



ABERDEENSHIRE JOINT HEALTH IMPROVEMENT PLAN

Meeting the Aberdeenshire Health Challenge

2003/2005

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FOREWORD



1. EXECUTIVE SUMMARY

“Working together for the best quality of life for everyone in Aberdeenshire.”

Overall the health profile for Aberdeenshire is good compared to the rest of Grampian and Scotland overall. However this must be read in the context of Scotland’s position, “at or near the top of the international “league tables” of the major diseases of the developed world- coronary heart disease, cancer and stroke- this is unacceptable and largely preventable” (Towards a healthier Scotland, 1999). We still have a lot of work to do to tackle the pockets of health inequality which exist within Aberdeenshire.

This first or preliminary Joint Health Improvement Plan has been developed by a group of representatives of the eight Community Planning partners working across Aberdeenshire and will operate from 2003 to 2005.

It provides a framework for local delivery of corporate policy across a range of issues related to the wider determinants of health. The role of each of the eight Community Planning partners is detailed via the joint action plan drawn up to improve health and wellbeing and achieve the targets set for Aberdeenshire.

It outlines the key national and local agendas for health improvement and provides a profile of the health improvement needs for Aberdeenshire. The following key issues for Aberdeenshire are highlighted:

- Mental health & wellbeing, e.g. anxiety, depression, dementia, stress
- Lack of self esteem and motivation to adopt healthier behaviours
- Rural disadvantage - access to quality services/transport/rural isolation/affordable housing

A number of lifestyle issues are also identified:

- 'Binge drinking' – and general problems related to the misuse of alcohol
- Poor diet
- Physical inactivity
- Number of young adults smoking/smoking in pregnancy
- Drug and alcohol misuse

Action to address these key themes is organised into the four key lifestages outlined by the Scottish Executives strategic health document: Improving Health in Scotland – The Challenge (2003).

- Early years
- Teenage transition
- Adults of working age
- Communities (including communities of interest e.g. older people)

The focus through out the Joint Health Improvement Plan is on targeting efforts towards the most disadvantaged and tackling health inequalities.

The need to work in partnership and use evidence based practice in the delivery and monitoring of the actions is emphasised.



2. CONTEXT

2.1 Introduction

This is a time of unprecedented opportunity to exert a conscious and co-ordinated drive for health improvement in Scotland. Local Authorities and NHS Boards have the prime potential, with Community Planning partners and communities, to lead this drive, and to exert a new, sustained emphasis on tackling the range of factors which influence the health of the population as a whole and contribute to the inequalities in health. Crucially this involves working with partner agencies and the public to understand and maximise their contributions to securing population health improvement.

The Scottish Executive view health improvement planning as integral to the Community Planning process and have therefore given the responsibility for developing health improvement plans to Community Planning Partnerships. In addition, the Scottish Executive's over-arching Social Justice Policy sets out a programme to tackle poverty and injustice. At its heart is the commitment to build strong and inclusive communities and reduce health inequalities. The Social Justice Targets provides a number of challenges to improve the health of the most disadvantaged.

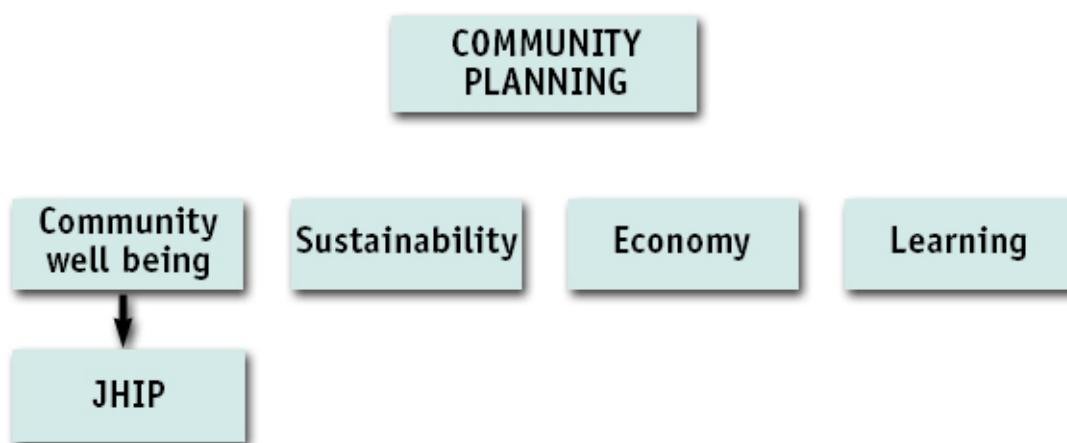
This first or preliminary Joint Health Improvement Plan has been developed by a group of representatives of partner agencies and networks working across Aberdeenshire and will operate from 2003 to 2005.

The development of this first Joint Health Improvement Plan has enabled the commitment and enthusiasm of partners to be secured to work jointly towards improving the health and well being of communities in Aberdeenshire. Work priorities have been reviewed together. This document sets out the joint action that will be taken to improve wellbeing and achieve the targets set for Aberdeenshire. Work will continue in partnership to review activity and ensure efforts are targeted in the areas and communities where the need is greatest.

2.2 Community Planning

Community Planning is a process through which local authorities work with their public sector partners to agree a vision for the area and the action each of the partners will take in pursuit of that vision. The Local Government in Scotland Act places a statutory duty on local authorities, NHS Boards, Scottish Enterprise, Joint Police Boards and Joint FireBoards to participate in Community Planning. A key part of this duty is to engage with communities and ensure their views are used to inform planning processes.

Eight partners in Aberdeenshire came together to agree a community plan for Aberdeenshire. The four themes in *Aberdeenshire Community Plan* are:



The Joint Health Improvement Plan will provide a strategic framework and actions that Community Planning partners will take to improve the health of Aberdeenshire's population. The vision statement of the Joint Health Improvement Plan is based upon the vision of Aberdeenshire's Community Plan:

*“Working together for the best quality of life for everyone in Aberdeenshire.”
Through improving the health and well being of the population.*

It provides the interface between local planning, regional plans (Grampian or the North of Scotland) and Community Planning partners corporate service plans. The Joint Health Improvement Plan is informed by and will inform the Grampian Health Plan. It is based on the following key Community Planning Principles:

Inclusion the actions in Aberdeenshire's joint health improvement plan will improve ability to access services. They will include and take account of people who suffer the linked problems of unemployment, poor skills, low incomes, poor housing, high crime environments, poor health, poverty and family breakdown.

Accountability the agencies responsible for delivering the services in the joint health improvement plan will be answerable to the communities and people of Aberdeenshire. The Community Planning Steering group will monitor the process and delivery of the plan.

Participation communities and people of Aberdeenshire will be involved in improving health. In preparing this plan Aberdeenshire communities have been consulted via Local Rural Partnership forums and health seminars for elected members.

Communication communities and people of Aberdeenshire will be kept informed views and will be sought on progress.

Evidence-based actions will be based on clear evidence and information.

Partnership agencies will work together with the community and other partners to achieve the vision of the joint health improvement plan.

Improving people's health does not happen quickly. It requires a long-term and sustained approach. Shared objectives and genuine partnership working will enable local priorities to be developed and implemented successfully.

All reference material and a glossary of terms are listed at the back of the document and can be accessed via the Health Information Centres or web www.ghb.uk.com

2.3 Community Planning Partners

Aberdeenshire Council

Aberdeenshire Council is the democratically elected local authority that provides education, social work, housing, recreation, environmental health, planning, transportation, consumer protection, economic development and many other services for the people of Aberdeenshire. Local authorities have now been identified, by the Scottish Executive, as Health Improvement Organisations. (Our National Health, 2000)

NHS Grampian

NHS Grampian provides strategic leadership in improving health, tackling health inequalities and ensuring that healthcare services are coherently planned and delivered to meet local needs. The vision of NHS Grampian states: "People in Grampian deserve the best health possible." To achieve this NHS Grampian works in partnership across a range of sectors, with colleagues in the NHS, with local authorities, with voluntary and private sectors and with Grampian communities. A 'Collective' is being established in Aberdeenshire which covers the local authority area. This 'collective' will bring together all providers of health services at a local level. The LHCCs within 'Aberdeenshire collective' are Banff and Buchan, Aberdeenshire Central, Deeside and Kincardine. This decentralised approach will enable decision making and resource management to be undertaken by frontline staff, within the overall strategic framework of NHS Grampian.

Communities Scotland

Communities Scotland fundamental purpose is to enable the effective provision of good quality housing and to stimulate self-motivated communities, which will enhance the quality of life, social well being and economic competitiveness of the people of Scotland.

Grampian Fire Brigade

Grampian Fire Brigade contributes to a safer community by promoting fire safety, responding to calls for assistance and developing partnerships in support of its activities.

Grampian Police

Grampian Police has a key role to play to work with others to ensure the safety and security of communities and those who visit the area. The priorities for policing are to create safer communities, to reduce the opportunities for crime, to pursue criminals with vigour, to stifle the supply of drugs, to make roads safer, and to continually seek to improve the quality of their operational responses.

Scottish Water

Scottish Water is a public body answerable to the Scottish Parliament. It is committed to providing all its customers with a high quality water supply and sewerage service and to improving the environment.

Scottish Enterprise Grampian

Scottish Enterprise Grampian works with businesses and individuals to develop the economy, build stronger businesses, encourage lifelong learning and improvement in the business infrastructure to increase jobs, prosperity and ultimately the well-being of the communities it serves.

Scottish Natural Heritage

Scottish Natural Heritage is a government body responsible to the Scottish Executive. Their task is to secure the conservation and enhancement of Scotland's unique and precious natural heritage. They advise on policies and promote projects that aim to improve the natural heritage and support its sustainable use. They aim to help the people of Aberdeenshire to enjoy their natural heritage responsibly, understand it more fully and use it wisely so that it can be sustained for future generations.

Local communities

To ensure connection with local communities all community planning partners work closely with Aberdeenshire rural partnerships.

2.4 What is health?

Health is a product of life circumstances – where people live and work, and their lifestyle – how they behave, and their experience of disease. **The World Health Organisation defines health as a “state of complete physical, mental and social well-being, and not merely the absence of disease or injury”.** Everyone needs good health to be able to enjoy life to the full and contribute to their community.

There are many things that affect the health of people and communities including:

Life Circumstances	Life Styles	Health Issues
Unemployment	Smoking	Coronary Heart Disease (& Stroke)
Poverty	Drug and Alcohol Misuse	Cancer
Poor Housing	Diet	Mental Health
Limited Educational Achievement	Physical activity	Child Health
Environment		Dental and Oral Health
Social Exclusion		Sexual Health
		Accidents and Safety

2.5 Why should health be a priority?

Health is so often taken for granted, but it matters to everyone, as individuals, families, communities and employers.

Health should be a priority for all. Healthy individuals and communities make fewer demands on health, social care and welfare systems and can therefore contribute more to community, social, economic and political life. Together, partner agencies in Aberdeenshire have a responsibility for many of the core social, economic and environmental determinants of health and can be a major influence on and support for healthy lifestyles and healthy behaviours.

Through working together to achieve the joint vision of improving the quality of life for everyone in Aberdeenshire, many individual agency aims and objectives can also be achieved.

2.6 The policy context

What are the key drivers?

Aberdeenshire Community Plan

Aberdeenshire Community Plan sets out a strategic vision for Aberdeenshire agreed between the council and seven public sector partners. Through the **community well being theme** of the plan, work is ongoing to tackle the wide range of factors that affect well being. These include health improvement, community safety, community care environmental health and housing. NHS Grampian is the lead organisation for the community well being theme and has already developed relationships with colleagues from these key areas.

The following health improvement issues have been highlighted in the community well being section of the plan:

- Improving access to quality health care and quality services
- More emphasis on prevention and health education
- More and better low cost housing
- More sheltered housing
- Better services for older people
- More support for physical activity and recreational opportunities
- Support for children at risk
- More work on community safety e.g. road safety, increased police presence, fire prevention
- Counselling support for those under pressure
- Help for young people to keep them away from drugs and alcohol

Table 2 – Drivers for Health Improvement - key national, regional and local documents

The following table provides some examples of the key drivers for health improvement. It would be impossible to list all. However the range of examples shown highlights the complexity of the policy environment concerned with health improvement.

Type of Document	National	Grampian	Aberdeenshire
Mental Health	Mental Health: Moving the Agenda Forward 'See Me'	Common issues group	Mental Health Framework & Implementation Plan
Substance Misuse	Plan for Action on Alcohol problems Tackling Drugs in Scotland	Grampian Director of Public Health Annual Report	Alcohol & Drug Strategy 2001/04
Older people	Joint Future Partnership for Care	Ageing with Confidence - A Joint Strategy for Older People in Grampian Grampian Director of Public Health Annual Report	Living Life to the Full Aberdeenshire Carers Strategy Aberdeenshire Joint Palliative Care Strategy Care and Repair Project
Environment Health	Air Quality strategy for England, Scotland and Northern Ireland	Review and assessment of air quality	Home Energy Conservation Act- A Strategy for Aberdeenshire Food Safety Service Plan

Key points:

Partnership for Care

Partnership for Care (2003) heralds redesign of healthcare provision with patients and national standards as key drivers for continuous improvement, and frontline staff as leaders in the change process. Underpinning this is the development of NHS Boards as public health organisations, which will develop strong partnerships with their local authorities. The role for Local Health Care Co-operatives at the heart of a decentralised, but integrated, health care system will be strengthened. They will evolve into Community Health Partnerships reflecting their role in service planning and delivery. Managed clinical networks will support professionals and groups to provide effective services across organisations (primary and secondary care) and area boundaries (local authority, regional) as it is not possible, or clinically appropriate to provide every service for every condition in every area. NHS Boards will demonstrate a new style of leadership - supportive, facilitating, empowering - working alongside patients, carers and families, and healthcare teams to create a modernised health service fit for the 21st century.

Improving Health In Scotland - The Challenge

Improving Health in Scotland - The Challenge (Scottish Executive, 2003) is an important statement of what is essentially a first annual plan for health improvement in Scotland. The intention is to build on previous success in Scotland and to accelerate the rate of improvement by focusing on life course groups, i.e. infants and children (a good start in life), teenagers (teenage transition), working age people (the workplace) and communities. The national plan recognises that in addition to life circumstance and life course groups, there are particular lifestyle issues which require attention. The priorities for Scotland in 2003-2004 are physical activity, health eating/obesity, alcohol and tobacco. This will affect the way national policy and priorities are cast and should impact in a similar way locally.

Grampian Health Plan (2003-2004)

The health improvement section of the *Grampian Health Plan* is divided into sections as follows:

- The 'Focus on Four' areas from *The Challenge* document above, i.e. Communities, Early Years, Teenage Transition, and The Workplace
- Healthy Living, e.g. tobacco, healthy eating, physical activity, substance misuse, sexual health, community safety, and oral health
- Clinical priorities (cancer, heart disease, stroke and mental health).
- Chronic conditions (diabetes)
- Health protection
- Access to services- planning for progressive health services-

Joint Future

The objective of 'joint future' is to bring about closer integration of health and social care services and to deliver more effective care in the community. The Joint Future recommendations include the NHS and local authorities agreeing single shared assessment methods and pooling their resources. With increased emphasis on local decision-making and use of NHS resources, Local Healthcare Co-operatives and representatives from the acute service lead the NHS input. The Grampian Partnership for Health and Social Care has been established, so that a strategic approach can be taken to issues affecting the whole of Grampian.



3. OVERVIEW OF ABERDEENSHIRE

3.1 Aberdeenshire - the area

Aberdeenshire is a predominantly rural area in the North East of Scotland.

Covering 6,313 sq km (2,437 square miles) representing 8% of Scotland's overall territory. The landscape varies from mountainous Cairngorms, through rich agricultural lowlands to rugged coastline. Traditionally it has been economically dependent upon the primary sector (agriculture, fishing, and forestry) and related processing industries. Within the last 30 years the emergence of the oil and gas industry and the development of the service sector have broadened Aberdeenshire's economic base, leading to rapid population growth.

The Gross Domestic Product of Aberdeenshire (GDP) is estimated at £2,209M, representing 3.4% of the Scottish total. Through strong commuting flows, Aberdeenshire is closely linked to the Aberdeen City economy (GDP £4,954m). 29% of Aberdeenshire's working resident's commute to Aberdeen City (representing 20% of the City's workforce). Average gross weekly earnings are £371 (98% of the Scottish average, 83% of Aberdeen City). 31.4% earn less than £250 per week, compared to 27.6% in Scotland and 20.3% in Aberdeen. ([Aberdeenshire key statistics, 2002](#)).

Total employment is estimated at 88,900. The service sector accounts for 54% of employment, growing faster than any other sector. Other sectors are manufacturing (12%). Construction (6%) oil and gas (5%) and primary- agriculture/fishing/forestry (5%). A further 19% of jobs are self-employed. The primary and manufacturing sectors have seen a decline in the number of employees and oil and gas is forecast to halve over the next 15-20 years. 85.8% of the working age population are economically active, compared to 79% for Scotland. ([Aberdeenshire key statistics, 2002](#)).

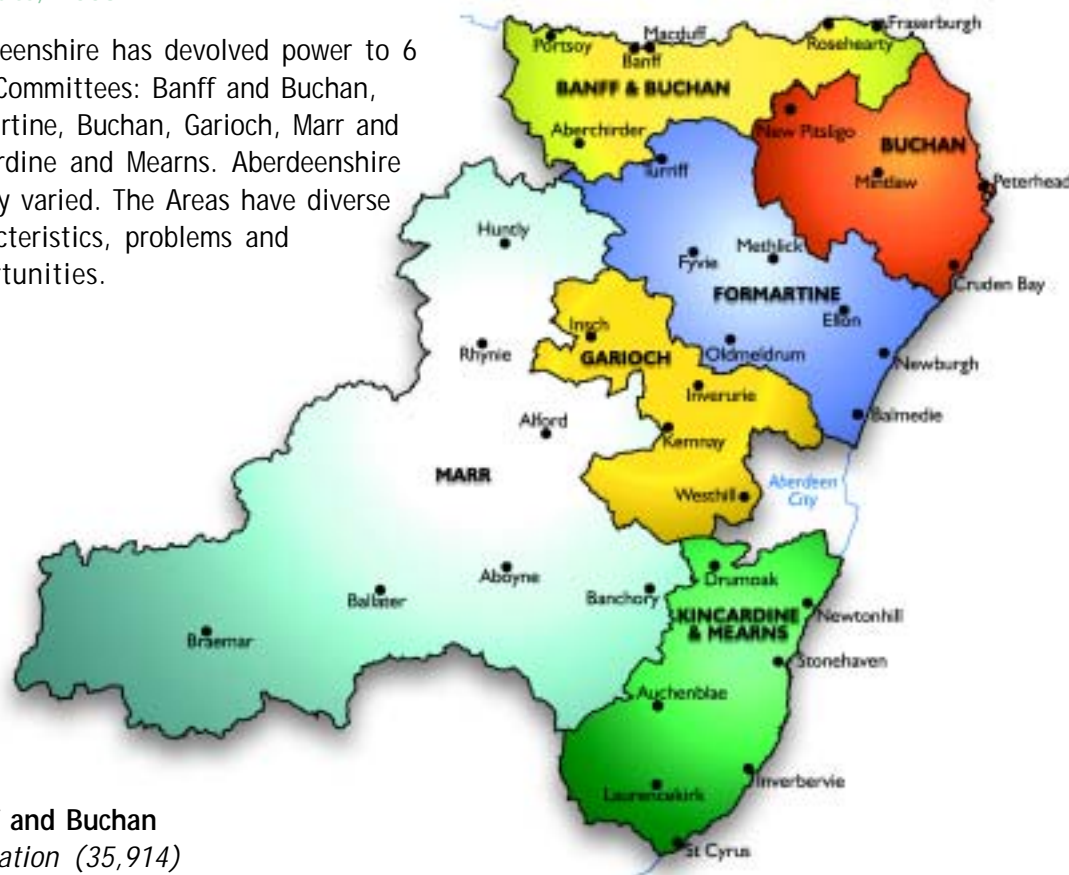
Unemployment stands at 2.1% (January 2002). This is higher than Aberdeen City (1.6%) but lower than either Scottish (4.5%) or UK rates (3.4%).

3.2 The people of Aberdeenshire

Aberdeenshire has a population of 227,200 representing 4.4% of Scotland's total and a 20% increase since 1981, 50% since 1971. Major towns are Peterhead (17,800), Fraserburgh (12,800), Inverurie (10,900) Stonehaven (10,300) Ellon (9,100) and Westhill (9,000).

6% of Aberdeenshire's population are pre-school age, 15% are school age, 63% working age and 16% retired. The population has a higher percentage of younger age groups than the rest of Scotland, reflecting recent employment driven in- migration, *Aberdeenshire key statistics, 2003*.

Aberdeenshire has devolved power to 6 Area Committees: Banff and Buchan, Formartine, Buchan, Garioch, Marr and Kincardine and Mearns. Aberdeenshire is very varied. The Areas have diverse characteristics, problems and opportunities.



Banff and Buchan *Population (35,914)*

Fishing and agriculture are important industries together with associated processing and service activity. The Area is relatively self contained, and in recent years has seen a small decline in population. The whole Area qualifies for European Union Structural funding (objective 2).

Buchan *Population (39,237)*

Peterhead is the largest town in Aberdeenshire; the principal white fish landing port in Europe and a major oil industry service centre. Equally important, is the nearby gas terminal at St Fergus. Attempts are being made to counter the negative effects of several recent key company closures and economic threats. Inland the Area is dependent upon agriculture and many villages have seen a decline in population and services. Issues affecting Banff and Buchan also apply here. As does the future of the oil and gas industry, part of Buchan benefits from EU aid coverage.

Formartine

Population (37,706)

Formartine has experienced rapid population growth, particularly around Ellon and Old Meldrum, and in the South East where development has spread outwith Aberdeen. By contrast the Area around Turriff retains strong dependency on the traditional agricultural economy.

Garioch

Population (42,377)

Centred on Inverurie, a traditional market town. Garioch has also experienced rapid growth due to its proximity to Aberdeen. Significant growth in population, services and employment is anticipated in the A96/A947 corridor and in Westhill. The Area is largely agricultural but is strongly affected by the City's economy and the oil and gas sector.

Marr

Population (34,002)

To the West the spectacular mountain environment of the Cairngorms sustains a well-developed tourist industry based on heritage and outdoor pursuits. Forestry, farming and livestock farming are key industries, particularly in remoter areas. Part of the Area has qualified for EU financial assistance.

Kincardine and Mearns

Population (38,964)

Transport links with Aberdeen have encouraged very rapid population growth, especially in the North of the Area. Existing settlement such as Portlethen and Stonehaven have greatly expanded, along with industrial activity. The Southern part is more self-contained, with the fertile Mearns Area sustaining a strong agricultural economy.

The Aberdeenshire Health profiles, 1997 and 2001 provide more detailed information on socio economic, morbidity, mortality and lifestyle issues for each of the six administrative Areas.

3.3 LHCC needs assessments

Evidence from health needs assessments which have been conducted at LHCC level have highlighted similar key issues for areas within Aberdeenshire:

- Mental health & wellbeing, e.g. anxiety, depression, dementia, stress
- Lack of self esteem and motivation to adopt healthier behaviours
- Rural disadvantage - access to quality services/transport/rural isolation/ affordable housing
- 'Binge drinking' – and general problems related to the misuse of alcohol
- Chronic disease management, e.g. coronary heart disease (CHD), cancer, stroke, respiratory diseases, epilepsy, diabetes
- Obesity
- Poor diet
- Physical inactivity
- Number of young adults smoking/smoking in pregnancy
- Drug and alcohol misuse
- Improved services for older people

3.4 Specific issues for Aberdeenshire

Key target groups

Target groups identified include– the elderly, the young and low-income households.

Key Areas

Key geographical areas of inequality are harder to pinpoint. Aberdeenshire is a large rural area. Some areas are affluent and advantaged, while others are less prosperous. All areas have health issues relating to the rural and remote nature of Aberdeenshire, for example, access to services, anonymity, social isolation, relative deprivation and an increasingly ageing population. Aberdeenshire Community Planning Partnership provides an ideal vehicle to address connected aspects of service provision such as transport and appointment times and location of service. Aberdeenshire community planning partners are committed to improving the understanding of rural disadvantage and to measuring the health contribution to the development of social capital in rural communities.

Across Aberdeenshire, the majority of the population would be classified as fairly affluent in terms of deprivation categories (deprivation categories 4 to 1), although there are small numbers of people living in the most deprived category - level 7. Real pockets of relative deprivation do exist.

Pockets of rural disadvantage- attracting funding to Aberdeenshire

Aberdeenshire is perceived as being relatively affluent with good health status. However there are pockets of real disadvantage in the area caused by being rural and remote. The indicators for highlighting rural disadvantage are not favourable for attracting funding to address specific issues. For example, the relatively good unemployment statistics for Aberdeenshire do not indicate the high costs of travel to work, distances travelled, low wages, inaccessibility of child care, low female employment rates and enforced out migration due to poor work opportunities. In many areas a traditional rural economy still exists, i.e. primarily livestock farming and forestry, supplemented by tourism. Key concerns are the future of the Common Agricultural Policy, the rise in fuel prices and the loss of commercial enterprises in and around rural communities. *Aberdeenshire key statistics 2001.*

Co- terminosity of boundaries- Democratic deficit

Communities on the fringe of Aberdeenshire and other areas e.g. Aberdeen City and Tayside don't match NHS boundaries. This effects approximately 45,000 residents in Aberdeenshire communities. Moves are being made to address these issues but it is important that boundary and geography issues are planned for within Aberdeenshire.

Sharing data across Community Planning partners

Community planning partners have highlighted the need to work together and share data to generate robust funding applications to address the pockets of disadvantage across Aberdeenshire. A public health dataset will be established through HI NET (health improvement network) covering the many factors that influence health (e.g. lifestyle, environmental and social factors) as well as data on health outcomes (e.g. death rates, life expectancy and self-perceived health). Such data will enable Community Planning partners and managers to gauge the effectiveness of policies and services impacting on health.

A key element of this work will be to investigate and provide solutions to security and confidentiality issues around data sharing, and engender cultural change with professionals involved. In addition links with the two Universities in Grampian will be made to encourage research and development to improve service provision. In addition the joint futures data-sharing template is being improved.

Workforce Planning- recruitment and retention of staff across Aberdeenshire

Demographic and labour market issues have resulted in strong competition for staff in Aberdeenshire. As a result we need to plan for recruitment and retention, attracting the number of appropriately qualified staff to meet changing work demands. Ensuring that employment practices, staff development opportunities, and the work culture and environment provides the motivation, career progression and, as necessary, the flexible work life balance which staff require.

Workforce planning cannot be seen in isolation from planning and education and training development. Coupled with professional strategy development, national, regional and local planning activities need to be coherent.



4. IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES

4.1 Context

The concepts of “health” and “social justice” are very closely related. Many of the root causes of ill health and disease are anchored in a social context of poverty and other forms of inequality. Financial poverty is obviously a major element of this, but so is poverty of ambition, aspiration, hope and spirit. The social, economic and environmental circumstances in which people live are often referred to as their “life circumstances” and these are both the core determinants of health and the context of the social justice agenda.

It is well known that smoking, drinking, poor diet and taking insufficient exercise impact on health, and much attention has been focussed on changing lifestyles, particularly amongst people in lower socio-economic groups. The relationship between life circumstances and lifestyles must be borne in mind when considering how best to encourage healthier lifestyles. Health cannot be improved by changing people’s lifestyles alone. A multi-faceted, integrated approach is needed.

Inequalities in health are also evident in all spheres characterised by social or economic inequality. Groups who experience discrimination or stigma (e.g. people with disabilities, teenage parents, homeless, looked after young people, drug misusers, people from minority ethnic cultures) are particularly vulnerable to inequalities in health. The pattern is clear: inequalities in social status and inequalities in health are inextricably linked.

Although inequitable life circumstances have the greatest impact on inequalities in health outcome, inequalities in access to health and other services also have an impact.

Inequalities in access reflect both geography and how welcoming a service is (staff attitudes, the environment, information, suitable opening times etc). The remote and rural nature of Aberdeenshire is clearly an issue here, and those affected by inequalities in life circumstances are doubly vulnerable if geographical access is also an issue. Future Aberdeenshire JHIPs will be informed by the development of a Grampian Inequalities Strategy.

This thinking lies behind the national priorities that have been articulated through policy documents and guidance, most notably *Towards a Healthier Scotland (1999)* and *Our National Health, a Plan for Action a Plan for Change (2003)* Tackling poor life circumstances through community planning is a priority for local authorities and health boards. National and local interventions aim to modify health-related behaviours such as diet, exercise and substance misuse and disease topics of cancer, coronary heart disease, stroke and mental health. It is important that local priorities are identified to address locally identified need.

4.2 Healthy living priorities in Aberdeenshire

National guidance indicates a need to focus combined efforts on a few key objectives and deliver them well. Based on evidence outlined in the Grampian Director of Public Health Annual Report (2002) and the Aberdeenshire Health Profiles (2002) the following four risk factors will be the priority for the coming year:

Tobacco – Smoking (active and passive smoking) has played a key role in Grampians poor health status and is the single most important preventable cause of ill-health.

Healthy eating – Obesity is a major risk factor for cardiovascular disease, diabetes, hypertension and premature death. Over half the adult population is either overweight or obese. The Scottish diet is low in fresh fruit and vegetables and there is now growing evidence that this can worsen the contribution of smoking to cardiovascular disease and lung cancer.

Physical Activity – Scotland is becoming increasingly inactive with 72% of women and 59% of men not undertaking enough activity for health.

Alcohol – Scotland's position in the European context is worsening for alcohol related deaths.

The North East shows a similar trend in terms of diet, physical activity and alcohol consumption to the rest of Scotland.

Based on evidence from Aberdeenshire LHCC needs assessments promoting positive mental health across all age groups will also be a key theme for Aberdeenshire.

4.3 Aberdeenshire's progress towards national health targets

Coronary Heart Disease

Coronary Heart Disease is a major cause of death in Aberdeenshire. A new headline Scottish target has been set to reduce mortality rates by 50% (62.6 deaths per 100000 population) for the under 75s by the year 2010. The Grampian Target is a reduction to 53.7 deaths per 100000 population. From 1996 to 1999 Aberdeenshire has reduced deaths from Coronary Heart Disease by 19%. It is hoped that by continuing to promote a healthy lifestyle the downward trend will continue and the 2010 Grampian target should be achieved.

Cancer

Cancer is the cause of a quarter of all deaths in the UK. Cancer is responsible for 27% of all deaths in Aberdeenshire. There has been a steady decline in the death rate since 1995. It is hoped that by continuing to promote a healthy lifestyle and the uptake of screening programmes to reverse the upsurge in cancers, that the decline will continue. It would seem, however, that the target for Aberdeenshire may be met by 2010.

Cerebrovascular disease (Stroke)

Cerebrovascular disease (Stroke) is the 3rd leading cause of death in most developed countries. In Aberdeenshire the rate for cerebrovascular disease has varied throughout the years 1996-2001. It is doubtful that the target of 15.9 deaths per 100000 population can be achieved by the year 2010 given the performance in the previous 6 years. However it is hoped that by continuing to promote healthier lifestyles the downward trend will be continued.

It must be highlighted that measuring Aberdeenshire's progress towards national health targets should focus on more than 'measuring what is measurable' for example diagnosis and hospital admission rates for the leading causes of death. We should also focus on the process and initiatives we set in place across Aberdeenshire to enable people to live healthy and fulfilled lives.



5. WORKING THROUGH LIFESTAGES TO MEET THE HEALTH IMPROVEMENT PRIORITIES

Improved health will require the different strands of strategy and policy from different partner groups and communities to pull together to promote health. To support this focused integrated and partnership approach to improving health national guidance also identifies four themes:

Early Years – Actions that impact on child health and well-being which result in better health that will last into adult life.

The Teenage Transition – If the experience of transition from primary school through the first few years of secondary school and onto higher education or employment, could be transformed in such a way that all pupils were engaged in a spectrum of positive, life enhancing activities, it would have a profound effect on teenage smoking, mental health, drug use and alcohol consumption.

Workplace – The prosperity and the health/well-being of future generations depend to a great extent on the health of our working age population. By helping working age people to live healthy and fulfilled lives, we can improve the well-being of the whole nation.

Community – Statutory and voluntary processes will be used to develop a sense of community responsibility, engaging people in taking responsibility and a sense of pride in their communities.

Our National Health (2003)

5.1 Early years

ACTIONS ACROSS ABERDEENSHIRE

Establish a Child Health Planning Network to improve joint planning for children's services

A Strategic Co-ordinator for Child Health has been appointed to establish and to support the development of an integrated child health strategy. We are currently analysing data on the health and lifestyles of the 0-18 population as a first step in producing the strategy. The aim is to create an integrated approach to service delivery consistent with *For Scotland's Children* (Scottish Executive, 2001) and within the context of the Child Health Template.

Parenting classes provided jointly with NHS Grampian primary health care workers, Aberdeenshire Council social work, New Community Schools and Sure start:

The health and lifestyle of parents can greatly influence early years, especially mothers' diet and smoking status prior to conception and during pregnancy.

Infant feeding

Breastfeeding rates in Grampian are the lowest in the North and East of Scotland. It is estimated that only about 40% of mothers continue to breastfeed at around 6 weeks, below the national target of 50%. We aim to support and increase breastfeeding through implementation of our strategy. Across Aberdeenshire there are some excellent examples of good practice. For example a breast feeding project in Fraserburgh has improved rates from 14.1% to 38.4% at 6 weeks.

Review and re-design the delivery of services including provision of Special Needs Services in 2003 and Learning Disability Services

NHS Grampian is re-developing the Royal Aberdeen Children's Hospital. The new facility opening December 2003, will be much more than a traditional hospital. The facility will house a centre of excellence providing a focus for all professionals interested in the health and wellbeing of children and young people. Locally in Aberdeenshire, Child Development Teams have been established to work with children with special needs in the community. Also New Community Schools are carrying out joint assessments for children with special needs.

Support implementation of Hall 4- Health for all Children

Local guidance will be reviewed on screening. The recommendations of *It's everyone's job to make sure I'm alright* (Scottish Executive, 2002) will be considered and appropriate action taken.

Health visiting redesign changes to service delivery for under 5's will include; targeting services to more vulnerable families identified by a family needs assessment. Programme plans to address needs will be developed in partnership with parents.

Implement the Grampian Tobacco Profile and Action Plan (1998) in line with agreed timescales:

To improve service delivery

The research partnership of the Grampian Tobacco Alliance hopes to assess the needs of pregnant women to enable services to be reviewed and redesigned to meet identified need.

Physical Activity consult on the physical activity profile and action plan for Grampian. Promote active living, active tasks and active means of travel e.g. walking and cycling. A safer routes to school co-ordinator has been appointed by Aberdeenshire Council.

Oral Health

The Grampian Oral Health Strategy (1998) takes account of national policy as set out in the *Oral Health Strategy for Scotland* (Scottish Office, 1995).

- The strategy recommends the concentration of effort on pre-school children and their parents to bring about a positive attitude to oral health.
- Young people and their carers are the focus of *Toothnology*, Grampian's dental health education campaign.
- Provision of free toothbrushes and toothpaste to all 8 month to 1 year old children has been possible through the Health Improvement Fund. This has now been extended to children aged 2 and 3 years in areas of deprivation.
- Healthy eating is being promoted across all schools in Aberdeenshire and free fruit is being provided to all pupils in primary one and two. Sugar free and "healthy option snacks" are on offer in many tuckshops.
- A shortage of clinical staff across all areas of the service is having a serious impact on the capacity to provide high quality dental health services. Factors relating to geography, quality, training, support and remuneration all influence the recruitment and retention of clinical staff. A number of national and local initiatives to improve pay, education and working conditions are being developed.
- The dental workforce consists of General Dental Practitioners (GDPs) and Community Dental Officers (CDOs) working in the community, and hospital-based consultants providing specialist treatment in Orthodontics, Oral and Maxillofacial Surgery and Restorative Dentistry.
- A Dental *Healthfit* has been undertaken to develop and agree a clear strategy for dental services in Grampian together with a range of specific actions to improve dental health and reduce inequalities.

Immunisation

Childhood vaccinations take place from 2 months to school leaving age. Of the immunisations given at two, three and four months the uptake of Meningitis C is lower than desired at 92% at 12 months of age. However, by 24 months of age, the rate rises to 95%. It is believed that the discrepancy is due to the late return of paperwork by general practice. The immunisation rate of the first dose of combined measles-mumps-rubella (MMR) at 12-15 months is 88%, which is above the Scottish average.

- Continue to work in partnership with primary care teams, the media and others to raise awareness and promote increased uptake of immunisations.

5.2 Teenage transition

ACTIONS ACROSS ABERDEENSHIRE

Roll out New Community Schools by 2007 -develop with partners health -related targets for incorporation into school development plans.

Aberdeenshire Councils Youth Strategy focuses on youth outreach work and generic health and advice targeting young people. New Community Schools aim to raise educational attainment and promote social inclusion. They provide integrated school education, family support and health education services for the whole family. Every New Community School must adopt the Health Promoting School framework and clearly identify health in their development plan. The Grampian Youth Lifestyle Survey is an important resource for health planning. As part of their health programmes many of our secondary schools prioritise raising self-esteem, promoting healthy living, smoking awareness, alcohol, drugs and sexual health.

Clarify the role and contribution of the various health professionals in schools in order to meet agreed targets.

Aberdeenshire Council and NHS Grampian have jointly funded Health Development posts, guiding the implementation of the Health Promoting School programmes. Through these partnerships Aberdeenshire have allocated new funding to meet identified need in their area, including the appointment of health promotion staff and training public health nurses. Teachers, childcare professionals, social workers and health professionals all have a critical contribution to make.

While schools provide an important focus for influencing the teenage transition other community settings e.g. youth clubs, doctor's surgeries are also important. The Health Improvement Fund has supported many innovative projects with young people, including involvement in service planning and design. 'Walk the Talk' provides appropriate and accessible primary care services for young people. 'Give Kids a Chance', a partnership between private, public and voluntary agencies, encourages and supports vulnerable young people to develop and sustain interests and hobbies to divert them from negative pastimes or anti-social behaviour.

Implement the Grampian Tobacco Profile and Action Plan (1998) in line with agreed timescales:

Reduce the number of young people who smoke

The tobacco programme for Health Promoting Schools is offered to all schools in Aberdeenshire to help young people give up smoking and educate about the dangers of tobacco use.

Aberdeenshire Council Trading Standards staff are involved in reducing young peoples access to tobacco by enforcing legislation on under age sales.

Healthy Eating

Implement the national Hungry for Success (Scottish Executive, 2003) guidelines for school meals, and Fruit in Schools.

Raise awareness and understanding of healthy food choices amongst the public and professional groups – training for catering staff (healthy catering/cooking practices. Provide guidance on the 'whole school' approach to encouraging healthy eating e.g. discouraging chip vans from parking outside school premises.

Physical Activity consult on the physical activity profile and action plan for Grampian. Promote active living, active tasks and active means of travel e.g. walking and cycling. A safer routes to school co-ordinator has been appointed by Aberdeenshire Council.

Sexual Health

By the year 2010, the target is to reduce teenage (13-15 year olds) pregnancy rates by 20%. Provisional data for 2001 indicates that rates in Aberdeenshire

(4.4 per 1000) are below the Grampian average (6.4 per 1000) and Scottish average (7.6 per 1000). Although work with young people indicates that physical and psychological access to contraception, particularly in rural areas, is problematic.

- Sexual health education is a key but sometimes controversial component of the Health Promoting School programme. In Aberdeenshire a multi agency sex education group has been established to review sexual health education in schools.
- There is a need to develop a coherent strategic approach to promoting sexual health and providing appropriate, accessible, quality health care. This is being driven forward by the multi-agency Grampian Sexual Health Strategy Group.
- Within Aberdeenshire there are a number of examples of good practice. Initiatives have been set up in Banff and Buchan to address the problems of rurality and lack of access to services. Drop in facilities have been set up for young people in Mintlaw, Fraserburgh and Turriff. Adolescent health workers have been employed.

Substance Misuse Aberdeenshire Alcohol Action Team (ADAT) are the key strategic planning partnership.

They are responsible for co-ordinating and developing the Grampian response to the National Drugs Strategy, *Tackling Drugs in Scotland: Action in Partnership (Scottish Executive, 1999)* and *A Plan for Action on Alcohol Problems (Scottish Executive, 2002)*. Priorities include education and prevention, continued integration of substance misuse services across the agencies, development of rehabilitation services and the re-organisation and expansion of shared care.

Alcohol

- The ADAT has developed a revised alcohol strategy and action plan.
- Priorities for action include reduce binge drinking because of harmful social and individual consequences and reduce harmful drinking by children and young people because of the particular health and social risks.

Partnership initiatives include:

- The provision of Health Promoting School educational resources, alcohol awareness training.
- Drinkwise sponsored activities, diversionary projects, and proof of age schemes.
- The promotion of minimal intervention within NHS primary care services, development of a shared care scheme between primary care and specialist services.
- Research into the needs of children, vulnerable young people and the homeless.
- One-stop joint assessment and care planning service will be developed through Joint Future between alcohol liaison nursing service and the community substance misuse service, enabling faster and more comprehensive care for people with alcohol-related problems.
- Through the Forums, development workers will be appointed to support further involvement of users and carers in the strategy development and implementation process.
- Involvement of Liquor Licensing Boards in Aberdeenshire in promoting responsible consumption of alcohol.

Drugs

During the past five years there has been a significant increase in the estimated prevalence of problem drug use in Aberdeenshire. This increase has been mainly in the use of heroin but there are current indications that the prevalence of use of crack/cocaine is now also rising. Fraserburgh area has a higher prevalence than the Scottish average.

All corporate action plans and national targets are available online at <http://www.drugmisuse.isdscotland.org>

One of the four priorities contained in the national and local plans are:

Young People

To help young people resist drug misuse in order to achieve their full potential in society.

Local multi-agency redesign work includes:

- Multi-agency drug services are being developed for young people and children who are living with adults who have drug-related problems.
- Drug education is also provided as part of the Health Promoting School Programme and training to support staff.

5.3 Communities

ACTIONS ACROSS ABERDEENSHIRE

Community Safety

Identify and monitor progress of NHS Grampian actions in support of Aberdeenshire Community Safety Partnership

Implement approved Domestic Abuse Action Plan in line with agreed timescales for Aberdeenshire and within overall investment plans

Community Safety involves the protection of people's right to live in confidence without fear for their own or other people's safety. In Aberdeenshire a Community Safety Partnership was established in 1998 and is dedicated to "working together to make Aberdeenshire a safer place for all those living in, working in or visiting the area." Community Safety encompasses many issues including crime prevention, fire safety, domestic abuse, drug and alcohol misuse, road safety and home safety. Key Partnership themes include: reducing violent crimes, reducing accidental dwelling fires, fire deaths and fire casualties, raising awareness of Home Safety through local and national initiatives and training, improving personal safety in vulnerable groups and promoting water safety. In relation to racist incidents work is ongoing through the Partnership to encourage victims to report incidents and to raise awareness of the issue through educational programmes within schools. Local projects are progressed and supported by the seven Community Safety Groups which cover Aberdeenshire.

Older people

Implement Aberdeenshire's strategy for older people 'Living Life to the Full' and NHS Grampians strategy 'Ageing with Confidence'.

More people are living longer. Aberdeenshire is set to see the largest increases (31%) in the over 85 population. People living longer, and a reduced birth rate, will have an impact on the availability of carers, presenting major challenges for future service provision. However, growing older does not necessarily mean poor health. There are many older people in Aberdeenshire who are fit and healthy and play an active part in the life of their communities, and we continue to support them to do so.

Ageing with Confidence (2001) is the Grampian response to the national priority of addressing the health needs of older people. Living Life to the Full is the Aberdeenshire strategy. These multi-agency strategies set out the shape, design and organisation of future services reflecting the changes in legislation, policy and guidance and drawing on earlier work in each local authority area. There is much to be done to improve the experience of older people as users of health, social care and housing services. The strategies aim to enable older people to maximise independence, dignity and good health and to provide older people with access to responsive, integrated services. Work is ongoing in Aberdeenshire enabling older people to maximise independence, dignity and good health and to provide older people with access to responsive, integrated services.

For example, the Mearns Healthy Living Network (MHLN) is implementing preventative approaches to ensure older people have a healthy and fulfilling lifestyle that will ease demand on services and contribute to the well being of communities. It aims to:

Improve access to resources and services by improving provision of information and transport.

Improve diet and nutrition by providing advice, demonstrations and a shopping service.

Improve fitness by gentle exercise classes and training volunteers.

Improve educational and social activities by increasing the provision and accessibility of classes and activities.

Improve living conditions by developing a handy person scheme and liaising with existing agencies.

Involve and empowering older people in the management of the Network and establishing the older people's forum and providing training and support.

Housing

Implement the Aberdeenshire Health and Homeless Strategy (2003- 2006) and Local Housing Strategy in line with agreed timescales.

Housing standards, temporary housing; housing in multiple occupation; home energy conservation and care and repair schemes all impact on health.

Whilst Aberdeenshire does not have a large homeless population, homeless people are among the most excluded and disadvantaged in our communities, making this a priority group for health improvement. It is estimated that at least twice as many homeless, as those with homes, will suffer some form of mental illness. Homeless people experience excessive rates of psychiatric and physical illnesses such as drug and alcohol-related problems, accidents and assaults, and chronic diseases. Despite high levels of contact with health services, there is a large amount of ill-health that remains hidden and untreated.

NHS Grampian has produced a three-year health and homelessness action plan in line with national guidance. The overall aim is to ensure that homeless people have appropriate access to quality healthcare services, which fully integrate with, and include, mainstream health care. Further work will be undertaken to increase our understanding of the profile of homelessness in Grampian, and this will include involving homeless people in the future planning of targeted services. Aberdeenshire Councils homeless strategy also focuses on mental health, substance misuse and domestic abuse.

Equalities

Implement the Race Equality Scheme (Scottish Executive 2003) and Fair for All (NHS Grampian 2003) action plans

- National guidance recognises that there are groups within society that experience exclusion by discrimination – on the grounds for example of race, religion, gender, ability, age or sexual orientation. Discrimination may result in limited employment opportunities and restrictions in access to goods and services. It may also result in abuse and violence. A strategic approach to equality work is needed to ensure systematic integration of an equality perspective into our everyday work.

Healthy Living

Tobacco

Implement the Grampian Tobacco Profile and Action Plan (1998) in line with agreed timescales:

To increase the number of people who quit

- The Smoking Advice Service has supported 1 in 40 smokers in their attempt to stop smoking. The service has been further developed in community pharmacies and hospitals and to support key groups such as pregnant women.

Healthy Eating

Raise awareness and understanding of healthy food choices amongst the public and professional groups –primary care staff (obesity) and awareness campaigns.

Support low -income communities to improve access to healthy food choices – Community Food Initiative Northeast, community cafes, Now You're Cooking, weaning project.

Tackle overweight and obesity – Counterweight programme, Healthy Helpings, primary care services.

Support implementation of related strategies – Breastfeeding, Oral Health Draft Standards for Food, Fluids and Nutritional Care.

Physical Activity consult on the physical activity profile and action plan for Grampian. Promote active living, active tasks and active means of travel e.g. walking and cycling. In Aberdeenshire the national 'Paths to Health partnership' in conjunction with Scottish Natural Heritage and other partners are promoting the use of walking paths and routes within local communities.

Drugs and alcohol

During the past five years there has been a significant increase in the estimated prevalence of problem drug use in Grampian. This increase has been mainly in the use of heroin but there are current indications that the prevalence of use of crack/cocaine is now also rising. Fraserburgh area has a higher prevalence than the Scottish average.

All corporate action plans and national targets are available online at <http://www.drugmisuse.isdscotland.org>

The four priorities contained in the national and local plans are:

Young People	To help young people resist drug misuse in order to achieve their full potential in society.
Communities	To protect our communities from drug-related anti-social and criminal behaviour.
Treatment	To enable people with drug problems to overcome them and live healthy and crime free lives.
Availability	To stifle the availability of illegal drugs on our streets.

Local multi-agency redesign work includes:

- The further development of specialist stabilisation and prescribing clinics, community rehabilitation.
- One stop joint assessment and care planning services.
- The redesign is one of several initiatives aimed at reducing waiting times for services and improving outcomes. These initiatives include improved audit of cases and implementation of Scottish Executive guidelines on accessibility of services as outlined in *Integrated Care for Drug Users*.
- Multi-agency drug services are being developed for young people and children who are living with adults who have drug-related problems.
- Further support will also be provided for post-natal care.
- Drug education is also provided as part of the Health Promoting School Programme and training to support staff.

5.4 The workplace

ACTIONS ACROSS ABERDEENSHIRE

Double the number of employees working for organisations committed to Scotland's Health at Work to 40% by 2006.

National guidance indicates that tackling the high levels of heart disease, cancer and respiratory diseases that people of working age suffer, would go a long way to addressing the relatively poor life expectancy in Scotland compared to the rest of the UK and Europe. Mental health and well being are also intrinsically linked to issues such as high absenteeism and motivation. The workplace is an ideal setting for interventions that protect the public from workplace hazards, prevent ill-health and promote good health.

The well established Scotland's Health at Work (SHAW) programme provides a variety of services designed to meet the particular needs of employers regardless of size or sector.

Implement the Grampian Tobacco Profile and Action Plan (1998) in line with agreed timescales:

Increase the number of smoke free areas across Aberdeenshire -Scotland's Health at Work and the Scottish Healthy Choices initiatives support policy development to enable the creation of workplaces and public places in which tobacco smoke is controlled in the interests of health and safety. Liquor Licensing Boards and Environmental Health Officers are also involved in promoting smoke free establishments and promoting health and safety through education and enforcement.

Improve access to healthy food choices in the workplace –Scotland's Health at Work, Scottish Healthy Choices award.

Physical Activity consult on the physical activity profile and action plan for Grampian. Promote active living, active tasks and active means of travel e.g. walking and cycling. A travel plan co-ordinator has been appointed by Aberdeenshire Council to take forward travel plan options.

5.5 Clinical and chronic priorities

Work to address the clinical priorities for Aberdeenshire: Cancer, Coronary Heart Disease and mental health is ongoing across all 'lifestages' . For example, plans are being developed to place 'sign-posters' in each General Practice to assist people to connect with their communities. There are also proposals to introduce primary care health workers to older people with mild to moderate mental illness to address the 'life' problems, which often underlie their mental distress. Future JHIPs will be informed by the priorities emerging from Managed Clinical Networks. For further details see Grampian Health Plan 2003/04.

Diabetes has been identified as the chronic disease priority across Grampian. For further details see Grampian Health Plan 2003/04.

5.6 Health protection

Working closely with environmental health colleagues and other partners, NHS Grampian has a key role in protecting the population from hazards which damage their health. This health protection role includes essential activities such as communicable disease control (including food-borne infection) immunisation, screening services and action on environmental hazards to health. Local priorities in this field include healthcare associated infection, immunisation, bloodborne pathogens and sexual health.

Particular issues for rural Aberdeenshire include the very high number of private water supplies and the prevalence of E.coli 0157. Following national guidance and local interest and action over the last twelve months, infection control and healthcare associated infection is acknowledged as a main priority for NHS Grampian. For further details see Grampian Health Plan 2003/04.

5.7 Bloodborne Pathogens

Bloodborne Pathogens, namely hepatitis B and C and human immunodeficiency virus (HIV), are a local priority. The Grampian Bloodborne Pathogen Strategy aims to raise awareness of these infections, reduce the spread and ensure effective investigation and management of patients affected. For further details see Grampian Health Plan 2003/04.



6. DELIVERING AND MONITORING THE PLAN

The joint approach to health improvement across Aberdeenshire will be underpinned by the following ways of working:

- Assessment and understanding the health needs of Aberdeenshire's population and variations within the area.
- Developing healthy public policy through the community planning partnerships, involving individuals, communities and partners.
- Supporting the development and co-ordination of services to make best use of available resource for the greatest benefit to the population of Aberdeenshire.
- Supporting the development of personal skills for health and well-being through health promotion programmes, education and awareness campaigns and provision of quality health-related information.
- Strengthening community action for health through increasing equality of opportunity and developing health improvement capacity.
- Gathering, reviewing and translating evidence of what is effective into programmes to improve health.

6.1 Support for the Joint Health Improvement agenda

NHS Grampian is the lead organisation for the Joint Health Improvement Plan. A partnership group, involving NHS Grampian, Aberdeenshire Council and Grampian Police has been established to develop, monitor and review the plan. This group reports directly to the Aberdeenshire Community Planning Partnership, recognising the role the partnership has in leading community planning and related activity in the area.

Aberdeenshire Council and NHS Grampian are committed to becoming health improvement /public health organisations with responsibility to ensure health improvement is a core organisational function, translating this into policy and service delivery.

Funding from the Convention of Scottish Local Authorities (COSLA) and the Health Improvement Fund (HIF) has strengthened capacity to improve health. Within Aberdeenshire, a team made up of local authority based joint Health Improvement Officers and Local Health Care Co-operative Public Health Co-ordinators, under the professional guidance of a Public Health Lead, are responsible for supporting the development of individual and organisational skills to deliver population health improvement. Public health expertise will also be decentralised to support clinical networks to plan and deliver health improvement programmes.

Achievement of the targets in the Joint Health Improvement Plan will require concerted effort from a range of staff working across professional and organisational boundaries. The development of the webbased Grampian Health Improvement Network or HI-NET will ensure connection between local, regional and national health improvement activity. To support staff in their health improvement/public health role the network will:

- Support communication/sharing of health intelligence to assist programme planning.
- Provide easy access to evidence base, service plans and policy guidance.
- Improve access to peer support and education and training programmes.
- Act as a signpost – to people, services and sources of support.

6.2 Planning Cycle for the Aberdeenshire Joint Health Improvement Plan

2003

- June** Consultation process: Attendance at advisory/partnership meetings
Consultation meetings with the public Written comments Submitted to Policy
and Resources Committee (Aberdeenshire Council) for approval
- July** Writing Group consider feedback and agree appropriate action Re-draft
document in light of consultation feedback
- August** Approval from Health Steering Group and Community Planning steering group
of final draft Submitted to NHS Grampian Board for approval Feedback to
participants in the engagement process indicating how their views have been
taken into account
- September** Submitted to Scottish Executive

6.3 Measuring Performance

Through the Local Government in Scotland Act, Local Authorities are required to report on progress and achievements in relation to community planning. A national menu of key performance indicators has been developed which can be used to support effective performance management and benchmarking. This menu of indicators has been compiled from sets of existing performance indicators, including the NHS Performance Assessment Framework. Local community planning partnerships will select and agree indicators from this set which they feel are appropriate to their area.

APPENDIX 1

Progress Towards National Targets

		Baseline	Current Position (2000)	National Target
CANCER	20% reduction in the directly standardised death rate from cancer in people aged under 75 (baseline 1995, target 2010)	140.7	144.2	112.6
ISCHAEMIC HEART DISEASE	50% reduction in the directly standardised death rate from IHD in people aged under 75 (baseline 1995, target 2010)	107.3	73.1	53.65
STROKE	50% reduction in the directly standardised death rate from stroke in people aged under 75 (baseline 1995, target 2010)	31.9	23.6	15.95
ACCIDENTS	33% reduction in death rate for accidents in children aged under 15 (baseline 1990, target 2005)	8.3	6.2	5.6
	25% reduction in death rate for accidents in those aged 15-24 (baseline 1990, target 2005)	36.7	19.7	27.5
	33% reduction in death rate for accidents in those aged 65 and over (baseline 1990, target 2005)	156.2	116.1	104.7
	40% reduction in the number of killed or seriously injured from road traffic accidents (baseline 1990, target 2005)	12.3	10.5	7.4
	Reduce the number of serious casualties in accidental dwelling fires by 5% each year (baseline 2001/2, target 2005/6)	29		24
TEENAGE PREGNANCY	20% reduction in teenage pregnancies amongst those aged 13-15 (baseline 1995, target 2010)	10.4	2000 7.1 2001 6.4	8.3
DENTAL HEALTH	By 2005 children aged 12 should have on average no more than 1.5 teeth decayed, missing or filled	1996/97 = 1.42		
	By 2008 at least 80% of dentate adults aged 35-44 should have at least 21 or more standing teeth	1993 = 76%		
	By 2010 60% of 5 year old children should have no cavities, fillings or extractions	1999/2000 = 56%		

HEADLINE TARGETS		Baseline	Current Position (2000)		Target
LIFESTYLE TARGETS					
Smoking (ages 12-15)	Reduce smoking among young people (12-15 yr olds) to 11% (baseline 1995, target 2010)	20.3%	1998 17.7%	2001 18%	11.0%
Smoking during pregnancy	Reduce the proportion of women who smoke during pregnancy by 9% to 20% (baseline 1995, target 2010)	22.9%	1999 22.8%	2001 23.1%	20%
Alcohol Misuse	Males 16-64 - reduce incidence of men exceeding weekly limit of 21 units	23.4%	1998 28.5%		29%
	Females 16-64 - reduce incidence of women exceeding weekly limit of 14 units	6.7%	1998 13.1%		11%
SECOND RANK TARGETS					
Cerebrovascular Disease (Stroke)	Reduce mortality by 50% from 1995 level by target year 2010	31.9	23.6		15.9
Smoking	Reduce rate of smoking among adults (16-64) in all social classes to 31% by 2010	29%	1998 28%		31%
Alcohol Misuse	Reduce frequency and level of drinking of 12-15 yr olds by 4% to 16% (baseline 1995, target 2010)	14.3%	1998 18.6%	2001 20.4%	16%
Physical Activity	Increase Proportion of 11-15 year olds taking vigorous exercise 4 times or more weekly from 32% in 1994 to 40% in 2005 and to 50% in 2010 in 1994 to 40% in 2005 and to 50% in 2010		1998 50.9%	2001 48.1%	40%
Drug Misuse	To reverse the upward trend in drug related deaths and reduce the total number by at least 25% by 2005 To increase the number of drug misusers in contact with drug treatment/care services in community by at least 10% every year until 2005				
Breastfeeding	More than 50% of women should breastfeed their babies at 6 weeks by target year 2005		There is system for recording data with regard to breastfeeding at 6 weeks for the Grampian area		
Suicide & Self Inflicted Injury	15% reduction in the number of deaths from suicide & self inflicted injury (baseline 1990, target 2000) New target 20% reduction in the number of deaths from suicide & self inflicted injury (target 2013). Choose life: A National Strategy and Action Plan to Prevent Suicide in Scotland - base year not identified	10.7	13.0		8.0

APPENDIX 2

BIBLIOGRAPHY

National Policy Documents available on the Scottish Executive website (www.scotland.gov.uk) or linked websites

1. Partnership for Care, Scotland's Health White Paper, Scottish Executive, 2003
2. Improving Health in Scotland – The Challenge, Scottish Executive, 2003
3. Towards a Healthier Scotland, A White Paper on Health, The Stationery Office 1999
4. A Joint Future, Report of the Joint Future Group, December 2000
5. Strategy for Carers in Scotland, Scottish Executive, 2000
6. Understanding the Health of Scotland's Population in an International Context, Leon et al, November 2002 ISBN: 1-904196-11-X
7. Scottish Health Survey, Scottish Office, Edinburgh 1998
8. Health Inequalities in the New Scotland, Public Health Institute Scotland Glasgow, 2002
9. Poverty and Social Exclusion in Rural Scotland, Scottish Executive, 2001
10. Health and Homelessness Guidance, September 2001
11. Equality Strategy: Working together for Equality, Scottish Executive, 2003
12. Social Justice, A Scotland Where Everyone Matters – First Annual Report, November 2000
13. Child Health Support Group Children's Health Services Template, March 2001
14. Health for All Children Report www.health-for-all-children.co.uk
15. It's everyone's job to make sure I'm alright, Report of the Child Protection Audit and Review, Scottish Executive, 2002
16. For Scotland's Children, Scottish Executive, 2001
17. New Community Schools Prospectus, Scottish Executive, 1998
18. Walk the Talk, www.youthlink.co.uk
19. Registrar Generals Office for Scotland, 2002
20. The White Paper on Tobacco, Smoking Kills, HMSO 1998
21. Global Burden of Disease, World Health Organisation, 2000
22. Eating for Health: A Diet Action Plan for Scotland, Scottish Executive
23. Hungry for Success: A whole school approach to School Meals in Scotland, Scottish Office, 2003
24. Let's Make Scotland More Active: A Strategy for Physical Activity in Scotland, Scottish Executive 2003

25. Tackling Drugs in Scotland: Action in Partnership, Scottish Executive, 1999
26. A Plan for Action on Alcohol Problems, Scottish Executive, 2002
27. Integrated Care for Drug Misusers – Principles and Practice (b) Scottish Executive, 2002
28. Safer Communities in Scotland, Scottish Executive, 1999
29. Oral Health Strategy for Scotland, Scottish Office, 1995
30. Cancer in Scotland: Action for Change, Scottish Executive, 2001
31. Coronary Heart Disease and Stroke: A strategy for Scotland, Scottish Executive 2002
32. Scottish Diabetes Framework, Scottish Executive, 2002
33. Healthcare Associated Infection, HDL (2002) 82, Scottish Executive
34. Our National Health, A plan of action, a plan for change, The Stationery Office 2001
35. Performance Assessment Framework, Scottish Executive, December 2001
36. Making the Connections: Developing Best Practice into Common Practice, Scottish Executive 2002
37. New GMS Contract, Investing in General Practice, 2003 www.doh.gov.uk
38. Work for Health, Scottish Executive, August 2002
39. The Same as You?, Scottish Executive 2002
40. Towards a Safer Healthier Workplace: Occupational Health and Safety Services for the staff of the NHS in Scotland 1999
41. The Lifelong Learning Strategy for Scotland, Life through learning through life, Scottish Executive 2003
42. NHS Boards as Public Health Organisations, PHIS/DPH Group March 2002
43. Paths to Health Business Plan 2002-2003 www.pathsforall.org.uk

Local policy documents and references available on the NHS Grampian website (www.ghb.uk.com) or from the Public Health Library, Summerfield House, Eday Road, Aberdeen.

1. Population Census 2001 www.statistics.gov.uk
2. Healthfit Report, NHS Grampian, 2002
3. Community Planning in Aberdeenshire, September 2000
4. Drug Action Team Action Plans www.drugmisuse.isdscotland.org
5. Children's Services Plan – Aberdeenshire
6. Director of Public Health Annual Report 2000
7. Towards a Partnership with people, NHS Grampian 2002

8. WHO, www.who.int
9. HINET www.hi-netgrampian.org.uk from September 2003
10. New Opportunity for Health www.nof.org.uk
11. Health and Homelessness Strategy, NHS Grampian 2003
12. Homelessness Strategy Draft – Aberdeenshire 2003-2006
13. Grampian Ethnic Minority Action Plan 2001
14. Grampian Fair For All Action Plan, NHS Grampian 2003
15. Grampian Breastfeeding Strategy, October 2001
16. Grampian Youth Lifestyle Surveys 1998, 2001, NHS Grampian
17. Grampian Health Improvement Fund, Annual Report, May 2003
18. Give Kids a Chance: Evaluation Report, Wilson B & Hinks S, Department of Public Health, University of Aberdeen 2000
19. Scotland's Health at Work Award Scheme, 1996 website: www.shaw.uk.com
20. Grampian Adult Lifestyle Survey, NHS Grampian 1998
21. Grampian Tobacco Profile and Action Plan, NHS Grampian 1998
22. An Evaluation of Smoking Advice Service, Lennox S & Ludbrook A, Department of General Practice and Primary Care, University of Aberdeen 2002
23. Eating for Health: A Diet Action Plan for Grampian, NHS Grampian, 1998
24. Grampian Oral Health Strategy, NHS Grampian, 1998
25. Sport Scotland TOP programme www.sportscotland.org.uk
26. Drug Action Team Action Plans www.drugmisuse.isdscotland.org
27. The Grampian Blood-borne Pathogen Strategy, NHS Grampian, 2000
28. Grampian Mental Health Strategy, NHS Grampian, 1998
29. Grampian/Local Authority Framework for Mental Health Services Strategies
30. Ageing with Confidence, a Joint Strategy for Older People in Grampian, December 2001
31. Partnership in Practice Agreements Learning Disability 2001-2004, Aberdeen City Council, Aberdeenshire Council, The Moray Council and NHS Grampian
32. Grampian Strategy for Learning Disability Choices for our Future
33. Information, Management and Technology, Health Informatics Directorate NHS Grampian, 2002
34. Partnership Agreement between NHS Grampian, The Robert Gordon University and the University of Aberdeen, 2002
35. Aberdeenshire Health Profiles 1997 and 2001

APPENDIX 3

GLOSSARY

Acute Services

Health services provided within a hospital setting, and which represent a more specialised and intensive form of care than that possible within primary care. Patients reach acute services because they are referred by their general practitioner or because they present themselves at hospital with conditions that require emergency treatment

Alcohol and Drug Action Teams (ADAT)

A strategic alliance between Grampian NHS Board and the three local authorities to work in partnership to develop a shared agenda to tackle alcohol and drug misuse, improve communication flow and break down organisational barriers through maximising shared resources

Allied Health Professionals

Those who work as chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, physiotherapists, radiographers, medical laboratory scientific officers, speech and language therapists, clinical scientists, prosthetists/orthostists and paramedics

ASH Scotland

The leading voluntary organisation in Scotland tackling tobacco use. Established almost 30 years ago, ASH Scotland holds a wealth of experience and knowledge on tobacco issues. It campaigns to raise awareness of nicotine as an addictive drug, for the introduction of effective stop smoking support services, regulation of the tobacco industry and to reduce the number of young people taking up smoking. ASH Scotland is working in partnership with NHS Health Scotland on a three year project to help young people tackle smoking problems

Board Management Group

The main source of executive support and advice to the NHS Grampian Board on the creation and implementation of the Grampian Health Plan, resource allocation and system of performance management

Collective

A grouping of Local Health Care Co-operatives around local authority boundaries to deliver integrated services

Community Health Partnerships

It is expected that Local Health Care Co-operatives will evolve into Community Health Partnerships

Community Planning Partnerships

Close joint working between NHS organisations, local authorities and other key partners to develop and deliver a shared strategy for improving the health of their communities

Drinkwise

A campaign to promote the re-appraisal of personal drinking behaviour. It promotes personal responsibility for drinking and its consequences

Grampian-wide Partnership for Health and Social Care

Prime responsibility for developing high-level joint strategic priorities and objectives involving NHS and non-NHS partners. Initial work includes the development of the Winter Plan and Delayed Discharge Action Plan for Grampian for 2002/03; the Joint Grampian Older People's Strategy Implementation Plan; a review of services for Younger Disabled Persons, and a review of the Grampian-wide strategies for Mental Health and Learning Disabilities

Hall 4

Hall 4 is the short hand name for the Health for All Children Report, which is the fourth report from an expert working party chaired by Professor David Hall looking at the health promotion and screening of pre-school and school age children. The report's evidence-based recommendations inform both the pre-school and school child health surveillance programme in the UK

Health Improvement Fund

A national funding programme which has been established as part of the effort to meet Scotland's health challenge. Using all of the £26m p.a. that flows to the Scottish Executive as a result of the tobacco tax being increased in the 2000 UK budget, the sole purpose of the Fund is to support health improvement work in Scotland. The Fund is being utilised by NHS Grampian to improve the health of children and young people and to address inequalities. It is project managed by NHS Grampian with the major proportion of the Fund devolved to LHCCs to engage partners at community level

Healthfit

A programme designed to create a strategic framework for health services in Grampian, to serve as a basis for detailed service planning work

Healthy Living Networks

A national initiative which aims to promote health and reduce health inequalities amongst people living in economic disadvantage

Inequalities in Health

A recognition that a variety of economic, social, environmental and cultural factors affect people's health, and that some people are more disadvantaged than others in a particular community

Joint Future

Joint resourcing and management of local community care services, to remove any remaining barriers to joint working between the NHS and local authorities

Joint Health Improvement Plans

Developed with NHS Grampian's three local authority partners, these plans will outline the agreed priorities and actions for health within each local authority area

Local Health Care Co-operatives

Groupings of general practices within defined localities

Managed Clinical Networks

Groups of health professionals and health care organisations working in a co-ordinated manner to ensure the provision of high quality clinically effective services throughout Scotland. Managed Clinical Networks are being set up for a wide range of medical conditions

NHS Boards

A single local health system within each of the 15 NHS Scotland Health Board areas, which replaces the separate board structures of previous NHS Health Boards and NHS Trusts. These unified NHS Boards are responsible for improving the health of their local populations and delivering the health care they require

North of Scotland Planning Group

A regional planning group comprising Grampian, Highland, Orkney, Shetland and Tayside NHS Boards. The group was set up to advance issues of mutual interest and concern, including promoting the development of managed clinical networks and supporting solutions to service pressures across traditional boundaries. A regional co-ordinator has been appointed to take the work of the group forward

Patients' Charter

The new Patient's Charter will replace the outdated 1991 edition, and will incorporate a guide to the NHS, standards focusing on patient entitlements, the responsibilities of patients using the NHS, and information about medical records, legal rights and the complaints procedure

Primary Prevention

Identifying patients at high risk of developing a condition, such as coronary heart disease, and giving appropriate advice, usually within a primary care setting

Public Health

The health status of a community and the improvement of the health of the population as a whole, rather than the treatment of the diseases of individual patients

Public Health Organisation

An organisation which places the highest priority on improving health and reducing health inequalities in everything that it does

Public Partnership Forums

To be developed within each Community Health Partnership, to bring the public and NHS/ non NHS partners together

Primary Care

Primary care services are generally the first point of contact for patients, with care being delivered by General Practitioners (family doctors) and primary care teams including nurses and allied health professionals

Secondary Care

Health care taking place within a hospital setting and undertaken by specialist consultants. The usual route of access to secondary care services is from primary care through referrals from General Practitioners

Secondary Prevention

Care programmes to help prevent a further acute episode, such as a stroke

Small and medium sized enterprises (SMEs)

294,000 businesses in Scotland have been identified as small and medium sized enterprises, of which 185,000 are sole traders, and which in total account for 44% of all private sector jobs. NHS Scotland is committed to improving employees' health, wellbeing and company productivity through raising awareness of Scotland's Health at Work and by providing an occupational health service for SMEs

