

REPORT TO: HEALTHIER STRATEGIC GROUP - 22 OCTOBER 2009

SUBJECT: CEL 26 (2009) Health Improvement and Community Health Partnerships Advice Note.

BY: Public Health Lead, MCHSCP.

1. REASON FOR REPORT

1.1 To inform the Healthier Strategic Group of the key points and recommendations stated in CEL 26 (2009) Health Improvement and Community Health Partnerships Advice Note.

1.2 RECOMMENDATION

That the Healthier Strategic Group will acknowledge and support the development and implementation of required actions to effectively address key recommendations stated in CEL 26 (2009).

2. BACKGROUND

3.1 CEL 26 (2009) Health Improvement and Community Health Partnerships Advice Note is for Community Health Partnership Managers and staff engaged in planning for and delivering services for improving health and reducing health inequalities. It provides an update to the Advice Note of March 2005 and refers to current policy context, outlines the key principles for reducing health inequalities and improving health of the nation, and to signpost further advice, support and relevant tools.

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

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

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

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

- 3.6 In 2008, the Scottish Government also published its frameworks for reducing poverty and for Early Years. These together with Equally Well aim to tackle poverty, deprivation and health inequalities through interconnected national and local action.
- 3.7 CHP`s are key players in the delivery of local services to address major drivers of health inequality. Improving health and reducing health inequalities requires implementation across the whole NHS system, alongside co-ordinated action with partner organisations. CHP`s need to collaborate with their community planning partners to identify their communities` needs and priorities, and to agree plans and programmes of activity to address these.
- 3.8 Directly or through third parties such as third sector bodies, CHP`s will ensure activities deliver on health improvement HEAT targets and on outcomes in Community Planning Partnership Single Outcome Agreements (SOAs).
- 3.9 Previously local plans for health improvement have been captured in a Joint Health Improvement Plan (JHIP), although this did not have a statutory basis. The need to plan jointly in order to deliver health outcomes remains, but the emphasis must be on effective, collaborative identification of local needs and priorities and agreed programmes for meeting these, rather than on producing a JHIP to a centrally specified format or timetable. The joint planning mechanism is for local partners to determine, with local, outcome focussed plans `below the waterline` of the SOA.

3. SUMMARY OF IMPLICATIONS

The MCHSCP will require commitment and support from The Moray Council and other Community Planning Partners so to effectively address the following key recommendations and actions stated in CEL 26 (2009):

(d) Community Plan / Theme Plans / Partner Plans

- Current statutory guidance for CHP`s highlights that they are expected to improve health of local communities with local partners by tackling inequalities, promoting policies, and designing and delivering appropriate services to address poverty and deprivation within community planning frameworks.
- Local Authorities play an important role in improving the health and well being of the communities they serve by creating the facilities and environments for communities to prosper. They directly influence the life chances of communities through decisions around town planning, transport, education, housing and employment opportunities.
- Local Authorities have a role in improving health and other outcomes for individuals such as Looked After and Accomodated Children and Young People, school children and older people in care. As such the Local Authority is an important partner for the MCHSCP. Partnership working is essential to ensure shared local priorities, planning, delivery and efficiency in terms of public sector shared service join up.

- Any joint planning has to be done in the context of the SOA. It is important to note that the SOA is not a plan it is a strategic document of outcomes which will need underpinned by a whole range of activities.
- One of the key purposes of partnership planning is to achieve benefits arising from collaborative gain.
- NHS HEAT targets and objectives; when the MCHSCP is planning their outcomes and activities with community planning partners the CHSCP will need to consider opportunities for collaborative gain that will benefit achievement of the HEAT targets and also how their delivery towards HEAT targets can contribute to achieving other shared outcomes. However, it is important to recognise that HEAT targets will not necessarily have direct links to outcomes captured in the SOA.

(b) Policy and Legal

- The NHS is required to routinely undertake Equality Impact Assessments in the development of new, or revision of existing policies or functions.
- Equality Impact Assessments should be outcome focused, rather than process driven. Planning for outcomes should be driven by local needs and priorities. These then need to be agreed in collaboration with other community planning partners.

© Resources (Financial, Staffing and Risks)

Nil

(d) Consultations

- The MCHSCP shall lead and co-ordinate the consultation with community planning partners and service user groups in regards of their commitment to effectively address key recommendations and actions stated in CEL 26 (2009).

5. CONCLUSION

5.1 The new Advice Note summarises the current policy context for health improvement, the background to the SOA approach to Community Planning, the need for partnership working to deliver collaborative gain, the benefits of an outcome focused approach, and provides links to resource.

5.2 Delivering for improving health and reducing health inequalities must be tackled across the community planning partnership system and structures, as is required of the CHP Schemes of Establishment. Health improvement is not a specific activity, but is the result of concerted activity across all functions of the MCHSCP, its partners and with the communities served.

5.3 The MCHSCP has a key leadership role within the CPP, in co-ordinating activity to improve the health and well being of individuals, communities and the Moray population as a whole.

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Background Papers: