

Greater Glasgow NHS Board

Board Meeting

20 May 2003

Board Paper No 03/31

Acting Director of Health Promotion

Improving Health in Scotland: The Challenge

Recommendation:

The NHS Board is asked to:

- 1 note the main element of “Improving Health in Scotland: The Challenge” and the work underway in Greater Glasgow to address this challenge
- 2 consider the Local Health Plan Steering Group recommendation as contained in section 4 of this Paper

1 Introduction

This paper outlines the main elements of **Improving Health in Scotland: The Challenge**, which has been issued by the Scottish Executive to provide a strategic framework for the delivery of a more rapid rate of health improvement in Scotland.

The health challenge for Scotland has been identified as:

- ‘to improve the health of all the people in Scotland and
- to narrow the opportunity gap and improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap’.

The rate of progress in health improvement in the Greater Glasgow, as the Health Board area with the largest proportion of Scotland’s population and the greatest concentration of deprivation, will significantly influence the overall success of Scotland in meeting this challenge.

2 Objectives of the Challenge document

The Challenge document builds on the foundation of **Towards a Healthier Scotland (1999)**. It recognises the continuing need to focus on the key determinants of health; life circumstances, lifestyles and specific health topics, the overarching aim of decreasing health inequalities and the need for all sectors (not just the NHS) to include health improvement within their mainstream agenda.

The Challenge has 3 main objectives:

- (a) To set out the work programme for
 - the Scottish Executive’s actions to improve health
 - NHS Health Scotland (the new Special Health Board created through the integration of HEBS and PHIS)

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- health improvement activities within NHS Boards.
- (b) To relate work programmes and processes across Scotland that are central to health improvement including:
- health improvement as a cross cutting policy for the whole programme for Government
 - Community Planning Partnerships
 - the health improvement work of COSLA and local authorities
 - the impact on health that arises from the work of the business sector, voluntary and other strands of Scottish life
- (c) To encourage the many organisations and individuals within Scotland who contribute to health improvement and allow them the opportunity to influence future work and phases of the plan

The current Challenge document is to be the first in a series. It is aimed primarily at the period to mid-2004, at which point a second phase of the framework will be published. While work is expected to continue on all the determinants of health, for the first phase of the Challenge the main focus is on the following 5 key risk factors affecting health:

- tobacco
- alcohol
- low fruit and vegetable intake
- physical activity levels
- obesity

and working in the following 4 areas:

- early years
- teenage transition
- workplace (working-age people)
- communities

3 Translating the Challenge into Action in Glasgow

3.1 Health Improvement and Social Inclusion

The Challenge document's recognition of the cross cutting nature of the health agenda – and the explicit linkages it makes between health and the social inclusion agenda – fits well with the approach which has been adopted for many years for health improvement in Greater Glasgow.

As the Health Board area that contains 7 of the 10 unhealthiest Westminster constituencies, (but also some of the healthiest), the need to tackle health inequalities is an overriding priority within the Local Health Plan. Glasgow is the most income deprived local authority area in Scotland, with $\frac{1}{3}$ of the worst 10% of wards for employment and nearly $\frac{1}{2}$ of the worst 10% for health. The Board's health improvement efforts are therefore set firmly within the social inclusion framework.. Work to promote healthier lifestyles must be allied to work to improve life circumstances – and, in particular, to tackle the detrimental health effects of poverty and deprivation.

3.2 Working in partnership

All of the Board's health promotion work is founded on the principle of the NHS working in partnership with others – eg local authorities, other public sector agencies, the voluntary

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sector, employers and communities – to act as a catalyst for good health, often bringing the right partners together, and providing them with the knowledge, expertise and support to help maximise the positive impact that their activities have on health.

The Challenge document highlights the potential of Community Planning for health improvement. GGNHSB's active participation in community planning, together with other joint planning mechanisms such as children's services planning, best value reviews of council services and the development of SIP area strategies, provides the opportunity to put health on the shared agenda.

3.3 Work on the Challenge themes in the four areas

The Board's health improvement work on the key themes within the 4 areas outlined in the Challenge will be measured through the PAF for health improvement. This document, to be completed annually, provides an opportunity to give a detailed account to the Scottish Executive of the wide range of work being carried out on the main health priorities.

The following examples therefore aim only to give Board members a 'flavour' of the extensive range of work currently underway to meet the Health Improvement Challenge in Greater Glasgow. For ease of reference work is subdivided into the 4 areas detailed in the Challenge, but there is a body of work (eg Glasgow Alliance Tobacco Strategy, Glasgow Healthy City Food and Health Framework), which sets individual initiatives within a holistic, strategic context.

3.3.1 Early years

GGNHSB has made considerable investment in supporting the health of young children and their families. Examples include:

Starting Well	National demonstration project exploring new ways of working in primary care (eg employment of lay family health support workers) linked with community support networks to support vulnerable families with young children
Oral health strategy	Employment of oral health facilitators in each LHCC with the remit to focus on pre-school children Breakfast clubs SMILE nursery initiative
Fruit in schools and nurseries	GGNHSB has made a financial contribution towards cost of Fruitplus in Glasgow, assisted with curriculum development work to support the project, and commissioned research evaluation to inform future development
Breastfeeding strategy	A combination of peer support and education, training for workers in Primary Care and resource development has resulted in rate increasing from 29.9% in 1997 to 36.5% in 2002
Community projects	Work with a range of community projects to improve access to healthy food (eg Milton milk token initiative)
Smoking cessation for pregnant mothers	Pilot initiative commencing this year in partnership with Princess Royal Maternity Hospital
Smoking prevention	Development of health curriculum materials and 'Smoke Free Me' drama workshop for Primary 5, 6, 7 pupils

3.3.2 Teenage Transition

Health Promoting Schools	Development of an internet ‘toolkit’ resource for schools (in partnership with Lanarkshire Health Board and relevant local authority Education Depts)
New community schools	Supporting the health component of the roll out of New Community Schools, building on the previous pilot with employment of School Health Development Officers
School nursing	Review of role of school nursing in Glasgow aimed to release more capacity for health improvement
Vulnerable young people	Partnership work with Big Step SIP on health of care leavers Health needs assessment, in partnership with Barnado’s, of young people experiencing homelessness
Community Safety Partnership	Support for alcohol outreach initiative in South Lanarkshire and restorative justice initiative in Glasgow city
Public involvement	Needs assessment on appropriate primary care health services for young people
Smoke Free Class	Targeted competition for secondary 1 pupils using peer support
Mental health	11 community mental health promotion projects targeting young people
Alcohol	Exploring Alcohol activity teaching pack developed in partnership with Greater Easterhouse Alcohol Awareness Programme
Black and minority ethnic young people	Research on drug and alcohol use among BEM young people and use of services

3.3.3 Workplace

The Challenge has highlighted the potential of the workplace as a setting in which to promote good health. With a specialist team focussing on workplace health promotion GGNHSB has played a key role in the development of the Scotland’s Health at Work award scheme and has taken forward many important initiatives in relation to different aspects of health at work..

However, it must also be acknowledged that large numbers of people in Greater Glasgow are not in work (many as a result of chronic ill-health) and the Board’s own population survey of health and well-being has identified that the single most influential factor in determining a person’s health status is whether or not they are in employment. Given these local circumstances, health improvement in relation to ‘workplace’ must be expanded beyond those at work to include promoting the health of those of working age and have a focus on helping people to gain the health benefits that being employed brings.

Scotland’s Health at Work (SHAW)	Supporting 119 workplaces in Glasgow (employing 133,870 people) to promote good health at work Increasing focus on SMEs (in line with national SHAW strategy and SE targets), in partnership with local economic development companies
Women’s health	Survey of women’s health needs at work using e-mail
Healthy return	GGNHSB is a partner in the 3 year pilot run by consortium headed by Glasgow University to provide occupational health rehabilitation support to help employees return to work
Routes into work	Developing routes into work for socially excluded people in partnership with local economic development companies Pilot initiative with Glasgow Employers coalition to support the employment of Skill Seekers in NHSGG

3.3.4 Communities

There is a strong tradition within GGNHSB of taking a community development approach to health improvement, building the capacity of individuals and communities to enable them to influence their circumstances and environment. The Board works in partnership with 10 local community health projects and a wide range of voluntary organisations to facilitate local delivery of health improvement initiatives. The Board’s active engagement with each of the 15 Social Inclusion Partnerships (SIPs) has unlocked SIP resources (over £28m) for investment in health improvement in the most deprived areas in Greater Glasgow. The development of Community Health Partnerships has the potential to increase the focus on health improvement at local level.

SIPS	Support to SIP Boards, supporting the development of SIP health strategies
Tackling poverty	Partnership project with LHCCs to provide welfare benefits advice in primary care (over £2m generated in unclaimed benefits)
Healthy living centres	Major investment through NOF and partnership funding to create a network of 11 healthy living centres throughout Greater Glasgow
Community projects	Work with community projects to deliver initiatives on key themes (eg oral health, breakfast clubs, food co-ops, smoking cessation)
Public health network	Support network for wider public health workforce (public health practitioners, public health nurses etc.)
Building health improvement capacity in the community	Public health practitioners in each LHCC Lay health support workers in Starting Well Oral health facilitators Smoking cessation in LHCCs and community pharmacies

4 Aiming for step change in key areas

At their meeting on 12 May the Local Health Plan Steering Group discussed the potential to maximise some of the opportunities provided by the cities’ review and take a ‘West of Scotland’ approach on a few key priority health issues with a view to achieving the ‘step change’ required by the Challenge.

Smoking prevention was considered the area that would most benefit from such a focussed and co-ordinated approach, particularly in achieving a situation where ‘smoke free’ becomes the norm in all public places. This would require the concerted efforts of the relevant NHS Boards (and the constituent parts of their NHS systems), local authorities and their community planning partners, as employers, service providers and policy makers in operating no smoking policies in all spheres of their activities.

Other areas of health improvement where the Steering Group considered a more focussed and co-ordinated approach (through the Community Planning and regional planning mechanisms) could make a difference were alcohol, nutrition and employment (both in promoting employee health at work and in supporting those without work to find routes into employment.)

5 Conclusion

Board members are asked to note this report and to consider the recommendations of the Local Health Plan Steering Group.