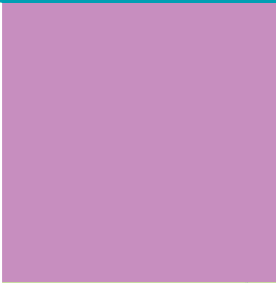


How do councillors improve health and community wellbeing?



How do councillors improve health and community wellbeing?

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Della Thomas, Local Government Health Improvement Programme Manager, Health Scotland

Laura Harris, Local Government Health Improvement Programme Officer, Health Scotland

Paolo Vestri, Director, Hexagon Research and Consultancy

Roger White, Head of Policy, Aberdeenshire Council

Paul Hambleton, Social Strategy Manager Corporate Services, City of Edinburgh Council

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Foreword



Congratulations on being elected. As a councillor for the past 23 years, I am aware of the massive changes facing local government and indeed councillors in Scotland.

Health Scotland's core purpose is to provide leadership and work with partners to take action to improve health and reduce health inequalities. As part of this role, we have developed a Local Government Health Improvement Programme to focus on the important contribution councils and councillors play. We wish to offer support to members and officers to develop their roles in collaboration with other key partners.

Over the last decade or so, it has become increasingly clear our health and wellbeing depends on a number of different factors. Our genetic make-up, the neighbourhoods we live and grow up in, lifestyle choices we make, the work we do and our access to facilities and services. Councils play such a fundamental role in creating the environment for communities to prosper, to enable the healthier choice to be the easier choice. Because councils can directly influence town planning, employment opportunities, social support, transport, education and housing, we need to ensure the impact on health and wellbeing we make is a positive one.

Understanding how all these ingredients work together is the first step for councils to take towards creating a healthier future for our communities. The ways for elected members and councils to influence the positive health and wellbeing of our communities are highlighted within this document.

I commend this short guide to you and hope you will find it a helpful resource. I hope you find the checklist for 'the 20 things to know or find out' of practical assistance in your role and remit.

Cllr Lesley Hinds
Health Scotland Chair

A checklist for councillors: improving health and community wellbeing

Representational and community leadership role

1. Do you have a copy of the health profile for your area?
2. Who is the Community Health Partnership (CHP)¹ Director/ Manager in your ward and what are their health improvement objectives?
3. Do you have a copy of the Joint Health Improvement Plan or community planning response to improving health and community wellbeing? What are the intended outcomes for your area?
4. Which local organisations in your ward are involved in/ interested in health issues or have any involvement in health improvement?
5. Do you have a good working relationship with the community and voluntary organisations working on health improvement in your ward?
6. Is improving health and community wellbeing a priority within the local Community Plan?

Policy making/ Scrutiny role

7. Has the council committed itself to being a Health Improvement Organisation or adopted other processes that embed health improvement into the culture of the organisation (e.g. WHO Healthy Cities or Health Promoting Schools); and, if it has, what impact has this commitment made?
8. Is improving health and community wellbeing a priority within the council's Corporate Plan; and how is this priority reflected in the Community Plan?
9. Who is the senior officer responsible for the improving health and community wellbeing policy at the corporate level? Are there others with responsibility in each department or service of the council?
10. Has the council adopted a policy of requiring all major reports/ policies to have a Health Impact Assessment carried out?
11. Does your council's Audit/ Scrutiny committee carry out any reviews/ investigations into health improvement and community wellbeing issues? What have been their outcomes/ impact?

12. What involvement have you had in determining the priorities of the Joint Health Improvement Plan or the community planning response to improving health and wellbeing, scrutinising how it is being implemented and monitoring its impact?

13. How effectively does the Community Planning Partnership's Regeneration Outcome Agreement address health improvement and community wellbeing?

14. Does the council provide any elected members' training on health improvement and community wellbeing?

Partnership role

15. What is the structure of the CHP in your area and what are its governance and accountability arrangements?

16. Do you know who your council's stakeholder nominees are on the NHS Board and its representatives on the CHP? What arrangements are in place to ensure that the council is kept informed of, and has the opportunity to influence, strategic policy matters affecting improving health and community wellbeing?

17. What scope is there for elected members to influence the Community Plan, the Community Planning Partnership (CPP) and its strategic working groups? How can the role of elected members within the health and wellbeing sub group or thematic partnership of the CPP (if this structure exists) be strengthened?

18. Does the council review its partnerships to ensure that they are still relevant and fit for purpose?

19. Does the council, NHS Board or CHP provide training for elected members on the roles and responsibilities of members of the NHS Board/ CHP and on the skills and competencies that NHS Board/ CHP members are expected to have?

20. Does the council provide any support for elected members on NHS Boards or the CHP, such as briefings on the health improvement implications of agenda items?

¹ Community Health Partnership (CHP) is the generic term used in this paper covering Community Health Partnership, Community Health and Care Partnership (CHCP) and Community Health and Social Care Partnership (CHSCP)

How do councillors improve health and community wellbeing?

This short guide aims to:

- enhance your understanding of health improvement, community wellbeing and the improvement of life circumstances of your constituents and the communities you represent
- assist you to understand the role you can play in supporting the improving health and community wellbeing agenda
- support you to make informed decisions about the future direction of health improvement and community wellbeing in your council and local communities.

A fuller and more detailed reference guide will be available in due course.



Since the 1990s, there has been a growing recognition of the important role local government has in improving health and community wellbeing. This evolving role has been embedded within legislation and Scottish government policy statements.

For example, the Local Government in Scotland Act 2003 created the discretionary power to advance wellbeing. This enables local authorities to do anything they consider is likely to promote or improve the wellbeing of their area and/or persons in it. That, along with the duty to lead and facilitate the community planning process, gives local authorities a key leadership role in promoting and improving the health and wellbeing of their communities.

It is important that as a councillor you have a clear understanding and awareness of the important role you can play in improving the health and wellbeing of the constituents and communities you represent.

All elected members – not only leaders and committee chairs/ spokespeople – should have a clear vision and display strategic (political) leadership for their council's role in improving health and community wellbeing.

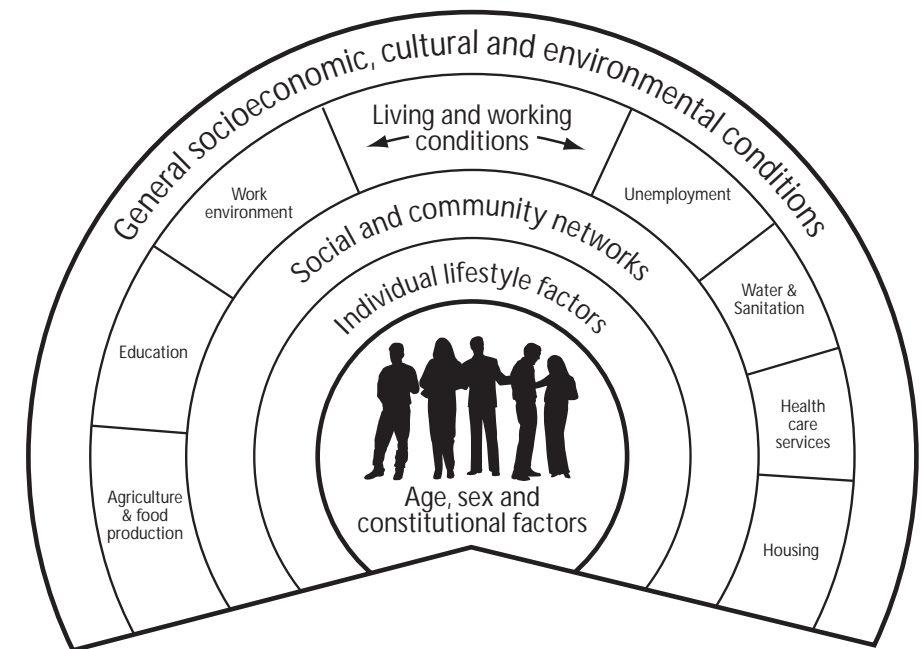
'I suppose that health and community wellbeing has to compete in elected members' attention, and so far it hasn't been done well. It is only one voice in a crowded marketplace, and to be honest it is only now when I have been forced to think about it I realise how important it is and how high it should be on the agenda. There are a lot of people paying lip service to it.'

(Councillor interviewed during the process of preparing this guidance)

Why health and community wellbeing?

The Constitution adopted by the World Health Organisation (WHO) in 1948 defined health as: 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity'. This recognition that health and wellbeing is much more than just the absence of 'ill-health' was further developed in 1986 by the Ottawa Charter for Health Promotion. This stated that health 'is a positive concept, encompassing social and personal resources as well as physical capacities'.

The health and wellbeing of individuals and communities is affected by a wide range of determinants including genetics, environment, social and economic factors and personal and family circumstances and lifestyle. These wider determinants of health and the multiple influences on health and wellbeing have been summarised in the diagram below. This 'rainbow' model is a common approach across many Scottish councils.



The wider determinants of health²

² Taken from Whitehead M. & Dahlgren G. What can we do about inequalities in health? Lancet, 1991, 338: 1059–1063

The health inequalities faced by communities and individuals across Scotland and the UK are well evidenced (e.g. the community profiles produced by the Scottish Public Health Observatory (ScotPHO), the Scottish Index of Multiple Deprivation (SIMD) and through such reports as the 'Black Report'³).

Economically, socially and environmentally disadvantaged communities and individuals are more likely to suffer ill health and have a lower life expectancy than those that are more advantaged and more affluent.

The recognition of the need to tackle health inequalities at their source has led to increasing emphasis being placed on addressing the causes of ill-health instead of merely dealing with the consequences of ill-health. The Scottish government has a clear commitment to improving health and community wellbeing and breaking the intergenerational cycle of disadvantage through shifting towards broad based efforts to promote good health and prevent ill health. In taking this work forward locally, priority health areas and outcomes will need to be identified.

These might include:

tobacco
alcohol misuse
obesity – targeting poor diet and physical inactivity
mental health
sexual health.

Interventions might focus on:

early years
teenage years
workplace
communities.

Whilst in general, the health of people in Scotland is improving, the gap between the most affluent and the most deprived is increasing. Approaches for addressing health and social inequalities might include:

employability strategies
increasing educational attainment
tackling financial exclusion
community regeneration
improving accessibility.

All of which will lead to improving health and community wellbeing.

Why is health a local government issue?

Local government has a major influence on the wider determinants of health and therefore has a key role to play in improving health and community wellbeing. For example, 'life circumstances' which impact on health and community wellbeing include housing conditions, educational and skills levels, transport and access to leisure, sports and cultural services.

Your council, both as a provider of public services, as the community leader (e.g. in Community Planning) and as a partner (e.g. in the Community Health Partnership (CHP)) has key roles to play in improving the health and wellbeing of its citizens and communities.

There are visible and invisible ways for local authorities to impact on health improvement and community wellbeing. Activities such as Paths to Health which encourages individuals to increase their physical activity, will have a direct impact on the health and wellbeing of individuals. However it is the more general activities that councils are involved in, for example upgrading housing stock and the planning of quality green spaces, that stand to deliver significant health improvement across communities.



Ways in which councils can determine the impact of their actions is through such processes as Health Impact Assessments (HIA) as referred to in the case study below.

Stirling Council has embedded the principles of healthy urban planning into its planning structure in line with its WHO healthy city status. Planning applications undergo a Health Impact Assessment.

Stirling was granted WHO designated healthy city status in 2004. In adopting its healthy cities role, the Community Planning Partnership has adopted a mission statement, stating:

'We will work to a holistic model of health, adopting an all-encompassing approach to health improvement, giving priority to the life stages, populations and communities where needs are greatest and inequalities in health exist. We will work together for a healthier Stirling by recognising that health is more than just the presence or treatment of a particular disease, but rather a whole series of influences such as job security, a clean, safe and enabling environment, supportive social networks and a society free of discrimination.'

Health Impact Assessment was used to support effective decision making by

³ Sir Douglas Black (1980) The Black Report, Department of Health and Social Security

supporting the decision to refuse planning permission for a 'super pub' development in the city centre of Stirling. Had this development gone ahead, it would potentially have had a major impact on the levels of binge drinking, antisocial behaviour, noise, litter and drink driving.

The concept of 'badged' and 'unbadged' activities was identified in 'Health Improvement and Health Inequalities: A Local Authority Perspective (2005).'⁴ The types of activities 'badged' as health improvement activities are generally designed to impact on lifestyles or the behaviour of individuals and/ or communities (e.g. healthy eating and taking more physical activity).

'Unbadged' activities that improve life circumstances and tackle health inequalities encompass the wide range of 'mainstream' local authority services and might include:

- action to improve health and wellbeing across a whole community; e.g. planning to incorporate green space and transportation infrastructure
- action that addresses health inequalities as well as other problems; e.g. encouraging uptake of benefits and increasing employment and training opportunities.

Scotland is experiencing a demographic shift. our ageing population makes it increasingly important for all public, private and voluntary organisations to work towards improving community health. The 'All Our Futures Action Plan'⁵ details the importance in creating opportunities for people to live longer, healthier and fulfilling lives in order to allow individuals to continue to contribute to the communities they live in and reduce the need for care and support services required for frail older people.

If the wider determinants are not addressed it is much more likely that there will be an increased demand on council services. Poorer health for older people will mean increased need for social care and social work services. Encouraging children and young people to engage in physical activity will often mean less antisocial behaviour and more likelihood of this activity continuing in later life.

The Scottish Borders Council in recognition of their role and responsibilities as corporate parents for looked-after children have developed an interagency corporate parenting group to improve services for children, young people and their families. It aims to develop all agencies involved in the care of this vulnerable group as responsible corporate parents. As part of the council's responsibility they have developed a pilot project in partnership with The Borders Sport and Leisure Trust which will give looked-after and accommodated children free access to leisure facilities.

The importance of improving health and community wellbeing to local government has been recognised through Scottish local authorities, collectively through COSLA, and individually, by committing themselves to developing as 'Health Improvement Organisations':

*'an organisation, which seeks to have health improvement as a core element and which in turn influences all aspects of the organisation's activity. It will focus on an approach aimed at improving the population's health and reducing health inequalities.'*⁶

What can you do to improve health and community wellbeing?

As a councillor, you are expected to fulfil four key purposes:

- constituency/ representational role
- policy making and scrutiny role
- community leadership role
- partnership role.

Each of these is relevant to the part you can play in improving health and community wellbeing.

Constituency/ representational role

*'To represent the views and interests of your ward and its individual constituents (dealing with their enquiries and representations fairly and without prejudice).'*⁷



In many ways the representational role is the most important one as it distinguishes councillors from people who have been appointed to run other parts of the public sector. You provide a direct link to the public and fulfil a unique role in representing individual constituents, working with local community and voluntary groups and acting as a local champion for your ward and its communities.

In order to effectively fulfil your representational role you will address health and community wellbeing issues as they affect your constituents and the communities you represent. To support improving health and community wellbeing through your representational role you might:

- listen to your constituents and use your experience to help identify health improvement needs and priorities
- provide leadership in the community
- act as a local champion to ensure that the communities' health improvement needs are considered within the council and by partnership bodies and that the services that will address these needs are delivered effectively. This may involve taking a campaigning role using your position as a community leader and local champion

⁴ CCL Associates Ltd and Hexagon Research and Consulting (2005) Health Improvement and Health Inequalities: a Local Authority Perspective; COSLA and the Scottish Local Government Improvement Service
⁵ Scottish Executive (2007) All our Futures: Planning for a Scotland with an Ageing Population

⁶ COSLA (2002) Local Authorities as Health Improvement Organisations

⁷ Scottish Executive (2006) Scottish Local Authorities Remuneration Committee: Review of Remuneration Arrangements for Local Authorities Councillors

- ask challenging questions about policies and strategies and decisions made about services and funding priorities and their impact on health and community wellbeing. For example, what impact will the Joint Health Improvement Plan⁸ or other partnership plans for improving health and community wellbeing have on your ward and its communities?

Policy making and scrutiny role

'To contribute actively to the formulation and scrutiny of the council's policies, budgets, strategies and service delivery'

Working through the full council, the Executive, Service or Strategic Committees and Scrutiny and Audit Committee or Panel, you can directly influence policy priorities and the nature of the services that are to be delivered. In fulfilling your policy making and scrutiny roles, you can directly influence how improving health and community wellbeing is addressed by the council.

Policy making:

- help to bring coherence to the cross cutting nature of improving health and community wellbeing
- explore whether the council's commitments and priorities for improving health and community wellbeing have been incorporated in service plans and strategies?

- question if they are reflected and incorporated in the Community Plan, the Joint Health Improvement Plan and the Regeneration Outcome Agreement?
- ask if any attempt has been made to integrate the health improvement elements of all the strategic plans into one coherent strategy for improving health and community wellbeing?
- ensure that the council's services incorporate improving health and community wellbeing into their mainstream work and that mainstream and project funding is made available for health improvement activity
- ensure the NHS Board and CHP take on board the improving health and community wellbeing agenda and support the council and community in developing this improvement agenda at all levels.

'Planning can really have an impact on health and community wellbeing; firstly in relation to physical activity through the Core Path Plans, Healthy Travel Plans and green networks etc so that people can embed physical activity back into their daily lives. Good planning also promotes good mental health – I'm not sure if the opposite applies, but definitely by giving people high quality urban planning. I believe we reduce stress etc and promote good mental health, also this is a by-product of physical activity.'

(Councillor interviewed during the process of preparing this guidance)

Scrutiny:

- ask the searching questions of council officers and partner organisations to examine whether and how the council and its partners are improving health and community wellbeing
- is the council fulfilling its role as a Health Improvement Organisation?
- are the NHS Board, CHP and other Community Planning Partners fulfilling their roles in improving health and community wellbeing?

Aberdeenshire Council's Scrutiny and Audit Committee undertook a major review of School Meals service, which considered the health and diet implications of school meals and sought to improve both. Through the review it was recognised that *'The Schools Meals service could be the biggest contributor to improving health in Aberdeenshire.'* The committee recommended that the council commit itself to having a revitalised, refocused school meal service with a clear aim to provide school meals which improve Public Health by improving children's diets.

Community leadership role

'To champion the best interests of the council and the community as they relate to the improvement of the quality of life and wellbeing of the community and its citizens.'

As a 'local champion' or 'community leader', representing the interests of your ward and its communities, you can play an important role in improving health and community wellbeing. You can attempt to influence the policies, priorities and services provided by the council, the NHS and other partners. For example:

- scrutinise the Joint Health Improvement Plan, the Regeneration Outcome Agreement and other partnership plans to ensure that they address the health needs of, and tackle health inequalities in, the communities you represent.
- use the constituency and community profiles produced by the Public Health Observatory (www.scotpho.org.uk) to ensure you are aware of the nature and level of health inequalities in your area. Also the Scottish Index for Multiple Deprivation (SIMD) (www.scotland.gov.uk/topics/statistics/simd) will help form an evidence based case for action to tackle these issues.
- ensure that the development of the Community Plan at the locality or ward level addresses and prioritises improving health and community wellbeing.

- use your experience, contacts and understanding of how the system works to ensure that your communities' voices are heard by the council, NHS Board and CHP. Ensure that they engage with and involve communities when developing plans and strategies that address improving health and community wellbeing.

⁸ Joint Health Improvement Plan or the other plan generated by the Community Planning Partnership which has an impact on improving health and wellbeing

Dundee Healthy Living initiative works in disadvantaged communities in Dundee supported by **Dundee City Council** and the NHS. This initiative gives local people the opportunity to identify their own health needs and solutions and supports the development of capacity building within community groups and other partners to take the work forward in the future. People meet in local health issues groups to devise their own programmes relevant to their own needs and priorities. Activities include cooking skills courses, smoking cessation and exercises classes with crèche. To improve the sustainability and reach of projects volunteers are trained to deliver classes such as aerobic exercise classes or health walks giving them new skills and increasing social connections.

Partnership role

'To work in partnership with others in the council, partnership organisations at council and community level to help improve the quality of life and wellbeing of the community and its citizens'.

Partnership working has its own challenges for councillors. In working as a council representative on a partnership body you will need to develop and use new skills and experiences. These include working in a more collegiate/ consensual approach as opposed to the more adversarial approach that is often the norm in the council chamber. You may need to adjust to the different culture, way of working and governance and accountability framework of the partnership body and of the partner organisations represented around the table.

In the context of improving health and community wellbeing, the two key partnerships that local authorities will be involved in are the Community Planning Partnership (CPP) and the partnership with the NHS Board and the CHP.

Your role in Community Planning Partnership (CPP)

Councils are central to bringing together all public sector organisations, the private sector and the community and voluntary sectors to ensure there is a concerted and inclusive approach to improving health and community wellbeing. As a councillor you will be:

- involved in providing the vision and determining the priorities for the Community Plan
- ensuring that the priorities of the Community Plan reflect the council's corporate priorities and in turn that the Community Plan influences the council's service plans and strategies
- scrutinising the Community Plan and the work of the CPP and its strategic groups to monitor and review whether/ how objectives are being met
- ensuring that you have the opportunity to influence the key plans and strategies that address improving health and community wellbeing under the Community Planning umbrella, such as the Joint Health Improvement Plan (JHIP) and the Regeneration Outcome Agreement
- setting the priorities and ensuring these are aligned to the council's corporate

commitment to improving health and community wellbeing

- ensuring resources are put in place from mainstream budgets or project funding
- monitoring and scrutinising whether objectives/ targets are being met.

Glasgow's Community Plan – 'Our Vision for Glasgow: A Community Plan 2005 – 2010' – includes a strategic objective to: *'improve the health of everyone in Glasgow and to narrow the health gap by improving the health of the most disadvantaged at a faster rate'.*

It sets out eight priority action areas to help achieve this objective. These are to:

- reduce the impact of poverty on children's health
- support Glaswegians in leading active healthy lives
- make Glasgow a city where non-smoking becomes the norm
- promote positive mental health for all and reduce the stigma associated with mental illness
- reduce the extent and harm associated with drug and alcohol misuse
- provide services that promote the health of young people



- take action to support the health of carers
- develop the opportunities, culture and environment to support safe and healthy working lives.

Many CPPs are developing Community Plans at the locality or multi-member ward level. Get involved in this process and use your influence to ensure that improving health and community wellbeing issues are addressed by the partners and community representatives involved in the local partnership.

Your role on NHS Boards and Community Health Partnerships

All councillors, not just those who might be appointed as 'stakeholder' nominees to an NHS Board or as a council representative to a CHP need to be aware of the roles and responsibilities of elected members who sit on these crucial partnership bodies.

Elected members are expected to bring strategic decision making expertise to the NHS Board/ CHP on a range of shared planning and delivery issues including health improvement and community care services. The role of an elected member appointed to an NHS Board or CHP is to act as a member of a board of governance with collective responsibility for the

decisions of that body. Decisions they make as members of the Board/ CHP have to be made in the interests of that body and not their council.

In West Lothian, the Community Health and Care Partnership's Moving into Health team based within **West Lothian Council's** homeless service adopt an assertive outreach approach to improve and maintain the health and wellbeing of homeless households. The team actively encourages individuals to adopt healthier lifestyles, which in turn plays an important role in linking them with other services to address their health needs. The team also provides health assessments, advice and interventions through 'drop in' sessions across all of West Lothian's temporary homeless accommodation. A holistic approach to each individual's health and wellbeing is taken with a package of services on offer from mental health wellbeing advice provided by a team of registered mental health nurse, physical health checks, to sexual health interventions such as the provision of free condoms.

From a specifically improving health and community wellbeing perspective, you might:

- ensure that the community care and health improvement agendas for which local government and the NHS have joint responsibility are not 'sidelined' by other agendas or priorities

- draw on your council's experience and practice in taking a broader social, economic and environmental approach to health improvement and encourage the NHS Board to take a broad based approach to tackling ill-health and consider the wider determinants of health

- advocate that all facets of the Community Plan are addressed by the NHS Board and that it influences its policies, not just in the areas of improving health and community wellbeing, but also, when appropriate, in policies related to the acute services

- use your experience and skill to scrutinise policy priorities effectively and thus to hold to account senior management on NHS Boards around performance, timescales and implementation of Joint Health Improvement Plans and other strategies that aim to deliver improvements in health and community wellbeing.

Perhaps the most important skill and experience that elected members can bring to the NHS Board/ CHP is in relation to public and community involvement and engagement. You can use your knowledge, skills and experience of community representation and engagement to help ensure that the NHS Board/ CHP has a robust system of public and patient involvement. You can work to create an environment around the NHS Board/ CHP that sees communities as a resource with expertise that can be utilised in the planning process, rather than a drain on the NHS system, making 'impossible demands'.

Conclusion

Improving health and community wellbeing is a national and local government top priority and objective. As a councillor – community representative, policy maker and scrutinizer of policies, community leader and member of partnerships – you have both the responsibility and the power to ensure that your council and its partners improve health and community wellbeing. You can ensure that your council works towards being a Health Improvement Organisation by:

- developing policies that support health and wellbeing and actively seeks to put these into practice through organisational plans and service delivery
- tackling health inequalities by working to improve the health and wellbeing of people from the most disadvantaged groups and communities
- using public health information and evidence to develop policy, inform decision making and evaluate activity against health improvement objectives
- reviewing and measuring the impact of policies and practice on the health and wellbeing of communities
- promoting working relationships which enhance the physical and emotional wellbeing of staff
- creating healthy environments, which not only protect health but also promote positive health and wellbeing
- involving communities and strengthening community action
- supporting and enabling individuals to make choices that are good for their health

- working to develop partnerships, including internal partnerships, which bring added value to health improvement work
- seeking opportunities to contribute to and influence national debate and initiatives around improving health and tackling health inequalities.



Badged Health Improvement Activity

The types of activities 'badged' as health improvement activities are generally designed to impact on lifestyles or the behaviour of individuals and/ or communities (e.g. healthy eating, and taking more physical activity). These health topic based activities might be aimed at particular groups within the community or at geographical areas or specific settings within the community (e.g. through health-promoting schools).

Community Health Partnership (CHP)

Community Health Partnerships (CHPs), which were established by the National Health Service Reform (Scotland) Act 2004 replaced Local Health Care Co-operatives (LHCC's).

The critical role of CHPs is to develop ways to support better integration between primary and secondary healthcare, and further embed joint working between health and social care. CHPs are also expected to work closely with their local communities in planning and delivering primary care services.

Each NHS Board had to draw up a scheme for establishing a CHP or CHPs in their area based around statutory guidance issued by the Scottish Executive.

CHPs are committees or sub-committees of NHS Boards and as such operate within the NHS Board's policy, planning and performance management arrangements; standing and financial orders; and, audit and risk management arrangements.

NHS Boards can devolve authority to the CHP to progress the Joint Future agenda locally. This could involve delegating functions from the CHP to its local authority partner and the local authority devolving some of its functions to the CHP.

In some areas, where they have developed as integrated bodies with local authority social service they are called Community Health and Care Partnerships (CHCPs), or Community Health and Social Care Partnerships (CHSCP). In this report 'CHP' is used as the shorthand for all forms of Community Health Partnerships.

Health Impact Assessment

Health Impact Assessment is a way to find and improve the health consequences of any defined policy or activity that may not directly mention health but could well have a positive or negative impact on health. Health Impact Assessments can be carried out on any policy or activity either in its own right or as part of a broader impact assessment including for example, environment or equalities impact.

The World Health Organisation has published a series of toolkits for Health Impact Assessments and has Health Impact Assessment website – <http://who.int/hia>. A Health Impact Assessment Network operates in Scotland which can provide guidance and support for local authorities and other public bodies that are developing this useful tool – www.healthscotland.com/resources/networks/shian.aspx.

Health improvement

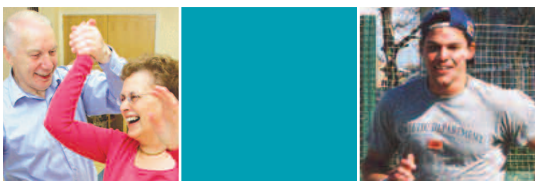
In its widest sense, Health improvement is defined to incorporate work on the wider determinants of health, such as the impact of life circumstances and health inequalities on health (e.g. the consequences of housing, education, community safety etc) and health improvement activities driven by national policy priorities such as tackling alcohol and tobacco misuse, mental illness, poor diet and physical activity.

Health improvement is also used to refer to the intended outcome of such action – improved population health.

Health Improvement organisation

A health improvement organisation was described in the COSLA guidance, *'Local Authorities as Health Improvement Organisations' (2002)*¹ as: *'an organisation, which seeks to have health improvement as a core element and which in turn influences all aspects of the organisation's activity. It will focus on an approach aimed at improving the population's health and reducing health inequalities.'*

Scottish local authorities, collectively through COSLA, and individually, have committed themselves to developing as 'Health Improvement Organisations'.



¹ COSLA (2002) Local Authorities as Health Improvement Organisations

Health inequalities

Health inequalities are measurable differences in standards of health (e.g. mortality rates and ill–health) associated with low income and deprivation.

Concentrations of health inequalities or deprivation are predominantly found in areas of economic and social deprivation. Glasgow City, which contains over a third (35%) of the 15% most health deprived data zones in Scotland (as measured by the Scottish Index of Multiple Deprivation (see below)). The Orkney Islands and Shetland Islands local authority areas do not have any data zones in the 15% most health deprived in Scotland. However, it is important to note that health inequalities in rural areas often occur at individual and household level within more affluent area, which current national measures cannot effectively recognise.

Health profiles

Health profiles have been produced by the Scottish Public Health Observatory (see ScotPHO) to provide detailed information from a variety of sources on the health of the population at different levels – Scottish wide, constituency and community.

The Scottish wide and Constituency Health Profiles provide detailed information from a variety of sources on over 80 indicators (e.g. male life expectancy and smoking prevalence) in 10 ‘domains’ (e.g. population, behaviour and ill–health).

The Community Health Profiles for individual post code areas in each local authority provide a selection of detailed information at a community level with 65 indicators (e.g. children in workless households and drugs related deaths) across seven ‘domains’.

Health Scotland

Health Scotland is the national level special NHS Board that provides leadership and works in partnership to improve health and reduce health inequalities in Scotland. It was formed by bringing together the former Health Education Board for Scotland (HEBS) and the Public Health Institute for Scotland (PHIS).

Health Scotland has adopted a settings based approach that involves promoting health in various settings:

- Community and voluntary sectors
- Education
- Health Promoting Health Service
- Local government
- Primary care – Keep Well

There is also a strong topics strand to Health Scotland's activities. Current priority programmes of work are around:

- Tobacco
- Food and health
- Physical activity
- Alcohol
- Mental health and wellbeing
- Health and wellbeing

A major part of Health Scotland's focuses predominantly, but not exclusively, on three life stages:

- Early years
- Young people
- Adults, particularly those in later life.

Joint Health Improvement Plan (JHIP)

Joint Health Improvement Plans are five–year strategy plans for improving health and health care services developed by the Community Planning Partnership for each local authority area. JHIPs set out objectives, strategies and actions for each partner organisation with a focus on tackling the national health priorities within the local population. Most JHIPs are standalone documents but they will be aligned to the Community Plan and other relevant strategy documents such as Regeneration Outcome Agreements.

Local Government Health Improvement programme in Health Scotland

The Local Government Health Improvement programme is one of the settings based programmes operated by Health Scotland. The Programme recognises and supports the crucial role played by local government in improving health and tackling health inequalities.

The programme works in close partnership with COSLA, SOLACE and the Improvement Service and other partners to support to support the development of health improvement and community–led health improvement activity within local government

The programme's website – www.healthscotland.com/localgovernment – encourages sharing of local government health improvement ideas and promising practice.

Regeneration Outcome Agreement

A strategic framework agreed by a Community Planning Partnership that sets out the outcomes for improving the situation of disadvantaged areas and groups that partners seek to achieve and show how their expenditure and activities will be directed towards tackling social exclusion and inequalities in the most disadvantaged communities (defined as the most deprived 15% of the population in each local authority area).

ScotPHO

Scottish Public Health Observatory (ScotPHO) is a collaboration that brings together key national organisations involved in public health intelligence in Scotland, led by ISD Scotland and NHS Health Scotland. Its aim is to ensure the public health community has easy access to clear and relevant information and statistics to support decision making. ScotPHO produces the Scottish, Constituency and Community Health Profiles (see above).

Along with summary data and statistics, the ScotPHO website – www.scotPHO.org.uk – provides background information, interpretation, policy notes, commentaries on data sources, references and links to further information for a wide range of topics relating to the health of the Scottish population.

Scottish Index for Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD)² is the Scottish Executive's official tool for identifying small area concentrations of multiple deprivation across all of Scotland and is relevant to policies aimed at tackling the causes and effects of area based multiple deprivation. Health deprivation is one of the seven core dimensions (or domains) of deprivation used to bring together the SIMD.

SIMD 2006 divides Scotland into 6,505 small geographical areas (called 'data zones'), with a median population size of 769. These are ranked from 1 (most deprived) to 6,505 (least deprived) using 37 indicators of deprivation across seven categories or domains.

Unbadged Health Improvement activity

It has been estimated that over £1bn (almost 80% of the total core revenue allocation of Scottish local authorities) is spent on services and activities that have a potential impact on the wider determinants of health.³ 'Unbadged' health improvement activities that can have a positive impact on life circumstances and tackling community health inequalities might include:

- Action to improve health and wellbeing across a whole community e.g. planning to incorporate green space and transportation infrastructure
- Action to address health inequalities through encouraging uptake of benefits, increasing employment and training opportunities.

Wellbeing

Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment.

Government's role is to enable people to have fair access now and in the future to the social, economic and environmental resources needed to achieve wellbeing. An understanding of the combined effect of policies on the way people experience their lives is important for designing and prioritising them.

Wider determinants of health

The wider determinants of health and the multiple influences on health and community wellbeing include:

- *Lifestyle factors* – the behaviour that individuals choose to adopt that might have positive or negative impacts on their health (e.g. taking regular exercise, eating healthily or smoking and drug and alcohol misuse)
- *Life circumstances* – external factors that impact directly or indirectly on health and community wellbeing including housing conditions, employment status, income, transport and access to leisure, sports and cultural services
- *General socio-economic, cultural and environmental conditions and influences* – the way society influences us and the way we interact with society can have an impact on our physical and mental health and wellbeing.

Local government has a major role to play in influencing the wider determinants of health and the improvement of health of individuals and community wellbeing.



² www.scotland.gov.uk/topics/statistics/simd

³ CCL Associates Ltd and Hexagon Research and Consulting (2005) Health Improvement and Health Inequalities: a Local Authority Perspective; COSLA and the Scottish Local Government Improvement Service

