in Scotland have not been increasing, there has been an increase in sexually transmitted infections among young people over the past few years. There is evidence that early sexual experience increases the risk of unwanted pregnancy and sexually transmitted infections, with increased risk for girls in particular of subsequent sterility and cervical cancer.

Working with local integrated community schools, the youth and community sectors, local action teams, Dialogue Youth, Young Scot/Feeling Good, Choose Life coordinators and See Me, CHPs may wish to consider developing sustainable programmes of action to include

- **reduction and/or prevention of substance misuse**
- **sexual health services for young people**
- **the promotion of positive mental health and wellbeing and support for mental ill-health and early recognition, interventions and support for mental health problems in children and young people, taking an integrated approach to promotion, prevention, care and treatment**
- **promotion of physical activity and healthy eating**
- **engaging and involving young people in developing local information and health-related ideas/initiatives/events.**

Adults

If we are to improve life expectancy and healthy life expectancy in the shorter term we need to target those most at risk of dying prematurely or of chronic long-term illness – in other words middle aged and older adults. In particular we need to focus on cardiovascular and other smoking-related diseases: cardiovascular diseases are responsible for about 40% of all deaths in Scotland.

The National Heart Forum (McPherson et al, 2002) has estimated the amount of CHD attributable to five key CHD-modifiable risk factors. They estimate that approximately 46% of all CHD is attributable to a blood cholesterol above 5.2mmol/l; 37% to physical inactivity (i.e. not meeting current recommendations of 30 minutes per day on five days a week); and 19% to smoking.

Alcohol-related harm has also increased rapidly over the last 10 years including alcohol dependence, cirrhosis of the liver, cancer of the gullet, and accidental and non-accidental injury. There has also been a rising incidence of alcohol-related problems among women.

There is a substantial and growing body of evidence that demonstrates the impact of mental health on physical health and vice versa. Measures to improve the physical health of people experiencing mental health problems are vital, as are measures that look at the emotional, psychological and mental ill-health impact of physical illnesses.

There is also good evidence for linking people to a range of non-medical sources of support within local communities. Often referred to as ‘social prescribing’, these have been demonstrated to have a positive benefit in promoting good mental health and well-being and in supporting people’s recovery from mental illness.

CHP activities need to encompass preventative as well as disease management approaches and CHPs may wish to develop sustainable programmes for adults, including older adults, covering

- **smoking cessation services and support**
- **reducing cholesterol**
- **reducing high blood pressure**
- **promoting a healthy diet and physically active lifestyle**
- **reducing alcohol-related harm**
- **recognising the links between physical and mental health**
- **self help for common mental health problems**
- **‘social prescribing’ (particularly in the prevention and response to common mental health problems)**

Community-led

Community-led approaches can help to ensure that the CHP is tackling inequality, valuing diversity and enabling its local community to receive social and emotional support. Empowered communities tend to develop when they contain people who have the motivation, ability and opportunity to work with others to influence change. The term ‘community-led’ emphasises the dynamic aspects of a community and the need to ensure that power differentials are taken into account. Community development is the most familiar approach, but organisational change, self help and mutual support approaches can also be effective in engaging communities and encouraging participation.

Action that CHPs can take to address determinants in health and reduce inequalities includes the provision of welfare benefit and/or employment advice; user-involvement in service redesign; initiatives to reduce fuel poverty and improve housing conditions; targeted programmes to increase the availability and accessibility of healthy food and physical activity opportunities. To be effective, these approaches need to achieve real improvements for those with the poorest health.

For each of these priority areas and programmes, CHPs will be expected to focus on ensuring access by their more deprived groups and communities, thus complementing the principle of equity of access with equity of outcome for different groups.

Strengthening Partnership Working

It is recognised that many active and effective partnerships are already in place and that a collaborative approach to health and social care service delivery has long been recognised and developed. The setting up of CHPs is intended to build on this and

enable even greater participation and involvement, particularly from the community and voluntary sectors, in taking forward the health improvement agenda. However, it is also recognised that this is a time of change as schemes of establishment 'bed in' and it will be particularly important to ensure that partners continue to be involved and informed of developments.

The reforms are directed towards the NHS in Scotland but the Advice Notes are relevant for partners and should be shared with them, particularly when considering the CHP's goals for health improvement, monitoring, assessment and accountability. Where accountability mechanisms are through other structures it will be useful and important to ensure that goals are shared so that accountability mechanisms can be aligned as much as possible.

CHPs can link to the work and support of NHS Health Scotland, which will provide a range of support for improving health, including data analysis and information such as the Community Profiles, effectiveness research and dissemination of evidence, learning and development opportunities, programme support, guidance and resources.

Building Capacity and Resources for Health Improvement

The CHP will contribute to health improvement both by the services it provides and how it provides them, by influencing other public services locally and by working effectively with partner organisations and with the public, using public health knowledge and skills.

Improving health is not the job of a few specialist staff, but an overarching goal for the CHP and its communities, which everyone has a role in achieving. Knowledge, skills and competencies for public health are available across a variety of roles within a local area. CHPs will already have skilled public health staff locally, either within the NHS or in other agencies, in particular the local authority, but also local voluntary organisations. Public health practitioners and local authority health improvement co-ordinators provide support for CHPs and allow for greater integration of health improvement action across the range of functions of local authorities. Other staff groups, such as GPs???, nursing, pharmacy and allied health professionals also have a public health role in addition to a clinical role. Specialist Health Promotion and Public Health staff should support the CHP in all aspects of improving health and there is a need for co-ordination to avoid duplication of effort and resources across the NHS Board area. Appropriate access to specialist expertise and further public health skills for capacity building within CHPs will be a priority for their development. [Could emphasise that PH workforce issues should be addressed as an integral part of CHPs' development plans and strategies to build workforce capacity in CHP – David may want to comment]

As the workforce for health improvement develops, there will be increased opportunities for staff from the CHP and other sectors to develop skills and competencies for public health and thus contribute more fully to health improvement capacity. This will include staff who will devote most or all of their time in this function as well as building the capacity across all staff groups to contribute to improving health.

National standards for public health have been developed and these standards cover ten broad areas of work that need to be undertaken to improve the health and wellbeing of the population.

- Surveillance and assessment of the population's health and wellbeing
- Promoting and protecting the population's health and wellbeing
- Developing quality and risk management within an evaluative culture
- Collaborative working for health and wellbeing
- Developing health programmes and services and reducing inequalities
- Policy and strategy development and implementation to improve health and wellbeing
- Working with and for communities to improve health and wellbeing
- Strategic leadership for health and wellbeing
- Research and development to improve health and wellbeing
- Ethically managing self, people and resources to improve health and wellbeing.

These occupational standards for public health have been developed by Skills for Health and approved as UK-wide occupational standards by the national regulatory authorities in the UK, identifying the different levels of expertise at specialist, practitioner and general workforce levels. Occupational Standards and Competencies for Public Health Practice have also recently been developed and Competencies for Health Promotion Practice are in development (see Further Information and Resources section).

Skills for Health has also developed a major training resource for CHPs, *Developing the Health Improvement Role of Community Health Partnerships*, based on an initial pilot project. Training using these materials will be rolled out by NHS Health Scotland in partnership with COSLA, NHS Education Board for Scotland and Voluntary Health Scotland, with additional resources from the Scottish Executive. Training and development can be provided locally within the public health network, and also by NHS Board and local authority HR/OD personnel. Support is also available nationally from NHS Education Scotland, NHS Health Scotland and COSLA, from voluntary sector agencies and national programmes to implement special topic strategies.

Many areas have already set up a network in public health or health improvement as another approach to providing CHPs with Public Health/Health Promotion expertise, to consider existing or emerging evidence on effective practice, and to coordinate

activity across the various planning processes. A network could also provide dynamic feedback between the CHP, other Community Planning partners and the wider community. This approach does not require the wholesale transfer of resources to the CHPs, but devolves proportions of staff time and resources to the networks from which the CHPs benefit. An example of this has been developed in Tayside and this arrangement across CHPs is to be recommended.

Integrating Health Improvement across all Functions and Services

CHPs will provide a focus for integration between primary care and specialist services and with social care. To achieve this, CHPs will need to link clinical teams, work in partnership with local authorities, the voluntary sector and others to support the improvement of the health of local communities; and most importantly involve the public, patients and carers in decisions concerning the delivery of health and social care for their communities. The Statutory Guidance for Community Health Partnerships highlights that CHPs will be expected to

- deliver services more innovatively and effectively by bringing together those who provide community based health and social care;
- shape services to meet local needs by directly influencing NHS Board planning, priority setting and resource allocation;
- integrate health services, both within the community and with specialist services, underpinned by service redesign, clinical networks, and by appropriate contractual, financial and planning mechanisms;
- improve the health of local communities, tackle inequalities and promote policies that address poverty and deprivation by working within community planning frameworks;
- be the main NHS agent through which the Joint Future agenda is delivered in partnership with local authorities and the voluntary sector;
- be the main NHS agent through which the recommendations of *For Scotland's Children* are implemented in partnership with local authorities;
- be the principal NHS partner in Integrated Community Schools (which include the Health Promoting Schools concept);
- lead the implementation and monitoring of child health surveillance and relevant aspects of screening of children;
- promote involvement of, and partnership with, staff whether employed by or contracted to the NHS; and
- secure effective public, patient and carer involvement by building on existing, or developing new mechanisms.

In addition, CHPs will be expected to support a “Health Promoting Health Service” by integrating health promotion throughout the work of the CHP. The objectives of a health promoting health service include:

- ensuring health promotion is an integral and sustainable part of health service delivery and organisational development
- identifying areas of standard setting and encourage evidence based practical and quality health promotion
- identifying how the health service can incorporate “Health for All” principles in its approach to health promotion and patient/client care

In particular, it is anticipated that CHPs will play an active role in community regeneration and the development and implementation of the respective Community Planning Partnership's Regeneration Outcome Agreement, especially as it relates to improving health.

Further Information & Resources

Health Topics

A breath of fresh air for Scotland : improving Scotland's health, the challenge : tobacco control action plan, Scottish Executive, 2004
<http://www.scotland.gov.uk/library5/health/abfa-00.asp>

Let's Make Scotland More Active; a strategy for physical activity, Scottish Executive, 2003
www.scotland.gov.uk/library5/culture/lmsa-00.asp

Eating for Health. A diet action plan for Scotland, Scottish Office, 1997

Eating for health : meeting the challenge, Scottish Executive, 2004
<http://www.scotland.gov.uk/library5/health/efhmtc-00.asp>

National Programme for Improving Mental Health and Well-Being: Action Plan 2003 -2006, Scottish Executive, 2003. (In particular, Priority Area F 'Improving the ability of public services to Act in Support of the Promotion of Mental Health and the Prevention of Mental Illness. Includes support to primary care on mental health promotion and prevention.)
www.wellontheweb.net

Promoting mental health and preventing mental health problems. Forthcoming Advice Note and Resource Paper for Community Health Partnerships on Mental Health Improvement. Due to be launched in early 2005.

Social Prescribing for Mental Health. Forthcoming Advice Note to be issued in mid 2005.

Choose life: a national strategy and action plan to prevent suicide in Scotland, Scottish Executive, 2002 <http://www.scotland.gov.uk/library5/health/clss-00.asp>

Plan for action on alcohol problems, Scottish Executive 2002

Effective and cost-effective measures to reduce alcohol misuse in Scotland: A literature review, Scottish Executive 2002
<http://www.scotland.gov.uk/health/alcoholproblems/docs/lire-00.asp>

Health & Homelessness Guidance, Scottish Executive, 2001

Drug treatment services for young people: a research review, Scottish Executive, 2002
<http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>

Tackling drugs in Scotland: action in partnership: Scottish Executive's Drug Action Plan: protecting our future, Scottish Executive, 2000

An action plan for dental services in Scotland, Scottish Executive, 2000
<http://www.scotland.gov.uk/library3/health/apds-00.asp>

Coronary heart disease and stroke : strategy for Scotland, Scottish Executive, 2002

Scottish diabetes framework, Scottish Executive, 2002
<http://www.scotland.gov.uk/library5/health/sdf-00.asp>

Priority Themes

Towards a Healthier Scotland, Scottish Office, 1997
www.scotland.gov.uk/library/documents-w7/tahs-02.htm

Improving Health in Scotland. The Challenge, Scottish Executive, 2003
www.scotland.gov.uk/library5/health/ihis-00.asp
www.show.scot.nhs.uk/sehd/publications/DC20040629improving.pdf

For Scotland's children: an action plan, Scottish Executive, 2001
www.scotland.gov.uk/library3/education/fcsr-00.asp

Making it work for Scotland's children: Child Health Support Group Overview Report 2003, Scottish Executive, 2003
www.scotland.gov.uk/library5/health/mwsc.pdf

Guidance: how to run a successful Safer Routes to School, Scottish Executive, 2000
www.scotland.gov.uk/library2/doc08/srs-00.htm

Health For All Children Guidance on Implementation

Walk the talk : policy mapping health and young people, Scottish Executive, 2004

Walk the talk: developing appropriate and accessible health services for young people: a guide for practitioners and managers, Scottish Executive, 2000
[www.fastforward.org.uk/publications/Walk the Talk.pdf](http://www.fastforward.org.uk/publications/Walk_the_Talk.pdf)

Working with young people : a profile of projects funded by the Partnership Drugs Initiative, Scottish Executive, 2004

Social justice : a Scotland where everyone matters : indicators of progress 2003, Scottish Executive, 2003
www.scotland.gov.uk/library5/social/sjp03-00.asp

Closing the Opportunity Gap – the Scottish Budget 2003-2006, Scottish Executive, 2003

Community Health Partnerships Regulations, Scottish Executive, 2004

Community Health Partnerships Statutory Guidance, Scottish Executive, 2004

Partnership for Care, Scottish Executive, 2003
www.scotland.gov.uk/library5/health/pfcs-00.asp

Building community well-being : an exploration of themes and issues, Scottish Executive, 2003 www.scotland.gov.uk/library5/society/bcwm-00.asp

What is wellbeing? A brief review of current literature and concepts, NHS Health Scotland, 2003 www.phis.org.uk/doc.pl?file=pdf/What%20is%20wellbeing%202.doc

Patient focus and public involvement, Scottish Executive, 2001
www.scotland.gov.uk/library3/health/pfpi-00.asp

Sustainable patient focus and public involvement, Scottish Executive, 2003
www.show.scot.nhs.uk/sustainablepfpi/sustainablepfpi.pdf

Equality strategy: working together for equality, Scottish Executive, 2000
www.scotland.gov.uk/library3/social/wtem-00.asp

Social focus on disability, Scottish Executive, 2004
www.scotland.gov.uk/cru/resfinds/sfod04-00.asp

Community care services for people with a sensory impairment: an action plan, Scottish Executive, 2003

Fair for all: Improving the health of ethnic minority groups and the wider community in Scotland, Scottish Executive, 2001
www.scotland.gov.uk/library3/society/ffar-00.asp

Fair enough? Fair For All progress report : analysis of race equality schemes and fair for all action plans, Commission for Racial Equality in Scotland and the National Resource Centre for Minority Ethnic Health, Scottish Executive, 2003

The same as you? A review of services for people with learning disabilities, Scottish Executive, 2000 www.scotland.gov.uk/ldsr/docs/tsay-00.asp

The report of a review of rough sleepers initiative in Glasgow, Scottish Executive, 2001
www.scotland.gov.uk/library3/social/rsig-00.asp

The development of the Scottish partnership on domestic abuse and recent work in Scotland, Scottish Executive, 2000
www.scotland.gov.uk/cru/documents/spda-00.asp

Health Data

Health in Scotland 2003, Scottish Executive, 2004
www.scotland.gov.uk/library5/health/his03-00.asp

Scotland's people : results from the 2001/2002 Scottish Household Survey, Scottish Executive, 2003

Scotland's people : results from the 2003 Scottish Household Survey, Scottish Executive, 2004 www.scotland.gov.uk/about/SR/CRU-SocInc/00016002/SHShome.aspx

Constituency and Community Profiles - Scotland, NHS Health Scotland, 2004 www.phis.org.uk/info/sub.asp?p=BBB

Health education population survey 1996-2003 : a summary : overview of patterns and trends in health-related knowledge, attitudes, motivation and behaviours in Scotland, NHS Health Scotland, 2004 www.hebs.com/researchcentre/pdf/HEPSSummary.pdf

Development Resources

Scottish Executive Community Health Partnerships Development Group (CHPDG) www.show.scot.nhs.uk/sehd/chpdg

Developing the Health Improvement Role of Community Health Partnerships, Skills for Health, 2004 www.skillsforhealth.org.uk

Local authorities as health improvement organisations, COSLA, 2002 www.cosla.gov.uk

Improving health: the role of NHS Boards, Scottish Executive, 2002

The health promoting health service – a framework for good practice, Health Education Board for Scotland, 2001 <http://www.hebs.com/hphs/pdf/hphs.pdf>

Leap for health: learning, evaluation and planning, NHS Health Scotland, 2003

A community development approach to health promotion, Ron Labonte, Health Education Board for Scotland & Research Unit in Health and Behavioural Change, 1998

Teamworking – working together to promote health, Health Education Board for Scotland, 2002

Promoting health – developing effective practice, Health Scotland, 2004

Promoting health improvement : local authority perspectives : understanding health and inequalities, COSLA & NHS Health Scotland 2004

Partners in Health: a toolkit for building successful partnerships, NHS Health Scotland, 2003 <http://www.hebs.com/services/pubs/pdf/Partnership.pdf>

Occupational Standards/Competences for Public Health Practice, Scottish Partnership Project Joint Report, NHS Health Scotland & COSLA (2004)

Web addresses - organisations

Breathing Space

Website of Breathing Space telephone advice line and signposting service for people experiencing low mood or depression.
www.breathingspacescotland.co.uk

Centre for Change and Innovation

The Centre for Change and Innovation has been established to provide NHS staff with practical support and expertise to improve patient care.
www.cci.scot.nhs.uk

Community Health Exchange (CHEX)

CHEX is part of the Community Development Foundation and works within the Scottish Community Development Centre. It works with community health projects and initiatives across Scotland.
www.chex.org.uk

COSLA

COSLA, the Convention of Scottish Local Authorities, is the representative voice of Scottish local government and also acts as the employers' association on behalf of all Scottish councils.
www.cosla.gov.uk

Executive Online

The website of the Scottish Executive
www.scottishexecutive.gov.uk

The Community Health Partnerships Development Group

The National Community Health Partnership Development Group was established in October 2003 to support the development and implementation of the strategic framework for community focused health improvement and service delivery.
www.show.scot.nhs.uk/sehd/chpdg

HeadsUp Scotland

National Project for Children and Young People's Mental Health
www.headsupscotland.com (under construction as at March 05)

healthyliving

Scottish Executive campaign providing resources, advice and support on healthy eating and physical activity.
www.healthyliving.gov.uk

NHS Health Scotland

Comprehensive source of health education, health promotion, health information, resources and services, including research, learning materials and information on public health data, evidence, workforce issues and networks.

www.healthscotland.com

Scottish Executive Health Department

www.show.scot.nhs.uk/sehd/

Scotland's Health on the Web

Online health information provided by NHSScotland

www.show.scot.nhs.uk

Voluntary Health Scotland (VHS)

A national network of voluntary health organisations, supporting health improvement and health care in Scotland.

www.vhscotland.org.uk/

Young Scot

Provides incentives, information and opportunities to people aged 12 to 26 to help them make informed choices, play a part in their community, and make the most of their free time and learning.

www.youngscot.org

Web – resources and services

Alcohol

Facts about alcohol and guidance for parents about discussing this issue with teenagers.

www.healthscotland.com/alcohol

Aspire

Advice, information and resources to help smokers overcome nicotine addiction and succeed in stopping smoking.

www.hebs.com/tobacco/smokestop/aspire

Braveheart

Project exploring the role of mentor-led support groups within the context of CHD rehabilitation and support

www.hebs.com/braveheart/docs/br_text.pdf

Clear Directions

Information on how to create and manage successful health events, large or small.

www.hebs.com/cleardirections

Community Planning

Scotland's Community Planning website is intended to provide general information about Community Planning, including guidance and legislation, Community Planning

research and publications, as well as contact details for the 32 Community Planning Partnerships.

www.communityplanning.org.uk

Drugs

Facts about drugs and guidance for parents about discussing this issue with teenagers.

www.healthscotland.com/drugs

Have a Heart Paisley

National demonstration project to prevent coronary heart disease, promote good health and reduce health inequalities in Paisley.

www.scotland.gov.uk/Topics/Health/health/17360/8331

Healthy Respect

National demonstration project helping young people in Lothian develop a positive attitude to their sexuality and that of others, and a healthy respect for their partners, with the aim of reducing unplanned teenage pregnancies and sexually transmitted infections.

<http://www.scotland.gov.uk/Topics/Health/health/17360/8330>

Immunisation

Detailed information on all vaccines recommended in Scotland's immunisation programme.

<http://www.healthscotland.com/immunisation>

Learning Centre

Education and training information, materials, courses and conferences, and research for health promoters.

www.hebs.com/learningcentre

National Learning Networks

Three national learning networks based at NHS Health Scotland which share the learning from the three national health demonstration projects as well as the wider evidence base for the topic areas of early years, sexual health and well-being of young people and heart health.

www.phis.org.uk/projects

Ready, Steady, Baby

Information about pregnancy, childbirth, and caring for your new baby up to the first few months after birth.

www.hebs.com/readysteadybaby

Research Centre

Health Scotland research resources for practitioners, policy makers and researchers.

www.hebs.com/research

Safe and Healthy Working

Scottish Executive sponsored occupational health and safety service for small and medium sized enterprises in Scotland.

www.safeandhealthyworking.com

Starting Well

National demonstration project aiming to give children the best start in life, support families and provide them with access to enhanced community-based resources.

<http://www.scotland.gov.uk/Topics/Health/health/17360/8261>

Think About It

Information for 14-17 year olds tackling the complex issues surrounding relationships and sexual health.

www.hebs.com/thinkaboutit

Tobacco Unwrapped

For smokers, health professionals and anyone who wants to know more about tobacco and the tobacco industry.

www.hebs.com/tobacco

Tobacco Papers

Provides over 650 documents from the UK tobacco industry's main advertising agencies.

www.tobaccopapers.com

Well? Mental health and Wellbeing in Scotland

Communicating the work of the Scottish Executive's National Programme for Improving the Mental Health and Well-Being of Scotland's Population.

www.wellontheweb.net

Work Positive

Resources to help organisations address stress at work.

www.hebs.com/workpositive

Appendix 1

The Ottawa Charter, World Health Organization

Prerequisites for health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy-makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy-makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitute the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and

organization of health services, which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.